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**Response to**

***Which way home?  
A new approach to homelessness***

**the Australian Government's  
Green Paper on Homelessness**

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## **1. Executive summary**

Anglicare Tasmania welcomes the opportunity to contribute to the development of the Australian Government’s White Paper on Homelessness. This submission was based on contributions from workers across Anglicare services, including both Supported Accommodation Assistance Program (SAAP) and non-SAAP services and accommodation and non-accommodation specific services, and Anglicare’s considerable research capacity.

Tasmania faces particular challenges in the fight against homelessness, including poor performance against national indicators of health and economic and social wellbeing, a decentralised population with limited access to affordable transport and the second worst performing public housing system in the country. The responses of the state government to date have been limited and there has been a lack of commitment to following through with the level of investment required.

The Green Paper provides a comprehensive overview of homelessness in Australia and profiles a number of initiatives here and overseas that are attempting to address the issue. While Anglicare welcomes the emphasis on integrated service delivery, the engagement of mainstream services and the need for a nationally coordinated approach, Anglicare is concerned about the depiction in the Green paper of the SAAP system. The criticisms that are made of SAAP’s performance in relation to delivering long-term outcomes for clients is not set within a context of chronic under-funding and an overall shortage of long-term affordable housing options to provide exit points for clients. The Green Paper also overlooks successful service models such as the transitional services that operate in Tasmania. In many ways, the Tasmanian service system operates quite differently to SAAP services in other parts of the country, and there are valuable strategies used in Tasmania that could be applied elsewhere.

The Green Paper includes three proposals for reform, Options 1, 2 and 3. Anglicare would not support the adoption of Option 1 on the grounds that it does not provide the integrated and holistic response needed to respond effectively to homelessness. Some of the approaches in Option 2 have merit and Option 3’s focus on mainstream services is welcome. However, Option 2 does not place enough emphasis on the need for intensive support, and reducing SAAP to a crisis-only response, as proposed in Option 3, would undermine SAAP’s strongest elements, transitional support services.

In place of Options 1, 2 and 3, Anglicare proposes the beginnings of an Option 4. Our recommendations, including responses to the questions in the Green Paper about goals, targets, principles and a national research agenda and suggestions for engaging with the private and community sectors, are listed in full in section 6 of this submission and elaborated in sections 3, 4 and 5. In summary, however, Anglicare recommends:

- a response to homelessness that builds on the strengths, good practice and effective services that exist within the SAAP system;
- improving the capacity of SAAP services to offer longer-term, more intensive support, including to particular client groups such as children;
- strengthening links between mainstream services and the homelessness service system;

- structural reforms including a review of the income support system, provision of additional funding for public housing and changes to the private rental market to improve its capacity to deliver for low income earners;
- developing a culture of early intervention across the whole community and throughout all aspects of government and non-government service delivery;
- funding for additional emergency and transitional housing linked to support and for appropriate forms of long-term housing; and
- access to integrated, intensive, ‘floating’ support for people with complex needs.

## **2. Introduction**

### **2.1. About Anglicare**

Anglicare Tasmania welcomes the opportunity to contribute to the development of the White Paper on Homelessness. Anglicare is one of the largest non-government community service providers in Tasmania. It is an independent organisation affiliated with the national Anglicare Australia network, which includes more than 40 member organisations across Australia and New Zealand. Anglicare Tasmania has over 700 staff and provides around 50 separate services to Tasmanians, as well as operating a registered training organisation, an IT-based social enterprise and a Social Action and Research Centre (SARC). Anglicare’s clients come from all areas of the state, and include people facing a range of challenges, including personal, relationship and family difficulties, housing crisis, alcohol and other drug issues, barriers to finding employment, mental illness, disability, acquired injury and frailty. Clients of every single one of our services are affected in some way by homelessness and the pressures on the housing system and workers from across the whole organisation have contributed their expertise and experience to the development of this submission.

Anglicare provides a number of services funded through the Supported Accommodation Assistance Program (SAAP) and is a provider of both Reconnect and HOME Advice, early intervention programs funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). Anglicare’s SAAP services include a case planning and transitional support service, ACCESS, which operates across most of the state, an after-hours crisis accommodation brokerage service, the Emergency Accommodation Service, and a crisis shelter for young men aged 13-19 in the south of the state. Anglicare also provides the Placement and Support Service (PASS), which accommodates young people in need of a safe place to stay in the homes of trained and supported volunteers. PASS includes a specialist project, the Bail Options Project (BOP), which seeks to provide alternatives to remand for young people awaiting court appearances. In addition, Anglicare has other housing support services, including a private rental assistance program in the north and north-west and supported residential facilities providing long-term accommodation to low income earners who need extra support to live independently. My Place, a demonstration project funded under the National Homelessness Strategy and working with people with mental illnesses who were at risk of homelessness has just ceased operation due to the expiry of the funding.

Anglicare’s research and policy division, SARC, has accumulated significant research expertise in the areas of housing and homelessness, particularly in relation to newly arrived refugees, people

with serious mental illnesses and people on the waiting list for public housing. Anglicare, together with Shelter Tasmania and the Tasmanian Council of Social Service, coordinated a community sector advocacy campaign on the housing crisis that culminated in an advocacy day at Parliament House on 16 October 2006 attended by some 200 delegates from around Tasmania. The advocacy day was underpinned by the development of a major policy document, *Housing: Building a better Tasmania* (Flanagan, K. 2007a), which achieved sign-on from across the sector. These and other research projects have informed the development of this submission, as has a review of the literature on homelessness.

Anglicare congratulates the Australian Government on its recognition of the housing crisis and its commitment to taking action to fight homelessness. It is particularly welcome that the issue of homelessness has been given such a public profile through the personal involvement of the Prime Minister. Anglicare looks forward to the release of the White Paper and to the announcement and implementation of initiatives that have a real chance of solving the problem. We urge the Australian Government to carry through on its commitment so far and ensure that those initiatives are properly funded and resourced into the long-term.

## **2.2. Homelessness in Tasmania: the challenges facing an island state**

The development of the White Paper is a national process and the strategies announced will obviously be national in scope. However, it is important that there also be the capacity for flexible application of these strategies to take into account particular regional differences and the challenges facing different parts of the country. In Tasmania, the challenges include poor performance against national indicators of health and economic and social wellbeing, a decentralised population, the second worst performing public housing system in the country and a lack of will to date by the state government to implement a comprehensive response to the housing crisis.

### **2.2.1. Tasmania’s performance against national indicators**

A report collating evidence of Tasmania’s performance in the areas of poverty and disadvantage, education, employment, income and health found that compared with the rest of Australia, Tasmania’s

- levels of poverty and disadvantage were considerably higher, with the two poorest electorates in Australia being in Tasmania (Braddon and Lyons);
- level of dependence on government pensions and benefits was higher and average incomes were lower;
- educational outcomes, including retention rates, attainment of post-school qualifications and literacy and numeracy levels, were worse;
- levels of unemployment and under-employment were higher and the workforce participation rate and GDP per capita were lower;
- life expectancy was lower;
- incidence of diseases such as cancer, heart disease, asthma and arthritis was higher; and
- access to health services, measured by waiting lists for public dental care and elective surgery and Medicare bulk-billing rates, was worse (TasCOSS 2007).

Tasmania’s *State of Public Health* report for 2008 confirmed Tasmania’s poor health status, particularly among groups with lower socio-economic status, with Tasmania having higher rates of

long-term mental health or behavioural problems, higher levels of avoidable mortality, higher rates of smoking across all age groups, higher rates of excess alcohol consumption and higher rates of death from diabetes than Australia as a whole (Taylor 2008). According to the Australian Bureau of Statistics, 58% of Tasmania’s population lives in areas ranked as among the bottom (that is, most socio-economically disadvantaged) 40% of areas in Australia by the Bureau’s Socio-Economic Index for Areas (SEIFA) (ABS 2008). In 2001, Tasmania had the highest proportion of low socio-economic status by jurisdiction in Australia by a significant margin – 27 percentage points (Taylor 2008). According to a major Anglicare research report, 4% of the Tasmanian population experienced serious financial hardship in the preceding 12 months, with single parent families, people living alone and Health Care Card holders the most at risk (Madden and Law 2005). A survey of emergency relief clients in November 2003 found that 9.2% of respondents said that the main cause of their financial crisis was rent payments, and more than one in five reported that paying the rent was a big or very big problem for their household. Among the respondents, 39% of private renters had experienced rent increases in the previous year, with a median rental increase of \$30 per fortnight – a significant increase for people on a very low income (Madden 2004).

### **2.2.2. Tasmania’s dispersed population**

While the actual distances between population centres in Tasmania appear small when compared with some mainland states, limited affordable transport and a concentration of essential services in the main centres of Hobart, Launceston, Devonport and Burnie mean that living outside these centres can be very isolating. Just over 20% of Tasmania’s population lives outside the four main centres (TTPB 2007), and 60% live outside the capital city (SCT 2007).

The lack of services, especially homelessness services, in regional communities is a particular problem because it means that people from regional communities who need to access housing or homelessness support services, including emergency accommodation, usually have to leave their community to do so, adding to the trauma and disruption they experience. For Aboriginal Tasmanians, options are even more constrained because of the lack of culturally-appropriate support services. For people who do leave their communities to access services, a further issue becomes finding transport to get to the services.

A review of Tasmania’s core passenger transport system found that services did not match community needs, fare structures were inequitable and buses were in poor condition. No population centre outside the four major centres of Hobart, Launceston, Devonport and Burnie has a regular, dedicated general access service within the centre and there are no dedicated inter-town core passenger services in regional Tasmania. Long-distance services (in the Tasmanian context, trips of more than 50 kilometres, which includes the journey from many smaller towns into the nearest major centre) are even more limited. Most service timetables are designed to respond to student or tourist demand rather than the needs of the general population, and some services do not provide return day trips, choice in time of travel, services every day or weekend services. There are very few services available outside normal business hours, even within major centres. There is also limited availability of accessible buses for people with disabilities or other mobility issues, particularly on routes serviced by private operators, which include most regional and all long-distance services (Pauley 2007). As a result of the lack of public transport, Tasmania’s population must rely on motor vehicle transport, yet the evidence suggests that motor vehicles in Tasmania are older, with higher ongoing maintenance costs and poorer overall condition, that Tasmanians spend

more on petrol and less on non-compulsory insurance, and that the costs of running a private vehicle are a significant burden on lower income earners (Madden n.d.).

### **2.2.3. Tasmania’s public housing system**

Even the United Nations believes Australia’s public housing system is in crisis (Kothari 2007), and Tasmania is no exception. Between 2001 and 2007, the number of public housing dwellings in Tasmania fell by 11.4% to 11,673 properties (SCRCSSP 2003, SCRGSP 2008). The sell-off of stock has been driven by the need to compensate for the reductions in funding from both the Commonwealth and the State Governments. Total funding under the Commonwealth State Housing Agreement fell by 16.9% between 1996-97 and 2005-06 (FACS 1999, 2000, 2001, 2002, 2003a & b, 2004, 2005, FACSIA 2006, 2007). The targeting of public housing to those most in need has contributed to increasing rates of joblessness, single parenthood and disability among tenants (Hughes 2006), as well as growing levels of anti-social behaviour in public housing areas (Atkinson et al 2007). Tasmania’s operating deficit per dwelling is now \$1,622, increasing to a deficit of \$4,364 when the impact of net interest and depreciation are taken into account. This is the second worst performance in the country – only Territory Housing has a larger operating deficit per dwelling (Hall and Berry 2007). Tasmania is also required each year to spend \$17 million of its CSHA base funding of around \$21.5 million on historic debt repayments to the Commonwealth (Housing Tasmania 2003).

Across the country, there is an emerging but flawed view that public housing has failed and needs to be replaced by an alternative system that leverages private investment (Flanagan, K. 2008). The Green paper fails to explicitly call for investment in public housing, even though Anglicare workers report that Housing Tasmania is literally the only landlord who will accept some of their high needs clients.<sup>1</sup> However, as Atkinson and Jacobs point out, “[t]here is nothing intrinsic to public housing that is problematic *per se*, rather the negative perception of public housing can be traced back to the failure of successive governments to provide sufficient investment” (Atkinson and Jacobs 2008: 3). There is in fact an extensive body of evidence that shows that public housing, through secure tenure and affordable rents, increases people’s quality of life, has positive impacts on health, wellbeing, family stability and children’s school performance and is the most cost-effective way to provide housing assistance to low income earners (Flanagan, K. 2007a). Anglicare has repeatedly called upon the state government to invest in Housing Tasmania and in public housing tenants through the provision of significant recurrent funding, but the recent state Budget failed to provide any new funding for public housing (Anglicare Tasmania 2008a).

### **2.2.4. Tasmania’s response to the housing crisis**

In 2003, the Tasmanian Government announced an Affordable Housing Strategy in response to the growing problem of housing market failure. The strategy was to take a whole-of-system approach to changes in housing trends and the diverse housing experiences of Tasmanians. It was to consider market conditions, system pressure points and demand and supply issues (Housing Tasmania 2003). Yet despite positive endorsement from a range of stakeholders (Francis-Brophy and Sawford 2005),

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<sup>1</sup> ‘High’ needs in SAAP are defined by the Department of Health and Human Services as “multiple intensive needs which compromise ability to meet basic needs and which often manifests as one or more of the following behaviour clusters: radical lack of living skills, disruptive behaviour, radical lack of social networks, violence to self, excessively demanding” (DHHS 2004).

the Government failed to invest in Stage 2 of the strategy and much of the promised investment and many of the initiatives never eventuated (Flanagan, K. 2007a).

In Tasmania, in place of Stage 2 of the Affordable Housing Strategy, the Government shifted its attention to the establishment of Tasmanian Affordable Housing Limited (TAHL), an unlisted public company which was tasked with delivering 700 homes over four years using private investment. A \$6 million per annum subsidy provided by the Government would fund the gap between rents paid by tenants and the market return to investors. However, TAHL experienced multiple delays in its establishment phase; although it first was announced in 2005, contracts with developers to construct the first 339 affordable homes through the company were not finalised until May 2008 (Giddings and Mason 2008). TAHL’s stocks are to be boosted by the transfer of another 169 homes developed through a separate tender process called Home Folio (Giddings and Mason 2008), but these properties are also only just becoming available; in June 2007 only six had been completed and tenanted, and 120 were still in the planning stage (Bresnehan 2007). In the meantime, Anglicare workers with homeless clients have repeatedly identified the lack of exit points – that is, exit from crisis accommodation to affordable, secure, long-term housing – for their clients as the single biggest barrier they face in seeking to support people out of homelessness.

### **3. Which way home? Anglicare’s response to the Green Paper**

#### **3.1. Overview of the Green Paper**

*Which Way Home? A new approach to homelessness* (Australian Government 2008a – the Green Paper) provides a comprehensive overview of homelessness in Australia and profiles a number of initiatives here and overseas that are attempting to address the issue. It emphasises the importance of integrated responses to the needs of homeless people, the engagement of mainstream services in responding to homelessness and the need for a nationally coordinated approach, and it places the homelessness response within the wider Government agenda of social inclusion. These are all positive elements: the need for a more coordinated, collaborative response to homelessness is backed by research and by workers on the ground, and the recognition that homeless people interact with mainstream services and that these services could do more to address homelessness, including in relation to prevention and early intervention, is welcome. And while it is still unclear how the Government’s social inclusion framework will be implemented, the adoption of this approach does provide an opportunity to develop a more holistic response to a problem that cuts across many service delivery areas.

However, Anglicare is concerned about the depiction in the Green Paper of the existing homelessness service system, the Supported Accommodation Assistance Program (SAAP). While it is true that SAAP services struggle to achieve sustainable, long-term housing outcomes for clients, the Green Paper fails to provide the context for this failure, which is that SAAP is critically and chronically under-funded, and, thanks to the shortage of public housing and the affordable housing crisis, SAAP workers have very few affordable, stable housing alternatives to which to refer their clients. The Green Paper also presents a distorted picture of SAAP, because it focuses on shelters and crisis services while ignoring the role of transitional services in addressing homelessness, such as the case planning and transitional support services in Tasmania (Anglicare’s



ACCESS service and Colony 47’s Colony Outreach Support Service). Excluding these services means excluding the outcomes they achieve for clients and the role they play within the service system. For example, the Green Paper identifies one of the problems with the SAAP system as being the tying of support to crisis accommodation, which means that once the client leaves a shelter, the support ceases (Australian Government 2008a: 33). But Tasmania’s transitional support services provide support that is linked to the client, follows them through the system across a range of different tenures and can be reactivated at different times if the client’s issues change. Our criticisms are not isolated – St Luke’s Anglicare has criticised the Green Paper for providing “a very poor analysis of the current system”, especially in relation to what is working well and rural and regional programs (ABC 2008). Anglicare Tasmania also emphasises that many SAAP workers, including those in Anglicare services, deliver much more than a “bed and a hot meal”. They are specialist workers with considerable expertise and capacity, and they deliver outcomes that lie well beyond what should be possible within their existing resources.

Anglicare is also concerned about the Green Paper’s failure to adequately acknowledge the need to take aggressive action to urgently increase housing supply. The paper does refer to the suite of policies announced by the current government in the lead-up to the recent election, but the National Rental Affordability Scheme, the First Home Savers Accounts and the Housing Affordability Fund are initiatives that will benefit moderate income earners, and A Place to Call Home, which will deliver just 600 new crisis accommodation properties across the country, is effectively a drop in the ocean – in Tasmania, a per capita allocation of the funding would deliver just four properties. The policies announced so far will not provide long-term solutions for the majority of homeless people, who are on low or very low incomes and who may require ongoing tenancy support. It is true that “[g]overnments have already taken steps to improve housing supply” (Australian Government 2008a: 10) but they can and should do much more. Increasing the supply of public housing through a robust, immediate injection of both capital and recurrent, operational funding is absolutely critical if Australia is to resolve its homelessness crisis.

