

MICAH PROJECTS INC



Homelessness Green Paper

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To Whom It May Concern:

Micah Projects, Inc. is a not-for-profit organisation based in the local community of South Brisbane and providing services to the Brisbane Metropolitan Area.

Micah Projects, Inc. Our Vision

Our hope is to create justice and respond to injustice at the personal, social and structural levels in church, society, government, business and society.

Our Mission

To respond to people who experience exclusion, poverty, injustice and social isolation so that they may experience inclusion, economic wellbeing, justice and connection within their community of choice.

Micah Projects core business is a commitment, focus and determination to advocate and deliver on our social justice mandate through our key service areas:

- **Homelessness Services:** Lead agency **Brisbane Homelessness Service Centre, Street to Home** – Outreach, **Homelessness to Home** - Family Homelessness, **Home front** – Sustaining tenancies for people with disabilities; **Reach Consortium** – Early Intervention and Prevention service

- **Young Mothers for Young Women** : Peer Support, Education and Advocacy, Family Support and Early Childhood Program
- **Esther Centre**: people who have experienced abuse in church and state care, faith communities or human services (Forgotten Australians).
- **Mental Health and Disability Services**: residents of boarding houses, privately owned supported accommodation facilities, affordable community housing and public housing providing personal care, community linking and tenancy support.

Micah Projects, Inc. is a member of Homelessness Australia, Queensland Council of Social Services, Australian Council of Social Services and Australian Common Ground Alliance.

This response to the Green Paper has been informed by focus groups with individuals and families who have experienced homelessness, structured interviews with rough sleepers, and the reflections of staff who work directly with these individuals and families. It also includes samples of small project work undertaken to inform our practice and future planning in addressing homelessness in Brisbane.

Over the past ten years Micah Projects has been committed to developing a continuum of care approach to services response and has advocated for system reform within the homelessness service system.

Micah Projects welcomes the Green Paper and the national conversation which it has sparked, so that the work we do can have more impact and facilitate ending homelessness rather than simply managing it year after year. Micah Projects supports the calls through several peak bodies for a better system of policy development and planning. Micah Projects strongly urges the Australian Government to be inclusive of both people who have lived experience and

practioners alongside elected members of parliament at Local, State and Commonwealth levels, government departments responsible for policy and program, community leaders, small businesses and corporations.

In responding to homelessness in Australia, we support a **human rights framework** that is backed by strengths-based practices, rather than a rights and responsibilities framework.

We support the goal of reducing homelessness in Australia and the development of targets and timeframes to achieve this goal. In order for this occur at the local level, we need to ensure that we:

1. Understand who is homeless and target resources accordingly

We need information *at the local level* about who is experiencing homelessness, why they became homeless, what homeless and mainstream assistance they receive and what is effective in ending their homelessness.

In Australia, point-in-time census data and SAAP NDCA data has been useful to understand who is homeless at any given point in time.

However, what is missing are localised systems that continuously collect data and analyse and feed this data back into assess costs, plans for interventions and preventions, and measured outcomes.

2. Define and target chronic homelessness

Our experience as a service provider is reflected in the recent report to the Tasmanian Government by Roseanne Haggerty (May, 2008), which finds that "*In communities everywhere, a similar pattern has been found: the great majority of*

those who experience homelessness are confronted with a short term crisis, but 15 – 20% of the homeless are trapped in a permanent state of social exclusion.”¹

The definitions of primary, secondary and tertiary homelessness are not adequate for measuring, understanding and targeting resources to this group of people.

We suggest that a definition of “chronic homelessness” could be more useful, being an individual or family who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.²

In our experience, chronically homeless people fall into two groups:

- Individuals who have one or more disabilities, including mental illness, substance misuse or impaired decision-making capacity.
- Families who are experiencing intergenerational homelessness and/or intergenerational institutionalisation.

Targeting resources for reducing the cost and numbers of people experiencing homelessness should start with these individuals and families. Evidence-based responses to ending chronic homelessness should be resourced, including assertive street outreach targeted at accessing housing for rough sleepers, and supportive housing that provides permanent housing and the mix of services that individuals and families need to stay housed.

¹ Haggerty, R. *Ending Homelessness in Tasmania. Report to the Tasmanian Government*. Available at www.dpac.tas.gov.au May, 2008

² There are varying definitions for chronic homelessness; this one is based on the definition shared by the U.S. Department of Housing and Urban Development, the U.S. Department of Health and Human Services, and the U.S. Department of Veterans Affairs.

3. Develop a local area plan to end homelessness

A plan needs to be developed at the local level with support and input from a broad range of partners and within a national framework. Coordination and planning with multiple stakeholders must be consistent with data and based on research and best practice locally, nationally and internationally.

4. Fund services flexibly for outcomes

Government and non-government agencies should be funded and required to report on outcomes that are consistent with a local plan to end homelessness. For example, they would need to report on outcomes for preventing homelessness, reducing the duration of homelessness, housing people, and for increasing the duration of time that people stay housed after homelessness. Service provision must be flexible and responsive, and should be driven by a need to achieve outcomes not inputs.

Micah Projects welcomes the opportunity to present this feedback through a range of papers and for ongoing engagement in the development and implementation of the white paper through future enhanced investment by the Australian Government into ending homelessness.

Yours Sincerely

Karyn Walsh
Coordinator



Voices from the Margins

Submission to the Australian Government Department of Families, Housing,
Community Services and Indigenous Affairs.

Green Paper. Which Way Home: A New Approach to Homelessness



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1. Introduction

This submission to the Green Paper: *Voices from the Margins* includes the responses of people who have experienced homelessness. A decision was made to include as much raw data as possible so that a broad range of voices could be heard.

It includes the following sections:

1. **Sleeping Rough** - Results of a survey with 31 people currently sleeping rough in Brisbane to inform the practice and services responses to people who are homeless and sleeping rough. Prepared by Dr Annie Holden for Micah Projects.
2. **Getting Housed** - The compilation of input to the Green Paper collected over one week by people accessing the Brisbane Homelessness Service Centre.
3. **Staying Housed** - Results from a forum with seven people with a disability who have experienced homelessness, held to develop a response to the Green Paper.
5. **Support For Families** - Results from a forum held with families who had experienced homelessness in the past or were currently homeless to develop a response to the Green Paper.
6. **Early Intervention** - Results from two forums held with young families who had experienced homelessness in the past or were at risk of homelessness to develop a response to the Green Paper.
7. **Example of Research and Data** - Micah Projects contracted Carolyn Mason, Partnering Works, with Walter Robb, Analyse Australia, to undertake a project on the current homelessness service system, particularly in the greater Brisbane region.
8. **Practitioners' Wisdom** – A compilation of responses from Micah Projects Homelessness Services Teams to the Green Paper'.

Our hope is that this response, *Voices from the Margins*, provides a broad range of responses to the Green Paper from people who have directly experienced homelessness, as well as input from practitioners who provide direct support to these people.

2. Sleeping Rough

Barriers to secure housing and why support services are so critical: a snapshot of 31 of Brisbane's chronically homeless people and their needs.

This research was funded by Micah Homelessness Services, South Brisbane as part of its "Voices from the Margin" initiative. www.micah.merivale.org.au ©Micah.

The report was prepared by Dr Annie Holden.

Sleeping Rough Summary

Micah Projects Inc requested a survey of a pool of people currently sleeping rough in Brisbane to inform the practice and services responses to people who are homeless and sleeping rough. Whilst Micah workers have contact with people in many different ways the organisation was seeking a point-in-time reflection of the issues of current rough sleepers.

Based on the findings of this survey comprising of 31 people, the average chronically homeless person is likely to be a 41 year old non-Indigenous male who was born in Brisbane and has been homeless for more than ten years. He is likely to have mental health issues and be on medication or use alcohol or drugs. He is likely to attribute the cause or trigger for his homelessness to a major traumatic or grief and loss life event.

Thirty-one chronically homeless persons were interviewed for this study. The barriers they identify to accessing the kind of housing that they want and need are diverse. While barriers such as lack of affordable, suitable secure housing in the right location are evident, some persons also cited as barriers a jail record, lack of references, their appearance, their race, gender or age, poverty, unemployment, debts, lack of photo I.D., not being entitled to a Travel Concession Card and not knowing about available accommodation support services.

Overwhelmingly, though, the biggest barrier for the majority of chronically homeless people in Brisbane to accessing and maintaining secure housing is their poor mental health and/or heavy drug and alcohol use. These addictions and illnesses make the chronically homeless ineligible for or uncompetitive for some accommodation, reduces their ability to procure or afford other, more suitable accommodation and makes it difficult for them to follow the rules and maintain their tenancies when they do find housing that will take them and that is otherwise suitable for them. Respondents reported difficulties in maintaining tenancies associated with their inability to control visitors, difficulties managing money and in a small number of instances, due to being unaccustomed to independent living.

Respondents were asked how important it was to them to find suitable housing. While two of the thirty-one respondents prefer to remain on the streets, the overwhelming majority replied that housing was very important to them and that on a scale of one to ten, their need and desire for suitable housing was a "ten". A number also stated, however, that their addictions meant that although housing was very important to them, it was less important than procuring the drugs, alcohol or other substances they require to manage through each day.

Half the respondents want a one bedroom unit where they can do their own cooking and where they have privacy. A further sixteen percent stated that they would like to live in a share household or that they would be willing to live in a share household. Two respondents said they would like to live permanently at *Pindari* or *Ozcare* (homeless shelters). Another two said they need high in-house support such as daily Alcoholics Anonymous meetings and shared cooking. Five respondents said that they need a unit or house with more than one bedroom so that they can have their children stay over with them or their partner's children live with them. Approximately half the respondents want to live in the inner city, either because this is where their friends and connections are or because they frequently access health and other services located in the inner city.

Introduction to Sleeping Rough

Micah Homelessness Services offers a range of services to this group including accommodation assessment, referral and brokerage, transport, advocacy with mainstream services, family and individual support to access and maintain housing.

In order to continuously improve services and understand how the organisation can develop more focused early intervention responses for the chronically homeless, a survey was commissioned by Micah Projects Inc to provide data on barriers to housing this group. In all, thirty-one people were surveyed.

The group was opportunistically and randomly selected by Micah support workers and in collaboration with other service providers in inner city Brisbane, *Roma House* and *Ozcare*, which provide short term accommodation and meals, and the *139 Club* which is a day-time drop-in centre. The interviews were conducted at quiet places on streets, in parks and at the day time facilities of the four organisations. Respondents were approached by workers known to them and in a small number of cases, not known to them, and invited to tell their story. While 31 agreed to participate, another five were approached and declined to speak with the interview team. The interviews were unstructured but a question guide (Appendix One) ensured that information from respondents was consistent.

The interview team was comprised of two anthropologists, Dr Annie Holden, who conducted the interviews, and Michelle Sheldrake, who recorded responses. In some instances the organisation's worker stayed on to listen and also provided some clarifying information to the interviewers either during the interview or afterwards. On average the interviews lasted for around one hour each.

The interviews were conducted in February and March 2008.

(1) Characteristics of the Survey group

Of those interviewed, males represented 83% (n=26) while 17% (n=5) were female.¹ Twenty-nine percent of respondents (n=9) were Indigenous. This is consistent with the over-representation of Indigenous people amongst the homeless population.

All but six of the 31 respondents described serious or heavy alcohol and/or drug use. Of those six who said that they do not drink alcohol or use drugs or other substances, two were Indigenous males who reported extended or recent jail terms, and four either reported or were clearly experiencing mental health problems with only one not currently on medication.

¹ This is consistent with the overall representation of women sleeping rough but not consistent with women who are chronically homeless. In other words, women's chronic homelessness is more hidden because they have more options for finding housing, even if it is not with whom or where they would prefer to be housed. A future study focussing on hidden homelessness amongst women in Brisbane is planned.

A significant number of respondents reported trauma and/or grief and loss either in childhood or as a cause or trigger for their homelessness – serious car accident, death of spouse, divorce, witness to traumatic events such as murder, domestic violence, miscarriage, separation from children (e.g. removal of children by Child Safety), suicide of a family member, and sexual abuse and family violence while children. In a small number of cases homelessness was triggered by hospitalisation due to illness or accident and unemployment.

In almost all cases respondents were experiencing multiple compounding factors; for example, major loss or grief event, followed by substance abuse and/or mental and/or physical illness, in some instances followed by imprisonment for assault, followed by loss of job, followed by loss of house, followed by homelessness, etc not necessarily in that order. Their current homelessness is now being compounded by substance abuse and/or reliance on medication, unemployment and/or debt, (in some instances due to gambling), jail record, poor rental history and so forth.

The average age of respondents was 41 for males and 42 for females, while the median age was 43 and 42 respectively. There was highest representation of males in the 26-30 and 46-50 age cohorts.

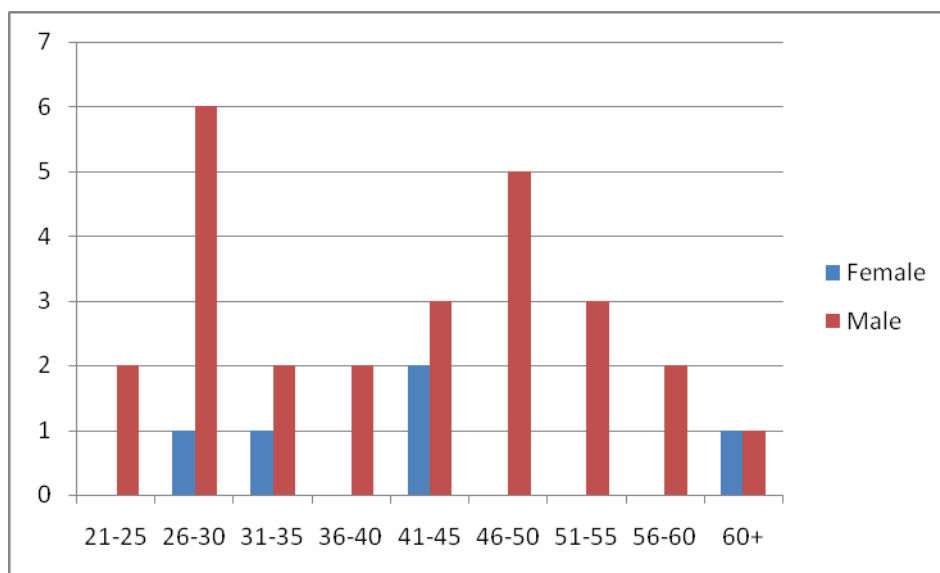


FIGURE 1: AGE PROFILES MALE AND FEMALE RESPONDENTS

Thirty-three percent of those surveyed, (n=10), had been sleeping rough for more than ten years, 13% (n=4) had been sleeping rough for five to ten years, 13% for three to five years and, and 26% (n=8) had been sleeping rough for 1-3 years. 13% had been homeless for less than one year in each group. One respondent did not state.

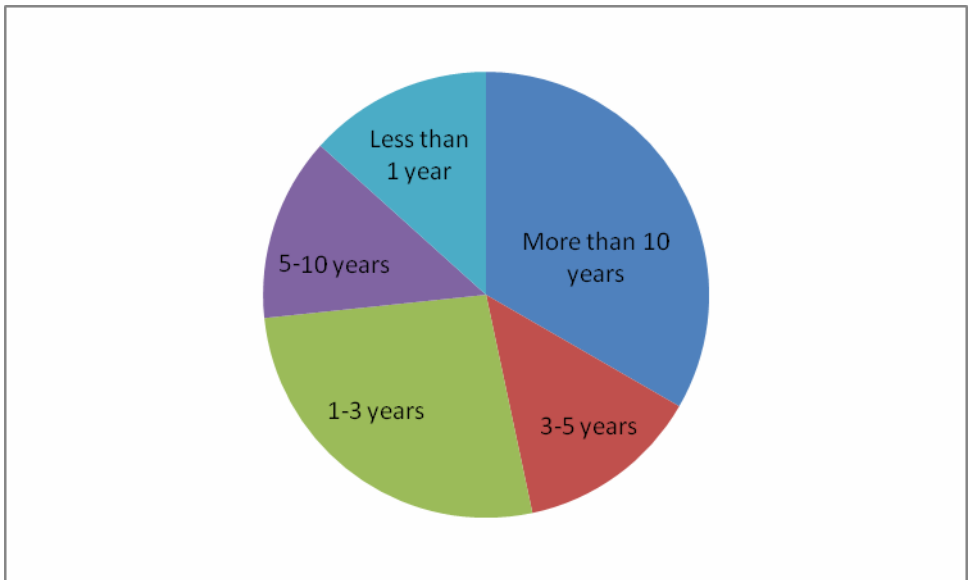


FIGURE 2: LENGTH OF TIME HOMELESS

Thirty-two percent of the group was born in Brisbane. Five respondents were born overseas, one each in New Zealand (Maori), Fiji, China, Argentina and Gambia. All of these had good English language skills. Another twenty five percent were born in southern Australian cities such as Sydney, Newcastle and Melbourne, and 25% were born in country areas in Queensland and elsewhere and migrated into Brisbane city.

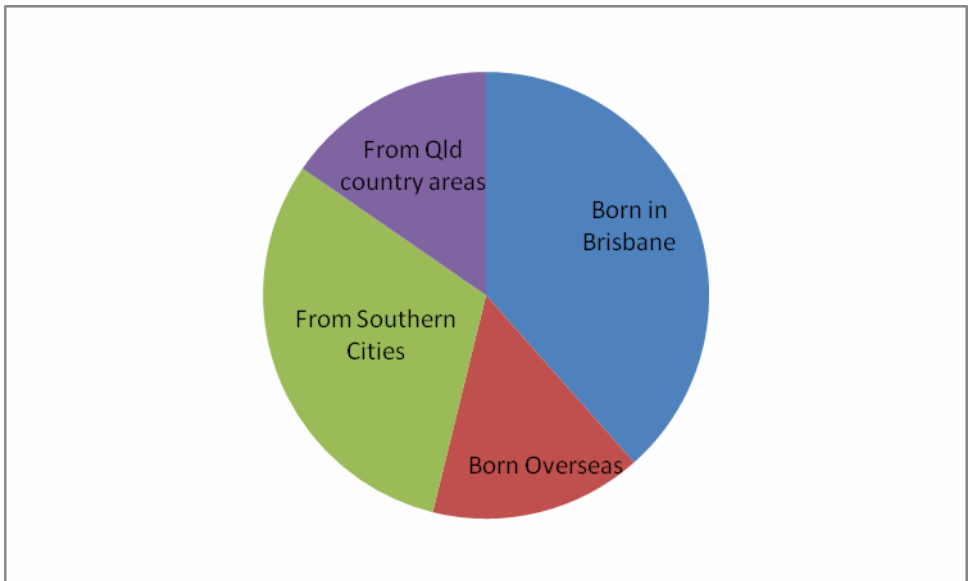


FIGURE 3: PLACE OF ORIGIN

Half the respondents have lived in Brisbane for ten years or more. Sixteen percent have been in Brisbane for less than 12 months. The remainder has lived here for varying lengths. A number of respondents reported being itinerant and moving regularly between towns and cities. Some move to a different town staying the maximum 12 weeks at different facilities.

(2) Stories

The advantage of the methodology used in this study is that those surveyed had the opportunity to sit with a small group of empathic listeners and to tell their story at their pace and in their own way. These stories showed tremendous diversity in some respects in that in the detail almost everyone's story was unique. But with time, 'saturation' was achieved, and some common elements emerged. These commonalities included alcohol and drug use and addiction, mental health issues and, importantly, trauma or major loss and grief.

In addition, respondents disclosed having grown up as 'Wards of the State' or had histories of institutionalisation such as periods in the Army or jail; this was not universal. Others described growing up in violent homes, or where there was high substance abuse, or where the family moved around a lot, and others described their homes as children as 'normal' and 'stable'. In these latter cases drug addiction to heroin or other hard drugs, mental illness such as schizophrenia, and injury including Acquired Brain Injury due to accidents, appear to be contributing causes of their homelessness.

"I had a life in Western Australia. I was a bricklayer. I had my own home until I got divorced. I never lived on the streets down there. I came back to Brisbane to bury my brother who committed suicide after ending up on the streets when his marriage ended and he lost his job as a result of alcohol and drug use. I just never got back on my feet here and have been homeless since I came back four years ago." (50 year old male)

"I got divorced. I had a stillborn baby. I lost the plot after that and hit the grog. I never used to drink before that. Now I don't stop." (30+ year old Indigenous female)

"I grew up in a normal family, went to a private boy's school and to uni. I've been homeless since I came back to Brisbane in 2006. I'm a drug addict so I can't pay the rent especially now in Brisbane because the rent is so out of proportion with social security benefits. Before the rents went up I would manage addiction and rent. I worked for years. Now I travel around, stay in hostels for 3 months at a time. I'm on the methadone program so I have to go places where I can get on the program." (45 year old male)

"Micah gave me a good place for over 2 years then I was asked to leave because I collect things in bags so I had a few hundred bags in the house. I have a lot of junk but it's not stinky. I was going to clean it up but the big boss (housing provider) yelled at me, we had a fight and I left. I've been homeless on and off for over 2 years. I won't look for help." (70 year old migrant male)

"I had a flat but my cousins came over and it got trashed. I'm not firm enough. I went to jail so I lost the flat." (44 yr old male)

"I lived with my parents until they died. I had a housing commission place for a while and then I left there." (50 year old male)

(3) Barriers to secure housing

Chronically homeless people experience multiple barriers to secure housing. Furthermore, one barrier may be masked by another barrier and only become evident when the first barrier is removed. Respondents cited various reasons for why they were unable to acquire or maintain housing.

These included barriers associated with the supply of housing such as (1) affordability, (2) lack of suitable housing, (3) lack of housing co-located with services they need to access and, (4) no housing where they wanted to live.

"I can't afford the rent."

"Everywhere is full."

"There are not enough houses available."

"There's nothing suitable in the area that I want to live."

"I don't like living in boarding houses".

"I want to live in a house with my friends and we can't find a house we can all live in."

"I have high medical support need. The nurse only came out every three weeks (when I was housed in an outer suburb) and that wasn't enough. I see the doctor who is in the city so I need housing inner-city which is hard to come by and expensive."

Some respondents also identified (5) racism, (6) ageism and (7) gender bias, and (8) the difficulties around looking presentable to agents:

"Real estate agents just look at me and they don't want to rent a house to me. I don't think I'd get one looking like this."

"I'm Aboriginal. I've got no hope of getting a house."

I'm a single young guy without references. Agents don't want to house me."

"I believe that my prison record is a barrier."

(9) Poverty, (10) debt and (11) unemployment were barriers for some:

"I owe money to the Department of Housing."

"I have other debts."

"I can't come up with the bond and two weeks rent."

"I want to live in a house with my girlfriend and her children and we can't afford one."

"I don't have a job."

"I have no furniture and no money to put on the electricity."

"I ended up in hospital and didn't pay my rent in time and got evicted while I was in hospital."

"My benefits got stopped and so I had to go back on the street."

No chronically homeless person reported being on the TICA list in Brisbane. Others cited difficulties in maintaining tenancies (12) due to inability to control visitors, (13) difficulties managing money or (14) because they are unaccustomed to independent living:

"I've had bad luck with rental places in the past. My friends have come and trashed the joint and I got kicked out."

"My relatives come and damage the place and have a party when I'm not there. So I just leave."

"I've had bad luck with flatmates. I've been ripped off in the past."

"I need some one to take my rent out of my pay because otherwise I spend it on alcohol or drugs."

"I come out of jail and I just couldn't settle down in to something else."

"I'm having enough trouble staying sober let alone trying to find a house to live in."

A number of people explained that they had (15) no photo ID and that this prevented them from accessing services of putting their name on a list for housing. Others said that (16) not being entitled to a Travel Concession Card compounded their poverty and so their ability to afford suitable housing in the right location.

However, overwhelmingly, the biggest barrier for the majority of chronically homeless is their ongoing drug and alcohol use which makes them ineligible for some accommodation options and reduces their ability to afford other, more suitable options.

(4) Needs

Respondents were asked how important it was to them to find suitable housing. Two respondents prefer to remain on the streets; however, the overwhelming majority of respondents replied that housing was very important to them and that on a scale of one to ten, their need and desire for suitable housing was a "ten".

"I want somewhere to call home. I've been like this for years and it's hard to get out of, but I just want somewhere to go back to and live." (43 year old male)

"I've had four jobs since I've been homeless. You've got to have a shower; you need clean, dry clothes. When you are working and you are staying at a hostel, you miss out on breakfast lunch and tea because of the work hours or you just get sandwiches for dinner." (21 year old male)

"I like to sleep there because it is not too far from the Police Beat. But the public toilet is about 500m from where I sleep and because I have to pack up my blankets I don't always make it in time and wet myself. People steal your blankets." (62 year old female)

"I just hate it when it is raining and everything is wet and cold. That's when I really wish I had a place." (48 year old male)

"I'm living in a stinking tent down by the river. The tent stinks. It's getting mouldy. It makes me feel sick going in it at night. We get stuff thrown at our tents every night." (30 year old male)

"When you live in the street there is no privacy. Youth can come and kick your head. I've been attacked a few times but not as many as some. I choose safe places to sleep like the Catholic Church." (70 year old male)

Although most respondents said that housing was important, a number also stated, however, that their addictions meant that housing was less important than procuring the drugs or alcohol they require to manage through each day. In these cases respondents said that housing was around a "7" or "8" and that their drug supply was a "10". Respondents were also asked what sort of housing would suit their needs. Approximately half (n=15) stated that what they wanted was a one bedroom unit where they could do their own cooking and where they had privacy.

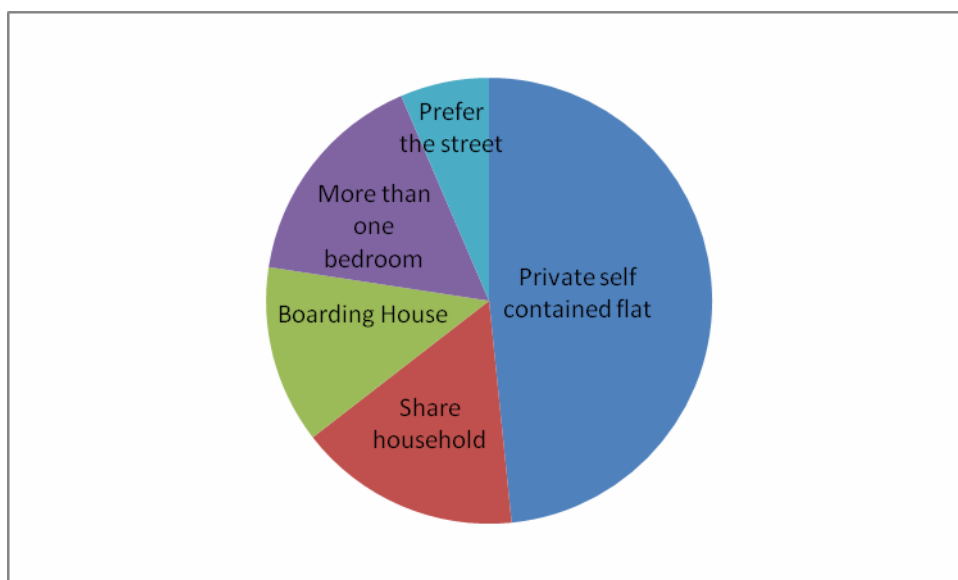


FIGURE 4: PREFERRED HOUSING SOLUTION

A further sixteen percent (n=5) stated that they would like to live in a share household or that they would be willing to live in a share household.

Two respondents said that they would like to live permanently at Pindari or Ozcare. Another two stated that they needed high in-house support such as daily AA meetings and shared cooking.

"I loved Pindari – you get your own room, somewhere to lock up your things, two meals a day and lunch if you pay; powerpoints. There's no cooking; they do the dishes; change the linen. There are showers, washing machine and powder. I would live there for ever if I was allowed." (29 year old male)

Five respondents said that they need a unit or house with more than one bedroom so that they can have their children stay over with them or their partner's children live with them.²

Two stated that they prefer to live on the streets.

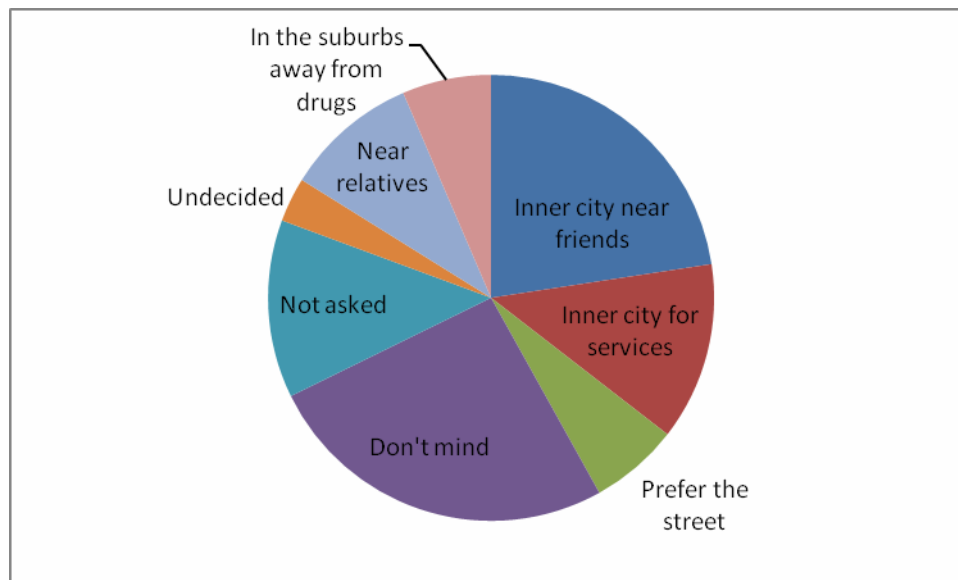


FIGURE 5: PREFERRED PLACE OF RESIDENCE

Seven respondents stated that they need or prefer to stay around West End because this is where their friends and connections are. Four need to live inner-city because they regularly access inner-city services and prefer not to travel. This was compounded by their ineligibility for a travel concession card which means that transport is very expensive where they need to travel into the city daily or often to access the clinics or hospitals. Two respondents stated they could live in suburban areas provided they were close to public transport. One respondent said he needed to be out of the city to avoid alcohol and drugs.

Eight respondents do not mind where they live. Four respondents were not asked and one had not yet decided where he preferred to live.

Three want to live near their relatives (one inner-city, one country, one outer suburb).

Two prefer to live on the streets:

"My daughter says she's coming down to get me, but I don't want to go back there. I like this spot here (bus stop). It's my spot...though I don't like it when kids bash me at night." (58 year old Indigenous male)

When asked what other supports they would need in addition to housing for that housing to be successful, a number of respondents stated they needed supports such as daily access to a nurse or clinic for medication (n=6); a support worker to assist them because they are disabled (n=2); assistance to keep their house or unit clean (n=2); meals to be

² The Department of Child Safety will not allow children to have overnight visits when there is only one bedroom in the house.

delivered (n=1); assistance to manage unwanted visitors (n=2); assistance to get off and/or stay off drugs or alcohol (n=4); counselling (n=3). One younger respondent stated that he would need a job to be able to maintain a tenancy. Others said that direct debiting was necessary to ensure that they paid their rent (n=2) and another needed financial management assistance in relation to all aspects of her money. Two stated that they needed to be housed with friends. A number of respondents who had reported that their housing had failed in the past because of a bad relationship with managers of boarding houses said that good management was important.

"I like being here (Roma House) because there is a boundary on the door. I can't bring anyone here and I am starting to get on top of drugs. I have a great case manager, setting a daily plan, making small changes, small steps. It is safer here than out there or staying at someone's house where I have to have sex." (28 year old female)

In the interviews, a number of respondents stated that they had had problems with friends or relatives damaging their houses in the past and so lost their tenancies. When asked, they agreed that a concierge/security service would assist them to keep out or remove unwanted visitors and that this could be a valuable service to help them maintain a tenancy.

Respondents were also invited to offer their suggestions for what needed to happen to address chronic homelessness:

- *A lot of people need counselling because of the shame and the addictions – not just some one to talk to but real counselling, addressing childhood issues and abuse, for instance.*
- *People need support to manage money and help them with budgeting, like visits once a week because when people have been on the streets so long, they really need that.*
- *Centrelink could be a bit more lenient.*
- *Department of Housing could make it easier with their requirements.*
- *The tenancy people could be supportive instead of persecuting.*
- *Caravan parks should have a long term facility. They are low cost but you have your own space and you don't have to share like in boarding houses.*
- *A block of units for people on the streets.*
- *Build a 200 person homeless shelter in Brisbane where you can stay longer than three months.*
- *Close the big hostels. They are detrimental in the long run. People get used to them and it would be better for people to learn how to care for themselves, cook and manage a house. They are not friendly environments and are not homely.*
- *Better information about what is available in terms of support and short term housing.*

- *Have more places out in the suburbs where there is a more friendly environment.*
- *Give the homeless Transport Concession Cards.*

Sleeping Rough Conclusion

In the case of those interviewed, overwhelmingly, the choices and opportunities for suitable, secure housing and access to support services currently available to them from government, community housing and the private rental market in Brisbane do not meet their needs.

Specifically, these people require housing that has adequate and appropriate support services on-site or nearby. They need housing that addresses their high safety and security needs. They also need accommodation which does not come with rules that they do not have the capacity to abide by. And this housing needs to cost no more than 30% of their available income.

This snapshot provides insights consistent with the experience and growth of the Supportive Housing Movement in United Kingdom and United States of America. It is clear that the current challenge in Australia is to look further at how we integrate affordable social housing by creating and building up communities of people who can have the right balance for them between autonomy and safety, individuality and community, as well as social, health and economic connection to resources, opportunities and services grounded in the community in which they live.

Interview Guide

1. How long have you been sleeping rough this time?
2. Have you had this experience before?
3. Why are you sleeping rough this time?
4. How do you feel about that? (*to establish attitude*)
5. Can you tell me a bit about your other experiences of sleeping rough? What happened those other times? (*i.e. - What have been the circumstances that have led you to be on the street other times?*)
6. Were you born in Brisbane? If not, where have you come from? When?
7. What kind of housing did you have growing up? (*inter-generational pattern?*)
8. Where would you like to be living now? (*need to establish a goal*)
9. What sort of housing do you need?
10. What can you afford to pay?
11. What gets in the way of that happening? (*what are the barriers to the goal*)
12. What would help to make that happen? – (*problem-solving to achieve the goal*) – personal and systemic.
13. Recap some of the barriers – and recap some of the solutions – so for “such and such” to be fixed you think that “such and such” would fix the problem and you could be housed?
14. How important is it to you that you are housed? (Scale one to ten).
15. Demographics – gender, age, ethnicity, place of birth.



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WHAT DO YOU WANT TO
 TELL THE GOVERNMENT ABOUT
 HOMELESSNESS?

Stop Building Buildings and START
 Building HOMES for the homeless who sleep
 out in the frozen cold while there all
 Rugged up in their WARM Beds.



3. Getting Housed

Micah Projects' staff at the Brisbane Homeless Service Centre set aside a few hours each day for one week to record responses from service users regarding the Federal Governments Green Paper "Which Way Home". On the Friday of that week, Micah Projects' staff invited service users from various programs for a BBQ and to express their ideas.

Most of the service users were sleeping rough, staying in a shelter, motel or boarding house or had recently found private, community or permanent housing. We were also able to engage with people who had come to the Centre on those days to receive assistance from the homeless services. The demography of people consisted of young people, families and individuals from a variety of ethnical backgrounds but was predominantly English speaking. This group of people can be described as "living" at the hard edge of reality, regarding homelessness. They all agreed that ending or at the least reducing homelessness, was the target the government should set. The following is a summary of some key points.

Key Messages

Government responses should set goals and targets that include:

- Providing and increasing the direct support services for people to sustain their housing, especially having supported housing models.
- More housing that is tailored to the needs of the homeless population. This would include places that are accessible, affordable, and permanent, with mixed social living that are safe.
- Increasing the incomes of people on benefits and developing supported employment opportunities based upon the situations that people are experiencing.
- Ensuring better collaboration between politicians and governments responsible for program design and service delivery with the people they are assisting.
- Designing and ensuring that services and programs are based on servicing the whole needs of the person. They need to put the person first.

The Design and Values of programs need to be based on the needs of the people

There were many comments on how mainstream services and homeless programs are designed and operate. People felt devalued by the interactions and often were reluctant to go back to those services;

"Services often say;

'You can lead a horse to water but can't make it drink'
Or
'A leopard can't change its spots'

Hey that's a horse and we are talking about people and a person can
change their ways."

(Stuart 41yrs, who recently spent 8 months living in his car)

- *"Professionals often push you to get well or better to meet their time frames. They don't allow you the time to get well or achieve things at your pace." (Daniel 23yrs and sleeping rough)*
- *"Stop punishing people for being homeless."*
- *"I put in 6 housing applications. All the agencies either lost messages, failed to return calls, lost faxes, failed to return faxes (even when protesting that they had), or were at least cavalier with the process. Although the homeless issues are extremely demanding it is doubly frustrating for the homeless with mental illness, substance abuse or other trauma who feel devalued. They will quickly drop out of the process if they perceive they are being deemed as a devalued person."*

A number of people suggested that program design and values should reflect beliefs that:

- *"Services especially mainstream need to adopt approaches that commit to people and don't look for reasons not to service people."*
- *Services should stick by people; be relational rather than rules based.*
- *"Places like the Brisbane Homeless Service Centre and the people that work there are very devoted to what people's needs are. I have seen this place in action. If every centre had the devotion that they have..."*
- *Have an individual focus. Not one size fits all.*
- *"Change the 'too hard basket' to a 'can do' attitude. If you think you can or if you think you can't you are right."*
- *"Everyone wants to feel worthwhile."*

There were suggestions that people who design and oversee programs be qualified with life experience and should be mixing with the people that use those services:

- *"Everyone's opinions should be valued. Governments and government departments should set up programs to get the opinions and ideas of people that are using the services; this should be done regularly."*
- *"No one from Government Departments head office (in authority) come down to talk with us on a regular basis."*
- *Provide more funding for an increase in homeless workers, a professional management plan and strategy and real benchmarks and regulatory and accountability process/es that are not ruled or driven by mindless ideological economic rationalists "bean counters". Professionals with the ability to apply real management skills may then be recognised. "It is time the 'club' culture of the homeless industry was consigned to the archives where it belongs."*
- *"Heads of government should know what they are talking about. They should have the life and job experience, qualifications and be committed to the people they are serving. This moving across different departments and doing different roles... they should consider the effect on the people they are serving."*
- *"More mental health workers with life experience. Not going straight from university. I have never met a Mental Health Worker who has ever had a mental illness. So they don't relate or know what you are going through." (Daniel 23yrs, suffers from mental illness; currently sleeping rough)*

In general there was a strong consensus that the Government should increase the number of support services.

"People need help before they have the capacity to help themselves sometimes."

- *"Services and support and workers helps us to live happy, not sad as we are, because we get picked on by other people because we have got nowhere to live, and they can listen to us and help us feel good about people so we can get somewhere."*
- *"More counsellors are needed to assist and advocate for people on a one to one basis... to guide them with completion of forms and steps through the application process, e.g. disability documentation. Many homeless have poor literacy skills."*
- *"People need other people such as support workers to be supportive, encouraging. But not doing things for you. They should be people who are Non Judgemental. People who come to know you and understand what motivates you."*
- *"Need more psyche, mental health workers, more than GP's."*
- *"Have trained nurses on hand."*

There were also some recommendations about increasing and developing services;

- *Homeless services should be separated from Government service control but integrated with those services resources and ideas*
- *Provide after-care for people being discharged from hospitals*
- *Have access to 24hr staff to care for people*
- *Homeless services need to be dispersed through the suburbs. Services should be where appropriate open from 10am-10pm (6 days a week) and 8-6 pm on Sundays*
- *Need to take action early through education and giving people a second chance to prevent homelessness*
- *"Need to help a lot more and letting homeless people run it."*
- *A sports centre at every homeless centre*
- *"Stop the real estate agents discriminating against the homeless"*
- *"Don't let the police throw people out on the streets where they have got no where to go."*
- *Improve free health care for the homeless.*

The need for more affordable, socially integrated, permanent and safe housing

A very clear and consistent message from the voices of people who are homeless was in regards to not having access to affordable housing that meets the needs of people.

"Stop building buildings and start building homes for the homeless who sleep out in the freezing cold while they're all rugged up in their warm beds."

(Rick, a rough sleeper)

"Living on the streets is hard, because you have to find somewhere to sleep that is warm and you have to feel safe and that's hard on the streets. Especially when you are a young woman on your own on the street, you don't know what type of people are out there and what they could do to you."

(Jessica 17yrs, a rough sleeper)

Some goals for government can be based on the suggestions that follow;

- *Provide easily accessible affordable, permanent accommodation for everyone*
- *"More accommodation that people on our income can afford. It should be 'safe'."*
- *"I don't want to live next door to "Gronks", (drug addicts). I want to live around people with positive attitudes and lifestyles."*
- *"Have more places (housing). And places where you can have pets. Pets are part of the family."*
- *Long term housing with support when needed*
- *Build more government properties with access to social services*

- *“Provide more housing that accommodates the whole family not just mothers and children.”*
- *“All they need to do is give street people housing and to think what it would be like to live on the streets themselves.” Easily accessible, affordable, permanent accommodation.*
- *“Give me a block of land, a caravan and a water tank for my family.”*
- *“I can’t imagine home ownership. But they should have rent and buy schemes. It doesn’t have to be flash or expensive. A demountable that I could own and my family could feel safe would be great.”*
- *“Get more housing services that provide the assistance necessary for families and singles.”*

The need for more support to sustain accommodation

In the responses to having access to housing there were strong suggestions that support should not stop when people were given accommodation.

- *“You get really lonely... this leads to depression and thoughts of suicide. I have tried a few times. What you can do about that is to train people to give better advice and encouragement to avoid people losing their self esteem.”*
- *“Not everyone can live in their own place, they need company and need to speak to people and sit down and talk – some people have a lot of problems in their head, being isolated will trigger it.”*

There was also recognition that once housed, people needed assistance to ensure their security.

- *“We need a secure place where they won’t be hassled and victimised, and medication and food assistance – Be safe.”*
- *“We need permanency.”*

People also identified that more needs to be done in regards to the crisis systems.

- *Improve the standard at the hostels’ food, bedding and safety of personal belongings.*

People responded that the government should consider setting goals and having systems in place that:

- *Have a better understanding of peoples’ supportive needs and how they are treated.*
- *“Instead of locking up society’s problems (people the system has failed to help) give them the help they need and maybe they wouldn’t be a problem to society.”*
- *Long term housing with support when needed*
- *“More housing + a variety to accommodate all peoples’ needs”*

- *"People who head up programs and governments should mix with those that they are servicing and involve them."*
- *Direct support and services that meet the need of homeless people*

Increase the incomes of people on benefits and develop supported employment opportunities based upon the situations that people are experiencing.