### **3.2. Goals and targets: response to questions 1-3**

**Goals:** Recently, two different goals for reducing homelessness have been proposed in Tasmania. The first was put forward by a Legislative Council Select Committee inquiring into housing affordability, which recommended that Tasmania establish a benchmark to ensure that no person was homeless by 2010 (LCSC 2008). The second was announced by former Premier Paul Lennon, who committed the Government to halving the number of people sleeping rough in Tasmania by 2010 (Lennon 2008). The Select Committee recommendation arose from their conclusion that it was unacceptable for any Tasmanian to be homeless (LCSC 2008), but the goal may be unachievable in such a tight timeframe. The National Youth Commission’s ‘national aspiration horizon’ of ending youth homelessness by 2030 (National Youth Commission 2008) is more realistic. The second Tasmanian goal, to halve the number of rough sleepers, is similar to that adopted by the UK in the late 1990s and by South Australia more recently.

However, homelessness in Australia is less an issue of primary homelessness or ‘rough sleeping’ than it is about secondary and tertiary homeless or constant mobility between inadequate and

insecure housing options (Costello 2003).<sup>2</sup> This is reflected in the high value that public housing waiting list applicants in Tasmania place upon the security of tenure offered by public housing (Flanagan, K. 2007b). Anglicare workers report that their clients, chronically homeless people of all ages, are experiencing a mix of primary, secondary and tertiary homelessness, ‘bouncing’ from one couch to another, spending a night or two here and there in their car or in a squat, and staying for short periods in boarding houses. People with children may board their children with relatives or friends while they ‘couch surf’ themselves. Anglicare’s Youthcare shelter reports that sometimes they are called upon to accommodate young men who are part of a homeless family who cannot find emergency accommodation together, and Anglicare’s PASS program frequently receives referrals from grandparents who have taken on temporary care responsibilities but have now reached the end of their capacity to cope.

It is clear that adopting strategies designed in other places to respond exclusively to long-term rough sleeping will not solve the homelessness problem in Australia. Australia’s homelessness response must recognise the transitory and fragmented nature of Australian homelessness and the way in which people move between the different levels of homelessness on a regular basis. It should include strategies designed to address long-term rough sleeping but as a component of a much more comprehensive approach. For this reason, Anglicare recommends adopting the goal of reducing and ultimately eradicating homelessness across the continuum, including primary, secondary and tertiary homelessness.

**Targets:** The proposed targets included in the Green Paper represent a good start, however they do not capture the insecurity and mobility that many homeless people feel. For most homeless people the experience of homelessness is not two moves, from their previous housing to crisis accommodation, and then from crisis accommodation to another form of permanent housing, but multiple moves, between a number of different crisis services, the homes of family or friends and brokered emergency accommodation. Periods of constant mobility can be interrupted by short-term periods of greater stability in transitional accommodation or private rental, but once the lease is up the person returns to homelessness. It is this insecurity of tenure that causes much of the dislocation from work, family, community and education that homeless people experience. While there are privacy issues involved in tracking individual clients through the system, it should be possible to capture data that records the constant mobility experienced by homeless people and is robust enough to be used to measure progress in addressing this issue. This could be done through transitional SAAP services, such as ACCESS, where support is not tied to a particular accommodation option but follows the client throughout.

If the White Paper is to increase the responsibility borne by mainstream services in the fight against homelessness, it will be important to include relevant targets for those services. For example, prisons and hospitals (especially psychiatric wards) should be required to report on the proportion of people being discharged into confirmed, secure and appropriate accommodation, with the aim of increasing this proportion to 100%. Anglicare workers report that there is currently very little discharge planning occurring in practice which means that many people are leaving prison or hospital and becoming immediately homeless. In 2004, some 90 inmates per annum were being identified by correctional services as being homeless on release and reforms of the pre-release planning system were not likely to be fully operational until this year (2008), when they would then

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<sup>2</sup> In this submission Anglicare uses the cultural definition of homelessness developed by Chamberlain and MacKenzie (1992) and which is also used in the Green Paper (Australian Government 2008a: 13).

still only apply to half the prisoners (Hinton 2004). The State Government recently announced a \$200,000 transitional accommodation program for paroled prisoners, but only four places will be available in the program at any one time (Singh 2008). The lack of discharge planning for people with serious mental illness is also an ongoing problem. Previous Anglicare research identified the lack of discharge planning across the state as a serious concern and recommended the development of effective discharge planning protocols that included detailed strategies around accommodation, carer capacity, transport from hospital to home, family, medical and service follow-up and the provision of information (Cameron and Flanagan, J. 2004). However, Anglicare workers report that clients are still being discharged from psychiatric inpatient services into homelessness and told by the hospital staff to “go to Anglicare”.

Finally, as this submission argues throughout, successfully addressing homelessness will not be possible without an increase in the supply of affordable and appropriate housing for homeless and formerly homeless people. This housing will need to include public housing, community housing and affordable, secure private rental as well as accommodation linked to support services for people who require them. The inclusion of a target around increasing housing supply across a range of tenures would focus attention on this aspect of the homelessness strategy and impose accountability on governments for achieving long-term, sustainable outcomes. Anglicare notes the recent Senate Committee recommendation to increase the pool of social housing stock to at least 10% of housing stock by 2020 (SCHAA 2008). Anglicare supports this target and urges that a significant component of this stock be public housing as our research indicates that investment in this area will provide the greatest social return (Flanagan, K. 2008).

### **3.3. Future research: response to question 4**

Anglicare acknowledges the importance and value of research-driven policy development. However, the housing and homelessness area has been subject to extensive research over the past decade or more and a considerable body of evidence has been accumulated that identify the problems and point to effective solutions. The failure of governments to act on the evidence should not be allowed to reflect on the quality of the research.

Anglicare notes that the Australian Housing and Urban Research Institute’s 2008 research agenda includes work on homelessness and marginal housing, with a focus on prevention of homelessness and responses to households in crisis or at risk. Specific research questions include the effectiveness of and integration between housing and other support programs for young people leaving care and the intergenerational use of SAAP services by different socio-demographic groups (AHURI 2007). Both of these issues are important ones and worthy of further research: the CREATE Foundation’s recent report card on transitioning from care identified that finding appropriate accommodation continued to be a major problem for young people exiting care placements (McDowall 2008) and a review of children in SAAP identified that homelessness remained a particular problem for care-leavers (Norris et al 2005), while a UK survey of homeless adults found that as children, 7% had experienced homelessness, 21% had moved house a lot and 33% had missed a lot of school (Pleace et al 2008). Given the growing complexity of need among homeless clients, Anglicare is of the view that further investigation of intergenerational aspects to homeless, particularly in relation to housing instability, is important so that Australia’s homelessness service system can develop appropriate responses.

Anglicare notes two other areas that are worth further consideration and research effort:

- the development of effective, robust data collection strategies to measure aspects of homelessness such as insecurity and mobility, perhaps in partnership with the Australian Bureau of Statistics and the Australian Institute of Health and Welfare; and
- a rolling program of evaluation and review that is built into the White Paper implementation process. This will ensure that all strategies and service delivery models are subject to timely rigorous and independent evaluation and that subsequent funding can be targeted to those programs that are working well.

### **3.4. The principles: response to question 5**

Anglicare is generally supportive of the proposed principles, but has some specific comments in relation to how they might be realised. Two further principles are also recommended for inclusion.

#### **3.4.1. Existing principles**

***Principle 1: A national commitment and strong leadership from all levels of government, the not-for-profit and business sectors and the general community is needed.*** Anglicare agrees with this statement but stresses the importance of the Australian Government, and to a lesser extent the state governments, taking on the primary leadership role. Although Anglicare agrees with the Green Paper that responding to homelessness must be seen as a shared responsibility, the reality is that homeless people are subject to discrimination and the experience of homelessness is stigmatised. The perceptions that the general community have of homeless people are frequently stereotypical and judgemental (Hollows 2007). An analysis of media reporting on homelessness suggested that media reports often perpetuated the view of the ‘deserving’ and ‘undeserving’ homeless and reinforced the view that people became homeless due to individual rather than structural failures (Zufferey and Chung 2006). The focus on the individual rather than structural causes of homelessness is reflected in wider community attitudes. Just under three quarters of respondents in a survey of public perceptions of homelessness said that people became homeless due to their own poor decisions and 59% blamed a lack of effort by homeless people themselves. Seventy one per cent said that homeless people themselves were responsible for solving homelessness (Hanover Welfare Services 2006).

Stories in the Tasmanian media about homeless individuals frequently generate hostile comments from readers. Hostility occurs not just in response to homelessness itself but also to strategies to address the issue: the local reaction in southern Tasmania to proposals to construct supportive accommodation facilities for low income earners included a letter to the editor in relation to one development describing the future tenants as at the “bottom of the social ladder” and accusations that the tenants at the other development could be paedophiles (Flanagan, K. 2007a). These kinds of views are likely to constrain the community response to homelessness unless people are led from the front by a government that is prepared to stand up and challenge the stereotypes.

***Principle 2: Preventing the causes of homelessness is a main focus.*** Anglicare workers were strongly supportive of initiatives that provided them with the additional capacity and referral options to intervene early when clients were at risk. However, compliance with this principle will need to involve substantial investment in housing supply, particularly public housing. Many workers indicated that the public housing system has no capacity for early intervention as housing

must be rationed and targeted towards those ‘most in need’, which effectively means those in absolute crisis.

***Principle 3: Social inclusion drives our efforts.*** ‘Social inclusion’ is a nebulous concept which can be and has been appropriated for a range of different political and social agendas (Arthurson and Jacobs 2004). If it is to be adopted as a driver for the Australian Government’s response to homelessness, then it must be carefully defined. An approach which empowers all people to live full lives as active members of their communities is to be applauded. But other policies that have been adopted in the name of social and economic participation have done more harm than good. Australia’s mutual obligation approach, for example, has been described by one researcher as competitive and authoritarian, rather than inclusive and egalitarian, and by another as ‘work-first’ – that is, jobseekers are expected to accept any job, of any quality, for any length of time, rather than look for sustainable, meaningful work that meets their own needs, and jobseekers, rather than the Government, are responsible for finding work (Carney 2007). In recent years, this approach has been accompanied by a highly deregulated industrial relations environment (ACOSS 2005). Yet the ‘work first’ approach doesn’t work, if the goal is an inclusive society. In the US, where similar policies have been adopted, they have simply shifted people from income support payments into the ranks of the working poor (Carney 2007). The modifications to the compliance regime described in the Green Paper will soften the harder edges of the previous policy, but the retention of an eight week non-payment penalty is of significant concern as it will simply push responsibility for some of the most high needs clients into the hands of SAAP and emergency relief providers.

***Principle 4: Everyone is treated with dignity and respect.*** There is clear research evidence that people who are homeless are not always treated with dignity and respect. A survey conducted in Victoria found that almost 70% of respondents had been discriminated against on the basis of homelessness or social status by accommodation providers, and almost 60% had been discriminated against by other organisations, including restaurants, cafes and bars, shops, utilities providers, health services and hospitals, insurers, legal services, employment services, banks and entertainment facilities (PILCH 2007). Anglicare strongly endorses the inclusion of this principle.

***Principle 5: Safety and wellbeing are a prime concern for all clients.*** Anglicare strongly endorses the promotion of client safety and wellbeing. It is important that safety is a consideration for all clients, including people escaping family violence, and accompanying children, but also young people, older people and everyone in between. Anglicare notes that safety issues are a particular but often unrecognised concern for clients experiencing tertiary homelessness because many of the rooming houses and caravan parks they are living in are poorly supervised and controlled (see for example Nissim 2005: 53-5, Gallagher and Gove 2007, Gronda 2006, Flanagan, K. 2007b: unpublished interviews).

***Principle 6: Rights and responsibilities of individuals and families are paramount.*** Anglicare agrees that both rights and responsibilities need to apply, but given that people who are homeless are among the most marginalised and disadvantaged members of the community it is important to recognise that the bulk of the responsibility rests with governments, service providers and the wider community to ensure that homeless people’s fundamental right to housing is not further compromised.

***Principle 7: Joined-up service delivery needs joined-up policy.*** Given the complexity of clients’ needs a joined-up approach that applies at both the service delivery and policy levels, particularly in relation to funding and reporting requirements, will assist services to support people more effectively. Anglicare workers stress the need to allow more collaborative working relationships between government agencies and services, such as ensuring that wherever possible, non-government services are included in inter-agency case conferences and working groups. However, one of the criticisms that is made of the ‘joined-up’ social inclusion approach is that lines of accountability for results and problems can be obscured (Arthurson and Jacobs 2005). Ensuring that there are clear lines of responsibility throughout the system will be important so that issues can be tackled quickly and evaluation can be rigorous.

***Principle 8: Transition points are a priority.*** Paying attention to the transition points in people’s lives to ensure they receive support is important but will require collaborative approaches across government agencies, different levels of government and government and non-government service providers. For example, supporting young people leaving school will require input from schools, training and higher education facilities, Centrelink, employment services and potential employers. It is also important to remember that there are other areas where intervention is critical and support should be provided: a survey of homeless people in Melbourne identified that the five main causes of homelessness for the people surveyed were unemployment, a lack of affordable housing, financial hardship, inadequate income support and family violence (PILCH 2007).

***Principle 9: Evidence-based policy helps to shape our priorities for action.*** Policy that is based on robust research evidence is to be applauded. However, this principle may require governments to commit to a reversal of long-held approaches. For example, the Australian Government has in recent years preferred rent assistance over the provision of sustainably-funded public housing, and cash ‘bonuses’ to permanent increases in income support payments. But while there is extensive evidence to suggest that public housing works for clients (see section 2.2.3 above), Commonwealth Rent Assistance has been heavily criticised (Hulse and Burke 2000, National Shelter and ACOSS 2003), and there is extensive evidence on the inadequacy of Australia’s system of income support: even the most generous payments, government pensions, are paid at levels that put people below the OECD poverty line (ACOSS 2007a). It is no wonder that unaffordable housing or financial crisis are common triggers for homelessness.

***Principle 10: Targets are set to reduce homelessness and build government and community accountability.*** Targets are useful for both accountability and evaluation purposes, but Anglicare stresses that targets are only useful if accompanied by action. Tasmania’s community strategic plan, *Tasmania Together*, has seen a worsening in its housing-specific indicators, which focus on housing stress and the house price to income ratio, partly because of the failure of Government to develop and implement specific strategic responses to the housing crisis (TTPB 2006).

### **3.4.2. Proposed principles**

Anglicare proposes the adoption of two additional principles underlying the Australian Government’s homelessness response. Both of them should be included near the top of the list.

***Proposed Principle 1: Australia commits to the recognition of housing as a human right.*** Article 25 of the Universal Declaration of Human Rights states that everyone has the right to housing, but

as the Tasmanian Law Reform Institute has noted, “[w]hile Australia has ratified the major international human rights treaties they do not form part of Australian law” (TLRI 2007: 28). Nevertheless, ratification does impose a moral obligation on governments to ensure that they live up to the principles to which they have committed the nation. The United Nations Special Rapporteur on adequate housing, who visited Australia in July and August 2006, has concluded that Australia “has failed to implement the human right to adequate housing” (Kothari 2007: 2), which has consequences for households’ capacity to exercise other rights, such as rights to health, education and safety, civil, political and legal rights and the right to be free from discrimination.

In Britain, the right of homeless people to housing is recognised in legislation and has been for many years. The *National Assistance Act 1948* required local authorities to provide temporary accommodation for people “in urgent need” whose homelessness “could not reasonably have been foreseen”, and the *Housing (Homeless Persons) Act 1977* required local authorities to secure long-term housing for households in priority need who were ‘unintentionally homeless’ (Homeless Link 2002). The legislation continues to be amended and refined. The *Homelessness Act 2002* extended the category of ‘priority need’ (people who were entitled to accommodation under the legislation) to incorporate a wider range of vulnerable groups, and introduced a requirement that all homeless people, including those not in the ‘priority need’ category, must receive advice and assistance which meets minimum standards.<sup>3</sup> In Scotland, Part II of the *Housing (Scotland) Act 1987* imposed statutory duties on local authorities to assist people who are homeless or potentially homeless (defined as likely to become homeless within two months). The legislation required the local authorities to assess whether a person had a ‘priority need’, a category that includes among others people with dependent children, the elderly, people with disabilities, mental illnesses or chronic illnesses, young people leaving care and people at risk of domestic violence, and whether their homelessness was intentional or unintentional. Scotland is further extending the rights of homeless people: the *Housing (Scotland) Act 2001* requires councils to provide a minimum of temporary accommodation, advice and assistance to everyone assessed as homeless, regardless of whether they have a priority need or not, and the *Homelessness Etc (Scotland) Act 2003* is introducing a phasing out of the distinction between priority and non-priority needs, with the aim of ensuring that everyone assessed as being ‘unintentionally homeless’ is entitled to permanent accommodation by 2012 (Scottish Government 2007).