Most people were struggling to find somewhere to live. There was a clear message that if the government was serious about addressing the homeless problem then addressing the poverty issues should be a priority. The problem of low incomes was highlighted:

- *"People need more money to afford housing, medication, food and clothing"*
- *"People need two pensions to afford a singles person's (expences)."*

Some suggestions were increasing benefits especially pensions;

- *"Need to increase the single parent payments. I rely on food hampers each fortnight to get by."*
- *"I only just manage to get by on my Disability Support Pension."*
- *"Cheaper rent and more income."*
- *"Drop the prices on food for me."*

The other suggestions were that people wanted to increase their income by being included in the paid workforce. However their situations were not often understood.

- *"Understanding where a person is, is very important. If they are still using drugs or on a DSP or have a Mental illness."*
- *"Being homeless makes getting work hard. I do want to work but being on the streets mean I have no stability, address, getting a good night sleep, showers etc."*

To address this people thought that the process and structure of including people into the workforce needs to be reworked. Some recommendations were

- *Having a holistic approach to employment; re: engaging slowly with the mainstream workforce with support workers involved.*
- *"Tailor jobs choices to understand a person's situation; i.e. their unreliability, disability, time and type of work."*
- *"You need flexible working conditions."*
- *"More jobs made available to the homeless."*
- *"Give people the opportunity to try a number of jobs."*
- *People with mental health issues should be encouraged to work in the system when they are well*
- *"Mowing council footpaths should be shared amongst people."*
- *A change in education"" (starting young is the key to achieving maximum results for the future).*

Aaron Paulings participated in the Green Paper response forums at the Brisbane Homelessness Services Centre. Aaron undertook a large amount of preparation for these forums and it was felt his work should be presented in its entirety.

My 20 Step Plan to End Homelessness

1. Free up funds to house the homeless people!
2. To find a new approach to end homelessness in the Brisbane area!
3. Ask what it is the homeless need in safe accommodation where the homeless have a say
4. Re-education to reapproach homelessness!
5. Give affirmation that we are worth your work in us!
6. Redevelop land that can be used in housing!
7. Redevelop Government buildings for housing!
8. Ask! Ask for solutions to problems!
9. Educate people to get skills in Government base jobs e.g., Highway development, labour, bridge construction, parks and reserves etc.....
10. Allow easy access to get funding to get housing. LESS RED TAPE!!
11. Go out and meet the people you are working 4!
12. Hold meetings on homeless turf to better understand how hard it is out there
13. Get proactive!!
14. Become the world leaders in ending homelessness!!
15. Become role models; give us reasons to change and trust Government people!
16. Be honest in all things about homelessness!
17. Don't Blame-Shift!
18. Don't hide the homeless problem!
19. Be ashamed for us; we are here and always will be if nothing is done!
20. HAVE FAITH IN YOUR OWN WORK!!

Major things to know and remember when dealing with homeless people

1. Remember we are not stupid
2. Remember we have needs and feelings as well
3. Remember that there is a recession going on
4. Remember that some of us have no education
5. Remember to simplify documents into a language that can be understood
6. Know that if you are kind you can get far with homeless people
7. Know when you are not honest, we know. Cut out the Bullshit
8. Know that any help goes along way
9. Know when it comes to homelessness, don't think less of us
10. Know that homeless people are resourceful
11. Remember to know it could have been YOU!

What things can services or governments do to improve how they assist **people**?

- Improve the standard at the hostels' food, bedding and safety of personal belongings
- Just give people houses
- Don't let the police throw people out on the streets where they have got nowhere to go
- Leave people in tents and under bridges alone
- Improve free health care for the homeless
- Provide daily living skills to say no to drugs and alcohol in our streets
- More housing + a variety to accommodate all peoples needs

How can the government and services improve how they assist people

- Give a \$10,000 grant to each homeless person

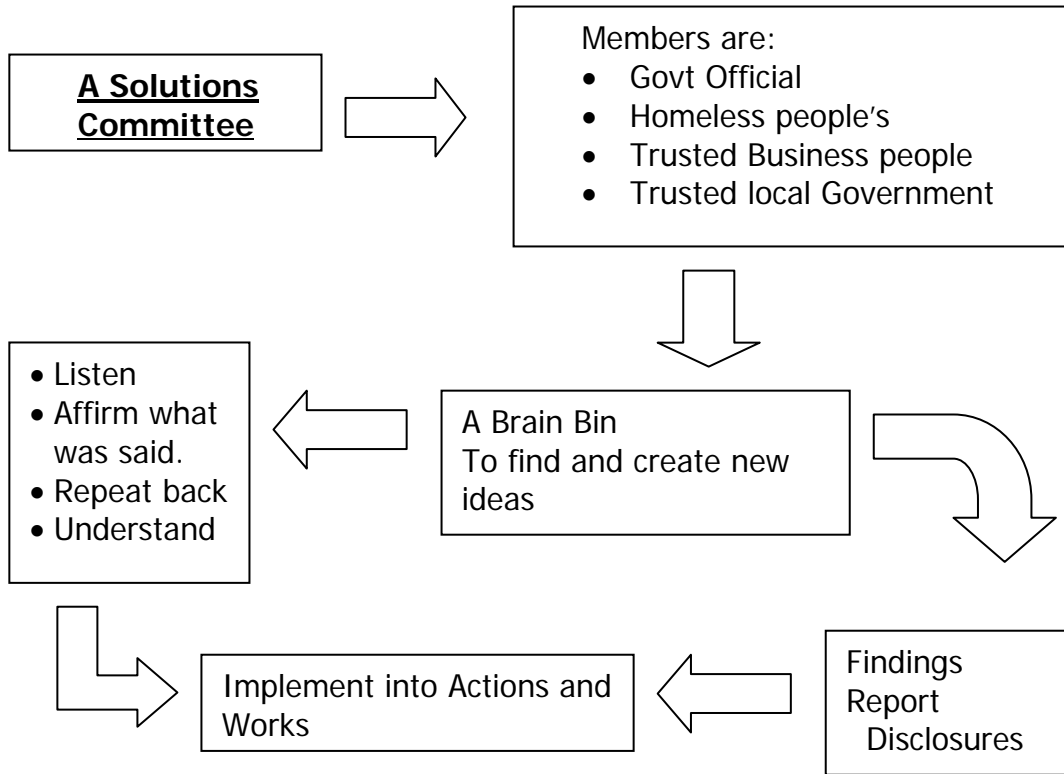
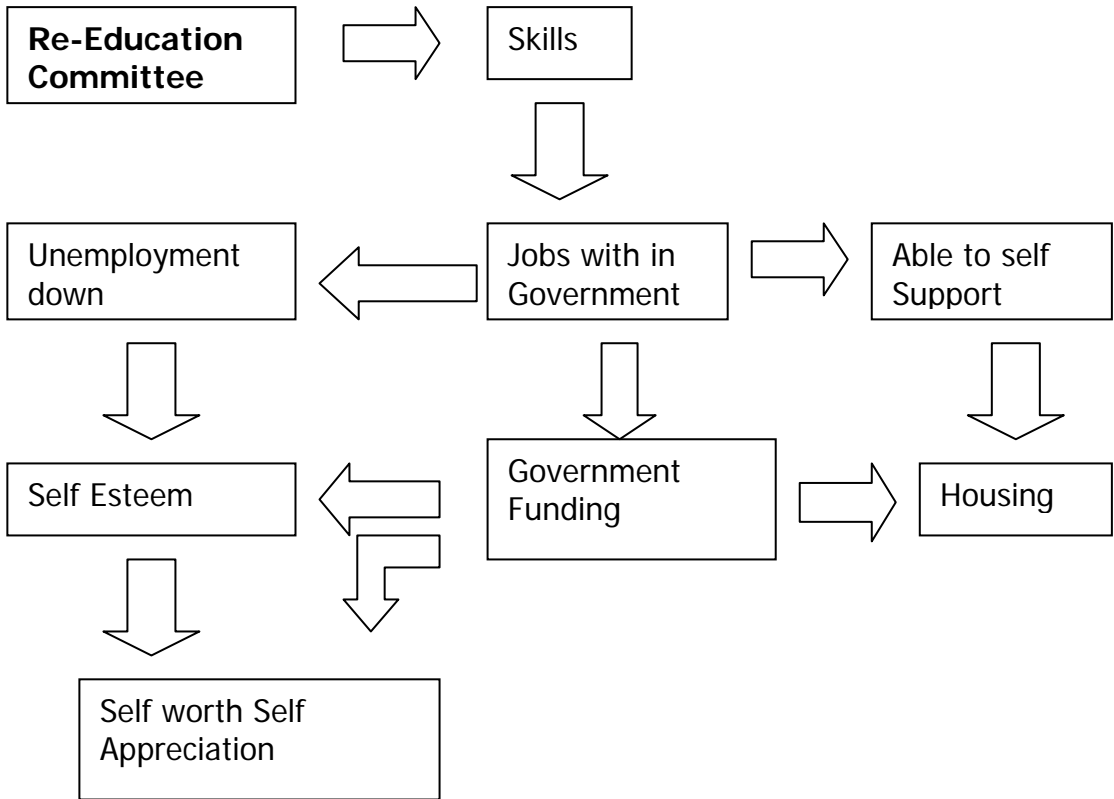
My 12 step plan to learn

1. Learn to know people 1st!
2. Learn to care about people in need!
3. Learn to know what it is to have nothing!
4. Learn to understand that life deals some people a raw deal!
5. Learn to give and not ask why!
6. Learn to assist peoples' needs and wants on a one-to-one basis!
7. Learn to approach people as people
8. Learn to know nothing about being homeless!
9. Learn to see what is around you and not what is in your office!
10. Learn to learn!
11. Learn to give and receive!
12. Learn to forgive!

What it means to be homeless

- To be afraid at night
- To never know where your next meal is
- To sink deeper into depression
- To lose hope in everything and everyone
- To be looked down at
- To sleep where, anywhere and anyplace you can find
- To be told by police to move on

- To ask for help because we have nothing
- To ask for loose change to eat
- To smell because of no showers
- To have poor health everyday because we can't afford medications and doctors
- To lose Hope in yourself
- To wish for death to end our pain
- To wish for more than we have to be comfortable
- To need a kind word from just anyone
- To find my self worth
- To be thought of as human and not a street animal
- To hope that one day I could feel and be Safe!!!!



Aaron Pauling Copy right 2008 ASP

Which Way Home?
This Way Home...



Karla 24, Declan 4 and Hayley 2

“Kids need somewhere to play and let off steam-
Families need houses with backyards – not unit
blocks.”

4. Staying Housed

Homefront is funded by Disability Services Queensland to provide support to people with a disability to maintain their housing. Homefront is the only program of its type in Queensland that works with families and individuals who have no current disability support packages, often live independently and are at risk of homelessness because of their disability.

A group of 7 individuals provided some insight into what they thought was working and what was needed. Most of the individuals had a cognitive disability and/or physical mobility issues.

Key Messages

The strategy to reduce homelessness should target these key issues and principles:

- 1. Raise the income levels of the Disability Support Pension. The income levels are too low to meet the demands of the cost of living.*
- 2. Provide employment opportunities and incentives to supplement disability benefits*
- 3. Providing people with a disability quality access to ongoing support workers who provide practical support, encouragement, advocacy and knowledge that enables families and individuals to maintain their homes is vital.*
- 4. People strongly supported the principal of social inclusion, especially in the **paid** workforce which offered the opportunity to earn money.*
- 5. Treating people with respect. How mainstream government services treat people needs to be improved and made more accountable.*

Providing people with a disability quality access to ongoing support that enables families and individuals to maintain their homes.

Most people identified the benefit and the value of having wrap-around, ongoing support services to assist people to maintain their homes. There was a consensus about the importance of having a specific agency that they can go to that can coordinate and deliver

most of the services that they need. That type of support that was brought up by the group can be broken down into a few categories.

Support with practical activities

To keep a standard of cleanliness and hygiene within the home:

- *"I was always a very clean person. After my Brain Injury I found that when I tried to sweep and mop, I couldn't do it properly. It is very frustrating."*
- *"There are some days that the cleaning takes me all day. At the end of the day the house is dirtier than when I started despite how hard I try."*
- *"At times I need support to wash my clothes."*

Shopping:

- *"Having people who are concerned for me to do the shopping with me. Not doing it for me. They often give me ideas on what healthy food to buy."*

Financial management:

All the participants thought that Centrepay was a great idea.

- *"Centrepay is great: I don't have to worry about paying the bills and rent."*

Furniture Removalists:

- *"Moving home is hard and it is harder trying to set up a home again. It is good when services like Micah can arrange and pay for furniture removalist as we don't have much money."*

Support with Relational needs

The group identified their relational needs and the importance of having a support worker who is often one of the only people in their lives who gives regular encouragement and hope.

- *"You get lonely and isolated."*
- *"I can't understand why the government will not let my family come to Australia to support me. I have no one and they would help me." (From a refugee who suffered an Acquired Brain Injury while being detained at an Immigration Detention Centre. His family have been refused entry into Australia and he finds it difficult to understand why.)*
- *"Having a support worker or someone to talk to gives you ideas. As long as they are not biased!"*
- *"It is good to have someone who recommends good food to try and can give you different ideas."*
- *"Having someone who believes in you. Having people who listen and not tell you what to do is really important."*

The need for an advocate.

The focus group discussed how they interact with mainstream services. Although the question of positioning homeless services within mainstream services wasn't mentioned, the focus group indicated a number of issues that they had encountered with mainstream services. In general they agreed they needed an advocate to intervene on their behalf.

Advocacy

- *"You need someone to advocate to the governments' departments to get things."*
- *"You are not valued like a worker who is advocating for you."*
- *"I stayed in hospital for 8 months because the Department of Housing couldn't find me a house. Micah Projects found me a house within 2 days."*

Treating people with respect and dignity. The way mainstream government services treat people needs to be improved and made more accountable.

People commented on their experiences and the lack of respect and dignity they received when interacting with mainstream Government departments. This had the effect of alienating people. General comments on mainstream services where:

- *"Government services need to improve the way they deal with people."*
- *"I have a chronic illness that has been assessed as getting worse over time. Yet I have to go in every year to get re-assessed. This is a cost for me as I need a taxi and to pay for transport."*
- *"I feel judged by most mainstream government services, every time I go into Centrelink and Department of Housing. I feel have to prove myself to them, the workers, to stop the feelings of being judged. I get treated like a 'piece of shit'."*
- *"I was judged by my child's doctor and Child Safety because of my child's behaviour problems. They thought that the symptoms of my Acquired Brain Injury were signs of drug taking. This lead to my child being taken away from me and a very stressful period of time in my life. It affected my income, accommodation and wellbeing. It required a complicated process to get my child back."*
- *"I get really stressed out by the paperwork involved with government departments. They are complicated and hard to work out."*
- *"I would rather have only one person to deal with not a multiple of agencies and people."*

Raise the income levels of the disability support pension. The income levels are too low to meet the demands of the cost of living.

All of the people within the focus group were on the Disability Support Pension. They spoke openly about their financial struggles to maintain their homes and families.

Everyone in the group regularly had to supplement their income or go without.

- *"I rely on getting a monthly food parcel from charities. The parcels are over \$100 worth of food. Without the food our family wouldn't cope."*
- *"The food charities need to be closer because it costs money in transport costs to get the food."*
- *"I have to pay money out for behavioural classes for my child, medications and associated costs. This makes it hard for me to afford on a disability pension."*
- *"I had to pay \$375 for glasses to see with. Each week I pay pharmacy costs for scripts that I am on for a lifetime. They could do it different so it doesn't cost me. You have to spend \$800 before the rebate starts. All of these things are very hard to do when you are on a pension."*

Provide employment opportunities and incentives to supplement disability benefits.

The group expressed their frustration about their need for extra income to sustain their houses and families and their willingness to work for that income. Their experiences of the employment services system were very negative.

- *"They don't do anything for me. I got told to come in for an interview and it turned out to just a meeting with the agency. I never had any interviews or assistance to get a job."*
- *"I want to work but no one will assist me to get employment."*

The current welfare system provides a safety net for people through the Disability Support Pension. Yet it also inhibits people being included in the workforce. The group thought that the system had to be changed to offer positive incentives and a safety net.

- *"I want to work but I am afraid. If I go for a job capacity test because depending on my assessment I might lose my Disability Support Pension and I couldn't support myself and my child on another benefit that pays less."*
- *"I have days when I could work and other days when I can't. If I am in the workforce and have too many bad days I might lose my job and then be forced back to a pension less than the DSP and I wouldn't cope on that benefit."*



What type of Support/Assistance do you think you or someone you know might need so that they can have or keep a home?

- Help to find/or set up a home, negotiating with landlords, getting furniture,
- Having a permanent home.
- Assisting to pay for: debts, rent, food, bills
- Support at home with cleaning, cooking, budgeting
- Having someone who you can rely on to assist you.



5. Support for Families

On 18th June, 2008, we invited families who had participated in activities of Micah Projects over the last 12 months to a forum to contribute their feedback to the Green Paper. Families were invited because they had experienced homelessness in the past or were currently homeless.

The participants in the forum were asked the following questions:

1. In your experience what do families need to assist them to find a way out of homelessness?
2. In your experience, what works to prevent families from becoming homeless?
3. What additional support do you think children and young people need when they are homeless, or to prevent them from becoming homeless as young adults?

Thankyou to Kylie, Joanne, Shanla, Stacey, Jamie, Kelly, Kane, Anita and Justin, for your thoughtful comments and enthusiastic participation in the forum.

Several strong themes were presented by families during the forum, particularly around the need for more housing and support for families.

1. Experience of Homelessness

Families who had been homeless, shared their difficulties accessing emergency accommodation:

- *"There is nowhere for families to go, there's not enough housing for families."*
- *"Motels are too expensive."*
- *"Emergency housing will only take women with three children and boys have to be under 12. This is discrimination."*
- *"You have to say there's domestic violence to get crisis accommodation."*

They also discussed the difficulties navigating 'the system' in order to access independent housing:

- *"To get a house, you have to harass housing providers and be persistent; you have to make lots of calls. You have to be prepared and have all of your paperwork. You have to complete lots of applications. But when you're depressed, you don't want to do it, so you need someone to bug you and make you do it."*
- *"It's hard for a single parent to find a house and go to appointments. Juggling kids and making appointments is hard."*
- *"When it's just me, it's hard."*

Some suggestions for help families needed when faced with homelessness included:

- *"There needs to be community centres that support a mix of people – individuals and families."*
- *"There should be a centre for families to go to for help."*
- *"In New South Wales the Housing Department pay for emergency nights in hotels; they need that in Queensland."*

- *“You need support to keep you motivated with appointments and looking for housing, and especially to assist with transport.”*

2. Solutions to End Family Homelessness – Permanent Housing

The families at the forum were unanimous that the solution to family homelessness was more housing – and housing that was permanent.

- *“In a perfect world you should be able to walk into housing commission and say ‘I need a house’ and they hand the keys over!”*
- *“Tell them WE NEED MORE HOUSES in big letters!”*
- *“When you’re in CRS (Community Rent Scheme) houses, you go from short term lease to short term lease. It’s stressful not knowing when you have to move again.”*
- *“Children need a sense of security and belonging. Homelessness means they have to move house numerous times, unsure about where they will end up.”*

Families wanted housing that was near to public transport and amenities and wanted housing that had enough room for their family, especially for large families.

- *“Housing needs to be near hospitals, doctors, transport, shopping centres and schools.”*
- *“There’s not enough large houses for families with lots of kids. Sometimes they ask you to downsize to a smaller house, even though you need a larger one.”*

They expressed frustration at the poor quality of social housing and felt that they were obliged to accept housing that was not appropriate

- *“When you get offered a property you have to take it even though it’s in far out suburbs and run down, old and poor quality.”*
- *“Department of Housing places are cold, there’s mildew and it makes the kids sick. They have no carpet.”*
- *“We don’t think public housing should be all in clusters.”*
- *“You feel like you have to take a house. If you don’t accept it, you go to the bottom (of the waiting list).”*

3. Solutions to End Family Homelessness – Family Support

The participants in the forum gave a clear message that they need both housing *and* support to end their homelessness

- *“Families need long term housing with supports in the home.”*
- *“Every family should be offered support, and if they don’t want it then they don’t have to have support.”*
- *“There needs to be more supports for families and more family workers.”*
- *“When you’re homeless you should go straight to long term housing with support.”*
- *“When you don’t have support, you want to give up.”*

The participants in the forum gave valuable insights into the support that they had experienced that had worked for them, and the support that they felt other families needed.

Families were clear that support should not be “one size fits all”. There was strong feedback that support needs to cater for each family's unique needs.