While defining ‘unintentional’ or ‘intentional’ homelessness remains a grey area (should a person who has difficulty managing their finances due to a mental illness and who is evicted from a private rental property due to failure to pay their rent be classified as being homeless unintentionally or intentionally?), the English and Scottish examples provide a starting point for the introduction into legislation of a statutory right to accommodation for homeless people. Recognising that housing as a justiciable human right will place additional pressure on the Government and the wider community to ensure that every single person in Australia has access to affordable, adequate, appropriate housing.

***Proposed Principle 2: We must increase the supply of housing so that every Australian has secure, appropriate, affordable, long-term housing.*** While the Green Paper recognises the link between the availability of housing and a reduction in homelessness (Australian Government 2008a: 59), Anglicare considers that more emphasis needs to be placed on this. Put very simply, people

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<sup>3</sup> Information downloaded from Homelessness Policy Watch website (operated by Crisis and New Policy Institute), <[www.crisis.org.uk/policywatch/](http://www.crisis.org.uk/policywatch/)>, 25 June 2008.

cannot stop being homeless if there aren’t enough homes. The reforms to the service system outlined in the Green Paper will not work without a massive effort to increase housing supply across the spectrum of need. This includes not just ‘affordable’ housing for middle income renters and purchasers, shared equity home ownership models or supported accommodation models for people unable to live independently, but also mainstream public housing and community housing and private rental that is available on long-term leases at prices that are affordable to people on lower incomes. The Green Paper proposes ambitious reforms to the homelessness service system without qualification, but when it comes to increasing housing supply, comments “this problem will not be solved overnight” (Australian Government 2008a: 10). It is unacceptable to give up so early on what should be one of the main elements of any homelessness strategy. Anglicare believes that increasing housing supply needs to be much more central in the White Paper and one of the ways to achieve this is to include a commitment to increased supply within the core principles underlying the development of the new strategy.

### **3.5. Engaging the private and community sectors: response to questions 6-7**

Anglicare supports the view that the entire community should contribute to reducing homelessness. This is particularly the case in relation to ending discrimination against homeless people and low income earners and rallying community support for government initiatives to redirect funding from other areas into strategies to support homeless people. However, Anglicare urges caution against any expectation that the private sector will step in to alleviate the need for any new government expenditure in this area, particularly in relation to accommodating chronically homeless people with multiple issues. Research on the capacity to leverage private investment into community housing supply suggests that the existing subsidy structure and pressure to retain viability, generate sufficient return on investment and minimise risk will result in the proportion of higher needs and lower income clients in privately-funded community housing developments being minimised (Flanagan, K. 2008). There are well-substantiated benefits to mixed tenure models and the disadvantages of concentrating people with complex needs in one area are evident in many of Australia’s broadacre or high rise public housing developments. However, even with a mixed tenure approach, Australia still needs to ensure that a sufficient quantum of housing is provided for people on low incomes or with complex needs, and models that are dependent on private sector development have not been shown to, on their own, generate adequate supply. Private sector representatives with whom Anglicare has had contact have repeatedly expressed the view that “welfare housing” is and should remain the responsibility of government only.

This does not mean that attracting business or philanthropic investment into strategies to address homelessness is unworkable or inappropriate. But it needs to be done realistically and in a targeted way. This may then lay the ground for more extensive involvement later on as trust is built up. Anglicare suggests below a number of areas where the private sector could play an important role.

#### **3.5.1. The private rental market**

The private rental market in Australia does not work for low income earners. It is structured around the needs of landlords, and, as Australian landlords tend to be small-scale, short-term investors rather than institutions and motivated by capital gains rather than rental yield, landlords keep their leases short in order to keep their options open, and so security for the tenant is minimal (Burke



1999). Increasingly, the private rental market is not affordable for low income earners: the two groups most at risk of being in housing stress are private renters and single parent families according to NATSEM (Harding et al 2004). An Anglicare survey of the Tasmanian community found that 11% of renters reported that they had not been able to pay their rent in the last year due to a shortage of money, compared to 4% of people overall. Research indicates coping strategies used by renters in housing stress include making financial sacrifices, compromising on housing quality, size and location, taking on additional paid work, including overtime or a second job, borrowing money, selling or pawning possessions and using emergency relief services (Burke 2007). Yet despite the unsuitability of the tenure, because of the contraction in social housing supply an increasing number of households are living in the private rental market into the long-term (Burke 1999). Anglicare workers report that they are supporting clients with high and complex needs who are precariously accommodated in private rental but who should be living in the public housing system where there is a higher duty of care from the landlord.

More fundamentally, the private rental market contributes to homelessness. It does this in two ways: by excluding certain groups through overt and covert discrimination, and by making it difficult for low income earners or people with complex needs to maintain private rental housing once they access it.

**Exclusion.** Discrimination against certain groups of people by private landlords and real estate agents is a significant issue for lower income Tasmanians. Anglicare research into the private rental market identified widespread discrimination against people who were unemployed or on a disability support pension, single parents, young people and people with children or pets (Cameron 2002). Newly arrived refugees reported that they had also been discriminated against by Tasmanian landlords, giving examples of having seen properties remaining empty or being readvertised after their own applications had been rejected (Flanagan, J. 2007). Twenty-two per cent of participants in a mainland research project on refugee housing experiences said they had experienced harassment from real estate agents, neighbours or landlords (Beer and Foley 2005). Research into the experiences of people on the public housing waiting list found that many were trapped in a vicious circle of discrimination, with landlords refusing to lease them a house because they were unemployed and employers refusing to give them a job because they didn’t have a home (Flanagan, K. 2007b). An analysis of eight private rental application forms used by real estate agents in Tasmania found that the majority asked whether the applicant was in receipt of Centrelink benefits or dependent on support from a private rental support program to put together a bond (Anglicare Tasmania 2007a). Newspaper ads for private rental properties frequently specify that applicants must be employed or state “no Anglicare” (meaning the applicant must not be receiving assistance with bond or rent in advance from Anglicare’s Private Rental Support Service). Anglicare has recommended that private rental tenancy legislation be reformed to put limits on the information landlords can legitimately require from applicants (Jones 2006) and has also submitted that federal privacy legislation be used for a similar purpose (Anglicare Tasmania 2007b).

Anglicare workers report that many of the people excluded from the private rental market are not people who would be at a high risk of damaging the property or who would have difficulty sustaining a private tenancy once they had overcome the barriers to obtaining one. Landlords who exclude certain groups are often making assumptions about risk that are based on stereotypes (“single parents can’t control their kids”, “refugees don’t know how to live in houses”, “unemployed people will default on the rent”, “young people are careless and damage the property”

and so on) rather than on a rational assessment of the capacity of the individual applying for the property to meet the obligations of the tenancy agreement. Anglicare believes that the private sector, including both private landlords and real estate agents, have a role to play in opening up access to the private rental market for people who are able to sustain a tenancy there but are currently excluded. A range of strategies exist that could be used to achieve this.

- Over time, Anglicare workers supporting clients seeking access to the private rental market have developed positive relationships with a number of private landlords to the benefit of our clients. The Private Rental Support Service has developed excellent relationships with landlords and real estate agents to the benefit of Anglicare clients and low income and disadvantaged people more generally. Research has indicated that, when given information about the issues impacting on a client group and the support services available, real estate agents increase the rate of renting to marginalised groups (MRRHAP 2007). In its submission to the community consultation process for the 2008-09 Tasmanian Budget, Anglicare recommended that the government fund a community education program targeted at real estate agents and private landlords that included information to debunk commonly held prejudices, inform agents about the possible life experiences of disadvantaged tenants (such as the trauma and dislocation experienced by refugee communities), provide agents and landlords with a working knowledge of the support services that might be available to assist people with the application process or to meet the obligations of their tenancy agreement and support agents to modify their practices when required, such as using telephone interpreters for people with poor English skills. Anglicare’s registered training organisation estimated that the development and delivery over a 12 month period of such an education program in Tasmania would only cost around \$100,000 (Anglicare Tasmania 2007c).
- The New South Wales Department of Housing has used financial incentives to encourage landlords to lease to tenants able to sustain a private rental tenancy but perceived as a higher risk. The Tenancy Guarantee offers private landlords who lease their properties to eligible clients a \$1,000 compensation guarantee in addition to bond to cover any rent arrears or property damage. Responsibility for paying back the guarantee in the event that it is paid out rests with the tenant (and any outstanding amount is counted as a Department of Housing debt in the event of a future application for social housing), but if the tenancy is successful, the Tenancy Guarantee has provided the tenant with the opportunity to develop a rental history that can help them in future applications. Between 1 July 2003 and 30 June 2005, 856 guarantees were issued, of which 277 were activated (that is, the tenant was leased a property) and only 30 were subject to claims. Limited data suggests the scheme had some success in supporting people into stable tenancies and in allowing them to move on to other accommodation without the need for a further Guarantee. However, the scheme works best in conjunction with other strategies, including landlord education and advocacy by support workers on behalf of tenants. In addition, as with other private rental support programs, there needs to be sufficient supply of affordable housing available for the scheme to work (Hyde 2006).

***Maintaining private tenancies.*** Madden and Law (2005) found that 46% of people renting through a real estate agent and 25% of people renting through a private landlord had moved at least once in the past year, compared to 11% of home purchasers and 5% of owners. Interviews with people on the public housing waiting list identified very high levels of mobility among this group, with interviewees describing a life characterised by constant moves in search of affordable rent, secure

tenancies or proximity to essential services. Many people living in private rental had had to rely on emergency relief providers or relinquish tenancies due to an inability to sustain paying the rent on the property out of their meagre incomes (Flanagan, K. 2007b). Anglicare workers report that other factors that frequently end tenancies include significant rent increases and the landlord selling the property. There are also problems with exorbitant rents on properties that are of appalling standard. Anglicare workers report that landlords often resist the use of Centrepay by the client even though this is better for the client from a financial management perspective, because receiving the rent as cash means that the landlord does not have to declare it as income. Workers also report that some clients are unable to obtain rent assistance because their landlord refuses to give them documentation, including receipts. The lack of receipts is then sometimes exploited by the landlord to extort more rent. In Tasmania, many of these problems are caused by inadequate residential tenancy legislation and a reactive rather than proactive enforcement regime by the Office of Consumer Affairs and Fair Trading; recently the heads of a number of major community service organisations and peak bodies including Anglicare wrote to the Tasmanian Attorney-General requesting an independent review of the legislation, but the request was turned down.

The private sector could make a significant contribution towards addressing homelessness by modifying its practices to take account of the particular issues facing disadvantaged clients living in the private rental sector. Yet Anglicare workers report an increasing tendency among private landlords to evict a tenant immediately when they fall into arrears, rather than working with the tenant to address the issue that may have caused the arrears. It is important to note that low income households can be pushed into financial crisis by incidents as apparently minor as an unexpectedly large bill or an appliance breaking down. Landlords could also be aware of greater vulnerability amongst their tenants at particular times of year such as Christmas or the start of the school year. While Anglicare is not suggesting that landlords should be expected to suffer a financial loss as a result of accommodating a lower income tenant, it is reasonable to ask landlords to be open to the option of negotiating a repayment plan with the tenant if required. A number of services exist that can support this process.

- Financial counselling services are able to assist people experiencing financial difficulty in a range of areas, including budgeting, negotiating repayment plans and providing support around managing debt repayments. Anglicare’s financial counsellors report that their work would be made much easier and the crisis would be far more manageable for the client if people were referred to them as soon as they encountered difficulty rather than when they were on the verge of eviction for unpaid rent.
- Tenancy support services operate in a number of different states using slightly different models. For example, in Tasmania, tenancy support for people living in private rental is provided through the state-funded Private Rental Tenancy Support Service and legal advice and advocacy on tenancy issues is provided through the Tenants Union of Tasmania. Both programs achieve excellent outcomes for clients within limited resources and lack of capacity to meet demand. The different operating environment that applies from state to state makes it difficult to compare the effectiveness of programs across state borders, but one program that operates nationally and provides tenancy support, among other services, is the HOME Advice program. HOME Advice’s approach incorporates early, holistic intervention, strengths-based, family-centred practice and flexible brokerage and programs are supported by partnerships with other service providers, especially Centrelink (MacKenzie et al 2007). As the Green Paper notes, the HOME

Advice model has been extremely effective in supporting families to avoid homelessness (Australian Government 2008a: 35). The program is also cost-effective compared to what it would cost the government to deliver a crisis response further down the track (MacKenzie et al 2007). However, HOME Advice is only able to assist families, which means that other households, such as single people, couples or shared households, miss out, and it is extremely confined geographically, with only eight small delivery sites in the whole of Australia.<sup>4</sup> Anglicare’s HOME Advice program, which operates in Launceston under the name Family Matters, is confined to three postcode areas. Obviously HOME Advice would need significant additional investment if it were to widen its client group to households other than families, and widening the delivery area would also involve funding additional services, but HOME Advice provides a solid model for homelessness prevention and addressing issues that might destabilise tenancies. The National Youth Commission recommended expanding HOME Advice to a level of investment of at least \$60 million per annum (National Youth Commission 2008), and a recent Senate inquiry recommended HOME Advice be made available nationally, supported by expanded referral pathways (SCHAA 2008).

Anglicare does not expect landlords to formally refer clients to services, but it is appropriate for them to make their clients aware that services exist and how to contact them if rental payments become a problem, and to be receptive to any repayment arrangements negotiated through the service. There is support in homelessness literature for strategies to encourage private real estate agents to refer at-risk tenants to support services. MacKenzie and Chamberlain (2003) recommend that services develop formal collaborations with real estate agents to facilitate such referrals, and a homelessness prevention guide from the UK states that providing landlords with a comprehensive advice and support service can provide them with an incentive to find solutions to a tenancy problem rather than simply evicting the tenant. Some of the UK services have since been expanded to include more reciprocal arrangements – that is, landlords in the scheme agree to take in tenants referred to them by the support agency (DCLG n.d.).

Services like Anglicare seek to promote to landlords the benefits of engaging with support services like financial counselling services and tenancy support services, but it is a gradual process. Experience in Melbourne suggests the following strategies can be useful: making individual approaches to real estate agents and holding industry forums, getting agency feedback on what would assist them in deciding to lease to an applicant and reassuring agencies about the goal of the service (that is, that services are not interested in creating failed tenancies and will not support someone into private rental who is incapable of sustaining a tenancy) (Cleary and Mazzarino 2005).

### **3.5.2. Brokered emergency accommodation**

One of the reasons for the introduction of the SAAP brokerage model in Tasmania was the shortage of places in crisis and transitional accommodation compared to demand (Shelter Tasmania 2006). But Anglicare workers report concerns about the suitability of brokered accommodation in pubs, cheap motels and caravan parks: there are obvious issues of appropriateness and safety for many

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<sup>4</sup> These sites are Salisbury in South Australia (this service is for Aboriginal clients only), Belconnen in the ACT, Wyong in New South Wales, Darwin/Palmerston in the Northern Territory, Beenleigh in Queensland, Launceston in Tasmania, Dandenong in Victoria and Mandurah in Western Australia. (Information downloaded from Department of Families, Housing, Community Services and Indigenous Affairs website, <[www.fahcsia.gov.au/internet/facsinternet.nsf/housing/fhpp.htm](http://www.fahcsia.gov.au/internet/facsinternet.nsf/housing/fhpp.htm)> on 16 June 2008).

clients, such as those with drug and alcohol issues or gambling addiction (most facilities have a bar and most pubs and motels in Tasmania have poker machines and other forms of gambling on the premises), families with children, people with physical, intellectual and psychiatric disabilities and single women. The configuration of many motel rooms – typically a double bed and one single – is inappropriate for larger families, and the lack of cooking facilities means that a family will have to rely on expensive take away food. Such accommodation is also too costly to be sustainable in the long term. While workers do try to ensure that brokered accommodation is appropriate for the client, in reality there are limited options. There are also problems with the supply of accommodation that is available for brokerage: a shrinking pool of operators willing to take clients because of past bad experiences, closure of caravan parks throughout Tasmania and particularly difficulty over summer or during major events as all accommodation is occupied by tourists. A research article looking at the suitability of hotel accommodation for families argued that such accommodation “often only succeeds in changing the *form* of stress that the family is forced to cope with” (Bartholomew 1998: 38, emphasis in original).

Nevertheless, brokerage funding does allow significant flexibility, particularly in areas with limited or no emergency beds, and can offer households short term respite and give the worker time to arrange a more appropriate alternative, and Anglicare called for incentives to encourage private accommodation operators to take in clients in crisis, particularly at times of peak demand. Access to a wider supply of private accommodation would enhance the capacity of the brokerage model to deliver more appropriate accommodation for clients. The brokerage model must be backed by the provision of dedicated emergency accommodation that is longer-term and gives people space in which to live and rebuild, but an effective homelessness service system needs the additional flexibility and short-term capacity that a pool of brokerage funding can provide.

Research has found an overlap amongst people who live long-term in marginal forms of housing like caravan parks and people who have no alternatives in the private or social housing sectors (Wensing et al 2003a). In the two years to May 2006, Anglicare supported the accommodation of 85 clients in caravan parks, all for periods of three months or longer (Shelter Tasmania 2006). Newton (2006: 224) highlights the dilemma facing SAAP services when they accommodate people in forms of housing, like caravan parks, that are actually associated with tertiary homelessness: “[i]ronically caravan park accommodation is now considered both a problem and a solution by welfare services”. But for some clients, the alternative is to sleep in their cars or on the streets. In Tasmania, Shelter Tasmania has previously argued for amendments to residential tenancy legislation to ensure protection for all caravan park occupants, including people accommodated in caravan parks by homelessness services, similar to the protections which now apply to rooming/boarding house residents (Shelter Tasmania 2006). This call has been supported by the wider Tasmanian community sector (Flanagan, K. 2007a). State and territory legislative protection rather than self-regulation was also recommended by a research project exploring housing risk among caravan park residents (Wensing et al 2003b).