- *“They need more family workers to cater to each family's specific needs because everyone is different.”*
- *“Everyone needs different help. Everyone's different. Some people like a peer, some people like groups, some people like to have someone older – the main thing is that they're non-judgemental.”*

The families felt the support that they needed and had benefited from included:

Practical, concrete support

- *“It's important to have help to move belongings so you don't have to start over again with household furniture and items.”*
- *“You need help with moving and storing things. You move house two or three times because the housing providers keep moving you around because your properties are always being handed back. My stuff is all I've got. When you're broke, when you have to start over it's hard. Buying new mattresses, new blankets... is hard. When H [support worker] offered help to move, I was blown away!”*
- *“Juggling children and appointments is hard! We need help with transport.”*

Support with personal issues, for example addictions or mental illness

- *“I need daily support, especially with my mental illness.”*
- *“We need support for some people with drugs and alcohol.”*

Support that is planned and targeted towards achieving goals and overcoming barriers

- *“You need help to find ways to overcome the issues that made you homeless in the past.”*
- *“You need help to come up with a plan; what's the next step. Where to go, what's stopping me from moving forward. Looking at methods to overcome barriers.”*
- *“You need a step by step plan about what to do.”*

Support that develops life skills

- *“When you've been homeless for a long time it's a shock. You don't realize all the bills you have to pay and can't get into a routine.”*
- *“Life skills like keeping a tenancy, budgeting, cooking, daily routines, cleaning, and paying bills so they don't get on top of you.”*

4. Support for Children

Families were concerned about the effects of homelessness on their children

- *“Homelessness has ongoing effects on children. It causes a ripple effect for the young people who will end up homeless themselves. If they don't have housing, they can get in with the wrong crowd and get into drugs or drinking.”*
- *“Children need a sense of security and belonging. Homelessness means they have to move house numerous times, unsure about where they will end up.”*

- *“Children need a sense of stability and security. It’s hard having to explain that you have to move.”*

The main support they felt their children needed was support to stay enrolled and attending school.

- *“Consistent education is important for kids; it’s hard when you’re moving from place to place.”*
- *“Children need internet and computers and books for their education.”*
- *“Schools and child care centres should pick kids up so they can always get to school, wherever they are living.”*

4. Connecting Systems – Child Protection and Homelessness

Families expressed very strong concern that families were unable to engage in a trusting relationship with family support workers because of their fears of child protection intervention, and this meant that they did not get the support they needed.

- *“People don’t trust workers because you’re scared they’ll tell the Department of Child Safety. You need someone you can trust to talk about things.”*
- *“Workers need to talk to families before a notification is made to explain the reasons and be upfront.”*
- *“The Department of Child Safety needs to stop taking babies away and help families stay together.”*
- *“When you ask for respite, you don’t get it; they remove your children instead.”*

They also were concerned about young people who were ageing out of foster care

- *“Once kids leave foster care they aren’t given help to be independent. They don’t do anything so they don’t have to become homeless. They take kids but they do nothing to support them; going in and out of foster care isn’t good for them.”*
- *“They set kids up for a fall. They give them money for whitegoods but don’t help them get a house.”*
- *“They need to support children who leave care so they can get a house, and so they don’t get into crime and end up in jail.”*

5. Aboriginal and Torres Strait Islander families and homelessness

The two families who identified as Aboriginal at the forum expressed a strong desire for support that understood their family, community and cultural context and history

- *“We all grew up on a mission. Everyone’s damaged. When you are Aboriginal, you are trying to break the cycle, but people just assume things. They label and criticise you. You can’t talk to anyone, even when they’re trying to do a good job, you’re judged. We need Aboriginal workers; support from people you can relate to.”*

Families also spoke about the pressures of supporting family members who were homeless:

- *"All of the problems are created because you are helping family and friends; the bills get high, but there's nowhere for family to go."*
- *"Friends and family come and stay when you have a house because there's not enough housing for everyone. This leads to overcrowding. You feel an obligation to help them."*

Which Way Home?

This Way Home...



Chloe 22 and Akuei 20mths

“Don’t need to talk – need more actions and practical assistance”

6. Early Intervention

Green Paper Homelessness and Housing Forum
Responses from young women who are pregnant or parenting

In your experience, what assistance do you think families need to get and keep a house?

- **More drop in spaces for families during the day**
- Need to see other families experiencing similar circumstances
- Family based refuges
- Centres to meet with others
- **Needs to be refuges/crisis accommodation for families provided for the period of time while waiting for housing**
- Refuges not time limited
- **Reviewing of personal situations – not three months and you're out**
- **No assistance with kids – you get penalized**
- **Age shouldn't matter**
- Houses go to single people not families – where it needs to go
- Income effects rentals – can't afford private rentals
- **Black listing can effect you for life - No exceptions for personal change or development**
- Government should acquire more houses
- Offer assistance to people renting out their houses – so they can offer lower rents to families
- Rent increases make it hard to maintain your rentals
- **Certain places are inappropriate for children- Think about where people are being put**
- Department of Housing (DOH) should be spread out
- They use "beggars can't be choosers" mentality
- Need to have a level of choice
- Families need to be put in safe neighbourhoods
- Not enough security in DOH in bad areas
- Housing needs to be near public transport
- Hard to get around with babies, if not near transport and rain/storms etc.
- Need to be near bulk billing GP's
- Community health centres with caring and understanding staff
- Need for nurses, doctors and trained staff
- Negative responses from GP's for age/pregnancy
- Don't keep their personal judgements to themselves
- **Better work options during pregnancy- it impacts your ability to maintain paying rent**
- **Don't need to talk – need more actions and practical assistance**
- Need help not counselling

- Penalised for leaving work – no payment for 8 weeks – so no income to support rent
- Less talking – more doing
- Need more funding for workers to have cars/time to do practical things like driving to appointments
- Community buses to help people get around to appointments
- Higher levels of financial assistance
- Food assistance offered by judgemental services – we don't need that
- They bring food or vouchers not money – they think you will waste it on drugs
- Salvo's can help with Telstra vouchers – that's practical in a bill sense – set that up for electricity
- When you have one thing go out in the budget – it can throw everything out
- No access to Centrelink if arrived from New Zealand – no access to DOH or private rentals either
- Waitlist is close to 10years for DOH – we can't wait that long
- Needs specific with DOH needs to include pregnancy
- Maintain better supports services
- Services are good – but could do more
- Funding of staff – cars/phones/transport
- **In home assistance – help with daily routines and cooking/cleaning – we have to learn how**
- 2 days free childcare/fortnight for everyone –allows people to get things done
- In Germany they are entitled to in home assistance with kids twice a week to allow people to get house stuff done
- Someone to help out when there is no family around or willing to help
- Babysitting service for important things – house inspections
- Unfair distribution of housing – 1 person in 3 bedroom house
- **DOH review process – so when you earn too much money you need to move out**
- Needs to be a fairer way to know income and eligibility
- People need to lie to get properties
- Centrelink punishes people for having no fixed address – worst time they need income to get a house
- Get single people out of DOH homes for families
- **Review DOH eligibility more often to see if people need the housing eg income/bedrooms**
- More realistic rental prices
- Rent is too high for young families
- Share accommodation is often advertised for single young people – not young families
- There are less options in the private rental market
- Lower the stress levels for young families – as stress leads to more difficult issues such as drug use & low self esteem

e.g. \$400 per fortnight for rent – Centrelink payment is only \$417 per fortnight – that leaves \$17.00 a fortnight to live – borrowed \$50 a fortnight from a friend – now having to pay that back

- Long waiting lists
- Job – need more \$\$\$ to afford rent
- In the private rental market people won't rent to people on pensions
- Support workers to drive/transport to appointments
- Better public transport
- TIME: looks for a place/ view properties/get to appointments/care for children
- The process takes too long – CRS – Private rentals
- **DOH to subsidise private rentals or buy them – so people aren't waiting so long**
- Focus on housing families first – then singles/ couples
- Access to bond – support with making applications to DOH – too much paperwork
- **Support with obtaining ID – birth certificates – certified copies – visa's/residency certificates**
- Have to exaggerate story to be accepted into CRS
- Housing providers to have a better understanding about the impact on housing from relationships – more holistic understanding of stress on relationships
- As a family more options for houses – as units are often unavailable (complaints from neighbours about noise from children)
- **DOH and private market are building more units – they need to build houses**
- Housing providers needs too: answer phones/return calls/not be judgemental/include us in decision making
- Understanding the needs for people with a disability
- Housing providers need to stick to RTA (residential tenancies authority) guidelines
- Lawn maintenance to be included in the rent
- Better communication options with housing providers
- People to talk to and understand and are helpful – have good communication systems
- Be responsible – keep quiet > keep your neighbours happy/ lawn/pay rent/ keep house tidy
- Have good social workers available at CRS – can support you with keeping tenancy
- Regular assistance to keep a house clean/house cleaner on a regular basis – for all young parents with new babies – time limited
- Finding a hostel to get off the street: you need a reason/transport/ID
- Need your own space – while waiting to get a house
- Need help with talking the language
- Need help from support workers – ones who actually follow through on what they say
- Need help to navigate the system
- Workers need to have good networks to have access to the services
- **Have to have help to get ID**
- Asking the right people who actually want to help and who follow through
- Help yourself – do stuff as well
- Keep trying
- Important to have flow through
- Being homeless is hard
- Drug and alcohol use can makes it hard to keep a house
- Being aware of inspection dates when you finally have a house

- Not having enough money makes it hard to have and keep a house and to provide for your children
- There is share accommodation in the local paper every week – but it is mainly for one person not families
- Lodges have long wait lists
- Rent is very hard to pay for a lot of people/families – rents are just too high

What do Kids Need:

- Kids adjust better when there are other kids around
- more community parks/shared playgrounds
- **Need more houses with backyards – not units**
- Childcare for moving – makes in hard when feeding/nappies
- More access to furniture assistance – cots/mattresses/set up stuff – options or choice – white goods...
- **First Renters Grants – washing machine/furniture – practical necessities – not money – like first homeowners grant**
- Need to have a choice –St Vinnies just drops stuff off and then you seem ungrateful when it is no good – needs to be safe when there are children/babies
- Supported accommodation furnished – move out to house and have nothing
- No interest loans for start up costs/ equipment for living
- Electricity – bad credit- can't get it
- **Subsidised utilities for low income earners/Centrelink recipients**
- Permanent homes not temporary homes
- Wait lists for 6 months – 2 years – still waiting – 3 ½ years – kids can't wait – they need a home to grow up in
- Important for kids to have a space for their own
- Homes need to be close to support people – family friends/shopping facilities/ public transport/health- hospital/parks – housing allocation based on families' circumstances
- **Homeless shelter for families – that are safe for kids**
- Housing really made me think/ regret having kids – it would be easier if I were single/childless
- Stressful – harder being a parent
- Moving with kids is stressful
- Kids need somewhere to play and let off steam
- Somewhere that is safe
- No stairs
- Fencing on properties – that is the right height
- Houses need to be built for children's needs – safe/baths/no stairs/no laundry in the bathroom
- Kids need space – a yard – room to move around
- Help for families moving with kids
- Quieter/privacy – better lifestyle in the suburbs

How to prevent people from becoming homeless:

- **Life skills in ALL schools**
- Higher level of sex education
- Budgeting / routines
- **General info on your rights as a tenant**
- More general information provided through Centrelink/hospital/GP's
- Not so many issues with payments – Centrelink can't penalise you for everything this effects your housing
- More one off payments that you don't have to pay back
- One off help – flexibility with Centrelink for personal circumstances

General Feedback:

- 24hour services / help on weekends
- People need to be able to access help after business hours finish
- More crisis accommodation for families that is accessible 24./7
- Don't need to be kicked out of your house and then separated from your partner
- **Need more training options with childcare attached – noone wants to hire unskilled people – and people don't want to be on Centrelink forever – need to make opportunities for all to access including mothers with small children – to end up in a better situation for the future to come**

Which Way Home?
This Way Home...



Lauren 23 and Lily 22mths

“When assessing your needs for housing – they don’t take a holistic approach – parents and children have different needs and both need to be taken into account.”

7. Example of Research & Data



MICAH PROJECTS INC

**JOURNEYS THROUGH HOMELESSNESS -
WHOSE EVIDENCE?**

**SUBMISSION TO THE AUSTRALIAN GOVERNMENT'S GREEN PAPER
ON HOMELESSNESS**

BY

**CAROLYN MASON: PARTNERING WORKS PTY LTD
WALTER ROBB: ANALYSE AUSTRALIA**

27 June 2008

1. Response to Green Paper

1.1 *Whose Evidence?*

Micah Projects Inc contracted Carolyn Mason, Partnering Works with Walter Robb, Analyse Australia, to undertake a project on the current homelessness service system, particularly in the greater Brisbane region. During the life of this project the Green Paper on Homelessness was released by the Australian Government. The findings from the project are presented in this section as evidence that can address some of the issues and questions posed in the Green Paper.³ The report on the project is then presented in the following sections and appendices.⁴

The question - Whose evidence? - is a very important one. This project used the evidence base of the practical implementation knowledge of clients and their service providers on pathways through homelessness or their diversion from homelessness. This knowledge was obtained using a case study approach. While the project was limited to three case studies, they are representative of people who are homelessness or at risk of homelessness, and were from three different project areas of Micah Projects as follows:

- Case Study 1 is a client under the intensive family support approach developed under the initiative *Homelessness to Home*, Micah Projects' Demonstration Project under the National Homelessness Strategy (referred to on page 46 of the Green Paper).
- Case Study 2 is a client family of the prevention and early intervention pilot program under the Queensland Government's *Responding to Homelessness Strategy*, where Micah Projects is the auspice body for the program at 6 locations in Greater Brisbane.
- Case Study 3 is a chronically homeless indigenous man who is a client of the Brisbane Homelessness Service Centre (referred to on page 52 of the Green Paper).

The pathway analysis provides specific insights into the barriers to radical change in homelessness services from the knowledge generated about how responses are working in practice.

A pathway analysis that provides practical implementation knowledge needs to be a research priority for a national homelessness research agenda (Q4). This will provide direction to developing homelessness service system responses that are grounded in reality, can address the complexity of client need, and demonstrate an understanding of the cost of intervention and the benefit of different intervention points, including and the importance of early intervention.

1.2 *Case for Early Intervention*

The case studies have presented scenarios to demonstrate the importance of identifying points where an intervention can be made 'early' in the pathway of homeless people. The analysis in the appendices for case study one and three report the considerable personal,

³ Any use of this report must acknowledge Micah Projects and the authors.

⁴ The authors gratefully acknowledge the contribution of Lyndal Hunter Robb, Analyse Australia, Karyn Walsh, Director Micah Projects, the Micah Project workers and other workers who attended the Workshop described in Appendix 5, and to Lisa, Vida and Albert who told their story.

social and economic costs that would have been saved by providing a case management response at key times for intervention. Case study one in particular demonstrates that there were clear signs of an inexorable worsening of events if no integrated or intensive response was made, given the involvement of numerous government and community agencies with the Police Service, Child Safety, Housing Department, and a women's shelter at the time for an early intervention. This was a situation where it was the violence of the partner that was the basic cause of the problems. The case study demonstrates there were two intervention points where support through a 'housing first' model would have been appropriate with intensive support to the family. This would have saved the state government very considerable expense, and the family members saved the trauma of having four children taken into care. These points are both considered 'early' when compared with the length of time the journey out of homelessness for this family will now take.

With case study two, it is a totally clear cut case of the value of providing an intensive and client focused case management service at an early intervention point. Case management over 13 weeks is a 'cheap' early intervention response and at a fraction of the social and economic cost of having families descend into homelessness. Maintaining the family in stable accommodation was a key point in the intervention.

With case study three, the intervention points would have been in the criminal justice system, with initiatives such as a Homeless Persons' Court case management program, or with a post-release program after imprisonment or remand. Case study three demonstrates that intervention even with a chronically homeless person is cost effective.

The development of goals and targets for homelessness and options for reforming SAAP as discussed in the Green Paper need to be informed by the following proposition: The costs to Government of providing services to respond to the needs of homeless people under the current service responses is greater than the cost of introducing or increasing the prevention and early intervention services available for the homeless and those at risk of homelessness. Early intervention responses must involve a 'housing first' approach.

1.3 Linkages and Networks for the System

The linkages and networks that need to operate in the homelessness service system are well recognized in the Green Paper. The pathway analysis provides evidence to understand the complexity of these and indicate the need for:

- reviewing the resource constraints and time limits on interventions so as to address the complexity of some clients needs and their personal capacity for management of their situation
- encouraging one-stop assistance and putting people directly into long term housing under an Australian developed 'housing first' service delivery model
- basing inter-governmental and agency accountabilities and protocols on an integrated service delivery perspective

- understanding that collaboration between SAAP services and the mainstream service system (Q12) requires unpacking the terminology used around what is collaboration as suggested in section 3.3
- considering how incentives will forge strong ongoing links (Q13) will require change in areas including:
 - residential tenancy and domestic violence legislation to be able to establish tenancies with conditions around continuing acceptance of support services
 - the ability to share information between property managers and support workers with early warning 'flags' in the system when rent arrears starts or breach notices are issued
- government agencies understanding how the system fits together from the client's perspective, such as understanding the impact of changing service delivery and case workers from government agencies when the client has to be moved across the government's service regions to where accommodation can be provided for them.

A pathway analysis provides a real understanding of the barriers to a radical change in homelessness services (Q8) and to achieving what the Green Paper refers to as 'joined-up system' (Q9). These all relate to the structural and attitudinal barriers in the existing linkages and networks among the 'multi-stakeholders' in the current service system. A pathway analysis focuses attention on the touch points among the service system providers from a client and service provider perspective.

1.4 Indicative Costing Analysis

The complexity of the task of costing homelessness has been well demonstrated using a pathway analysis as described in this report and in the pathways themselves. The questions around the fact that taxpayer funds are limited (Qs 10, 15 and 18) are important, and this project used the scenario approach to introduce an indicative costing analysis of the pathways with specific interventions. It demonstrates that taxpayers funds are better viewed from a holistic perspective, because significant savings can be made in one program area of public spending by judicious investment in another. This is particularly true where investment in early intervention and prevention lead to longer term gains throughout a person's life course.

A pathway analysis demonstrates the complexity of the data collection required to provide a relatively accurate costing analysis for decision making around the intervention responses that will have the biggest impact for taxpayer funds. A pathways costing framework as demonstrated by this project, and as outlined conceptually by Pinkney S & Ewing S (2006)⁵, are the building blocks for the answers to questions of resource allocation decisions.

⁵ Pinkney S & Ewing S (2006), Costs and pathways of homelessness: Developing policy relevant economic analysis for the Australian homelessness service system, p. 105, (Institute of Social Research, Swinburne University of Technology), Department of Family and Community Services, Commonwealth of Australia.

2 Addressing Homelessness

2.1 *National Homelessness Strategy*

The NHS was initiated in 1999 with the themes of prevention, early intervention, crisis transition and support, and working together. The current aims are to⁶:

- Provide a strategic framework that will improve collaboration and linkages between existing programmes and services, to improve outcomes for clients and reduce the incidence of homelessness;
- Identify best practice models, which can be promoted and replicated, that will enhance existing homelessness policies and programmes;
- Build the capacity of the community sector to improve linkages and networks; and
- Raise awareness of the issue of homelessness throughout all areas and levels of government and in the community.

The Strategy supports funding initiatives which meet the aims of the Strategy through a series of demonstration projects, and Micah Projects received funding for such an initiative in 2006 called Homeless to Home and have reported on the results. The approach taken is being applied to the client described in Case Study 1, called Lisa.

2.2 *SAAP V and the Green Paper*

The Supported Accommodation Assistance Program (SAAP) V Multilateral Agreement prescribes the funding arrangements between the Commonwealth and the States and Territories and is described in the Green Paper as:

*Australia's primary policy and program response to homelessness... [and] was conceived as and continues to be a last resort safety-net for homeless Australians or those at risk of homelessness.*⁷

The current Agreement, SAAP V operates from 1 October 2005 to 30 June 2010. The objectives of this Agreement are about:

- providing or arranging for the provision of support services and supported accommodation; and
- assisting people who are homeless to obtain long term, secure and affordable housing and support services.⁸

The strategic priorities for SAAP V are to:

- increase involvement in early intervention and prevention strategies;
- provide better assistance to people who have a number of support needs; and
- provide ongoing assistance to ensure stability for clients post-crisis.⁹

The Green Paper has an important focus on the SAAP and a third of the consultation questions are specifically about the Program and its reform. Micah Projects has been referenced in two areas under the section of the Green Paper that refers to models of innovation and good practice.

⁶ http://www.facsia.gov.au/internet/facsinternet.nsf/housing/nhs_home.htm

⁷ Which Way Home? A new approach to homelessness. Australian Government, May 2008

⁸ SAAP V Agreement Paragraph 3.1.3

⁹ SAAP V Agreement Paragraph 3.2.1

2.3 Queensland Government Strategy for Homelessness

The Queensland Government's Strategy, *Responding to Homelessness Strategy (R2H)*¹⁰ funded a range of initiatives in the 2005-06 budget with funds of \$235.52 million over four years to address homelessness. The funding areas articulated in the Strategy provide the implicit priorities for the Government, namely:

- providing more accommodation and support options for people affected by homelessness
- connecting people with services
- responding to issues surrounding the use of public space
- targeting mental health issues in the community
- responding to the legal needs of people affected by homelessness
- assisting residential services to stay open.

The Strategy introduced new initiatives and funding for a homelessness service system with two of the initiatives being referenced in two of the three case studies in this project.

2.4 Definitions of Homelessness

Two definitions of 'homelessness' are used in the project. The first definition is the one developed by Chris Chamberlain and David MacKenzie in 1992¹¹ and used by the Australian Bureau of Statistics (ABS). This definition of homelessness is called a 'cultural definition' because it describes a minimum community standard for housing, and those below this standard are considered homeless falling under three categories:

- *Primary homelessness – this equates with 'rooflessness', people without conventional accommodation (eg sleeping in parks or on the street, squatting, living in cars or improvised dwellings);*
- *Secondary homelessness – moving frequently from one form of temporary accommodation to another (eg refuges, emergency hostel accommodation or finding temporary space at the homes of family or friends);*
- *Tertiary homelessness – living in boarding houses on a medium to long-term basis (includes those who live in caravan parks because they cannot afford or find alternative accommodation).*

The second definition is the one used in the Supported Accommodation Assistance Program (SAAP), the program under which many services receive funds and report their activities.