Caravan parks are being used as crisis accommodation across the country because of the stress on the emergency accommodation sector. One research project recommended not only improvements to the emergency accommodation sector but also an increased supply of public and community housing and investment in low cost private rental housing (Wensing et al 2003b), highlighting the importance of housing supply. When people do have to live in caravan parks, a small-scale research project by Newton (2006) found that park managers have a pivotal welfare and community

building role within a caravan park community. This suggests that there is also scope for these private sector landlords to engage with support services for the benefit of their tenants. A pilot outreach program working with families in crisis living in caravan parks found that engagement with park operators was important (Eddy 2003).

### **3.5.3. Youth homelessness**

As Costello (2003) points out, there is no easy fit between the core business of the private sector and homelessness. Where literacy programs can be linked to the core business of publishers or media organisations, for example, homelessness has few links with private sector businesses except where it causes problems for the tourist industry through being highly visible. However, when it comes to youth homelessness, there is a link. Australia has an ageing population and there are already anxieties emerging about how skills and workforce shortages should best be tackled (DCAC 2007). Young people who are homeless have often left school early, have limited skills and lack job-readiness. They find it difficult to engage in the labour market (National Youth Commission 2008). Private sector organisations that invest in strategies to tackle youth homelessness are investing in their future workforce. This intervention could take a number of forms, but two obvious places to start are:

- **contributing funding or in-kind support to youth homelessness services.** Tasmania features a number of programs that provide transitional accommodation to young people at risk. The programs operate on a small scale, allowing relationships of trust to build up between the young people and the support workers. For example, Anglicare’s Staying Put program works closely with a local college (years 11-12) which has a number of rental properties for students from rural areas. Anglicare is contracted to provide tenancy support to the students, along with a social worker from the college. Because they are isolated from their families, communities and support networks, these students would normally be at risk of disengaging from education (Schmidt 2006), but students receiving support from Staying Put have a high rate of college completion and some have moved onto university. A similarly successful program, the Direct Tenancy Program, run by another community organisation, Colony 47, head-leases individual, stand-alone public housing properties on behalf of young people and provides them with tenancy support.<sup>5</sup> In northern Tasmania, Anglicare had founding involvement in the Northern Youth Accommodation Coalition, which has now been running for around a dozen years and consists of 12 properties provided by Housing Tasmania for young people on a medium term lease (an initial 3 month lease that can be extended up to a maximum of one year). As a condition of living in the property the young person has to accept support from a support worker. This model provides more flexibility for the young person; having the support worker as an intermediary between tenant and landlord allows the young person more chances if they do make mistakes during the tenancy. Anglicare strongly supports the development of more transitional accommodation for young people that provides them with the opportunity to establish tenancy and independent living skills and allows them to make the transition into further study or employment within a safe and supportive environment. Private sector support for this kind of accommodation does not have to be on a large scale – examples of small yet

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<sup>5</sup> Despite their success, funding for both programs is uncertain – the Direct Tenancy Program has been under review for the past four years, with funding rolled over on an annual basis while the review is finalised. At the time of writing, Staying Put was only a few weeks away from the expiry of its funding agreement and thus the end of the support worker’s employment contract, but no confirmation had been received from the Department that it would be refunded.

valuable contributions exist. In rural areas, South Australia’s Private Rental Liaison program has successfully made arrangements with local businesses to provide discounted prices for bulk purchases of household items such as kettles and utensils that can then be passed on to tenants (Telford 2008). Similar arrangements with larger businesses are possible for the purchase of furniture, floor coverings, curtains, paint, plants for the garden or white goods. Anglicare’s experience in establishing accommodation facilities is that often it is these items that are subject to compromise when the budget is tight yet they are critical in helping the accommodation feel like ‘home’ to the people who will live there. Curtains and carpets also assist in lowering the tenant’s living costs by reducing the amount of energy needed for heating.

- **provision of work experience, training and entry-level employment for young people who have experienced homelessness.** The recent National Youth Commission independent inquiry into youth homelessness called for a new approach that linked together education, training, employment, accommodation and support for young people at risk. Not all young people are ready to engage with work: the National Youth Commission identified the need for the JPET program to focus more on overcoming social barriers to participation and less on employment outcomes (National Youth Commission 2008), but there is scope for partnerships between private sector and not-for-profit employers and services accommodating and supporting young people who have experienced homelessness but who are now ready to engage with work. A youth employment strategy developed by Marsh and Perkins (2006) on behalf of the Kingston City Council recommends an approach based on full employer involvement as both partners and clients, use of effective strategic and operational partnerships, involvement of young people and the local community in the design of specific initiatives and the development of integrated packages of initiatives that provided a complete pathway with associated support to young people. The strategy highlights a number of ways in which employers can be involved, such as industry-specific training pathways in areas where there are skills shortages. These pathways include holistic support, pre-vocational training, work-based training through traineeships or apprenticeships and then post-placement support for employees and employers. Employers can also explore the provision of part-time or casual low-skilled work as the first step in a structured pathway into training and more highly skilled work, the development of partnerships involving themselves, training providers, local government and schools to create more coordinated pathways into paid work for young people in the local area, and the development of their own capacity to respond to the particular issues and needs of formerly homeless or at risk jobseekers (Marsh and Perkins 2006).

## **4. Considering the options**

The Green Paper offers up three options for the future for discussion and comment: transform SAAP, improve SAAP or restrict SAAP. Anglicare’s reactions to each are outlined below.

### **4.1. Transforming SAAP: Anglicare’s response to option 1 and questions 8-10**

Option 1 outlines a somewhat contradictory response to homelessness. In a document that stresses joined-up and integrated responses, Option 1 proposes the disaggregation and segmentation of the homeless service system. Anglicare’s principal concern with this model is the considerable risk that clients will fall through the gaps in such a service system and that some groups will miss out on appropriate services. As one Anglicare worker pointed out, one of the barriers to good outcomes for clients is the high proportion of targeted services. If a client does not meet very restricted eligibility criteria, they cannot access the service. An older man with a drug and alcohol problem, for example, does not fit the Aged Care Assessment Team guidelines around dementia or frailty, but is seen as too old for the available drug and alcohol services. Targeting is only effective if it is to ensure that a particular client group receives a specialist response (such as services specifically for indigenous people). Unfortunately much of the targeting occurring in the existing system is being used to enable service rationing or is arising out of the service being locked into crisis response.

#### **4.1.1. The match between target group and response**

The four distinct groups to be targeted under Option 1 are young people, people affected by family violence, single people and families in housing stress, and they are to be channelled into the education, training and employment, justice, health and ageing and housing systems respectively. Such a simplistic system is problematic for two reasons. Firstly, the complexity of need that is evident among the homeless population means that people are likely to need support from across the service spectrum – a young person may need support to re-engage with school, but they may also be involved with the justice system due to previous criminal behaviour, they may require support from the health system to manage a drug problem and they will ultimately require permanent, long-term housing. The second problem is that in some cases the match between the target group and the response is inappropriate. Many of the young people with whom Anglicare works are already disengaged from and in many cases have very negative attitudes to school. Requiring them to seek support via the education system would only serve to alienate them further. And Anglicare’s experience in working with people leaving violent relationships is that some women are extremely reluctant to approach the justice system for help. These women want the violence to stop or they want to leave the relationship but they do not want the perpetrator arrested or to go through a court process. Requiring these women to seek support through the justice system would be a deterrent; Anglicare workers have already observed such an effect under Tasmania’s Safe at Home legislation, which emphasises a police and justice system response to family violence.



#### **4.1.2. Who misses out?**

Anglicare is concerned that focussing on specific household types carries the risk that client needs that cut across demography and household structure and require specialist responses will be overlooked. These include the needs of people with disabilities, mental illnesses and drug and alcohol issues, indigenous people and recently-arrived refugees. All of these issues can affect young people, people leaving domestic violence, single people and families and may require responses from multiple agencies.

***People with disabilities.*** The plight of people with disabilities who are homeless can be complicated by the need for modified housing or for housing that is in very particular locations so as to be accessible to essential services. In particular, there is little crisis or transitional accommodation available that is appropriate for people who need wheelchair access. One Anglicare worker reported that a client who was in a wheelchair had to return to hospital because no emergency accommodation with wheelchair access could be found. Eventually temporary accommodation was found for the client in a group home that had been completed but did not yet have residents or staff.

***People with mental illnesses.*** People with serious mental illnesses experience high levels of cyclical homelessness and difficulties in living independently without appropriate support (Cameron and Flanagan 2004). Tenuous accommodation arrangements can easily fall apart if a person is hospitalised for any length of time and Anglicare workers express considerable concern about the lack of discharge planning that means many people with mental illnesses are leaving hospital with nowhere to live and the rigorous triage processes used to ration inpatient services which can mean that if the person’s presenting issue is determined to be homelessness (even if homelessness is making their illness worse), they may not be admitted.

***People with alcohol and drug issues.*** Current Anglicare research on the impact of drug and alcohol issues on our clients has found that drugs or alcohol were significant issues in almost half of Anglicare’s client contacts in a two week period, across accommodation support, employment, mental health and counselling and family support services (Hinton 2008, forthcoming). This poses significant issues for workers seeking to find emergency, transitional or long-term housing for clients. It is inappropriate, for example, to accommodate a client with an alcohol problem in a pub-top, or a client with problematic substance use in a public housing broad-acre estate that has an identified drug problem. There is a shortage of specialist drug and alcohol services in Tasmania, with limited residential rehabilitation facilities a particular issue. The services that do exist are poorly coordinated with the housing system.

***Indigenous people.*** The Green Paper notes the particular disadvantage faced by indigenous people and their increased risk of homelessness (Australian Government 2008a: 17-18). Given this risk, it is critical that responses to homelessness recognise the particular needs of indigenous people. These include services that recognise and respond appropriately to the nature of indigenous family and kinship relationships, cultural needs, particularly in relation to housing design, and the level of institutional discrimination against indigenous people throughout the housing system (Atkinson et al 2007). It is also important that services recognise that some indigenous people have an understanding of homelessness that differs from that of service providers and respond sensitively and appropriately (Cooper and Morris 2005, Memmott et al 2004). However, the availability of culturally appropriate services and specialised responses is limited in Tasmania.

**Refugees.** Anglicare research exploring the settlement experiences of newly arrived refugees in Tasmania found that the lack of secure housing was one of the most significant concerns for new arrivals. Participants in the research described experiences characterised by insecure tenure, discrimination, unaffordable rents, poor quality housing and long waiting times for public housing (Flanagan, J. 2007). The Anglicare findings are confirmed by other research: one third of participants in a study of refugee housing experiences in Adelaide, Perth and Brisbane had been homeless according to Australian definitions at some stage since their arrival in Australia, and refugees reported a high level of housing insecurity, difficulty paying rent and bond, harassment, inappropriate housing and overcrowding (Beer and Foley 2005).<sup>6</sup> While the kinds of experiences reported by refugees are common to all low income earners, for refugees they are particularly distressing because of the extreme dislocation and trauma they have experienced prior to arrival in Australia. Safe and secure housing is critical to settlement success.

#### **4.1.3. Conclusions**

Anglicare would not support the adoption of Option 1. It does not provide the kind of integrated, holistic response needed to adequately respond to clients with complex needs, the chronically homeless or to people who do not fit within the identified demographic categories. Even for those identified groups, the service response proposed is too narrow to be effective and is in some cases highly inappropriate.

## **4.2. Improving SAAP: Anglicare’s response to option 2 and questions 11-15**

Of the three options presented in the Green Paper, Anglicare’s preferred response is option 2 (although in section 5 of this submission we propose an option 4). This is because Anglicare believes that there are many strengths to the existing system and that it would be a waste of these strengths to jettison the whole system and replace it with a new model.

### **4.2.1. SAAP in Tasmania: A different model**

In 2000 the homelessness service system in Tasmania underwent considerable reform. Apart from changes to funding, service purchasing, unit costing and reporting arrangements, the reforms also sought to establish a common assessment process, to develop SAAP’s early intervention capacity, to develop the case planning and transitional support services and to improve the brokerage funding model. Developing regional partnerships to drive the planning and ongoing coordination of services was also a critical focus (Kemp and Murray 2001). The reforms have led to a unique service model operating in Tasmania. Key elements of this model include:

- **a common service environment.** SAAP services across the state use a common assessment tool, which includes a referral form and a consent to share information form, and similar procedures. There is also a similar service profile in each region, which creates a sense of familiarity for clients as they move from service to service. There are generally good relationships between SAAP services as a result of this commonality, which makes for smoother transitions between services for clients. The commonalities also mean there are clear

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<sup>6</sup> Anglicare’s study focussed on refugees arriving in Australia under the off-shore humanitarian program. Beer and Foley’s research included on-shore arrivals on Temporary Protection Visas (TPVs). TPV holders have few entitlements to government support in comparison to off-shore arrivals.

boundaries across services for clients and the process of collaborative working is made easier for workers.

- **case planning and transitional support services.** These are services that work with people who are homeless or at risk of homelessness, providing ‘floating’ support that is not tied to a particular tenure or support program. Clients receive case management, information, advocacy and referral to either stabilise their existing housing or find alternative long-term accommodation. Case planning and transitional support services are available state wide. They are supplemented by transitional support services which provide medium and long-term supportive accommodation to people moving out of homelessness.
- **a 24 hour system of support.** In Tasmania people who are in need of emergency accommodation after business hours can call a free call number that connects them to the Emergency Accommodation Service (EASe). EASe was established through a partnership between Anglicare and Colony 47, which also provide the case planning and transitional support services. EASe workers coordinate the provision of emergency accommodation overnight or over the weekend for the client, either in a shelter or through brokerage and the client is then referred to their nearest case planning and transitional support service on the next working day for further support. Effectively, Tasmanians have access to an integrated 24 hour emergency accommodation service through this system.
- **Immediate Emergency Accommodation (IEA) properties.** As part of the SAAP restructure in Tasmania, the case planning and transitional support services were provided with former public housing properties to be used as emergency housing. Anglicare Tasmania is contracted by Housing Tasmania to manage 12 one, two, three and four-bedroom IEA properties across the state. A further 29 are managed by a number of other organisations. These properties provide immediate access to six weeks of emergency housing for clients that is linked in with support provided by ACCESS and other services. The IEA properties are mainly used to house homeless families as it is difficult and expensive to find appropriate accommodation for these households through brokerage and they have limited access to shelter accommodation, and are also available for people who do not need the ‘round the clock’ support provided in a shelter in order to free up a bed for someone who does.
- **effective use of brokerage.** The model for brokerage used in Tasmania was first developed in 2001 and then refined through an action research process in the first year of operation. Brokerage is used to purchase emergency accommodation from private providers, but can also be used to buy in specialist support such as urgent counselling sessions, child care or secondary consultation or one-off material support that links in with the client’s case plan and goals. Generally the expenditure split is 60% of funding on crisis accommodation and 40% on services and one-off purchases. One-off brokerage purchases are meant to be used within the context of the client’s case management plan to assist the client to move into independent living: rather than just supplying food or clothing, a service might purchase second-hand white goods for a person moving into a property where they are not provided, pay for a security door on a property for a woman escaping domestic violence or cover the cost of transport for a person accessing detoxification services. In some cases brokerage can be used for rental arrears in public housing. Brokerage is targeted to clients with high needs but can also be used to allocate resources more effectively – for example, paying for privately-provided emergency accommodation for a person with less complex needs can mean that a place in a supported accommodation environment is then available for a person with high needs (DHHS 2004).

The Tasmanian SAAP service system is diverse, including smaller organisations such as shelters but also including a number of larger non-government organisations such as Anglicare. These organisations are able to provide a ‘one-stop-shop’ for clients because they can refer internally to other services that the client might need and limit the amount of travel between different service locations for clients. Opportunities for cross-collaboration between different services in the same organisation and internal leverage of brokerage funding can result in much more integrated services for clients. Supporting the client over time within the same organisation provides time for the client to build up a sense of trust; workers report that it often takes a long time before a client is comfortable enough to be honest with the worker about what is really causing their difficulties. The generic nature of larger providers is also useful: a client who would never have accessed a community-based mental health service for fear of stigma and labelling may feel comfortable approaching ‘Anglicare’ even though Anglicare may provide them with what is actually community-based mental health support. Yet the system’s smaller organisations also play a valuable role, especially given Tasmania’s decentralised population. They increase the range of options open to clients and in smaller centres, sometimes in collaboration with larger outreach services, are able to ensure that rural and remote areas do not lose out on service coverage.

Of course Tasmania still suffers from the challenges that affect other states: an absence of exit points for clients in transitional or emergency accommodation, insufficient crisis housing and rising cost of living pressures that are forcing a growing number of people into housing stress. Tasmania’s decentralised population makes comprehensive service delivery difficult and increases the overheads for service delivery in regional areas. But within considerable resource constraints, SAAP services in Tasmania have nonetheless built the foundations of an integrated homelessness response that can provide valuable learnings for other parts of the country.

#### **4.2.2. Strengthening SAAP**

If Option 2 were to be implemented, Anglicare recommends a number of areas that should be prioritised for additional investment.