The SAAP definition is found under Section 4 of the SAAP Act 1994 and establishes criteria for the provision of services and assistance to clients as follows¹²:

(1) For the purposes of this Act, a person is homeless if, and only if, he or she has inadequate access to safe and secure housing.

Inadequate access to safe and secure housing

(2) For the purposes of this Act, a person is taken to have inadequate access to safe and secure housing if the only housing to which the person has access:

- (a) damages, or is likely to damage, the person's health; or*
- (b) threatens the person's safety; or*
- (c) marginalises the person through failing to provide access to:*
 - (i) adequate personal amenities; or*

¹⁰ <http://www.communities.qld.gov.au/community/homelessness/documents/pdf/homelessness.pdf> 2005 publication

¹¹ Chamberlain, C & MacKenzie, D (1992), 'Understanding Contemporary Homelessness: Issues of Definition and Meaning', *Australian Journal of Social Issues*, 27(4), pp. 274–297.

¹² http://www.austlii.edu.au/au/legis/cth/consol_act/saaa1994359.txt/cgi-bin/download.cgi/download/au/legis/cth/consol_act/saaa1994359.txt

- (ii) *the economic and social supports that a home normally affords; or*
(d) *places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing.*

This definition gives some dimension to the range of services required from the SAAP services.

2.5 *Causes of Homelessness*

There are many causes of homelessness and while they intersect this project will refer to them on four levels.

- First, structural inequalities, covering issues such as lack of access to affordable housing, inadequate income support, unemployment and poverty.
- Second, breakdown of family and social networks, with family and domestic violence and relationship breakdowns as key factors.
- Third, personal factors, where social exclusion and discrimination occur because of individual issues, such as mental illness, intellectual disability, health status and substance abuse.
- Fourth, cultural causes because of the provision of culturally inappropriate housing or support services to indigenous and cultural and linguistically diverse communities.¹³

These are different to the three categories of socio-economic factors; social exclusion; and, individual issues used in the Green Paper¹⁴. The four categories are considered in reference to the case studies.

¹³ Healey, Justin, ed. 'What Causes Homelessness?' *Homelessness. Issues in Society* Volume 243 2006, and Monica Taylor, 'Lock 'Them' Up?' paper presented at the Disability and Mental Health Aren't Crimes Conference, Brisbane, 17-19 May 2006.

¹⁴Green Paper, p20.

3. Conceptual Framework

3.1 *Homelessness Service System*

A homelessness service system is a concept used as the basis of a policy and program response to homelessness. It needs to provide pathways out of homelessness that do not result in the 'revolving door' for the homeless or those at risk of homelessness. The use of the term 'system'¹⁵ is important and takes account of:

- the service providers and their services, including the providers of funds
- the linkages, networks and relationships among services, and the strengths of these linkages
- the purpose and objectives for the system, and the extent to which these are shared among providers.

A homelessness service system, conceptually, moves beyond the SAAP if SAAP is a policy and program response to homelessness that is "conceived as and continues to be a last resort safety-net for homeless Australians or those at risk of homelessness"¹⁶. This is elaborated upon through a consideration of the following four elements:

- **service delivery models:** models for service provision for the homeless and those at risk of homelessness
- **linkages and networks:** frameworks to understand the significance of linkages and networks among service providers required to deliver a 'joined-up approach'
- **evidence base:** use of an evidence base from the practical implementation knowledge of clients and their service providers through the journeys of homelessness or their diversion from homelessness
- **indicative costing analysis:** an indicative costing analysis of the pathways and early intervention scenarios.

3.2 *Homelessness Service Provision Models*

3.2.1 **Continuum of Support Framework**

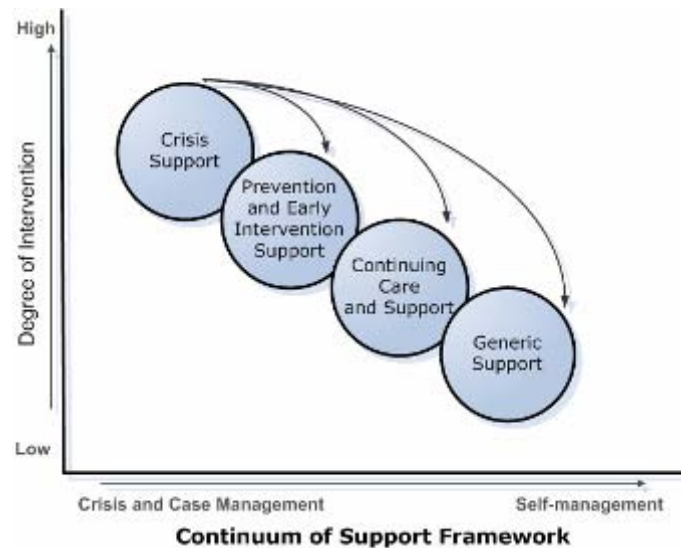
The work of a service provider network in the inner city of Brisbane, the Southside Homelessness Action Network (SHAN), used a continuum of support framework¹⁷ to guide its work in responding to homelessness at a very localized level. The framework was to understand the complexity and integration of responses required from service providers if there was to be a comprehensive response to homelessness. The framework highlighted that support of homeless people involves service intervention levels from low to high considered with a person's capacity for self-determination from crisis management to self-management.

¹⁵ A group of interacting, interrelated, or interdependent elements forming a complex whole
<http://www.thefreedictionary.com/system>

A set of interacting or interdependent entities, real or abstract, forming an integrated whole. The concept of an 'integrated whole' can also be stated in terms of a system embodying a set of relationships...[Hu]man systems normally have a certain purpose [and], set of objectives. <http://en.wikipedia.org/wiki/System>

¹⁶ Green Paper, page 27.

¹⁷ *Towards a Localised Homelessness Service System: Reporting on Progress and Direction Setting.* The Southside Homelessness Action Network June 2005



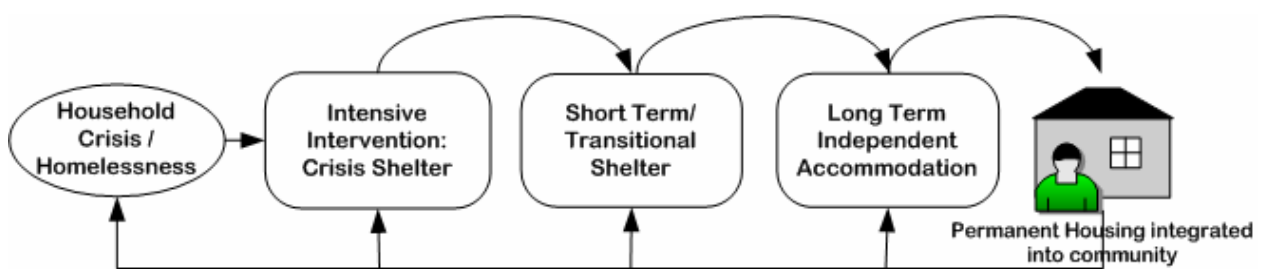
The important concepts for consideration from this framework are:

- the intensity of intervention required
- the person’s capacity, which homelessness and its causes will affect
- by implication, the length of time required for the intervention, and
- the range of services required both specific and not for service providers.

The case studies are used to reflect on these elements, and what they mean for how SAAP is currently conceptualized and what might be needed as a systemic response.

3.2.2 Shelter Model

The approach taken to addressing homelessness that has dominated policy and program responses can be called the Shelter Model. The SAAP V objectives and priorities and its program logic hierarchy diagram¹⁸ can be considered as representing this model through the service provision expected of the States and Territories¹⁹ with its pathways through accommodation types represented by the arrows at the tops of the diagram:²⁰



Shelter Model

However, it is recognized that the program logic represents:

¹⁸ [http://www.facs.gov.au/internet/facsinternet.nsf/VIA/saap3/\\$File/SAAPVProgramLogic_v3.pdf](http://www.facs.gov.au/internet/facsinternet.nsf/VIA/saap3/$File/SAAPVProgramLogic_v3.pdf)

¹⁹ SAAP V Agreement paragraph 4.3.2

²⁰ The diagram has been adapted from *Promising Strategies to End Family Homelessness, National Alliance to End Homelessness*. Freddie Mac. June 2006

the primary linkages between program interventions and client outcomes only. It is acknowledged that a multitude of secondary interconnections within the SAAP program exist and that achievement of many of the identified outcomes in the Program Logic will be influenced by factors outside the control of SAAP²¹.

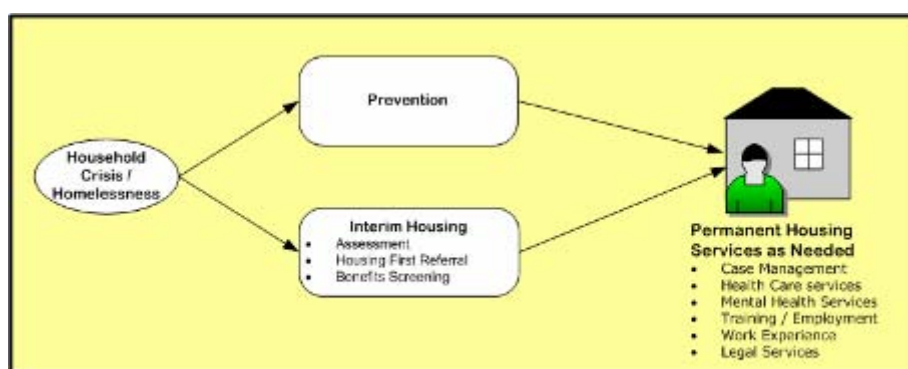
Therefore the arrows at top of the diagram are based on the assumptions that:

- services are available to a client as required under the Continuum of Support Framework
- there is an availability of housing in each of the accommodation types.

Evidence would suggest that these assumptions are not met.²²

3.2.3 Housing First Model

There has been considerable attention to an alternative model for addressing homelessness called the Housing First Model. It is based on “an immediate and primary focus on helping [individuals and] families quickly access and then sustain housing – put simply, housing comes first, then services”, and this model is represented in the diagram below²³:



Housing First Model

The Executive Director of the US Interagency Council on Homelessness, on a recent visit to Australia, said that more than 65 studies in the US all showed it was more cost-effective to house the homeless rather than allow them to circulate through shelters, hospital emergency rooms, courts and jails. He is quoted as saying it was up to \$US100,000 (\$106,000) cheaper per person per annum to provide homeless people with a place to live and the social services to support their tenancies than to “manage” them in the system²⁴. This is based on the evidence from research, projects and plans outlined and referenced on the Council’s website²⁵. Some of these studies have been used to provide the categories of cost used in the Cost Menu and in the usage rates as applied to the case studies.

In Australia, there is growing support for a Housing First Model, and South Australia is the first State to invest in this approach²⁶ under the guidance of the founder of the highly

²¹ http://www.facs.gov.au/internet/facsinternet.nsf/housing/saap_program_logic.htm

²² The Green Paper’s references would suggest this as well as Carolyn Mason’s *Report of 360° Review of HART 4000 a homeless persons’ service hub*, conducted for the Project Management Committee, October 2007, report not publicly released

²³ *Promising Strategies to End Family Homelessness*, National Alliance to End Homelessness. Freddie Mac. June 2006. p 15-16

²⁴ George W. Bush’s guru is here to tackle homelessness, Lauren Wilson May 14, 2008 *The Australian*

²⁵ <http://www.usich.gov/innovations/index.html>

²⁶ http://www.commonground.org/?page_id=75

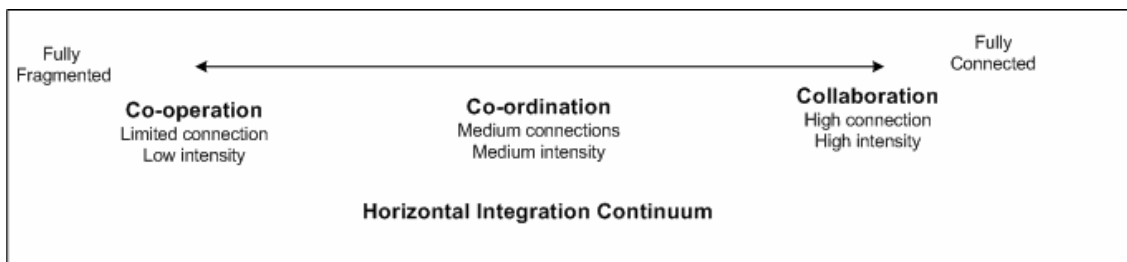
successful model in New York, Common Ground. However, caution is required around importing the model without understanding and adapting to the Australian context around philanthropy and tax law. The model will be considered in reflecting on the pathways of participants in the case studies.

3.3 *Linkages and Networks*

3.3.1 Linkages

The social problem of homelessness is a highly complex one for governments to address, and it cuts across many policy and service delivery areas. It presents a challenge to government in the linkages and networks required among the various service players who provide the continuums of support and intervention for homelessness. Yet it is these very linkages that are required in what the Green Paper describes as the “joined-up approach”.

Researchers have identified the use of horizontal integration arrangements for linkages, but called for clarity in defining the linkages required in the coming together of providers to work to achieve common goals. One model that has been developed identifies three forms of integration: co-operation, co-ordination and collaboration, differentiated by their level of connection and its intensity, and its presented below²⁷.



The concept of the connections and their intensity of linkages among players need to be applied to homelessness. The case studies provide important insights to better understand how these linkages are operating in practice, and how they need to operate to be effective.

The importance of this point was made recently in the findings of the Mid-term Review of the Queensland Government’s Strategy²⁸. The Strategy was acknowledged as a bold and ambitious initiative that has introduced new services and enhanced existing services for homeless people in the target locations. With regard to it being a coordinated response to homelessness, this was assessed as being less successful, and the Government has recognised that it “will look at issues in relation to collaboration, regional and service delivery coordination and engaging the non-government sector”.

²⁷ Robyn Keast, Kerry Brown and Myrna Mandell 2007. “Getting the Right Mix: Unpacking Integration Meanings and Strategies.” *International Public Management Journal*, 10(1), pages 9-33

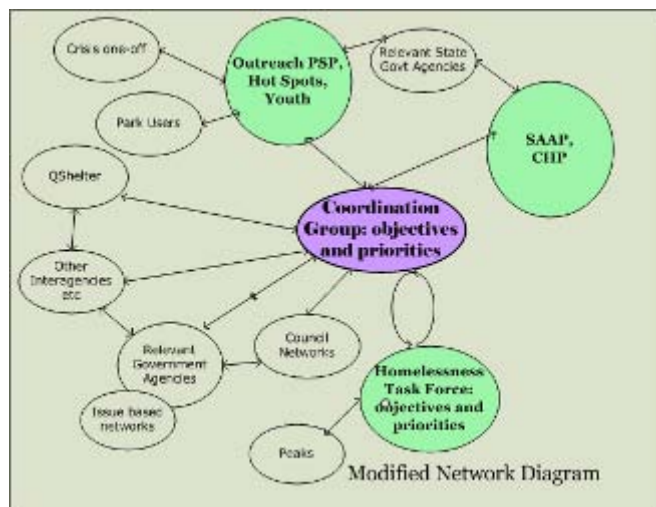
²⁸ http://www.housing.qld.gov.au/about/pdf/summary_findings_midterm_review.pdf

3.3.2 Network Structures

The concept of a horizontal integration continuum can be taken further and applied to the mapping of organizational arrangements among the players. When linkages are required to address the 'wicked problems' such as homelessness, attention to organizational arrangements that can really start to address these problems is required. Researchers have introduced the concept of a network structure, clearly differentiating it from the more commonly used term for arrangements of networks:²⁹

Networks occur when links among a number of organizations or individuals become formalized...*Network structures* occur when working separately - even while maintaining links with each other - is not enough... a network structure is typified by a broad mission and joint, strategically interdependent action. There is a strong commitment to overriding goals, and members agree to commit significant resources over a long period of time.

The concept of network exists very much in the homelessness field. In Brisbane, the Inner City Homelessness and Affordable Housing Network (ICHAHN) covers 25 different networks with membership from the three levels of government and the community sector. The complexity of the homelessness system is well demonstrated in the Network's attempt to map itself as part of its recent review of its operation to enhance its effectiveness, with 'tiers' from the operational to the strategic level. A modified representation of the network presented in the following diagram indicates the extent of this complexity:³⁰



The challenges with moving to a network structure from the networks would be around:

- the complexity in the number and level of connectivity of the linkages
- the extent of shared objectives and priorities
- the allocation of resources to supporting it given the scarcity of resources for front line service delivery

²⁹ Robyn Keast, Myrna Mandell, Kerry Brown and Geoffery Woolcock, 2004. "Network Structures: Working Differently and Changing Expectations." *Public Administration Review*, May/June, Vol 64, No 3, p364

³⁰ This section is based on a meeting and email communication between Carolyn Mason and Steve Faoagali of the Department of Communities, Service Delivery Directorate, Greater Brisbane Area, 15 April 2008

- commitment over time in this sector.

This also presents a challenge to the reality of achieving a “joined-up approach” proposed in the Green Paper.

3.4 *Evidence Base*

3.4.1 Whose Evidence?

Reference is made in government and academia to ‘evidence-based policy’ to support the public sector’s concern for efficiency and effectiveness in resource allocation. Head³¹ proposes that the evidence used for addressing complex policy issues (and homelessness is surely one) must be critically examined and that ‘evidence’ can be considered from three ‘lenses’, each working in their different ways with different constraints. They are:

- Political knowledge
- Scientific (research-based) knowledge
- Practical implementation knowledge.

He argues that significant challenges come from the “large difference between a technical problem-solving approach to knowledge, and a broader relational and systemic approach to knowledge that is located in multi-stakeholder networks”³². These challenges are:

- the political and values-based nature of policy debate and decision-making
- the fact that information is perceived and used in different ways depending on the ‘lense’ being used, so shared perspectives are difficult to attain
- the complexity of the networks, partnerships and collaborative governance arrangements involved in policy and program development, and their diversity of lived experience and evidence³³.

This project purposefully adopts a methodology to generate practical implementation knowledge developed from case studies involving “multi-stakeholder networks”. The purpose is to use this ‘lense’ and advocate for its place in a context of political policy making and budget decision making.

3.4.2 Pathway Analysis: A Case Study Approach

The case study approach can bring to life the lived experience of people currently within the homelessness service system and examine their pathways. The participants and their service providers are the source of practical implementation knowledge. This knowledge is used to consider:

- the cause of homelessness
- differences in personal capacity to deal with the situation
- the range of need for support services
- the intensity and length of intervention required
- the relevance of homelessness service provision models
- the importance of linkages and networks among providers.

³¹ Head, Brian. “Three Lenses of Evidence-Based Policy”, *The Australian Journal of Public Administration*, vol 67, no 1, pp 1-11, March 2008

³² Footnote above, page 9

³³ Ditto footnote above

The scope of this project is limited and so only three case studies were undertaken³⁴. However, to represent the range of responses to homelessness and those at risk of homelessness the participants were chosen from three different project areas of Micah Projects as follows:

- *Homelessness to Home* was funded by the Australian Government Department of Families, Communities and Indigenous Affairs as a Demonstration Project under the National Homelessness Strategy. *Homelessness to Home* sought to demonstrate through intensive intervention the outcome of ending family homelessness for very vulnerable families. While the Project has formally ended, the team and the method are still in operation and are being applied to Case Study 1.
- The REACH program is a prevention and early intervention pilot under the State Government's *Responding to Homelessness Strategy*, and Micah Projects is the auspice body for services at 6 locations around Greater Brisbane. Case Study 2 is a client family under this pilot program.
- Micah Projects operates one of the two Homeless Persons' Hubs in Brisbane from the Brisbane Homelessness Service Centre with co-located services. Case Study 3 is based on an indigenous client of the Hub's assessment and referral team, but is expanded to represent a composite of clients in the generic category of 'rough sleeper' in developing the costs and the scenarios.

3.4.3 Early Intervention Scenarios

In line with the priorities of SAAP V and the Queensland Government's Strategy and recognition in the recent budget of the importance of early intervention in human services³⁵, the pathway analysis has developed scenarios that represent an early intervention approach that could have been applied with two of the three case studies. The other case study, early intervention was the approach, and the scenario developed is the 'what if' scenario if this had not been available.

3.5 Costing Homelessness

3.5.1 Approach to Cost Analysis

The purpose of the cost analysis of the pathways for the three case studies is based on the following proposition:

the lived experience costs to Government for providing services to support the pathways of homeless people through homelessness is likely to be greater than the cost of introducing or increasing the prevention and early intervention services available for the homeless and those at risk of homelessness.

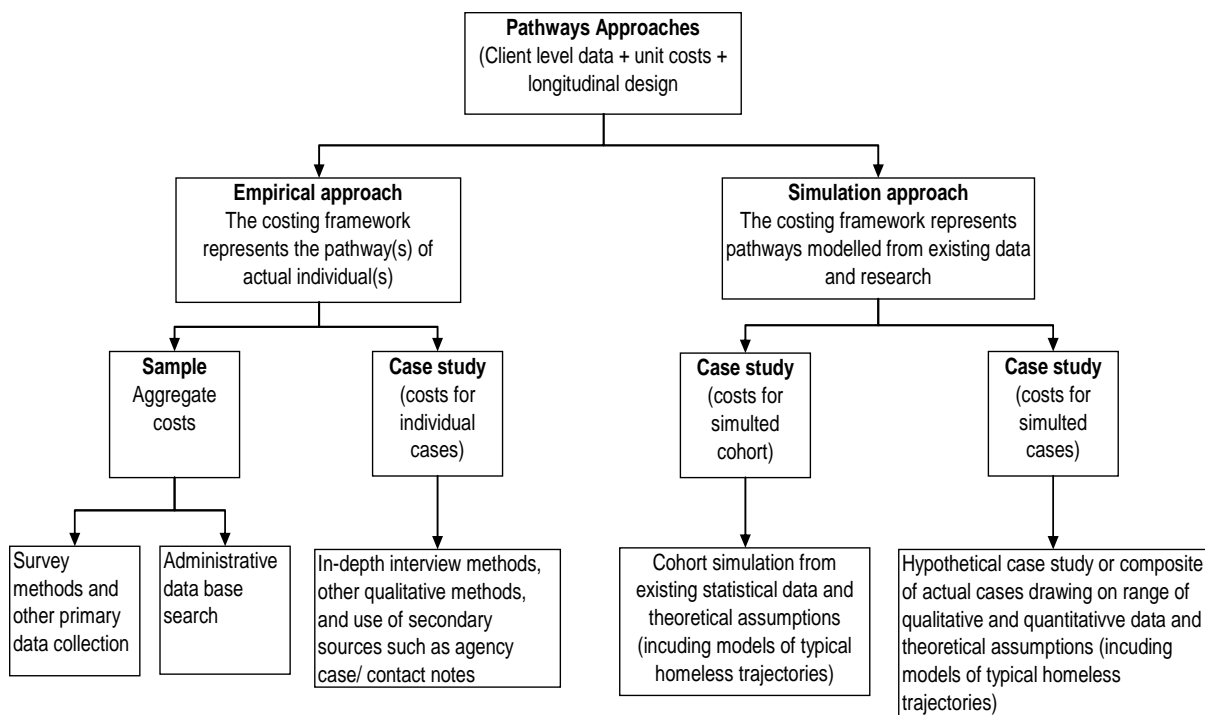
³⁴ It is welcomed that the Queensland Government will provide \$10 million in 2008-09 and \$20 million a year from 2009-10 to establish a prevention and early intervention incentives pool to fund innovative, new or untested pilot projects, principally in the human services and justice areas. This project sits very well in this policy and program space, and developing a pilot based on this work will be pursued.

³⁵ <http://www.budget.qld.gov.au/budget-papers/2008-09/budget-highlights-8-2008-09.pdf>, Whole-of-Government Prevention and Early Intervention Incentives Pool, see above footnote.

As outlined in the chart below by Pinkney and Ewings (2006)³⁶, there are a number of approaches to costing pathways. This report primarily uses in-depth interview methods to develop individual costings for a small number of case studies. In one case study, the individual information was supplemented with composite information from similar cases based on frontline workers' experiences.

Options for development of pathways costing frameworks

Source: Pinkney S & Ewing S (2006)³²



In applying the cost analysis to the case studies, three elements have been required:

- identifying the range of government programs and services to be covered in the cost analysis
- developing understanding around usage of services
- developing a Cost Menu to apply to the pathway analysis.

These elements are considered in the next sections.

3.5.2 Government Programs and Services

Government provides a significant range and number of services through direct delivery of services or the provision of funds for these services and the infrastructure they require. The SAAP V Agreement and the contribution from the State Government under strategies

³⁶ Pinkney S & Ewing S (2006), Costs and pathways of homelessness: Developing policy relevant economic analysis for the Australian homelessness service system, p. 105, (Institute of Social Research, Swinburne University of Technology), Department of Family and Community Services, Commonwealth of Australia.

and priorities in its budget process are the resource allocation frameworks for homelessness. The roles for Government in ensuring adequate human services for homelessness cover:

- **Governance:** including legislation, regulation, policy development, strategy, planning, coordination across agencies/service providers, research & evaluation, advocacy and service innovation;
- **Support for service providers:** in direct provision of services such as for counseling, case management, personal skills development activity, information resources, employment activity, employment skills training, financial support, community education, recreational activity; supported accommodation; capacity building; infrastructure, and professional development and training - through contractual arrangements;
- **Services for individuals:** in assessment and referral and directly through client centred brokerages arrangements for care packages; public infrastructure and services.
- **Support for communities:** in community development, planning, engagement and participation, information resources and community infrastructure.

The case studies in this project have costs that would fall across all four areas, but for practical purposes around access to information the support for service providers is the main area considered in the cost analysis. Further work would ideally take into account all areas for completeness.

3.5.3 Usage of Services

The cost analysis requires estimates of the usage of services by the case study participants through their pathways. The usage of services by homeless people, and those at risk of homelessness, can become very high, particularly in specific groups of the homeless population. One main group with high usage of services is the chronically homeless. As research on this group in the United States says about them:

While they account for a relatively small proportion of the homeless population—probably no more than 10 or 15 percent—their demands on hospital emergency rooms, drug clinics, shelters, ambulances, paramedics, psychiatric facilities, police, jails, prisons, and other public social services exert an enormous drain on the system at great expense to local, state, and federal treasuries. Experts posit that this group of troubled individuals consumes a hugely disproportionate percentage of the resources devoted to homelessness.³⁷

For this reason, the case study on the rough sleeper has used this understanding to develop the usage patterns in the pathway. However, the difficulty in developing accurate usage patterns arises from factors such as:

- a lack of complete and accurate records of individuals, arising from their reluctance or inability to recall information over time
- Absence of a case manager with knowledge of all services used by the client

³⁷ Chapter Six, *Editors' Introduction* excerpted from The Robert Wood Johnson Foundation Anthology: **To Improve Health and Health Care Volume X**. http://www.rwjf.org/files/publications/books/2007/AnthologyX_CH06.pdf

- privacy requirements and the sharing of information across agencies.

The significance of these issues is that they serve to hide the burden of cost on the State Government. For this reason, usage of services has been developed with the practical knowledge of the service providers, rather than the direct reporting of the case study participants. It is only through more information on usage will the quantum of cost be revealed for government, and so the net benefits of early intervention scenarios will be under-valued.

3.5.3 The Cost Menu

This project focuses on long term cost savings for state government, particularly on the operational costs of agencies. Some attempt is made to estimate capital costs because of its importance in the provision of housing in the addressing of homelessness. The pathway analysis for each case study (see Appendices) does identify the type of costs and the usage. It is important to recognize that many groups will bear the cost of homelessness.³⁸ The burden falls on many groups who bear a cost, but those costs which are not estimated here are:

- the homeless: adult and children
- family and friends
- victims of crime
- Federal and local governments
- employers
- the community.

A Cost Menu is provided at **Appendix 1**. It details the costs of a range of services that have been accessed in the case studies as well as the categories referred to in research. These categories are:

- Intervention and Support Services
 - community sector providers
 - case management
 - support programs
 - government providers
 - police services
 - child safety services
 - health services
 - drug and alcohol services
 - mental health services
- Housing
 - Accommodation: Infrastructure
 - Property management
 - Department of Housing
 - Community provider

³⁸ This point was very well made in the report *The Cost of Domestic Violence to the Australian Economy: Parts 1 and 2*, for the Australian Government by Access Economics in the reports released in 2004.

- Court System
- Detention and Corrections.

Calculations and sources of data are shown. The Cost Menu provides a limited range of cost estimates based on degree of intensity of the service provided. The costs do not include any program costs of general agency administration, although case management is included.

The Cost Menu was tested by undertaking a workshop with frontline service delivery staff. Each case study was reviewed for completeness of services and specific costs were obtained from service providers. For example, the range of health services used by certain cases was provided by health care professionals and the cost of eviction and repairs of housing was provided by a community housing agency.

As each case study has a level of complexity and variation from others, there is a need to apply average costs where individual costs are not specifically provided. The resultant menu extends to the limit of available information at this time.

3.6 Triangulation

Information collected on the case studies will be validated by the following steps:

- direct information through interviews with case study participants
- workshop review of the case studies with representatives of the service providers³⁹
- information from case files
- reference to the appropriate literature and studies.

³⁹ The workshop was held on 11 June 2008, and details are provided in Appendix 5

4 Pathway Analysis: Three Case Studies

4.1 Pathway Analysis

The pathway analysis is used to follow participants in three case studies through their journeys of homelessness and being at risk of homelessness. The detailed format used to describe these journeys in Appendices two, three and four is based around:

- a time frame that identifies their key pathway events
- the service provision obtained from the homelessness service system in terms of:
 - intervention and support services
 - housing services
 - cost of services and their usage rates.

Participants were approached by their support workers about the project and provided with an information sheet and a consent form. The interviews were conducted by Carolyn Mason and two took place in the participant's place of residence with a support worker present, and one at the Brisbane Homelessness Service Centre, with no worker present. Their names have been changed as well as some details of their pathways to assist with anonymity.

A very specific part of the consent process agreed with participants was the ability to obtain information directly from their support workers. Information was provided from case files, but no files were sighted by the researcher, and from interviews and the workshop with support workers and program managers as presented in Appendix 5.

4.2 Case Study 1

4.2.1 Introduction

Case study 1 has been called Lisa. She is currently 29 years old and has four of her 6 children in care with the Department of Child Safety. These children are all fathered by the man she first met when she was 12 years old, and who she consequently married in her mid twenties. These children in order of their birth are children number 1, 4, 5 and 6. Lisa has two other children. Child number two lives with their paternal grandparents, and Lisa knows she could have contact. Child number three is with Lisa's mother and their exact whereabouts are not known to Lisa at this time.

4.2.2 Causes of Homelessness

Lisa's causes of homelessness arise from family breakdown at an early age with domestic violence in the home. The violence then became a pattern in her own domestic relationships. The violence of her long term partner then husband is the reason for her debts to the Department of Housing and a housing provider. The level of domestic violence escalated against her and then against her eldest child, and is the reason for her children being in the care of the Department of Child Safety.

4.2.3 Pathway Elements

The details of Lisa's pathway are presented in Appendix 2. The key elements in Lisa's pathway are:

Domestic Violence:

- Lisa made attempts to leave her violent partner but lack of support and the cycle of domestic violence mitigated against that being successful
- Lisa's debt to both the Department of Housing and the community housing provider are largely damages caused by her violent partner
- Lisa requires a favourable review by the Department of Housing regarding the debt before being eligible for public housing.

Personal Capacity and Interventions:

- Lisa's low level of literacy and lack of personal capacity are a result of her early life and causes of homelessness that have left her with little ability to self manage her situation, although Lisa demonstrates a determination that is some cause for hope
- Lisa requires a high degree of intervention to be sustained over a long period of time using a range of services if she is to have any chance of establishing a family household with her four children returned from care.

Service Linkages

- Lisa's pathway demonstrates the potential danger workers can be placed in without some level of communication and linkage across agencies. A significant instance is when the Department of Housing officers attended the premises unaware that it was within an hour after the Police Service and Child Safety Officers had attended the house due to complaints. The officers considered that it was only the fact that they had built up a rapport with them over some time that a serious incident was avoided.
- The lack of protocols being established between the community housing provider and Lisa's support workers at Micah Projects around early warnings of problems with the tenancy resulted in the escalation of problems until the tenancy was effectively abandoned by Lisa, leaving significant debts from her violent partner's damages.

Integrated Service Delivery

- The requirement for intensive support from a range of housing and generic services to reunite Lisa with her children and to maintain her family in housing supports the Homeless to Home service model that goes some way in integrated service delivery
- The complexity of Lisa's situation and multiple service requirements supports an integrated service delivery model, but relies on the capacity of community agencies to meet Lisa's need for support over the long term
- The movement across government service delivery regions because of the location of available accommodation has a negative impact on service delivery for complex case clients such as Lisa.

4.2.4 Intervention Scenarios

The purpose of the pathway analysis and the two scenarios developed for Lisa is to demonstrate points of intervention. It is suggested that the very first point of intervention would be identification of Lisa as being 'at-risk' when presenting with under-age pregnancies. However, the scenarios considered are based at key points where an integrated service delivery response with an appropriate level of intensity of support was required to break the deterioration of Lisa's circumstances. Key issues in both scenarios involve:

- the application of residential tenancies legislation to both domestic violence situations and the conditions of establishing a tenancy
- the development of protocols between property managers and support agencies so privacy issues do not continue as barriers to communications to the detriment of clients and their homelessness.

4.2.5 Costing Analysis

It is estimated that Lisa has cost the State Government over \$100,000 from 2002 to 2006 for a range of services, particularly police, housing and child safety. In scenario 1, if an early intervention had been made during this period, it is estimated that costs to the state government would have been about \$15,500 per annum and then reducing, instead of escalating. Even at the second intervention point, the annual costs would have been \$26,500 per annum. Instead they climb after children have been taken into care, where the costs are estimated to be significantly higher at \$153,000 in 2007 and \$150,000 in 2008, and then potentially reducing back to \$25,000 in 2009 for intensive intervention.

The costs of the interventions and ongoing maintenance are small in comparison to costs incurred when children are in care.

4.3 Case Study 2 - Vida

4.3.1 Introduction

One of the initiatives in the Queensland Governments Responding to Homelessness Strategy is for homelessness early intervention services. In the Greater Brisbane area a consortium of non-government agencies with Micah Projects as the lead agency are delivering the services in six selected locations. The target group for these services varies, and only two have families as their target population, one of which is sponsored by a Tenancy Advice and Advocacy Service Queensland. Case study two is a participant family in the early intervention service.

This family comprises Vida who is 42 years and her three daughters. Vida is the head of the household and its main provider, with her two eldest daughters on support pensions and with issues of their own. These two daughters have children of their own, aged 2 years old and a few months old. Vida's youngest daughter is in primary school, and she receives no child support from the father.

4.3.2 Risk of Homelessness

The family was at risk of homelessness because Vida, as head of the household, became ill and could not work for some time. She consequently lost her job coming into the Christmas period. With the eldest daughters both being on pensions and dealing with their own issues, the situation became financially difficult very quickly.

4.3.3 Pathway Elements

The details of Vida's pathway are presented in Appendix 3, with the key elements in Vida's pathway being:

Early Intervention

A key reason the family escaped homelessness was because they happened to be in the catchment area of the early intervention pilot program that is one of only two locations for the six services with a target population of families. This service provides a case management approach, which was essential in the hearing in the Small Claims Tribunal. The result was the family being put on a payment plan rather than immediate eviction as the landlord was demanding. Furthermore, the case worker assisted them with strategies to meet the plan. One example is stopping the rental payments for household appliances of \$72 per week and replacing the goods with second hand appliances. When money had to go on rent and not food, emergency relief was obtained to feed the family by the worker.

Serendipity

It can only be described as serendipity that the family could demonstrate its capacity to pay off the rent arrears in full in a short time because the youngest daughter was due to receive her baby bonus payment.

Personal Capacity and Intervention

Vida has no history of requiring support services or housing services and demonstrated a personal capacity to deal with her situation under ordinary circumstances. This personal capacity means she will be able to self manage at the end of the case management period. Vida now understands that she needs to be more active in assisting her eldest daughters to address their situations and issues and strengthen their personal capacity. It may transpire that one or both daughters establish their own households and become clients of the early intervention service because they are identified as being at some risk of homelessness.

Employment

Vida is now employed as a skilled blue collar worker, and in the current labour market has every prospect of maintaining her employment. The fact that Vida continued to be housed demonstrating a 'housing first' model was fundamental to Vida's capacity to obtain employment, and obviously is fundamental to her maintaining it.

4.3.4 Homelessness Scenario

The scenario developed for this family is the decent into homelessness if the pathway elements above had not come together for them. It demonstrates how quickly a family could become homeless due to structural causes, and initiate costs for all concerned and impact on life chances.

4.3.5 Costing Analysis

In this case study, a likely scenario has been costed if housing was not available at a key point in time. It is estimated that it would have cost \$24,000 if this scenario had come to bear. Vida was placed in accommodation through a pilot scheme at a cost of \$4,450 and these costs were avoided.

4.4 Case Study 3 - Alfred

4.4.1 Introduction

Case study three is an indigenous man of 41 years old who has been homeless for many years and is a classic rough sleeper. The interviewer formed a lay person's assessment from his presentation at interview that he had indicators of acquired brain injury as a result of violence and alcohol and drug use.

4.4.2 Causes of Homelessness

Alfred's homelessness has evolved from the breakdown of family and social networks together with cultural factors. His response has been to retreat to drug and alcohol abuse that further entrenches his homelessness.

4.4.3 Pathway Elements

The details of his pathway, such as they were able to be obtained, are presented in Appendix 4. The key elements reflect the issues for the chronically homeless who cycle through the whole range of services as discussed by the support workers at the workshop described in Appendix 5 they are as follows.

Personal Capacity and Intervention

The years of homelessness and likely acquired brain injury has resulted in a diminished personal capacity to ever manage without ongoing support. It is considered a reality that a housing first intervention would require ongoing support without any time limitation at some level for the tenancy to continue to be sustained.

Usage of Services

Rough sleepers have a high usage of services, but the rates and the costs are 'hidden' as they use a wide number of services and are known to workers, but no central case manager records their actual usage rates. The usage rates increase without addressing their housing as their health deteriorates as a result of their homelessness.

Appropriateness of Housing

The type of housing required for a chronic rough sleeper requires some thought as discussed in the scenario.

4.4.4 Intervention Scenarios

The case for intervention for rough sleepers is based on an intervention that tries to prevent them becoming chronically homeless. This could be built up around a client being identified early based on a set of social indicators at key points such as release from prison or from a stay in a hospital or mental health facility and placed in an intervention program.

The cost to government of providing a housing option with the required high intensity of support over a sustained period, if not ongoing, is very real. The scenario that is costed is based on the chronic rough sleeper being identified for a re-housing service with intensive support.

This scenario is supported by the research conducted in the United States where there is an economic argument for a 'housing first' approach with ongoing intensive support over a long period of time for the chronically homeless.⁴⁰

4.4.5 Costing Analysis

Based on detailed knowledge of this case and other similar cases, the ongoing profile of services required to sustain a rough sleeper is estimated to be about \$40,000 per annum. This means that over the preceding 10 years for this case study, up to \$400,000 may have been spent by government on accident and emergency services, hospital, policing and remand.

The intervention scenario results in a reduction of annual costs to \$25,000, an ongoing saving of \$15,000 per annum.

4.5 Conclusions

The conclusion for the case studies has been developed as a response to the Green Paper, and presented in section 1.

⁴⁰ Rhode Island's *Housing First Program Year 1 Evaluation Executive Summary*
http://www.uwri.org/UserFiles/File/Housing_First_RI_Report_ExSummary.pdf

APPENDIX 1: THE COST MENU

From the case studies, workshop review process, research and consultations, the relevant services provided by the State Government have been identified. For each of these services an estimated cost for a range of levels of the service has been produced, based on time duration or level of intensity eg intermittent, limited, extensive, and pervasive⁴¹. The costs exclude capital expenditure but recurrent costs may include depreciation. These costs **are indicative only** as there are many variations which could occur in delivering an effective service.

All figures are converted to 2007-08 dollars using price deflators from ABS 5206.0, as advised by the Office of Economic and Statistical Research, Queensland Treasury. Because source data were of variable quality, estimates are then rounded for ease of use.

There are no data presented here on the costs to family, extended family, or guardians. Individuals will also provide funds through appropriate Centrelink programs. These funds need to be considered when they are available to purchase interventions.

Service	Service provider	Service level	Cost Estimates 2007-08	Calculations and assumptions
INTERVENTION AND SUPPORT SERVICES				
COMMUNITY SECTOR PROVIDERS				
Case Management				
<ul style="list-style-type: none"> • Intensive Family Support • Early Intervention services 	Based on Micah Projects and similar services providing case management for clients	Pervasive	\$25,000 pa	1 visit 7 days a week Workers under the SACS ⁴² Award rates plus on-costs and car allowance
		Extensive	\$12,000 pa	1 visit 3-4 times a week
		Limited	\$5,000 pa	Weekly to fortnightly contact including telephone calls
		Intermittent	\$2,500 pa	Fortnightly to monthly contact or calls
Support Programs				
<ul style="list-style-type: none"> • Domestic Violence Program Support Services 	Brisbane Domestic Violence and Advocacy Service		\$5,000pa	Limited case management
<ul style="list-style-type: none"> • Parenting Program⁴³ 	Triple P Program	Level 5	\$2,000	25 effective hours (Est. at PO5 cost level)

⁴¹ This classification is taken from the work of Jackson, R., O'Connor, M., & Chenoweth, L. (2006). *Journeys of Exclusion*. Brisbane: Community Living Association Inc. While these authors developed it with reference to people with an intellectual disability, the 'journeys of exclusion' concept is applicable to the homeless or those at risk of homelessness without specific levels of service intervention. These interventions are intermittent: episodic or short-term in nature, and of high or low intensity at the time of provision; limited: consistency over time, but time-limited; extensive: long-term regular involvement in at least one particular environment; and, pervasive: constant high intensity support across a number of environments, and often life-sustaining.