***Longer support periods.*** Anglicare is strongly supportive of the proposal to remove the time limit that currently applies to SAAP intervention. At the moment, the time limit on support places both the client and worker under stress to achieve an outcome, even if that outcome is not the best outcome possible for the client. The time constraints also undermine SAAP’s capacity to deliver sustainability because it prevents the worker from providing more ongoing support to the client and undermines future early intervention. Effectively, the time limit confines many SAAP services to a crisis-only response. Research on children in SAAP recommended that families dealing with issues that contribute to housing instability receive SAAP support for up to three months after they have successfully accessed permanent housing (Resolve 2004).

***More intensive support.*** Anglicare workers emphasise that what are really required are intensive support services but there is no funding available for these to be used to the extent necessary. Workers described non-intensive services as ‘band-aids’ which usually end with the client falling back into crisis. Anglicare’s ACCESS service has developed some specialist accommodation support worker positions which have the capacity to provide ‘wrap-around’ support to clients who have multiple needs and multiple presentations. These workers lift some of the burden off the shoulders of the standard support workers who are juggling caseloads of anywhere from 25 to 40

clients at a time, around 10 of whom would have very high support needs and a further proportion of whom would require further support which is beyond resource limits or would have high needs but without proactive follow-up regularly disengage from the service. The specialist accommodation support workers are achieving excellent results with their clients but are limited in three ways: firstly, only 0.5 of an FTE in funding is provided for the position in each region, secondly, the intensity of engagement required by clients puts a limit on the case load a worker can realistically manage and thirdly, many clients with complex needs require intensive support over a very long period of time, sometimes for years, which restricts a worker’s capacity to take on new clients. A Melbourne Citymission research report recommends case loads of no more than 1:4.5 for crisis support and 1:5.5 for transitional support for workers supporting families who are homeless (Horn and Jordan 2007). Any meaningful reduction in the case loads of standard workers or increase in capacity of specialist workers would require the investment of significant resources from government. Yet Anglicare believes that intensive support is cost-effective and improves outcomes not just for the client but for their family, neighbourhood and community and strongly recommends the provision of this additional funding to allow all clients who need intensive support to have access to it.

***Improving recognition and remuneration.*** Working with clients with complex needs who are in crisis requires a highly specialised set of interpersonal and professional skills and a comprehensive understanding of issues such as alcohol and other drugs, mental health, disability and the needs of ex-prisoners as well as detailed knowledge of the local and regional service system. Many SAAP workers have tertiary or diploma-level vocational qualifications in social work, psychology and community development. SAAP workers deserve greater recognition for the work they do, and Anglicare welcomes the Green Paper’s call for a revision of employment packages to ensure that salaries, working conditions and training and professional development opportunities are commensurate with the heavy demands that are made of workers.

***More resources for working with children.*** As Anglicare workers acknowledge, SAAP in its current form does not cater well for the needs of children and the program was not originally designed to work in that way. Non-specialist services in particular are less likely to be attuned to the needs of children (Norris et al 2005). The SAAP data collection system refers to children as “accompanying” adults rather than as clients in their own right (Resolve 2004).<sup>7</sup> Research has attributed these problems to a focus within SAAP services on parents’ needs at the expense of children’s needs, particularly their emotional or psychological needs, a lack of funding to replicate successful models of working with children, such as the HOME Advice program, and a reluctance by parents to identify their children’s broader needs, partly due to a fear of intervention by child protection services (Resolve 2004). SAAP services are also in a different legal position in relation to accompanying children than in relation to children and young people approaching services independently of their parents or guardians (Norris et al 2005). Caseworkers in a Melbourne study reported that child protection issues consumed a significant amount of their time, reducing their capacity to consider the developmental and emotional needs of accompanying children (Horn and Jordan 2007). A report exploring children’s perceptions and experiences of homelessness to inform service delivery strategies recommended a strengths-based approach to family support. Specifically, the report recommended that services seek to connect with children as individuals in their own right, support children to talk to their parents about how they were feeling, take cues from

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<sup>7</sup> Young people who approach SAAP services for help independently of their parents or guardians are counted separately (Norris et al 2005).

the child in relation to how much information to provide, support parents to address the issues that had contributed to the family being homeless, provide safe, stable and secure accommodation as early as possible and ensure ongoing support was available (Moore et al 2007).

Anglicare workers said that they lacked the resources and time to work with children more intensively even though there were significant and valuable opportunities to do prevention and early intervention work with this generation. A review of children in SAAP confirmed that there was a growing awareness of the needs of children within SAAP services but a lack of resources to fully implement particular strategies (Norris et al 2005). A report on the capacity of a Melbourne crisis service to address the needs of homeless families found that the need to stabilise housing meant that other support needs were given a lower priority and could not always be fitted in to the time available (Horn and Jordan 2007). Anglicare would welcome additional funding to lower caseloads and improve SAAP services’ capacity to respond sensitively and effectively to the needs of children and to pursue strategies that build the strength and resilience of the collective family unit.

**More emergency accommodation.** There is an acute shortage of emergency accommodation in Tasmania, with particular gaps in availability for some groups. Existing services do not have enough beds to cater for demand. This submission does not provide a comprehensive audit of the provision of emergency housing in the state, but some specific examples of the shortage include:

- despite the majority of clients of Anglicare’s north-western ACCESS service being single men, there are only three available crisis beds for single men in the region. Even in regions better serviced, such as southern Tasmania, where there is a single men’s shelter providing 12 crisis beds, 37 individuals were turned away in just one month in May 2008.<sup>8</sup> In 2005-06, 29.9% of single men approaching Tasmanian SAAP services for shelter could not be accommodated (AIHW 2007).
- there is no shelter-based accommodation at all for single men or couples accompanied by children and very few stand-alone crisis accommodation houses available that are appropriate for this client group. In 2005-06, 36.4% of men with children and 22.9% of couples with children needed SAAP accommodation but didn’t receive it (AIHW 2007).<sup>9</sup> Anglicare workers report that families often have to be split up amongst several different shelters. There is evidence to suggest that some men classified by the system as single may be sole fathers separated from their children (McArthur et al 2006, Bui and Graham 2006); several of the ‘single’ men living in crisis shelters who were interviewed for an Anglicare research project said that although they shared custody of their children, they were unable to have access due to their housing circumstances (Flanagan, K. 2007b: unpublished interviews). Although in the majority of single parent families the parent providing the bulk of the care is the mother, father-headed families still account for 11% of all single parent families with children aged under 15 and it is likely the number of these families will grow (McArthur et al 2006). The shortage of accommodation options and appropriate support services, especially counselling, for single fathers with children has been confirmed by research (Bui and Graham 2006).
- there is a shortage of shelter-based accommodation for single women who are not escaping domestic violence. While, as the Green Paper notes, domestic violence is one of the most

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<sup>8</sup> Statistic taken from Bethlehem House Homeless Men’s Assistance Centre website, <[www.bethlehemhouse.org.au/statistics.htm](http://www.bethlehemhouse.org.au/statistics.htm)> on 19 June 2008.

<sup>9</sup> According to the statistics, 37.7% of women with children also had unmet needs in relation to accommodation in the same period (AIHW 2007).

common reasons for people seeking SAAP support (Australian Government 2008a: 21),<sup>10</sup> women do become homeless for other reasons and it is important to provide responses for this group as well. While in Tasmania in 2005-06 domestic violence was the most commonly reported reason for seeking assistance from SAAP services among single women aged 25 and over, nearly four fifths of clients (77.6%) in that group sought assistance for other reasons. In the same period, just 8.7% of single women aged under 25 sought assistance because of domestic violence; relationship breakdown and eviction were more common reasons (AIHW 2007). It is probable that the lower incidence of domestic or family violence as a cause of homelessness among Tasmanian women is Tasmania’s Safe at Home program, which focuses on the removal of the perpetrator by police so that the victim and any children can remain living in the family home.

- the number of crisis beds for young people is inadequate to meet demand and other options are restricted, especially for young people aged under 16 who are considered too young to sign a lease. Effective models of accommodation provision for young people are discussed in section 3.5.3 of this submission.
- there is an extremely limited supply of wheel-chair accessible emergency accommodation (see section 4.1.2 of this submission).

#### **4.2.3. Improving linkages with mainstream services**

Internally, Tasmania’s SAAP system is well integrated. However, Anglicare workers reported that there remain significant problems in collaborating with government agencies and the mainstream service system. This was attributable sometimes to the channels established for communication: for example, one Anglicare service reported that their relationship with the department had improved significantly after a change in working arrangements meant that they were working directly with the department’s front-line support workers rather than negotiating arrangements through senior managers more isolated from service delivery. Problems in working collaboratively also arose from the resource constraints in which government services were working. For example, workers expressed significant frustration about the difficulties of working with Housing Tasmania to obtain access to public housing for clients at risk, giving examples of clients, including a person with a disability and a single woman with a new baby, who had been given notices of eviction but were not prioritised by Housing Tasmania’s assessment system until eviction had actually occurred and they were presenting to crisis services. However, a critical factor in this is that Housing Tasmania does not have enough properties available due to declining government funding and consequent sale of stock and is obliged under the CSHA to target the properties it does have to those ‘most in need’, which does not always mean housing those at risk of being ‘most in need’. Nevertheless, there are ways to improve the working relationships between government agencies and other mainstream services and the homelessness service system, some of which are outlined below.

**Engaging on case management.** Concerns about privacy and confidentiality often mean that non-government organisations are excluded from departmental case conferences about mutual clients. Given the increasing outsourcing of service delivery to the non-government sector, a non-government organisation can often be the client’s principal service provider, and excluding them from a case conference can be counter-productive for the client. Developing ways of sharing

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<sup>10</sup> In Tasmania in 2005-06, 12.0% of SAAP clients sought assistance because of domestic or family violence. But 16.7% sought support due to relationship or family breakdown and 12.2% because of eviction or being asked to leave their housing (AIHW 2007).

information without compromising a client’s privacy rights is possible and should be encouraged. Similarly, non-government organisations should be routinely included in inter-departmental working groups when the terms of reference are relevant to mutual client groups.

**Information exchange.** Despite working in a small state, it appears that government services are not always well-informed about what non-government services are able to offer and vice versa. There is a need for better communication between sectors about what is available for clients and about the referral processes and procedures that apply. Improved information exchange may also provide opportunities to identify overlaps, service gaps and procedural incompatibility, as well as highlighting areas where greater collaboration would be possible and productive. Further strategies to improve mutual understanding could include secondments between non-government organisations and government agencies and shared training programs.

**Development of partnerships.** Anglicare services are based in offices in the five major Tasmanian centres: Hobart, Glenorchy, Launceston, Devonport and Burnie, with a smaller office in St Helens. However, Anglicare does service the regions around the major centres through various outreach models. The most effective strategy has proved to be building up linkages with services that are located in local communities and delivering support via those services. This means a client can remain in their own community but still receive all of the support they need. Neighbourhood, or community, houses are a good example of services that have strong local connections and facilities that can be used to deliver outreach support. The number and range of services and activities offered by individual houses varies, but may include men’s shed type activities, parenting support groups, playgroups, child care, yoga, walking groups, community gardens and community education programs in areas as diverse as literacy and numeracy, music, nutrition, budgeting, craft, fitness, computer and office skills and resume writing. Neighbourhood houses also act as hosts for many community group meetings and can provide space for visiting services including Centrelink, employment agencies, financial and personal counselling, community legal centres, family support, training providers and home and community care day support services.<sup>11</sup> The most important aspect of neighbourhood centres and similar institutions such as community health centres, on-line access centres and libraries is that they are known and trusted by local communities. They are not stigmatised in the same way that welfare services are but they can draw in welfare support when this is needed and they have a community building and development focus which leads to sustainable outcomes. Anglicare workers felt that greater advantage should be taken of the opportunities available to work with neighbourhood houses and other like groups, particularly when it came to facilitating access to mainstream services such as GPs and health services.

**Formalised collaboration with government agencies.** Workers recommended more collaboration amongst the SAAP sector, Housing Tasmania, mental health services, disability services, child and family services and alcohol and other drugs services, possibly even through a formal partnership agreement that encouraged mutual information exchange and mutual accountability. The particular importance of stable housing for clients engaged with specialist services such as mental health services or alcohol and other drugs services means that formalised connections between those services and accommodation support providers is critical. Collaborative working arrangements would also help to improve referral practices and strengthen discharge planning when the client is to be reliant on non-government support. A whole of government approach to such partnerships

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<sup>11</sup> Information taken from Tasmanian Association of Community Houses website, which includes links to individual neighbourhood houses’ websites: <[www.tach.asn.au](http://www.tach.asn.au)>, downloaded 17 June 2008.



would enable greater coordination and planning, not just in the area of human service delivery but in other portfolio areas. For example, to ensure sustainable housing outcomes for low income earners, there should be a proactive and coordinated approach to the planning of new housing developments, the provision of supportive infrastructure (particularly public transport) and the dispersal of health and education services.

#### **4.2.4. Conclusions**

Anglicare supports an approach to tackling homelessness that builds on the strengths of the SAAP system rather than creating another system from the ground up. In particular, Anglicare recommends that resources be directed into expanding the availability of intensive or wrap-around support for clients with complex needs and making this support available through transitional services that are able to follow the client as they move through the service system.

### **4.3. Restricting SAAP: Anglicare’s response to option 3 and questions 16-18**

Option 3’s focus on increasing the capacity of mainstream services to respond more effectively to homeless people is welcome. However, building the capacity of mainstream services will take time and will require comprehensive investment by both the federal and state governments. For example, one of the contributing factors to homelessness among people with mental illnesses is the shortage of psychiatric hospital beds and the resulting pressure on staff, which means that people are often discharged from hospital before they are ready. The Green Paper includes a number of proposals under which mainstream services could respond more effectively to homeless people and which are worthy of inclusion in the White Paper. However, Anglicare has concerns about adopting Option 3 in its entirety. Restricting SAAP to a crisis response would reinforce those aspects of the system about which the Green Paper is most critical and would mean the loss of many of the best elements of the SAAP system, such as its capacity to provide transitional support to people as they move out of homelessness into long-term housing.

Outlined below are comments on two specific aspects of Option 3 as outlined in the Green Paper. Anglicare’s views on engaging with the mainstream service system are outlined in section 5.

#### **4.3.1. Incentive payments**

The Green Paper proposes the adoption of an incentive system to encourage mainstream services to take on clients with complex needs. Anglicare urges caution with this approach. While potentially it could help to break down barriers to access for clients, there are dangers with an incentive system if poorly designed. Anglicare points to the issues that emerged with the Job Network, where the incentive structure encouraged providers to minimise capacity-building support for jobseekers in favour of poor quality, short-term jobs that led to a return to income support and for the most disadvantaged clients, encouraged delayed service and placement, shorter-term placements, poorer quality placements and fewer placements (Murray 2006). Any incentive structure must ensure that the incentives to support clients with minimal support needs and clients with extremely complex needs are structured so that both groups – and all in between – have equitable access, and that incentives are linked to the best possible and most sustainable outcomes for the individual client, even if this takes more resources to achieve.

#### **4.3.2. Centrelink**

In 2002, an independent review of Centrelink’s compliance system found that in many cases, the system was “arbitrary, unfair or excessively harsh”, could negatively affect a person’s capacity and opportunity to look for work, and overlooked basic principles of the rule of law in its administration (Pearce et al 2002: 12-13). Anglicare research into Centrelink’s debt management practices has confirmed that in the six years since the independent review, Centrelink has maintained an aggressive focus on enforcing compliance, often at the expense of encouraging and supporting people’s participation in the community and workforce. The research indicated that Centrelink’s delivery of its existing support strategies is poor: for example, some research participants were not told that social workers were available to provide them with support until well after they needed it (Hughes 2008). In this context, the proposals included in Option 3 that Centrelink take a more proactive role in supporting people who are homeless, including through referral to support services or by conducting mediation meetings between parents and young people claiming Youth Allowance (Unable to Live at Home) would require a massive cultural change to be successful.

While models for collaborative working between Centrelink and services for homeless people exist – the HOME Advice program being a significant example – the majority of low income earners react to Centrelink with anxiety, stress and fear. Centrelink, through such initiatives as its ‘dob in a dole bludger’ campaign, creates the impression that it assumes all of its clients are cheating the system and that it will do whatever it can to catch them at it. In this environment, people are unlikely to be honest with Centrelink about their personal circumstances for fear that it would lead to a breach or a reduction in their income. They do not trust that Centrelink staff have their best interests at heart, and this lack of trust is likely to be projected onto support services to which Centrelink refers them.<sup>12</sup> For low income earners, Centrelink is at best an impersonal financial institution and at worst, a hostile debt collection agency.

It is difficult for one provider to deliver both support and monitor compliance in any area – this is the reason that Anglicare has systems in place to separate out the role of support worker and tenancy manager for its community tenancies and IEA properties. However, given Centrelink’s central role in the lives of many Australians, it is important that Centrelink enhances rather than compromises the capacity and resilience of income support recipients. Anglicare urges the adoption of strategies to change the culture and the social perception of Centrelink so that Centrelink is more responsive to the challenges facing its clients and promotes participation rather than penalisation. However, this process of cultural change will take considerable time and would need to involve comprehensive changes not only in the day-to-day interactions that Centrelink staff have with income support recipients, but also in the language, policy, procedures, use of the media and strategic direction used across the whole of Centrelink’s structure, from the Minister down to the frontline staff.

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<sup>12</sup> Volunteering Tasmania used to be the contracted provider of the Voluntary Work Initiative (VWI), a program facilitating the involvement of Centrelink customers in volunteer work in order to meet their mutual obligation requirements. The anecdotal evidence from volunteers and staff delivering the program at Volunteering Tasmania were that jobseekers attending VWI interviews were hostile, aggressive and uncooperative about their engagement with the program (“Centrelink made me come here”) and did equate Centrelink and its mutual obligation regime directly with the services offered by Volunteering Tasmania.

#### **4.3.4. Conclusions**

Although Anglicare is generally supportive of strategies to better engage mainstream services in responding to homelessness, the weakness of Option 3 is its reduction of SAAP to a crisis-only response. The strongest elements of SAAP are those elements which provide clients with a continuum of transitional support and which provide a general-access gateway to the service system from which more specialised referrals to health services, employment and training support or mainstream public and community housing can be made.

## **5. Option 4? A different response**

### **5.1. Starting with the essentials: structural reform**

A wealth of examples of innovative, integrated service delivery responses to homelessness exist throughout Australia and in other countries throughout the world. Many are cited in the Green Paper. But Australia will be unable to achieve a lasting reduction in homelessness without attention to more basic structural issues.

**Firstly, Australia’s income support system is manifestly inadequate.** Considerable inequities exist within the social security system between payments meaning that people in similar circumstances can be on markedly different incomes. Newstart Allowance and Austudy payments are set at levels well below those of pensions such as the Disability Support Pension and Parenting Payment. Pension payments themselves do not guarantee a decent standard of living: Anglicare research has found that the weekly incomes of people with disabilities, including psychiatric disabilities, are well below the level needed for an acceptable quality of life (Hinton 2006, Cameron and Flanagan 2004), single parents report the highest level of financial hardship in Tasmania (Madden and Law 2005), and a recent Senate inquiry highlighted the inadequacy of the single Age Pension for people living in the private rental market or those with severe disabilities or chronic illnesses (SCCA 2008). The inadequacy of Australia’s pensions and allowances mean that all recipients without other sources of income will be living below the OECD poverty line (ACOSS 2007a). Yet over the last decade, responses to the system’s inadequacy have tended to focus on the provision of random cash bonuses rather than considered structural reform.

The community sector has long argued that income support payments be adjusted so that all payments provide recipients with an acceptable standard of living, and that the discrepancy between allowances and pensions be eliminated so that allowances, like pensions, are linked to average male weekly earnings. Such a restructure of the income support system would be a significant undertaking and for fiscal reasons would probably need to be pursued in stages. As Anglicare recommended in its 2008 Federal Budget submission (Anglicare Tasmania 2008b), the first step would be to lift allowances, like Newstart and Austudy, to the level of pension payments. The Australian Council of Social Service estimated in 2007 that this would cost \$360 million in 2008-09 (ACOSS 2007b). The second step would be to lift the level of all payments with appropriate indexation so that they consistently exceeded the poverty line and provided people with an acceptable quality of life.

**Secondly, Australia’s public housing system urgently requires significant government investment** that provides for operational and capital requirements. Anglicare notes and strongly endorses the recent comments of the Senate Select Committee which inquired into housing affordability in Australia: “public housing has been financially strained for more than a decade as its client based has shifted... . There is a need to increase the stock of public housing, facilitate the entry of a more diversified mix of income earners and restore pre-1996 funding levels” (SCHAA 2008: 5).

As noted elsewhere in this submission, there is clear evidence that public housing increases people’s quality of life. The Australian Institute of Health and Welfare’s 2005 national survey of public housing tenants found that 63% of respondents reported that their quality of life had improved since moving into social housing; people said they felt more settled, better able to manage their finances and more able to cope and were able to remain in the same area, thus preserving their community networks (AIHW 2006). A study tracking the lives of 178 households in their first six months in public housing identified improved health and self-esteem, reduced stress and increased feelings of safety, as well as significant positive educational outcomes for children. Just over half of the participating households felt their children’s subject performance had improved, and 45% felt their children’s motivation had, while only 7% and 10% respectively felt these things had worsened. Many families in the study had experienced long periods of mobility and housing insecurity prior to entering public housing. They attributed the positive changes mainly to the improved atmosphere in their home, which meant their child was happier (Phibbs and Young 2005). Another research project exploring the common factors among people who had managed to sustain long-term housing after homelessness found that all but one of the interviewees were living in public housing (Healy et al n.d.).

Public housing is also cost-effective: as far back as 1993 the Productivity Commission (then the Industry Commission) analysed the alternatives and concluded that government-owned public housing was the most cost-effective way of ensuring housing was appropriate and affordable (Industry Commission 1993). And a review of the effectiveness of Commonwealth Rent Assistance by researchers at the University of Glasgow concluded that public housing was more effective than CRA in protecting low income earners from severe housing stress (Wood et al 2003).

Melbourne Citymission points out the contradiction in government rhetoric that acknowledges the critical importance of the early years to life chances of children and the refusal to prioritise investment for public housing or affordable private rental housing, even though there is clear evidence of a link between housing instability and adverse consequences for children’s development (Horn and Jordan 2007). Because despite the value of the public housing system to the Australian community, federal and state governments have systematically undermined it by reducing funding and introducing performance targets, especially around allocations to applicants ‘in greatest need’ that have simultaneously reduced revenue and increased costs (Hall and Berry 2007). The results, including a lack of financial viability, reduction in stock, growing backlogs with maintenance and upgrades, restricted access through tightened eligibility and allocations criteria, concentration of disadvantage among tenants, crime and anti-social behaviour in broadacre estates and high-rises and stigmatisation of public housing tenants and public housing areas, are then used as ammunition to criticise the system further. The process in Tasmania and more generally by which under-funding has led directly to the stigmatisation of public housing as a failed tenure is documented by Atkinson and Jacobs (2008). They recommend a significant increase in investment

and an opening up of eligibility to a wider range of applicants to allow for a more sustainable social mix of tenants.

For Anglicare’s homeless clients, public housing is often the only option. Clients do not have the incomes or in some cases the capacity to sustain a private rental tenancy, even if they could overcome barriers such as discrimination and upfront costs. Some have already been ‘black-listed’ by landlords due to debts, past arrears or eviction. Tasmania’s community housing sector is small and fragmented with an extremely low turnover rate and a proportionally long waiting list (Flanagan, K. 2007a), and clients’ previous history can also exclude them from future tenancies with some providers. Public housing rents are affordable, the tenure is secure, and there is the capacity to integrate the delivery of support with the provision of housing through Housing Tasmania’s parent department, the Department of Health and Human Services, which includes the community health, disability, alcohol and other drugs and mental health agencies. An expansion in public housing supply across a diverse range of suburbs and housing types is critical if formerly homeless people who cannot afford or cannot manage a private rental tenancy are to have a realistic chance of exiting the homelessness service system for long-term housing that is appropriate to their needs.

Anglicare’s understanding is that the National Affordable Housing Agreement (NAHA) will be put into effect on 1 January 2009 and that there will be an attempt to integrate the funding arrangements under the NAHA with the proposals in the White Paper. The White Paper must therefore include a commitment to significant, additional, recurrent investment in all of Australia’s public housing systems so that maintenance and quality problems can be resolved, supply increased, tenant support expanded and public housing made available to everyone who needs it without compromising the sustainability of the social mix in public housing areas. This funding must be made available in the NAHA from 1 January 2009, so that the state housing authorities can get on with the task of improvement and expansion.

**Thirdly, Australia’s private rental market is often hostile to the needs of lower income earners.** This submission lays out some of those problems in section 3.5.1 and recommends that homelessness and housing services provide community education and support to private landlords to break down barriers in access to private rental housing for their clients. However, Anglicare’s view is that a proactive legislative response from governments is also needed. The example of residential tenancy databases (or ‘black-lists’) and the industry’s failure to effectively regulate itself in relation to the use of these databases shows that sometimes robust intervention by governments is required (Anglicare Tasmania 2007b), although there are difficulties of pursuing nationally consistent change on a state-by-state level. Despite comprehensive research raising serious concerns about the operation of the databases (Griffith University 2001, Guthrie 2002, Lavarch 2002, Short et al 2004, Mission Australia 2004, MCCA/SCAG RTDWP 2005, LCRC 2005, Curtis 2005 and VLRC 2006), and an announcement by the previous Attorney-General that uniform legislation regulating their use would be developed across all states and territories (Ruddock 2006), tenants are still waiting for this legislative protection, which should be pursued as a matter of urgency.

As the example of tenancy databases show, because of state differences, tenants’ experiences of the private rental market are inconsistent across Australia. For example, Tasmania has a generous private rental assistance program that provides assistance to people with affordability barriers to

private rental. The program, which includes Anglicare’s Private Rental Support Service, is funded through the Commonwealth-State Housing Agreement with top-up funds from the Affordable Housing Strategy and contributes to bonds, rent in arrears, rent in advance and removals for eligible households. While other states have equivalent assistance for private renters, the range of support offered is more extensive in Tasmania, and unlike some other states, Tasmania does not provide the assistance conditional upon it being repaid. A review of private rental assistance in Tasmania found that although the services cannot address broader structural issues such as supply, the quality of rental housing, ongoing abuses of legislation by landlords and discrimination, the services have been of value in assisting clients to move into the private rental market or cover the costs of moving between properties, and have provided avenues for offering additional support and preventing some of the exploitation of vulnerable clients that does occur (Jacobs et al 2004). In the nine months to March 2008, the services supported 2,878 households across the state who would otherwise have been unable to afford the cost of establishing a tenancy or who may, without private rental assistance, have lost their tenancies entirely following a financial crisis (DHHS 2008).<sup>13</sup> However, unlike other states, Tasmania does not have a separate dispute resolution mechanism, such as a residential tenancy tribunal, for the majority of private tenants, who instead have to go to court to seek redress, and although the Government has passed legislation to establish a residential deposit authority or ‘bond board’, the project has been subject to repeated, and in Anglicare’s view unreasonable, delays.

The National Rental Affordability Scheme (NRAS) proposed by the Australian Government represents an attempt to create an alternative private rental market, one that offers greater affordability and security to tenants (Australian Government 2008b). While it is Anglicare’s view that market-linked rents disadvantage lower income earners (Flanagan, K. 2008) and that 80% of market rent is out of reach for the bulk of our client group, the long-term impact of a significant injection of funds into a sustainable private rental alternative is welcome. To further enhance the capacity of the private rental market to appropriately house low to moderate income Australians, Anglicare encourages the Australian Government, parallel to the establishment of the NRAS and in partnership with the state governments, who are responsible for residential tenancy legislation, to pursue policy settings that

- encourage longer-term leases (10 years or more) to be routinely offered to tenants;
- allow greater capacity for private tenants to put their own ‘stamp’ on their home through allowing modifications such as the painting of walls, new fittings or changes to gardens (providing these modifications do not negatively affect the value of the property);
- prohibit unreasonable or excessive increases in rents;
- mandate standards for the quality of private rental properties, including in relation to the cost of living in the property – this could include requirements around insulation, type of heating provided and shower and tap fittings;
- encourage partnerships between landlords and support services around the provision of assistance to tenants at risk;
- ensure there is access to fair, affordable and independent dispute resolution in all parts of Australia for tenants and landlords in conflict.

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<sup>13</sup> Like some of the other services highlighted in this submission, the long-term future of some of the funding for the services is uncertain. The bulk of funding is provided from the CSHA, with funding for intensive assistance packages provided through the Tasmanian Government’s now expired Affordable Housing Strategy. The Private Rental Tenancy Support Service outlined in section 3.5.1 was also funded by the Strategy and its future is also uncertain.

These changes may, it is true, drive some profit or capital gains oriented landlords out of the private rental market. But Anglicare believes a better balance between the rights of tenants and the rights of landlords is possible and that these changes can obtain that without unfairly subjecting the landlord to financial loss.

## **5.2. Building on SAAP**

Anglicare believes that an effective response to homelessness contains three main elements:

- a culture across the whole community and throughout all aspects of government and non-government service delivery that promotes resilience, support and the prevention of homelessness among individuals, families and communities and early intervention when people are at risk of homelessness;
- for people who do become homeless or who require alternative housing, immediate access to a well-resourced system that provides emergency accommodation and transitional housing linked to tailored support, followed by exit to an appropriate form of long-term housing; and
- for people with complex needs, an integrated system of intensive support that follows them throughout the system until well after their housing has been stabilised and that provides them with ongoing access to support that can quickly be intensified if required due to future changes in their lives.

### **5.2.1. Prevention and early intervention**

MacKenzie and Chamberlain (2003) developed a theory of ‘homeless careers’, arguing that homelessness was a process involving a number of different stages. They identified three fundamental career paths for entry into homelessness: a career underpinned by poverty and debt leading to loss of accommodation and a worsening of problems which they named the ‘housing crisis career’; a ‘family breakdown career’, often involving domestic violence; and a ‘youth career’, where homelessness triggered by family breakdown led to disengagement from school, loss of opportunity and finally chronic homelessness as an adult. As MacKenzie and Chamberlain pointed out, an understanding of homeless careers can be used to inform a range of intervention strategies including prevention and early intervention as well as crisis intervention and long-term support. Intervening early in a ‘housing crisis career’, for example, would involve supporting the person to stabilise their housing before they lose it, and could include financial counselling and assistance.

Nevertheless, there are tensions involved in establishing a prevention and early intervention focus in a context of high levels of crisis and limited resources. An evaluation of Anglicare’s My Place program identified a disconnection between the program’s core commitment to preventative and early intervention work and ongoing pressure to respond to urgent referrals of clients who were already homeless (Habibis and Goss 2007). Retaining an early intervention focus has also been a challenge for the HOME Advice programs like Anglicare’s Family Matters (MacKenzie et al 2007). These pressures are not unique to homelessness services: the health system for example struggles with the competing funding demands of preventative health care programs and acute hospital services for people with serious illnesses or injuries. Yet early intervention programs can lead to savings in other areas and relieve long-term cost burdens. Anglicare’s new Family Mental Health Support Service, for example, provides long-term support to build the capacity and resilience of families that include a person with a mental illness. This means that if mental health or related

issues that might trigger homelessness arise, rather than the person with a mental illness becoming homeless, the family has the internal resources to address the problem in a united way without recourse to costly crisis intervention. Programs that build people’s capacity to constructively manage their reactions to stressful situations, such as comprehensive anger management programs, would also lead to budget savings in housing maintenance and repairs, rent arrears and bond assistance. The tensions can be resolved by allocating sufficient resources so that services are able to pursue preventative strategies without compromising the quality or availability of services for people in crisis.

**Universal services.** Universal services such as schools, health centres, child care and the police are particularly well placed to play a role in preventing homelessness because they have contact with (almost) everyone in the particular population that they service. Schools, for example, can provide children with unstable home lives with a sense of security and predictability. A study of children’s perceptions of homelessness found that children’s schooling and friendships were most affected by homelessness, with some of the study participants dropping out of school altogether because of homelessness (Moore et al 2007). Research indicates that once families who have been homeless or highly mobile find stable housing, educational outcomes for children improve (Kolar 2005, Phibbs and Young 2005). The important role that can be played by schools is emphasised by MacKenzie and Chamberlain (2003) in their analysis of the ‘youth homelessness career’. They identified that there was a period after a family breakdown in which the young person was homeless but still engaged with school, and argued that was the point at which early intervention strategies should be targeted. However, current levels of early intervention support in schools are inadequate. According to Anglicare workers the shortage of school social workers in Tasmania means that young people are only able to get appointments when they are already in crisis, while young people who are at risk of homelessness but have not yet reached a crisis point are often excluded due to the constraints on resources and time. As highlighted in the Green Paper, the Reconnect service achieves a range of positive outcomes for young people at risk and their families, but it is limited in its reach. The 2003 evaluation identified risks to the program including rising demand, growing complexity of need, high staff turnover and resourcing problems (Ryan 2003). Despite its successes, Reconnect only reaches about one third of the students deemed to be most at risk and the National Youth Commission has recommended that Reconnect’s funding be trebled to \$60 million (National Youth Commission 2008). There are also barriers to the development of a more coordinated response to youth homelessness across the whole education system, including differences in approaches to student welfare and support between the public, independent and Catholic systems and across state boundaries (Anglicare Sydney 2003).

The reasons why homeless families may not access general community and government services can include social and geographic isolation and lack of information. They may also have concerns about approaching services due to past experience of drug and alcohol problems, violence, child abuse, mental illness or financial problems. To overcome this, mainstream services need to expand their understanding of homelessness and of the issues that may be confronting these families (Eddy 2003). Where people are willing to approach mainstream services, they may find them less than receptive. Anglicare workers report considerable difficulties for their clients in gaining access to mainstream health services such as bulk-billing GPs. Homelessness can make it harder for people to manage chronic health conditions such as asthma or diabetes (Anglicare Sydney 2003) and services with a significant proportion of at risk clients with chronic health conditions, such as the



Personal Support Program (PSP), have very limited brokerage capacity to assist clients with health problems, including those who are in chronic pain (Anglicare Tasmania 2008c).

The health system is not the only service system that can perversely make a homeless or at risk person’s life harder. Research has uncovered the particular difficulties that young people face in relation to obtaining and then retaining an independent income through Centrelink. These difficulties include an income that is inadequate to meet the daily costs of living and support engagement in education, training or paid employment, a high level of Centrelink debt among young people, mainly due to failure to complete study commitments because of family breakdown, homelessness and inadequate income, inappropriate assessments of young people’s circumstances, inappropriate imposition of penalties such as breaches and denial or delay in payment due to a young person’s difficulties in obtaining the documentation required to satisfy identification checks (Welfare Rights Centre 2002). Lack of access to a reliable and adequate income obviously places considerable pressure on a person’s housing circumstances.