⁴² <http://www.workplaceauthority.gov.au/docs/Payconditions/2007ePSS/AP808848.pdf>

⁴³ <http://www19.triplep.net/?pid=42>

Service	Service provider	Service level	Cost Estimates 2007-08	Calculations and assumptions
	organized through Department of Communities	Level 4	\$1,200	15 effective hours (Est. at PO5 cost level)
Government Providers				
Police Services				
Call Out to incident: <ul style="list-style-type: none"> Neighbour disturbance Support Child Safety Officers 	QPS	Average	\$570	One car and two police officers, half day
		High	\$2,300	Two cars and four police officers, 1 day to resolve and complete paper work.
Issuing Warrants and Summons, laying charges:	QPS	Average	\$1,100	Average police staff cost Qld \$86,038 pa 2006-07 (ROGS 2008 Table 6A.3). Assume 2 person days for cleared crime.
		High	\$2,750	Assume 5 person days
Prosecutions: preparation			\$5,500	Assume 10 person days
Child Safety Services				
Notification by member of the public: <ul style="list-style-type: none"> receiving investigating 	Dept of Child Safety		\$2,000	Estimated 2007-08 cost per intake, including those investigated and those substantiated. ⁴⁴ MPS p.10
Child in Care	Child Safety		\$50,000 pa	Estimated 2007-08 cost per child in out of home care. ⁵ MPS p.15-16
Health Services				
Doctor visits cost	Health		\$100 per hr	
Nurse practitioner	Health		\$100 per hr	\$75 per hour without consumables
Psychology	Health		\$75 per hr	
Mental Health visit	Health		\$300	4 hours at \$75
Drug and Alcohol visit	Health		\$300	3 Hours at \$100
Emergency Department Public Health	Health		\$420	ROGS 2007, Table 9.15, Average cost for non-admitted patients, 2004-05 = \$356
Ambulance service	Emergency Services		\$730	ROGS 2008, Tables 9A.19 & 9A.25, Cost per incident.
Admission to hospital	Health		\$3,700	ROGS 2008, Table 10A.59, Total recurrent cost per casemix-adjusted separation
Drug and Alcohol Services				

⁴⁴ Ministerial Portfolio Statement <http://www.childsafety.qld.gov.au/departments/budget/documents/dchs-budget-2007-08-mps.pdf>

Service	Service provider	Service level	Cost Estimates 2007-08	Calculations and assumptions
Rehabilitation in residential environment (eg drug and alcohol)	Health		\$34,100pa	Victorian Health Department Costs 2003-04, \$28,100 pa. ⁴⁵
Methadone treatment	Health / Corrections		\$3,400 per inmate	NH&MRC funded study media release April 2006 ⁴⁶
Mental Health Services				
Mental health admission & discharge	Health		\$55 per discharge	One hour of person time at each of admission and discharge to include all records management etc.(3)
Mental health institutional care	Health	Average	\$560 per day	Estimated average cost per bed day Qld 2005-06, ROGS 2008, Table 10A.60.
Mental Health Care Assessment	General Practitioner		\$300	Schedule fees Medicare
Mental Health Care Assessment	Allied Health Worker		\$190	Schedule fees Medicare
HOUSING				
Accommodation: Infrastructure				
Social rental housing	Department of Housing	Average	\$1,770 per assisted household	Budget papers 2008-09, p3-115. ⁴⁷
Crisis housing	Department of Housing	Average	\$1,700 per episode of assistance	Budget papers 2008-09, p3-116. ⁸
Crisis Accommodation	NGO		\$1,000 per week	Estimated from NGO Group homes
Community housing			\$4,700 pa	Net recurrent cost per dwelling (2006-07 dollars) \$4,457 [ROGS 2008, Table 16A.29]
State owned and managed Indigenous housing			\$7,700 pa	Net recurrent cost per dwelling (2006-07 dollars) \$7471 [ROGS 2008, Table 16A.18]
Accommodation support services	Government	Institutional/residential settings	\$ 300 per week	Government services (\$14,785) cost per user Qld, 2005-06 [ROGS 2008 Table 14A.33 Assume 52 weeks per user to give conservative estimate
Accommodation support services	NGO	Institutional/residential	\$ 450 per week	Government contribution to non-government services (\$21,824) cost per user Qld, 2005-06 [ROGS 2008 Table

⁴⁵ See http://www.health.vic.gov.au/drugservices/about/ab_funded.htm. See also Australian National Council on Drugs media release <http://www.ancd.org.au/media/media111.htm> p1 (Accessed 17 October 2007)

⁴⁶ Media release 17 April 2006, NDARC, of Dolan et al. 2002, "A randomised control trial of methadone maintenance treatment in NSW Prisons", NDARC Technical report no.155, National Drug and Alcohol Research Centre, UNSW, and Centre for Health Economics Research and Evaluation, UTS. Accessed from web [www.med.unsw.edu.au/ndarcweb.nsf/resources/tr_11/\\$file/tr.155.pdf](http://www.med.unsw.edu.au/ndarcweb.nsf/resources/tr_11/$file/tr.155.pdf)

⁴⁷ <http://www.budget.qld.gov.au/budget-papers/2008-09/bp5-part-14-2008-09.pdf>

Service	Service provider	Service level	Cost Estimates 2007-08	Calculations and assumptions
		settings		14A.33 Assume 52 weeks per user to give conservative estimate
Accommodation support services	Government	Group homes	\$3,200 per week	Government services in group homes, Cost per user, Qld, 2005-06= \$155,849 [ROGS 2008, Table 14A.33] Assume 52 weeks per user to give conservative estimate
Accommodation support services	NGO	Group homes	\$1,000per week	Government contribution to non-government services in group homes, Cost per user, Qld, 2005-06= \$49,121 [ROGS 2008, Table 14A.33] Assume 52 weeks per user to give conservative estimate
Property Management				
Department of Housing				
Public rental housing	Regional Offices	General	\$1,100pa	\$1,018 pa tenancy and property management administration cost in 2006-07(Department of Housing, MPS 2007-08)
		Medium	\$2,200pa	Complainant handling, arrears management. Assume double general cost
	Regional and central office	Eviction	\$7,000	Eviction, including visits to property and repairs
Community Provider				
Property management: houses and complexes	NGO	General	\$1,100pa	\$1,018 pa tenancy and property management administration cost in 2006-07(Department of Housing, MPS 2007-08)
Tenant and property management	NGO	Intermittent	\$2,500pa	Based on case management level involvement for tenancy
		Limited	\$5,000	Based on case management level involvement for tenancy
		Eviction	\$7,000	Includes building repairs and replacement. Estimate of a provider.
COURT SYSTEM				
Legal aid	Legal Aid	High – serious offence, major prosecution	\$11,500	Assume 20 days at PO5/2(4)
		Medium	\$2,875	Assume 5 days at PO5/2 (4)
		Low - First time and minor offences	\$575	Assume 1 day at PO5/2 (4)
Court determination	Magistrates	High	\$475 per case	Assume additional 50% above average

Service	Service provider	Service level	Cost Estimates 2007-08	Calculations and assumptions
	Court	Average	\$320 per case	Net real recurrent expenditure per finalisation, criminal 2006-07, Qld (excluding payroll tax) [ROGS 2008, Table 7A.23]
		Low	\$160 per case	Assume 50% of average
DETENTION AND CORRECTIONS				
Remand	Police	Watch house	\$160 per day	Assume same as imprisonment (below)
Community correction order	Corrections	Average	\$10.00 per day	Community corrections, Real recurrent cost per offender day Qld, 2006-07 (ROGS 2008, Table 8A.11)
Remand/ Imprisonment	Corrections	Average	\$160 per day	Custodial corrections, Real recurrent cost per offender day Qld, 2006-07 (ROGS 2008, Table 8A.9)

Salary assumptions

	Professional Officer level	As at 1 July 07	Plus 27% salary on costs	Rounded	Plus 25% other on costs	Rounded	Daily
1	AO4 PO2/3	\$49,259	\$62,559	\$63,000	\$78,199	\$78,000	\$355
2	AO5 PO3/2	\$61,388	\$77,963	\$80,000	\$97,453	\$98,000	\$445
3	AO6 PO4/2	\$71,033	\$90,212	\$90,000	\$112,765	\$113,000	\$520
4	AO7 PO5/2	\$79,903	\$101,477	\$100,000	\$126,846	\$127,000	\$580
5	AO8/2	\$88,111	\$111,901	\$112,000	\$139,876	\$140,000	\$640

References

National Mental Health Report 2004,
ROGS 2008, Report on Government Services, Productivity Commission

APPENDIX 2: Case Study 1 – Lisa - Pathway Through Homelessness

TIME FRAME	SERVICE PROVIDERS AND THEIR COSTS		
KEY PATHWAY EVENTS	INTERVENTION & SUPPORT SERVICES	HOUSING SERVICES	COST OF SERVICES FROM COST MENU BY USAGE RATES
1979 – 1992	Housed: Living at home		
<ul style="list-style-type: none"> Born in greater Brisbane into a difficult family situation with family violence from partners of mother boyfriend at 12 years who was 7 years older and mother not approve left home due to family breakdown 	None known about	None required	None to be costed, however the commencement of social costs
1992 – 1995	Primary Homelessness: living on streets with boyfriend		
<ul style="list-style-type: none"> Lisa and boyfriend survive as best they could little 'street knowledge' about what services were available pregnant at 14, and supported by street friends until late into pregnancy 	Services were limited in 1992 for homeless people, and none accessed	None sought	None to be costed, however likely social cost from petty theft for survival
1995 – 1996	Housed: Lived at home		
<ul style="list-style-type: none"> Lisa moved home prior to birth of Child 1 Separated from child's father during the period 	Public maternity services used for birth, and as an underage mother this could have been a point to identify Lisa as 'at risk'	None required	None costed as not specific to homelessness
1996 – 1997	Housed: Living in flat with new boyfriend		
<ul style="list-style-type: none"> Met new boyfriend and moved in with him Child 2 born Ongoing family dynamics results in father of child 2 committing suicide 	Public maternity services used for birth, and as a young mother having her second child this could have been a point to identify Lisa as 'at risk'. Police and criminal justice system services around suicide. Lisa receives support from priest but no other assistance accessed.	Maintained renting on benefit payments	None costed as not specific to homelessness
1997 – 1999	Housed: Rental accommodation and relations		
<ul style="list-style-type: none"> Ongoing issues with children and custody of child 2 goes to paternal grandparents Child 3 born to brief relationship Children live with grandparents at various times Child 2 continues to live with grandparents, and child 3 mainly lives with Lisa's mother 	Public maternity services used for birth, and as a young mother of twenty years having her third child this could have been a point to identify Lisa as 'at risk'. Legal Aid represents Lisa in Family Court custody case. No other services accessed.	Maintained renting on benefit payments	None costed as not specific to homelessness
2000 - 2002	Housed: rental accommodation		
<ul style="list-style-type: none"> Lisa re-establishes relationship with original boyfriend, father of child 1 Child 4 born Family unit of parents and their two children Domestic violence commences and Lisa makes decision to leave town to move away from violent 	Public maternity services used for birth, and as a young mother having her fourth child this could have been a point to identify Lisa as 'at risk'. Lisa calls the DV Hotline and takes advice to move to regional centre to family		DV Hotline: <ul style="list-style-type: none"> 2 contacts by telephone \$220

TIME FRAME	SERVICE PROVIDERS AND THEIR COSTS		
KEY PATHWAY EVENTS	INTERVENTION & SUPPORT SERVICES	HOUSING SERVICES	COST OF SERVICES FROM COST MENU BY USAGE RATES
boyfriend	members.		
2002 – 2007	Housed: Department of Housing in regional centre		
<ul style="list-style-type: none"> Lisa moves to regional centre with children Partner finds her and they reconcile and get married Child 5 born Lisa organizes public housing with the Department and she and the children are in public housing at several locations for 5 years Lisa's partner is on the lease as well for various periods of time over the 5 years Domestic violence continues and Lisa and the children stay in a women's refuge for several days. The QPS take out a DVO. The neighbour complaints continue about noise and the behaviour of both the partner and the wandering of the children and lack of supervision Rent arrears result in payment plans that are complied with by Lisa Child 6 born in 2006 Behaviour and complaints reach a level where the family are facing definite eviction and so they abandon the property and return to Brisbane. 	<p>The main interventions were from the QPS attending disturbances at the property. Over the five years, it is likely that QPS attended at least three times a year as an average (15 times), and during 6 months in the tenancy it would have increased (an additional 6 times).</p> <p>The Department of Child Safety visited the family in response to neighbour complaints, concerns from the Department of Education about non attendance by the one school age child, and concerns from the Department of Housing. This was during the 6 months of particular issues and may have been 3 times.</p> <p>These services are crisis response and not family case management which was required. There was no service in the regional centre that was able to provide this intervention, which is why the Department of Housing officers played a significant role and attempted to find a family case worker without success.</p>	<p>The Dept of Housing provided the accommodation, and staff were aware of issues with the family. A client service manager (CSM) and client service officer (CSO) regularly attended the property. The intensity required varied with the residence of the partner in the property and his behaviour. Over the time there were:</p> <ul style="list-style-type: none"> periods of 2/3 visits per week for up to 3 months total periods of weekly visits, for up to 3 months total periods of intense contact when QPS and Child Safety were involved responding to complaints, and with DV Orders being taken by the QPS. This also included the Area Manager (AM). <p>The core role of the Department staff is property management not family case management.</p>	<p>Dept of Housing: Public housing rental: 5 years = \$8,850</p> <p>Property management:</p> <ul style="list-style-type: none"> 60 attendances by CSM (AO5) = \$13,350 60 attendances by CSO (AO4) = \$10,650 week involvement of AM (AO8) = \$3,200 damages and rent arrears \$10,400 <p>QPS:</p> <ul style="list-style-type: none"> 21 call outs at house (2 cars) = \$48,300 attending court for DVO = \$5,500 <p>Child Safety:</p> <ul style="list-style-type: none"> 3 calls to house = \$670 <p>Women's Shelter</p> <ul style="list-style-type: none"> 3 nights = \$600
Total			\$101,740
Scenario 1: Early Intervention			
<p>Lisa stated that if she had received the services from a DV service in the regional centre similar to what she is receiving today in Brisbane, this would have been the point to make a difference. Lisa made attempts to deal with the domestic violence, even going to a shelter, but there was no intense family case management intervention available to support her decisions and break the cycle of domestic violence. If a coordinated service intervention had been made, it would have required extensive case management from a community service with some specialist support similar to what Lisa has now, but it would have required shorter timeframes of the extensive and limited case management. The cost required to support her violent partner has not been included.</p> <p>Cost of Intervention in 1 year: Extensive case management for six months: \$6,000 Limited case management for six months: \$2,500 Domestic violence program: \$5,000 Parenting program: \$2,000 Total: \$15,500 per annum</p>			
2007	Homeless: Emergency Housing		
<ul style="list-style-type: none"> Family returned to Brisbane, and sought assistance from Micah for accommodation and some items for baby Micah arranges hostel accommodation while negotiating with housing provider for accommodation Lisa quite skilled at obtaining 	<p>Micah services provided support to find the hostel accommodation, with daily contact for a week. Donations of household goods for unit were sourced by Micah. Emergency relief agencies provided some level of assistance</p>	<p>Hostel accommodation as emergency housing. Department of Housing contacted with regard to their record. Community housing provider agrees to house the family on grounds that Micah provide support to its property management function.</p>	<p>Micah Projects:</p> <ul style="list-style-type: none"> Support worker 1 week @ limited: = \$100 Brokerage - Hostel rent: \$170 <p>Emergency Accommodation: 1 week: = \$1,000</p> <p>Emergency relief agencies:</p>

TIME FRAME	SERVICE PROVIDERS AND THEIR COSTS		
KEY PATHWAY EVENTS	INTERVENTION & SUPPORT SERVICES	HOUSING SERVICES	COST OF SERVICES FROM COST MENU BY USAGE RATES
emergency relief and support from agencies			<ul style="list-style-type: none"> \$200 estimate
2007	Housed: Community Housing Scheme		
<ul style="list-style-type: none"> Commence tenancy in a housing complex Support arranged for family in area Domestic violence escalates as well as violence against child 1 Complaints by neighbours starts early in the tenancy and the pattern of call outs for the QPS, and Child Safety the property manager and housing manager for the community housing organisation are involved Lisa and children abandon tenancy due to QPS visits and Child Safety attempting to contact them on numerous occasions. Lisa and children attend at the Brisbane Homelessness Service Centre in bad state for assistance saying they want to move interstate. The violent husband also arrives. Micah assesses the situation with multiple workers talking to Lisa and the children and takes the decision to make a centre-based intervention, and notifies Child Safety and the Police Service. 	<p>Micah support worker attends family in first instance but with lack of resources refers Lisa for some support from a young mothers group although she was outside the age group for the service. Regular visits by the QPS over 5 months at least 1 per month arising from complaints. Child Safety tries to make contact with the family in three occasions. Micah has an obligation to notify Child Safety who attend the Centre and take all four children into care.</p> <p>Police take husband into custody on an old DVO</p>	<p>Micah raised bond and rent in advance from 4 community agencies to establish tenancy. Property Management level was intensive because of the issues with the family. The violent husband is a tenant on the lease and so has rights under the Residential Tenancies Act and could only be evicted under this Act if this is made a condition of a DVO by a Magistrate. Lisa leaves the property seemingly to avoid contact. An Abandonment Notice process is used but the husband is found to be squatting at the premises and cannot be evicted lawfully without an SCT hearing. He is taken to the SCT and the tenancy formally ended after the centre-based intervention</p>	<p>Micah Projects:</p> <ul style="list-style-type: none"> Brokerage: \$1300 Support worker: 4 weeks @ limited: \$400 <p>Housing:</p> <ul style="list-style-type: none"> community provided property = \$4,700 <p>Property Management:</p> <ul style="list-style-type: none"> property manager = \$5,000 estimated actual rent arrears and damage: \$6,400 <p>QPS:</p> <ul style="list-style-type: none"> estimated 5 call outs = \$11,500 <p>Dept of Child Safety:</p> <ul style="list-style-type: none"> visits (3) = \$670 <p>Centre-based intervention:</p> <ul style="list-style-type: none"> Five support workers for 6 hours each = \$3,100 2 police cars and 4 police officers = \$2,300 2 child safety officers attendance \$450 Child Safety processing placement of 4 children, 5 days of PO5 = \$2,900
Total for 2007 to time children taken into care			\$40,190
Scenario 2: Later Intervention			
<p>Lisa was not an ongoing client of any service during their tenancy here, although their history with the Department of Housing in the regional centre would be a clear indicator of such a requirement. The domestic violence was reported to the housing provider early in the tenancy through Police callouts reported by other tenants in the complex.</p> <p>In this situation, the accommodation could have been established where the tenancy was conditional on ongoing service provision from a support agency, with Lisa's agreement. With the violent husband's history of property damage at the regional centre, for tenancy management purposes the tenancy could have been established with only Lisa's name on the tenancy. Extensive case management support for Lisa by a case manager that can coordinate the services she requires is needed, with a housing first framework. This would maintain Lisa and her 4 children in housing and bring the services to her there. Given the passage of 5 years and the birth of two children, intervention at this stage would require much more intensive case management and support over a longer period, partly to ensure Lisa developed the skills to stand up to her violent husband. These costs have not taken into account services for the violent husband as no scenario is made about whether he stays with the family.</p> <p>Cost of Intervention:</p> <p>Year 1</p> <p>Pervasive intervention by case worker over six months: \$13,000 Extensive case management for six months: \$6,000 Brokerage funds for maintenance of property: \$500 DV Programs: \$5,000pa Parenting program: \$2,000pa Total: \$26,500</p> <p>Year 2+</p> <p>Limited case management for 12 months: \$5,000 DV Programs: \$5,000pa Parenting program: \$2,000pa</p>			
2007 – 2008	Homeless: Supported Accommodation		

TIME FRAME	SERVICE PROVIDERS AND THEIR COSTS		
KEY PATHWAY EVENTS	INTERVENTION & SUPPORT SERVICES	HOUSING SERVICES	COST OF SERVICES FROM COST MENU BY USAGE RATES
<ul style="list-style-type: none"> Lisa is now living without the children Lisa takes up the referrals made to a DV service and to a Parenting Program and is very positive to the interview about what she is learning from these programs Lisa brings case to court for DVO which involves the children attending and so involves the DV Service to support Lisa and the Dept of Child Safety to bring the children the Lisa has very limited access to children because of the resources involved in organizing the children from three placements in care because they live in 3 different locations and limited resources for Child Safety to coordinate visits 	<p>Micah case worker assigned for intensive support under a program providing visits 7 days per week for up to 6 months.</p> <p>Micah has to source household goods for Lisa as the previous tenancy was abandoned along with all their possessions</p> <p>Brisbane Domestic Violence Advocacy Service provides services and programs.</p> <p>Access visits organized by Child Safety and Lisa progresses from supervised to unsupervised visits, one hour per week</p> <p>Triple P: Positive Parenting Program funded by the Department of Communities</p>	<p>Micah provides accommodation at a CAP service for 3 months and this is extended for 3 months under a RTA lease and cannot be extended.</p> <p>Accommodation found in a community rent scheme property under a client exchange.</p> <p>Micah working with the Department of Housing for a case review over the debt owed before Lisa can be put on the waiting list.</p>	<p>Micah Projects:</p> <ul style="list-style-type: none"> Pervasive case management for 6 months: \$11,000 Household Goods for Lisa: \$250 brokerage <p>Housing:</p> <ul style="list-style-type: none"> Supported housing NGO for 6 months: \$26,000 <p>Child Safety (4 children in care for 6 months): \$100,000</p> <ul style="list-style-type: none"> 3 foster placements for 4 children team leader and child safety officers in case management child safety officers and escort drivers in access visits team leader and child safety officers in court appearances for DVO <p>QPS:</p> <ul style="list-style-type: none"> courts services for a DVO hearing: \$5,500 <p>DV services:</p> <ul style="list-style-type: none"> \$5,000 <p>Parenting program: \$2,000</p> <p>Dept of Housing:</p> <ul style="list-style-type: none"> case review 1 week PO5: \$2,900
Total			\$152,650
Mid 2008 to 2009	Housed: Transitional Housing (Community rent scheme (CRS))		
<ul style="list-style-type: none"> Lisa moves into a community rent scheme property as cannot continue in supported accommodation Lisa has the objective of working towards return of children by Christmas, which may or may not be a realistic goal Children continue in care with access visits to Lisa's flat Lisa continues support programs. 	<p>Case management support from Micah will continue in this property.</p> <p>The change in location means that for the government agencies involved it is a change in region and so case management for Lisa will change, particularly Child Safety.</p>	<p>CRS provides transitional housing for Lisa.</p>	<p>Micah case management:</p> <ul style="list-style-type: none"> Extensive case management for 8 months: \$6,700 <p>Community rent scheme 8 months:</p> <ul style="list-style-type: none"> Community rent scheme property: \$3,133 property management \$1,100 <p>Child Safety (4 children in care for 8 months): \$132,000</p> <ul style="list-style-type: none"> 3 foster placements for 4 children team leader and child safety officers in case management child safety officers and escort drivers in access visits <p>DV services:</p> <ul style="list-style-type: none"> \$5,000