Mainstream services will best engage with issues around homelessness when they are effectively integrated with specialist services, giving them opportunities to build knowledge about the issues and providing clear referral pathways. Housing providers involved with the HASI program reported that their knowledge of the community mental health sector had improved significantly, enabling them to feel more confident about referring other tenants who might need mental health support (Muir et al 2006). These linkages can benefit support services as well: a survey of the case managers working in the YP4 program in 2007 found that while each case manager had between 19 and 67 existing relationships with distinct and independent local services, most were with housing and employment services, and managers expressed a desire for similar relationships with community health centres, mental health services and drug and alcohol services, especially detoxification programs (Grace and Coventry 2007). But the development of these linkages will take time and require patience and ongoing resources. Anglicare’s My Place program was designed to engage with clients when they were in acute hospital care, recognising this as a point of significant vulnerability to homelessness for people with episodic mental illness. The aim was both to avoid people leaving hospital and becoming homeless and to support the development of better connections between housing and mental health services to overcome the gaps that existed in the system. The program’s evaluation concluded that My Place certainly achieved its aim in stabilising people’s housing following exit from acute care, as well as improving their independent living and problem solving skills, but that the barriers between statutory mental health services and the community sector were too strong to dissolve during the limited funding period, particularly given the limited resources available (Habibis and Goss 2007). The YP4 evaluation team stresses the need for partnership approaches to be realistically resourced if they are to be effective (Grace and Coventry 2007).

Mainstream services can also employ strategies to reach out to people who might be homeless or at risk, including families that are struggling to maintain their housing in the face of rising rents and cost of living pressures but who may not access homelessness support services, either because they are unaware of what support is available or because they do not think of themselves as in need of such support. A UK guide to preventing homelessness recommends routinely including an assessment of homelessness risk in non-housing service assessments, including assessments by doctors, financial counsellors, probation officers, welfare officers in schools and social workers (DCLG n.d.). A pilot program designed to reach families in crisis who were living in caravan parks

used weekly on-site playgroup sessions as a strategy to enter into the lives of families. The playgroups included family support workers with extra capacity to assist families to engage with other services and address risk factors for further homelessness. The pilot resulted in the development of a best practice model, Playgroup Plus, for working with families in caravan parks, and potentially, with families living in boarding houses or on broad-acre public housing estates (Eddy 2003). Anglicare workers in Tasmania’s north praised the work and achievements of local parenting support and development initiatives like Pregnant and Young Parents Support Service (PYPS), a United Care support service for 15-25 year old mothers and mothers to be and the New Parent and Infant Network (NEWPIN), an intensive early intervention program for mothers with children aged under five who are experiencing isolation, mental health problems, family violence and social disadvantage or who at risk of neglecting or abusing their children. However these services are small and localised and referrals are not automatic for all new parents. Mainstream childcare services and playgroups can also improve their response to disadvantaged and homeless families. Research indicates that services may not be aware of or responsive to the circumstances of disadvantaged families and the difficulties some families, particularly homeless and highly mobile families, have in accessing mainstream services. They may be judgemental about the poor choices in relation to informal care of their children that people make as a result, and the prevailing internal culture in the service itself may alienate or exclude disadvantaged parents (Eddy 2003).

**Specialist services.** Services already working with a homeless or at risk client group can also play a role in early intervention. Anglicare workers reported that financial counselling had been very helpful for clients, but the financial counselling services had limited resources and more were needed, particularly to provide proactive financial counselling which could help assist clients to establish a budgeting framework before issues emerged: at the moment, most clients access financial counselling when they are already in crisis. Anglicare notes that financial counselling services nationally have recently received \$10 million in additional funding over four years to increase service capacity, employ additional counsellors in high needs areas and enhance their capacity to provide community education on financial management issues (Macklin 2008), but this may simply assist services to reduce their waiting lists rather than contribute to a genuine expansion in service provision. A research review of children in the SAAP found that a large proportion of the children, both accompanied and unaccompanied, who approached SAAP for support did so while they were at risk of homelessness rather than after they had been homeless for some time, providing services with an opportunity to intervene early before these children actually enter homelessness (Norris et al 2005).

Intervening early with some groups of clients may be easier than with others. According to MacKenzie and Chamberlain (2003) developing early intervention strategies to respond to family violence is problematic for two reasons, firstly, because many victims do not seek assistance until they are ready or forced to leave, and secondly, because there is no obvious institution such as Centrelink or schools that can take on the task of identifying families at risk. And many clients only approach crisis services as a last resort. Where a client is to be evicted, for example, they will come into Anglicare’s ACCESS service on the day of the eviction, rather than on the day they receive notice of the eviction, at least two weeks earlier, which gives the worker little time to negotiate solutions. This problem is also identified by research (MacKenzie and Chamberlain 2003).

**Community responses.** Factors that protect against homelessness include having a strong network of family and friends, being employed or engaged in training or education, cooperating with or actively seeking assistance for problems, and having access to government or community support services (DCLG n.d.). Anglicare workers called for community education programs about homelessness to support the entire community to help in the building of protective factors and respond to risk factors. In particular, they felt the community as a whole lacked an understanding of the structural causes of homelessness, the importance of prevention and of seeking support when problems first arise, where to go for help and the different elements of the homelessness service system.

### **5.2.2. Accommodation: crisis, transitional, long-term.**

**Getting help.** According to a UK guide to preventing homelessness, “It is critical that individuals [seeking help because of housing difficulties] are not passed around the system. Each provider, be it a housing officer or welfare rights advisor, can act as a single gateway to a range of services”. To facilitate this kind of immediate and effective referral, one local authority has established a Housing Advice Centre that includes a registry of actual and prospective crisis accommodation vacancies, a database of housing supply and need, a coordination forum of service providers – who have used the forum to develop joint housing and social services assessments, drugs policies and joint training opportunities – and one-stop emergency accommodation hostels that offer 24 hour access to GPs, nurses, social workers, welfare advice, housing support, furniture and access to education and training (DCLG n.d.: 9-10). Establishing such a comprehensive response in a country as large as Australia is daunting. However the entry point provided by Tasmania’s case planning and transitional support services has proved particularly effective and is certainly an affordable alternative.

The model which Anglicare uses for its case planning and transitional support service, ACCESS, ensures that client’s initial assessment is done by the person who will then become their ongoing worker. This allows for continuity of support and limits the need for the client to repeatedly tell their story. In addition, the support that the worker provides is not tied to engagement with a particular service or tenure, and can follow the client through the system, whether they are in brokered accommodation, a shelter, transitional housing or have moved into private rental or public housing. Workers will facilitate appropriate referrals according to the client’s needs, but if there is a waiting list for a particular service, the client is not left without any support at all. In short, what the ACCESS model provides is a generic entry point to the system for everyone in need, ongoing ‘floating’ case management and support and referral to more specialist services where required. The service is also backed up by a 24 hour emergency response (outlined in section 4.2.1 of this submission).

**Crisis accommodation.** The shortages in Tasmania’s crisis accommodation system are outlined in section 4.2.2 of this submission and Anglicare recommends the urgent construction or purchase of properties to fill the gap. This will require considerable upfront investment. However, ongoing operation of the properties does not need to be expensive. Anglicare’s Immediate Emergency Accommodation properties received just \$6,000 from Housing Tasmania in up front funding per property to provide basic furnishings and meet other establishment costs, and the recurrent funding on each property is just \$6,500 per annum. Because the capacity to generate rental revenues is limited in emergency accommodation, Housing Tasmania subsidises Anglicare for the rental costs

based on Housing Tasmania’s rental schedule – at the time the properties were set up in 2002, rents ranged from \$24 a week for a one or two bedroom property to \$58 a week for a four bedroom property. In Anglicare’s experience, the small amount of funding received is sufficient to meet the ongoing property management costs involved. There will always be a place for shelters providing communal accommodation and support for particular groups, but the IEAs provide, at minimal cost, an alternative for people excluded in practice from the existing shelter system due to gender, family size or disability. For example, the need for accommodation that provides sufficient space for children to play emerges often in discussions with homeless families (e.g. Flanagan 2007b, Cosgrove and Flynn 2005, Bartholomew 1998).

**Transitional housing.** Transitional housing is in short supply across Australia, and there is no coordinated approach to ensuring it is consistently available. In Tasmania, a number of services provide transitional housing options to clients that are linked to the provision of support. Anglicare’s transitional housing is provided through the community tenancy program. Like IEA properties, community tenancies are head-leased from Housing Tasmania and managed by Anglicare. People are accommodated in community tenancies on a short-term basis, although in practice the shortage of exit points may mean a stay is extended. Anglicare does require clients living in community tenancies to pay rent, but the rent is linked to the tenants’ income so that it is affordable. A community tenancy allows a household time and space to, with support, stabilise the issues that have caused their homelessness – it might allow a person to find a job, a child or young person to re-engage with school or a family to resolve internal conflict. It can provide a stable base from which to access mental health or drug and alcohol services. It also gives a household time to establish and get accustomed to a new household budget and to accumulate basic items that they will need when they move on, but which they may have lost due to their homelessness, such as saucepans, ironing boards and vacuum cleaners.

One of the biggest gaps in the provision of transitional housing is the lack of housing integrated with and accessible to specific services. Anglicare workers identified a need for supportive, service-linked housing in a range of areas, including accommodation for young people making the transition from education to employment throughout their late teens and early twenties that was formally linked to schools, training providers, universities and employment services, accommodation for people with mental health problems that was directly linked to psychiatric services and the community mental health system, and dedicated accommodation for people undergoing treatment with drug and alcohol services. These models need to include pathways out of transitional housing: one of the criticisms Anglicare workers had of the current mental health services model was that clients were being discharged from residential rehabilitation programs which had provided excellent support with the expectation that once they left the program they were now ‘recovered’. But very little support was provided to the client to maintain their mental health, which meant that recovery did not last long and the client cycled back through the system. Workers called for a continuum of housing and support for clients to help them move gradually towards independence without being suddenly cut-off from the system.

**Long term accommodation.** Ideally, most clients will move through the crisis and transitional accommodation system into independent living in public housing, community housing or the private rental market. Some may ultimately make the transition to home ownership. Obviously the capacity to move on is linked to the availability of such housing, an issue that is discussed elsewhere in this submission. However, some clients, particularly those with complex needs, may

need a longer-term alternative that still provides them with considerable additional support. Some people will need such support for the rest of their lives. For these clients, a number of models exist. One is housing the client within public or community housing but ensuring the client receives intensive support to maintain that tenancy (see section 5.2.3 of this submission for a discussion of intensive support). Two others are boarding houses and community placements for young people.

Boarding or rooming houses as an alternative means of providing affordable housing are problematic. People living in rooming houses and caravan parks are classified as being homeless under the Chamberlain and MacKenzie definition because while long-term, such housing does not comply with the ‘community norm’ on which the definition is based due to the lack of private bathing and kitchen facilities (Gronda 2005). There are widespread concerns about the quality of rooming house accommodation and anecdotal evidence from both workers and clients that ineffective regulation, widespread drug use, threats to safety and inadequate supervision by management are major problems is confirmed by research (Anderson et al 2003). Despite this, the decline in the number of boarding houses is one of the contributors to homelessness and to pressure on the SAAP and social housing systems as boarding houses do provide an important form of affordable housing (Anderson et al 2003, Greenhalgh et al 2004).

A discussion paper written in 2000 for Shelter NSW canvassed the idea of developing not-for-profit boarding houses as an alternative form of housing for single people and concluded that with self-contained clustered accommodation, a social mix of residents, proximity to transport and services, coverage by residential tenancy regulation<sup>14</sup> and coordinated, flexible support services, the model could promote social inclusion rather than exclusion (Robinson 2000). Increasing the regulation of boarding houses in order to improve conditions for residents leads to declining profits – and therefore declining interest – among private operators (Greenhalgh et al 2004). But a review of the boarding house sector in Adelaide found that while for-profit boarding houses were in very poor condition, houses operated by social housing providers were “consistently of good standard” (Anderson et al 2003: 29) and there seems to be growing interest in developing community-managed not-for-profit boarding house models, including models that integrate the provision of accommodation with support services. In the UK hostels are used to provide transitional accommodation for former rough sleepers. One such hostel includes an on-site medical centre with a full-time GP, practice nurses, psychiatric nurses, psychologists, drug workers and chiropodists, as well as a 24 hour on-call roster, while another has mental health and substance use services, a needle exchange, counselling and group work, complementary therapies and an activities program that includes literacy, life skills training, IT courses and arts workshops (DCLG 2007).

In Tasmania, Housing Tasmania is establishing supported residential facilities around the state for low income earners with low support needs. Anglicare Tasmania is the operator of the two established facilities, Burnie Lodge and Indigo Lodge (in Launceston), and will also manage a further two being established in the south of the state. The Lodges provide residents with their own rooms, three meals a day, a linen service for sheets and towels, and communal living, dining, laundry and recreation facilities. A support worker provides assistance with issues like income support, health, education, training and employment, and services like Centrelink visit regularly. Anglicare has learnt much from the experience, including that:

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<sup>14</sup> In Tasmania, boarding houses are now covered by the *Residential Tenancy Act 1997*, and also have access to dispute mediation and conciliation through the Residential Tenancy Commissioner, an option not open to other tenants in the private rental market (s.8).

- the model works extremely well for some people: it provides them with company, space to attend to their own health needs, a warm, safe environment, three square meals a day, and personalised support when they need it. The model also engages people with their community by giving them opportunities to participate in ordinary community activities, like going to a football game, from which they had been excluded by their homelessness. Some long-time residents had previously been chronically homeless for up to ten years. The model attracts a range of clients, from people with long-term depression through to older people who have been living alone but want to have people around them. For some people who have been homeless for some time, independent accommodation can feel very isolated, and such clients may prefer boarding houses or hostels because they allow greater contact with peers (Hyde 2006).
- the model may not be appropriate for other groups, such as people with paranoia, people who have been living in extremely isolated conditions for a long period and feel overwhelmed in groups or widowed men who have lived in the family home all their life. The facilities are also not designed for families.
- the facilities can easily become stigmatised, particularly if there is extensive media or political focus on them as the ‘solution’ to homelessness. Even though the existing facilities work well, many clients are initially reluctant to be housed there as it is seen as the place that people go when they have nowhere else to go. Many Anglicare clients feel strongly that they do not want to be labelled as needing assistance or unable to live independently.
- establishing the facilities and developing them to the point where they have the right mix of tenants and operate effectively with a supportive internal culture – that is, the point at which they become not ‘welfare’ but ‘home’ – is a long process requiring persistence by the operator and patience from the funding body.

Anglicare’s facilities cater for clients with low support needs. To accommodate clients with higher needs safely and supportively, significant additional funding would be required. Because poorly managed communal living environments can lead to the development of anti-social dynamics, ensuring the employment of appropriately trained workers who know how to identify and manage the symptoms of psychosis or other disruptive behaviour before it escalated would be essential. It also requires appropriate worker to client ratios.

A number of reports into youth homelessness have recommended the development of community placement options for young people who need a safe alternative to living at home (National Youth Commission 2008, Chamberlain and MacKenzie 2004). A study of the interface between the child protection and SAAP system found that children and young people who should be in out of home care were slipping into the SAAP system due to an over-reliance on and a shortage of foster carers (Champion 2005). The National Youth Coalition for Housing has recommended that unaccompanied homeless children, including those within the SAAP service, should be considered at risk of harm and prioritised by child protection authorities (Champion 2005) but there is some confusion among stakeholders as to whether responsibility for some groups of older children belongs to the state child protection services or federally funded homelessness services (Norris et al 2005). In Tasmania, an Adolescent Community Placement Program has been developed to divert younger adolescents away from crisis housing by providing alternative accommodation options (Champion 2005). One of these options is the Placement and Support Service (PASS), managed by Anglicare, which is a community placement service. PASS accommodates young people in the households of trained volunteers, with back-up 24 hour support from the PASS workers. However the program struggles to recruit enough volunteers to meet demand, and because the model is

designed for young people with lower support needs, some 70% of potential clients are excluded. If community placement models are to be widely adopted, Anglicare’s experience suggests that they must take into account the difficulties involved in recruiting and training people prepared to accommodate a homeless adolescent in their own homes.

### **5.2.3. Intensive support**

As highlighted in the Green Paper, a number of models exist for the provision of ‘wrap-around’ or ‘joined-up’ service delivery. However it is important that prior to the adoption of any particular model for national roll-out, the model is subject to rigorous independent evaluation and is modified as required to suit regional variation and local needs. It is important that the search for innovative responses does not lead to innovation for innovation’s sake but to innovation that results in better outcomes for clients. There also needs to be a long-term commitment to services that do work. One of the criticisms made of the National Homelessness Strategy was that it concentrated on pilot projects which worked well but were then not re-funded (Norris et al 2005). Anglicare’s My Place program received a positive evaluation but once the pilot funding ran out, the program had to cease. Interestingly, the one failure identified by the evaluation – My Place’s limited success in achieving better integration between statutory mental health services and community services – was attributed to the lack of time available to the program to establish those linkages (Habibis and Goss 2007).