TIME FRAME	SERVICE PROVIDERS AND THEIR COSTS		
KEY PATHWAY EVENTS	INTERVENTION & SUPPORT SERVICES	HOUSING SERVICES	COST OF SERVICES FROM COST MENU BY USAGE RATES
			Parenting program: • \$2,000
Total			\$149,933
Scenario 2009 onwards	Housed: Department of Housing		
<p>This time period for Lisa is a scenario as it is based on a range of assumptions as follows:</p> <ul style="list-style-type: none"> • Lisa's case is reviewed by the Department of Housing and as damages are from the violent husband, and with Lisa having maintained her rent payments for nearly the 5 years, she is excused the debt and allocated a house as priority when children are returned to her • Child Safety returns the children to Lisa's care with continued monitoring for a period of time • a community service provider is able to provide the family support case management required by Lisa in order for her to be successful in family and community living 	<p>Ongoing case management will be required for Lisa and will need to be pervasive in the transition to a household with 4 children after being without them for 20 months. Ongoing personal support for Lisa is required to give her life skills for a household of 5 people, parenting skills and skills to stand up to her ex-partner. This will take time and costs are assumed for at least 18 months. No costs are associated with the abusive ex-husband and his needs.</p> <p>Year 1 Case Management:</p> <ul style="list-style-type: none"> • 6 months @ pervasive level: \$11,000 • 6 months @ extensive level : \$5,000 <p>Public Housing: \$1,770 pa DV Service: \$5,000 Parenting Program \$2,000</p> <p>Total: \$24,770</p> <p>Year 2+ Case Management:</p> <ul style="list-style-type: none"> • 12 months @ limited level: \$5,000 <p>Public Housing: \$1,770 pa DV Service: \$5,000 Parenting Program \$2,000</p> <p>Total: \$13,770</p>		

APPENDIX 3: Case Study 2 - Vida - Pathway From Homelessness

TIME FRAME	SERVICE PROVIDERS AND THEIR COSTS		
KEY PATHWAY EVENTS	INTERVENTION & SUPPORT SERVICES	HOUSING SERVICES	COST OF SERVICES FROM COST MENU BY USAGE RATES
1966 – mid 2000	Housed: Living at home and marital home		
<ul style="list-style-type: none"> Vida is born and lives in a regional location. She marries and has three children Vida separates and then comes to Brisbane with youngest child around 9 years and oldest two in late teens and early twenties 	None required	None required	None required
Mid 2000 - 2007	Housed: private rental market		
<ul style="list-style-type: none"> Vida is supporting the household from her employment with little support from two older daughters Second daughter becomes pregnant Vida continues to support family and receives little support from father for her youngest daughter 	The two daughters receive benefit payments for most of the time.	None required	None required
Late 2007 – early 2008	Housed: private rental market		
<ul style="list-style-type: none"> Vida become ill and loses her job, so family gets behind on everything No maintenance is received for the youngest child No others in employment in household and one daughter has a drug problem 	None sought except for some food vouchers Vida receives Centrelink	None sought until very late in the situation from the TAASQ	Salvation Army food vouchers \$100 estimate
Early 2008 to present	Housed: private rental property		
<ul style="list-style-type: none"> A hearing at Small Claims Tribunal for eviction is in two days when Vida contacts TAASQ and is referred to REACH worker The support worker attends Tribunal and is able to obtain a payment plan from the SCT For 3 weeks Vida pays extra amount in rent, then second daughter receives her baby bonus and it is used to clear rent arrears in full Family is offered new lease but support worker assists to find a property for \$80 a week less in rent Vida's application to the Department of Housing is reactivated Vida is seeking Child Support with assistance of support worker Vida obtains skilled blue collar employment with previous employee. 	The family requires case management of their situation to support them in their ability to meet the SCT payment plan and in managing their finances. This is all provided by the support worker's case management from the early intervention program.	Worker negotiated with the Department of Housing for a new bond loan, and had to use \$250 brokerage to pay old debt. REACH paid 2 weeks rent in advance of \$600. Vida borrowed a van and moved the family herself.	TAASQ: <ul style="list-style-type: none"> assessment and referral to REACH: \$100 estimate REACH case management: <ul style="list-style-type: none"> support worker: \$3,600 (actual cost) brokerage for new rental property: \$850 SCT: <ul style="list-style-type: none"> hearing: \$475 Emergency Relief food vouchers: \$100 estimate
Scenario: No Early Intervention			
<p>The scenario developed is based on the assumption that Vida and her family would have a pathway into homelessness without the referral by the TAASQ to the early intervention case management process. TAASQ could have assisted in the SCT hearing and if they had achieved a payment plan, which is not certain, the service cannot do case management and so the plan would not have been adhered to, and eviction would have followed. The landlord would have moved and stored the family's belongings for three months at the expense of Vida, and the property would require cleaning organized by landlord. They would be listed on a tenancy database for rent arrears and other costs owed. TAASQ would likely have been contacted and given the family a referral to one of the homeless persons' hubs or another community service. This would have led the family through the steps of the 'shelter' model. No assumptions have been made about whether the family could or would stay together, or divide into separate households at even greater expense to the government.</p>			

TIME FRAME	SERVICE PROVIDERS AND THEIR COSTS		
KEY PATHWAY EVENTS	INTERVENTION & SUPPORT SERVICES	HOUSING SERVICES	COST OF SERVICES FROM COST MENU BY USAGE RATES
<p style="text-align: center;">Shelter Model</p>			
<p>Household Crisis/Homelessness</p> <ul style="list-style-type: none"> • Eviction and sleep in the car for a few nights <ul style="list-style-type: none"> ○ TAASQ representation at hearing and referral: \$500 (estimate) ○ Debts for Vida (Personal debt would include: Moving belongings \$800; storage for 3 months \$1000; cleaning \$500: \$2300) ○ emergency relief agencies provide food vouchers <p>Crisis Shelter</p> <ul style="list-style-type: none"> • Homelessness Service <ul style="list-style-type: none"> ○ assessment: half day at PO4: \$290 • Crisis accommodation <ul style="list-style-type: none"> ○ crisis accommodation for family of 6 people: \$750 per week for 2 weeks: \$1,500 <p>Supported Accommodation/Short Term</p> <ul style="list-style-type: none"> • Family support required to deal with the dynamics of their living situation, and addiction issue of daughter <ul style="list-style-type: none"> ○ 3 months at extensive level of case management for the family as a whole: \$2,500 • Supported accommodation <ul style="list-style-type: none"> ○ accommodation for 3 months: NGO at \$1,000 per week: \$13,000 ○ baby bonus of \$4133 comes through to assist with expenses such as food, car repayments, replacing household goods or getting them back from landlord and paying that debt <p>Longer term Housing</p> <ul style="list-style-type: none"> • Community housing provider <ul style="list-style-type: none"> ○ 6 months as wait for Department of Housing accommodation: \$2,350 • Family support still required <ul style="list-style-type: none"> ○ likely at the limited level for 6 months: \$2,500 <p>Public Housing</p> <ul style="list-style-type: none"> • This is the same goal as with the lived pathway but now support would be required to establish successful tenancy and so require limited level of case management for 3 months: \$1,250 <p style="text-align: center;">Total costs: \$23,890</p>			

APPENDIX 4: Case Study 3 - Albert - Pathway Through Chronic Homelessness

TIME FRAME	SERVICE PROVIDERS AND THEIR COSTS		
KEY PATHWAY EVENTS	INTERVENTION & SUPPORT SERVICES	HOUSING SERVICES	COST OF SERVICES FROM COST MENU BY USAGE RATES
1967 - 1978	Housed: Unknown		
<ul style="list-style-type: none"> Alfred was born inter-state He attend school until grade 6 	None known	None known	Not costed
1979 – 1997	Housed: Department of Housing		
<ul style="list-style-type: none"> He had various labouring jobs including meat works, railways and Council He married and had a number of children Family members start to live with Alfred and made the situation difficult Arguments, traumas and family tragedy occurred and breakdown in the family Alfred escalates drug and alcohol abuse and finally leaves 	Implication is that QPS were involved in call outs to premises. A timeline was not communicated clearly, although family issues were referred to as a an ongoing theme and as a key influence on his pathway.	The Department of Housing provided public rental based on references to the Housing Commission made in communicating some of this history. With the family members staying, it is likely that interventions were made and evictions could have been the result to commence his homelessness, which is assumed at 30 years.	Not costed
Scenario 1 – Early Intervention			
Depending on circumstances, key intervention points include immediately after release from prison or after long stay in health facility or psychiatric care. A costing analysis has not been developed for this scenario.			
1997 – 2007	Homelessness: Rough Sleeper to tertiary level to prison terms		
<ul style="list-style-type: none"> This 10 year period is based on the knowledge of service providers working with Alfred and rough sleepers like him and the call on services from their homelessness. The service usage is provided from the practical implementation knowledge from the Workshop described in Appendix 5. 	<p>The annual service usage and costs:</p> <p>Hospital:</p> <ul style="list-style-type: none"> 1 admission per year: \$3,700 E&C attendance 10 times a year: \$4,200 <p>Ambulance:</p> <ul style="list-style-type: none"> 3 times a year: \$2,190 <p>Police:</p> <ul style="list-style-type: none"> Stop and Search 15 times per year: \$1,500 Call Outs: 3 per year: \$1,710 3 Magistrates Court case per year relating to drugs: \$3,300 <p>Remand:</p> <ul style="list-style-type: none"> held in watch house or remand for 20 days a year: \$3,200 <p>Health:</p> <ul style="list-style-type: none"> D&A attendances: 15: \$4,500 Mental health attendances: 15: \$4,500 Nurse Practitioner: 40 check ups per year: \$4,000 <p>Men's Hostel: 30 nights at \$65 per night: \$1,950</p> <p>MICAH hub assessment and referral team:</p> <ul style="list-style-type: none"> Limited: \$5,000 <p>Total: \$39,750</p>		
2007	Homeless and Housed: Department of Housing		
<ul style="list-style-type: none"> Micah works with Alfred for a time at end of period with money through Responding to Homelessness Strategy Dept of Housing offer housing in location not wanted by many in a western town. It is accepted by Alfred who moves there for a new life, but the housing breaks down as it is hard to separate from his rough sleeper community 	A support worker organizes the housing and arranges for Alfred to move and be set up in the house. The worker organizes with local service to meet him and provide some support.	A Department of Housing premises is identified and offered.	Micah: Dept of Housing: Local town services:
2007 – 2008	Homelessness: Rough Sleeper		

TIME FRAME	SERVICE PROVIDERS AND THEIR COSTS		
KEY PATHWAY EVENTS	INTERVENTION & SUPPORT SERVICES	HOUSING SERVICES	COST OF SERVICES FROM COST MENU BY USAGE RATES
<ul style="list-style-type: none"> Alfred returns to be a rough sleeper with friends. 			
Scenario 2008 onwards		Housing First Intervention	
<p>The timing of an early intervention based on a Housing First model is an issue with regard to age as different ages will require different responses. Permanent housing may not be for the young but they still benefit from stability and security in culturally appropriate youth housing. The 25 to 40 year old age group may engage with agencies but experience shows that the over 40 year old group are ready to settle down. For indigenous people, culturally appropriate responses are important to maintain successful outcomes. As Alfred is over forty now, this scenario is feasible for him. The usage rates of services have been reduced based on the evidence from the United States and the following are indicative annual costs.</p> <p>Police:</p> <ul style="list-style-type: none"> House call out: 3 per year: \$1,710 <p>Health:</p> <ul style="list-style-type: none"> Doctor check ups: 12 : \$1,200 D&A visits: 2: : \$600 Mental health visits: 12: \$3,600 <p>Community support agencies:</p> <ul style="list-style-type: none"> Extensive case management for the year: \$10,000 <p>Community Rent Scheme:</p> <ul style="list-style-type: none"> property management: Indigenous \$7,700 <p>Total: \$24,810</p>			

APPENDIX 5: Practical Implementation Knowledge Workshop

OVERVIEW

A workshop was held on 11 June 2008 and attended by seventeen support workers and program managers from Micah's projects operated from the Brisbane Homelessness Service Centre, several community agencies associated with the Centre and its clients and a government department. Participants had knowledge of the three case study participants through direct service delivery or as part of their program management role. They were asked to contribute their 'practical implementation knowledge' from these and other clients in the homelessness service system.

TASK

Specifically, participants:

- reviewed the lived experience pathways for the participants and provided information and feedback for the Appendices and for the pathway elements in the main text of the report
- provided analyses on:
 - the range of services used and their usage
 - a description of the services used, which assisted the preparation of The Cost Menu in Appendix 1
 - the range and level of some of the costs
- provided feedback and ideas on the scenarios developed for participants and their pathways out of homelessness and in the prevention of their homelessness
- discussed some conclusions for the report generally around:
 - service provision models and support for a 'housing first' approach
 - importance of early intervention approaches
 - linkages and networks among service providers and the need for more effective linkages.

CONCLUSIONS

Early Intervention

- identify key points where it could be considered, such as immediately after prison or after some time in a health care, drug and alcohol or mental health facility
- while in a tenancy, develop a system that flags there are issues developing in that tenancy, such as breach notices for rent arrears so that level of arrears does not get too high
 - agreements would need to be in place for the property manager to provide this information to a third party agency to work with tenant.

Homelessness

- range of services in the system are around crisis, such as Police, Child Safety and Emergency Relief Agencies
- community agencies work with the crisis and often difficult to move from crisis mode

- the longer the time a person is homeless and the more agencies stay in crisis response mode the greater the cost escalation to deal with homelessness
- very high cost in associated services, such as police service
- need more early intervention and less crisis response.

Lack of Integrated Service Delivery

- there are a lot of costs in service delivery when situations escalate into the crisis stage and that brings in many service delivery agencies and departments
- a lack of co-ordination in service delivery leads to duplication and this is a drain on the scarce resources of agencies
- agencies and clients experience a disconnect with service delivery
- the crisis still perpetuates with continued assessment processes and little delivery of a co-ordinated service "it is all about assessment and not service".

Housing First

- income security required
- affordability level of housing maintained
- more than one model required to reflect different ages and stages of life but all require:
 - security
 - environment or design that includes other people in a community in a variety of resident population density
 - co-ordination of services
- support options to meet individual needs
 - but not just focused on the individual
 - need community building and community engagement with the other residents, the local residents and traders and the broader community
- systems to support the approach across agencies.

Linkages

- linkages with property managers through formal processes for disclosure with tenant consent when apply for a service.

Sector Capacity

- award rates for the workers need review: "we are the new working poor" said one worker
- levels of funding for the programs to achieve the required objectives need review, and the gap between service provision costs for the community sector and government reduced
- funding is not at a level to provide capacity for service workers to adopt a problem solving process for clients, so all very reactive.

Which Way Home?
This Way Home...



Penny 1, Margaret 24, Dennis 4

“ Homelessness is like a social illness – workers need to understand the illness and know how to cure it”

8. Practitioners' Wisdom

Micah Projects' Homelessness Services Teams held a meeting to discuss what they thought were the important points to be considered as a response to the Green Paper "Which Way Home". The staff broke up into three groups and then presented their thoughts. Out of those discussions the following responses were recorded.

Key messages

1. An ultimate goal of "Ending Homelessness" should guide all responses to homelessness
2. Having integrated, coordinated national and localised plans across the country that are:
 - responding to the goal of Ending Homelessness
 - seeking to have an integrated service system, that enables people accessing services to receive a holistic, seamless service transition, that is characterised by a continuum of care
3. Increase the accessibility and stability of tenancies.
 - This would require increasing social and affordable (subsidised) housing stock
 - Adopting a Housing First model and Supportive Housing model for the Chronic homeless.
 - Increase the length and type of support services to people whose tenancies become unstable.
4. Increase and reallocate exiting resources where necessary to meet the goal of ending homelessness.
 - Increase Early Intervention and Prevention resources
 - Prioritises social inclusion interventions that promote at the core of programs design and policies, inclusion, dignity respect & common humanity

Ending Homelessness:

In general there was an overwhelming response that the Government needs to set the ultimate goal to End Homelessness. Therefore all other plans, goals and resource allocations need to conform to the ultimate goal of ending homelessness.

No more managing of homelessness but aim to end it

Having integrated, coordinated national and localised plans across the country that are responding to homelessness

- *Ending homelessness requires a 10 Year Plan specific to locality. For example the Brisbane City region would have a 10 year plan, feeding into a Nation Strategy/10 Year Plan on ending homelessness.*

- *The planning should involve all stakeholders both government, non-government and the community who are involved in homelessness.*
- *The service system doesn't need to be bigger but better, more efficient.*
- *An integrated system prevents duplication of services and promotes efficiency.*
- *Need more effective local area planning and coordinated responses that involve government, non-government and community to prioritise issues related to primary homelessness and public space hot spot responses.*

Tools to assist the integration are:

- *There is a need for common assessment tools across homeless services.*
- *Having a central emergency accommodation database to encourage fair access opportunities and discourage "creaming".*
- *Remove barriers to assistance (e.g. eligibility, DOH debts, "hoops" people need to jump through before they receive services).*
- *Easier access to emergency relief funds for rent arrears to prevent homelessness.*
- *Content Knowledge; Services/staff need to demonstrate understanding and causes of homelessness at the structural, systemic and individual level. This should lead to improved assessment, superior models of service provision, higher skilled work force and the capacity to draw on diverse resources to end homelessness.*
- *Joined up services such as Centrelink, support services, DV services, child safety services, healthy services, training, education and employment services.*
- *Governments should move away from subsidies & cash bonuses (baby bonus, child care subsidy) and fund services.*

Increase the accessibility and stability of tenancies.

Housing

- ***Increase the affordable and social housing stock*** to provide exit points from the social service system.
- *Affordable housing should not be based on market determination/pricing, this industry should be adequately subsidised by government to ensure permanent, long term and stable housing solutions.*
- *Adopt a Housing First service model. Replace transitional housing and eliminate the hoops that people have to jump through for stable/long-term/permanent housing.*
- *More crisis accommodation options.*
- *Provide Public Housing Loans – low interest/rent to buy home ownership schemes*
- *Increase pensions & rent assistance*
- *Tax reform and tax incentives to attract private sector input in ending homelessness.*
- *Quality and design of indigenous housing needs radical change.*
- *Rental arrears should no longer be a reason for eviction. The unintended cost of evictions on the individual/ family and community are huge and the damage irreversible.*
- *Incorporated penalty points for unjust TICA listings to fund investment in housing.*
- *Abolish capital gains tax to decrease rents.*
- *Abolish TICA.*

- *Prioritise families with children and stabilise permanent housing.*
- ***The Supportive Housing model*** has to be developed to house those that are chronically homeless.

Support

- *Housing and stabilising people experiencing chronic homelessness require more resources and longer term supports and need housing solutions in geographical areas that are infrastructure and resource rich.*
- *Resource long term intensive supports to stay housed, stay healthy, stay included in the community, stay connected to hopes, dreams and aspirations that lead to employment and living as a valued citizen.*
- *Resourcing and funding of 7 day week and after-hours services to support people stay housed and transit people from primary homelessness to permanent housing with long term supports.*
- *Individuals/Families case planning should be resourced to include strategies and goals that ends the cycle of poverty in the persons or family's life. People housed who are expected to stabilise while living a meagre existence will always be vulnerable and at risk of homelessness.*

Increase Prevention and Early Intervention approaches:

- *All government portfolios that affect/bleed into homelessness (e.g. corrections, health, and child safety) need to take responsibility to prevent homelessness. E.g. start with hospitals reporting annually on patients discharged into homelessness*
- *Increase the funding for early intervention services to break the nexus between long term entrenched/chronic homelessness and people entering the homelessness service system.*
- *Standard income protection*
- *Abolish punitive government processes & policies that can lead to homelessness such as Centrelink's policy of 8 weeks without a benefit.*
- *Establish more early intervention referral points – Real Estate / DOH. All housing providers should incorporate early intervention practices through the identification of a tenancy instability system that requires communication between housing providers and support agencies before the tenant reaches the stage of eviction.*
- *Education in high schools about tenancies, community education & budgeting.*

Social Inclusion

1. *Inclusion of the deeply excluded through free or low cost social and recreational activities, that lead to the development of friendships with neighbours that are meaningful and sustainable.*
2. *Government community must stop stigmatising. Actively promote dignity, respect and common humanity. These values must form the fundamental foundation of all funding and programs.*

Which Way Home?
This Way Home...



Chloe 19 and Tristan 5mths

“There needs to be more training options with childcare attached – no-one wants to hire unskilled people – and people don’t want to be on Centrelink for ever – We need these opportunities to end up in a better situation for the future to come.”