**YP<sup>4</sup>.** YP<sup>4</sup> is delivered through a partnership between Hanover Welfare Services, the Brotherhood of St Laurence, Melbourne City Mission and Loddon Mallee Housing Services, and is funded through a combination of state and federal funding. Targeting young, homeless and disadvantaged jobseekers, YP<sup>4</sup> is a randomised, controlled trial, with one group of clients receiving standard services and a second group receiving a two year program of joined-up service delivery covering employment, housing, education and personal support. The joined-up services are delivered by combining funding and other resources from SAAP, the Personal Support Program, the Job Network, JPET and other programs so that support is not just integrated at a casework level but systemically and structurally as well. An analysis of the participants’ circumstances and histories following their recruitment found that overall, the participants were more disadvantaged than the wider population of homeless jobseekers, and that the group receiving joined-up services was more disadvantaged than the group that wasn’t. The evaluation team argued that if the joined-up service group had better outcomes than the group receiving standard services, it would create an even stronger argument for the benefits of joined-up service delivery. Interviews with case managers found that they viewed the strengths of the model as being the longer time-frame (two years), the capacity to focus on other areas, not just employment, the capacity for working outside the constraints of eligibility, timeframes and outcomes, and the focus on partnership with other service providers (Grace and Coventry 2007). YP<sup>4</sup> is subject to a tripartite evaluation: an evaluation of outcomes by an independent evaluator, an evaluation of the process by the program’s manager and a cost-benefit analysis by the Melbourne Institute of Applied Economic and Social Research. The outcomes analysis will be longitudinal and take place over a five year period (Grace 2006). Like other organisations concerned about the future of homeless young people, Anglicare looks forward to seeing the results of the YP<sup>4</sup> evaluation.

**My Place:** Anglicare’s My Place program was a one year demonstration project funded under the National Homelessness Strategy that provided support to people with serious mental illnesses to help them maintain their accommodation. The program’s focus was on stabilising housing,

supported by comprehensive case management that used practical support, counselling, advocacy, referral and liaison to address a range of needs including social support, budgeting, community connection, substance use, relationships, health and hygiene. Anglicare workers attribute the program’s success to its small caseloads – workers supported 6-8 clients at a time and never more than 10, and support continued over six months or more. One ACCESS worker reported that two chronically homeless clients had their longest periods of stable accommodation while engaged with My Place. The My Place evaluation concluded that the project had reduced the incidence of homelessness resulting from periods of acute mental illness and established protective factors against future accommodation breakdown for people with mental illness, and that its success was “based on its intensive, long-term, holistic and flexible model of service delivery, which covered the full range of client needs and crossed service borders”. However, the project’s short life span compromised the achievement of broader goals, including the establishment of more effective linkages between statutory mental health services and the community sector (Habibis and Goss 2007: ix).

**HASI:** The Housing and Accommodation Support Initiative (HASI) is outlined in the Green Paper (Australian Government 2008a: 51-2). As the Green Paper notes, the program delivers an integrated program of support that is linked to accommodation and the evaluation of the first stage of the program identified significant positive outcomes for clients. The evaluation itself was comprehensive: a three part longitudinal study conducted over two years by the Social Policy Research Centre at the University of New South Wales. The original roll-out of the program targeted areas with no or few similar services and people with recurrent hospitalisations who had the ability and desire to live in the community and who were able to maintain a tenancy if provided with appropriate support (Morris et al 2005). Overall, indigenous participation in the program declined over the evaluation period and culturally and linguistically diverse people and women remained under-represented (Muir et al 2007a). However, from the original 100 places provided in 2003, HASI was expanded, with a target of 1,000 clients by the end of 2007, and adapted models for women, people from rural and remote areas and people from culturally and linguistically diverse or indigenous backgrounds were being developed (Lynch and Brown 2007 in Muir et al 2007b). HASI is backed by detailed arrangements relating to the relationship between the different providers, acceptance of clients into the program, models of working with the client, exit of clients from the program, reporting and evaluation and the management of client complaints (DOH 2006) and the first stage of the evaluation concluded that this effective governance had contributed to the program’s success, although there remained some tensions between parties relating to working style, training, response times and management of clients with dual diagnosis (Morris et al 2005). Interviews with case managers indicated that sharing the load across services and workers allowed support of sufficient intensity to be provided. The inability of case managers to deliver on their own may be an aspect of the case managers’ workloads – other workers reported that they could be hard to contact and were too busy (Morris et al 2005). Most case managers in HASI had caseloads of 20-35 clients, but one case manager had a caseload of 70 clients (Muir et al 2005). The HASI evaluation identified a number of factors correlating to the program’s success, including communication at both management and support worker levels, sound understanding of the model among all partners, stability among case managers, the use of service-organised social activities, appropriate allocation of housing and engaging consultants from other relevant departments and ageing where necessary (Muir et al 2007b).



#### **5.2.4. Possible challenges**

In successfully pursuing a new approach to homelessness, a number of challenges must be successfully tackled. In particular, governments and service providers must develop responses to the need for additional housing supply, the legacy of chronic under-funding of the public housing system, inequities within the income support system, the length of time that some clients will need intensive support, the issue of clients with such high and complex needs that they are excluded from services and the need to balance a coordinated, national approach with local flexibility.

***Housing supply.*** As noted elsewhere in this submission, increasing the supply of housing, particularly public and community housing, will be critical if homelessness is to be successfully overcome. Increasing housing supply will require significant investment of government funding, both capital funding for the construction of new properties and recurrent funding to ensure their providers’ ongoing operational viability. Anglicare has already stated that public housing represents the most effective form of subsidised housing for low income earners. Other options that appear on the surface to be cheaper for government are problematic: models that use community housing providers to leverage private investment into social housing are, within existing subsidy settings, unlikely to generate enough properties to house low income earners and people with complex needs (Flanagan, K. 2008) and head-leasing can compromise security of tenure (Morris et al 2005).

***The legacy of under-funding.*** Section 5.1 of this submission outlines the consequences of previous federal and state government policy decisions with regard to public housing. The lack of funding for redevelopment and upgrades and the targeting of public housing to people with high levels of need, combined with past construction policies which focussed on broad acre and high rise developments, has created significant problems. Many public housing areas have limited job opportunities, high levels of poverty and disadvantage, limited access to transport and few services (Hughes 2006). They are also characterised by growing levels of anti-social behaviour, alcohol and substance abuse and crime, which have been attributed at least in part to the residualisation of public housing through targeting and the impact of deinstitutionalisation in mental health services (Jacobs et al 2003).

The conditions in public housing areas can mean that exit from homelessness services into public housing is not always the best outcome for clients. For people trying to resolve complex issues such as drug use or mental health problems, exposure to other people with the same sorts of problems can be unhelpful and increase vulnerability to relapse (Chamberlain et al 2007). Anglicare research identified that accommodation in these kinds of areas can worsen the condition of tenants with serious mental illness because of the stress and fear they arouse in the tenant (Cameron and Flanagan, J. 2004). Concentrations of disadvantage can also negatively affect community capacity and development (Housing Tasmania 2003). Anglicare workers have had clients give up their public housing because of problems with the area they were living in, even though public housing may be their only option because of a history of debt and failed tenancies that will exclude them from private rental housing.

Housing Tasmania supports a number of small-scale urban renewal initiatives in broad-acre areas and the most recent State Budget including the announcement of an urban redevelopment program in the broad-acre suburbs of Bridgewater and Gagebrook to Hobart’s north. This redevelopment is likely to include redesign of the tenancy mix in those areas (Giddings 2008). Diversification of

social and tenure mix is one of the most popular strategies for overcoming the impact of concentrated disadvantage. A range of examples exist, including the SAVE program in the UK, where public housing stock that becomes vacant is sold to attract home buyers to an area, the HOPE IV project, the Moving to Opportunity program and the Section 8 voucher system in the United States, which support inner-city public housing tenants to move into suburban private rental properties, and the GRO program in Scotland which introduced low cost owner occupation in low income areas and subsidised more affluent households to move there (Atkinson n.d., Holmes 2006). A favoured strategy of governments in Australia seeking to leverage private investment into projects to replace public housing that has reached the end of its useful life has been redevelopment of existing public housing estates to create a new tenancy mix, in partnership with community organisations and private investors (Flanagan, K. 2008).

However, concerns have been expressed that when programs like these are implemented in existing public housing areas, they can result in the loss of public housing stock and the displacement of existing tenants (Luxford 2006, Holmes 2006, Atkinson n.d.). The issue is not just loss of public housing stock in a particular area, but an overall loss to the system if the public housing stock redeveloped for private rental or home purchase is not replaced in full by new stock in another location. The example of the Minto redevelopment in New South Wales is a case in point: the redevelopment was to result in the loss of 70% of the public housing dwellings in Minto and it did not appear that these properties would all be replaced by purchase or construction in other areas. In response to the significant concern and anxiety this generated, a revised feasibility study was prepared by the Department that included a core commitment to no net loss of public housing arising from the redevelopment, but resident concern and uncertainty remained (Stubbs et al 2005). Research in the UK also suggests that significant public resources and subsidies are required to make them work and the provision of adequate services is critical (Holmes 2006). Finding ways to overcome the problems that plague public housing areas without displacing existing tenants into unaffordable housing or reducing the total amount of public stock in the housing system is an urgent challenge for governments.

***Income support.*** The Green Paper acknowledges the particular difficulties faced by single people, and they are one of the target groups proposed in Option 1. Anglicare workers report that single people are among the most disadvantaged in the current housing market; even with maximum rent assistance, their incomes are inadequate to cover the rents asked for even the smallest properties. An Anglicare survey of properties advertised for rent over a weekend in March 2008 found that the only properties that would be affordable for a single person were rooms in share houses and that not even these would be affordable for a single person on Youth Allowance or Austudy (Anglicare Tasmania 2008d). Single people’s experiences of the private rental market are chaotic and unaffordable, yet the shortage of smaller social housing stock combined with their limited bedroom entitlements under the proxy occupancy standard excludes them from that system as well.<sup>15</sup> Public housing providers around the country lack the supply of smaller properties to meet the growing demand from single people – in Tasmania, half the stock is made up of three bedroom properties yet only 19% of applicants are eligible for this size of dwelling (Housing Tasmania 2003) – and increasing the supply of smaller properties in the private market will also be difficult, as there is less capital gain and lower returns involved for private investors in building single bedroom properties

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<sup>15</sup> The ‘proxy occupancy standard’ assesses how many bedrooms a household requires based on the size of the dwelling and the household structure. A single adult is entitled to one bedroom. The standard is used in allocations systems to ensure that properties are appropriate to the needs of households (SCRGSP 2008).

(Gillam 2007). The solution could be to relax the occupancy standard, as has been done elsewhere – most HASI clients are single individuals accommodated in two bedroom properties (Muir et al 2007b) – or allow greater density in developments of one-bedroom properties to offset the lower returns. However, the reforms to the entire income support system outlined in section 5.1 to improve the overall capacity of single benefit recipients to afford the cost of living remain the best solution.

***Length of support.*** A number of research studies have found that support services need to be continued after a household has obtained stable accommodation. A longitudinal study of homeless families in Melbourne found that the use of welfare support by the families studied remained relatively high over the two year period. The study concluded that this was because it was only once housing was stabilised that families were able to address their other issues, many of which may have contributed to their homelessness in the first place. In addition, some of the families faced multiple and complex issues that would take time to work through (Kolar 2005) and other studies have made similar findings (see Resolve 2004, Horn and Jordan 2007, Chamberlain et al 2007). In many cases change will be incremental and based on the development of trusting relationships between clients and workers over extended periods of time (Eddy 2003). Extending the length for which support is provided will require additional resources and a commitment to sustaining these resources over the long-term and increasing them if required. Although HASI decreased the incidence of other costly interventions, such as hospitalisation or imprisonment, it still came at a cost. HASI’s annual cost is \$57,530 per client and the program set-up costs were just over \$11 million (Muir et al 2007b).

In addition to the provision of support with personal problems, the provision of employment and training opportunities is vital if people are to escape poverty and avoid the risk of repeat homelessness (Kolar 2005). In the UK, specific strategies have been adopted to support formerly chronically homeless people into training and employment in order to sustain them in their new housing and prevent the debt and social isolation that can often trigger tenancy breakdown. The Department of Communities and Local Government argues that offering a person a ‘normal’ route, such as training or work, to develop informal support networks reduces their long-term reliance on formal support (DCLG n.d.). For people who have been socially isolated, there are tensions and challenges involved in finding a balance between social activities facilitated by their support worker and a social life the client has independently developed. These issues, and the need to avoid clients becoming dependent on service providers, emerged in the HASI evaluation (Morris et al 2005, Muir et al 2006). The HASI model separates out the delivery of psycho-social rehabilitation and disability support (DOH 2006) which can contribute to tensions between an empowerment approach on one hand and a directive approach on the other (Muir et al 2006).

Integrated service delivery must also take into account the different needs of everyone in a homeless household. As one research report pointed out, approaches to working with homeless families must take into account the separate and significant developmental and emotional needs of accompanying children in order to create long-term outcomes that are genuinely positive and sustainable (Horn and Jordan 2007).

***Excluded clients.*** According to Anglicare workers, many homeless people have already ‘burnt their bridges’ with family and friends and do not have any social support networks left. In addition, some have also used up their eligibility or been barred due to past behaviour from other services

and from brokered accommodation. Anglicare does not permanently exclude clients, although a client who presents while under the influence of alcohol or drugs may be asked to leave and come back when unaffected. At least one shelter in Tasmania has a bed available that is locked-off from the rest of the shelter which is made available to people who are excluded from the main shelter property, but there is only the one bed available and clients who need it report it is rarely unoccupied (Flanagan, K. 2007b: unpublished interviews). Therefore it is possible that a client could become excluded from all emergency housing alternatives, as the Emergency Accommodation Service may decline to broker accommodation on behalf of some clients. In addition, in Tasmania, the public housing system effectively excludes clients who have debts to Housing Tasmania by not activating their applications until 80% of the debt has been repaid.<sup>16</sup> In the UK, at least one council has established a multi-agency team which regularly reviews and challenges exclusions and convenes case conferences for excluded people to make sure the exclusion is not permanent (DCLG n.d.).

Sometimes clients with histories of disruptive behaviour will be accommodated by services on the condition that they accept support. But intensive support involves a level of intrusion into a client’s daily life that some people are reluctant to accept. There may also be other factors: for clients with mental illnesses, the degree of psychosis and the client’s level of insight into their symptoms are also important (Morris et al 2005, Muir et al 2006). Even with support, some services may be reluctant to take on clients with such high level needs: a minority of HASI key workers did not consider it was appropriate to accept clients who had an alcohol or substance use issue in addition to their mental illness into HASI, despite the evidence that the program supported clients with such problems to overcome them (Muir et al 2006).

**Flexibility.** A national homeless strategy needs sufficient flexibility to respond to issues that are very particular to a specific locality. To give an example, any discussion of homelessness with Anglicare workers in Devonport will lead to comments about the large numbers of people travelling to Tasmania on the ferry service from Melbourne to start afresh. Many of these people have placed their belongings in expensive storage on the mainland, which puts them under considerable financial pressure, but arrive in Tasmania having made no prior arrangements for jobs or housing because they wrongly assume that both are readily available in Tasmania. Homeless and hungry, these clients then approach organisations like Anglicare for emergency assistance.

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<sup>16</sup> This is even the case with very historical debts – one worker reported that a client aged 28 was excluded from public housing due to a debt acquired when she was just 16, despite having a repayment plan and making regular repayments. Anglicare has advocated for a change of policy so that clients who are on a repayment plan and making regular repayments can have access to public housing, where the security and affordability will support their capacity to pay off the debt. Tasmania is not the only state with an exclusion policy of this nature.

## 6. Recommendations

An analysis of seven newspapers from three capital cities between 2000 and 2003 identified 81 separate articles reporting on ‘new solutions’ to homelessness (Zufferey and Chung 2006). While new, inventive and effective methods of responding to homelessness are constantly being developed, as many of the solutions are tried and true – all they require is additional investment.

In the White Paper, Anglicare recommends the following:

1. A goal should be adopted to reduce and ultimately eradicate homelessness across the continuum of primary, secondary and tertiary homeless by 2030.
2. In addition to those suggested in the Green Paper, the following targets should be adopted:
  - a reduction in the mobility and insecurity of tenure experienced by homeless people;
  - an increase, to 100%, in the proportion of people discharged from prisons and hospitals (especially psychiatric wards) into confirmed, secure and appropriate accommodation;
  - an increase in the proportion of social housing stock in the housing system to at least 10% of all housing stock by 2020, with the majority of the increase to occur in the public housing system.
3. The following proposals should be included in the national homelessness research agenda:
  - investigation of effective, robust data collection strategies to measure aspects of homelessness such as insecurity and mobility, perhaps in partnership with the Australian Bureau of Statistics and the Australian Institute of Health and Welfare; and
  - a rolling program of evaluation and review that is built into the White Paper implementation process. This will ensure that all strategies and service delivery models are subject to timely rigorous and independent evaluation and that subsequent funding can be targeted to those programs that are working well.
4. Two further principles to underlie the strategy should be adopted:
  - **Australia commits to the recognition of housing as a human right.** Housing underpins a person’s capacity to exercise other rights such as rights to health, education and safety, civil, political and legal rights and the right to be free from discrimination. Legislating to make housing a justiciable right will place additional pressure on the Government and the wider community to ensure that every single person in Australia has access to affordable, adequate, appropriate housing.
  - **We must increase the supply of housing so that every Australian has secure, appropriate, affordable, long-term housing.** This includes not just ‘affordable’ housing for middle income renters and purchasers, shared equity home ownership models or supported accommodation models for people unable to live independently, but also mainstream public housing and community housing and private rental that is available on long-term leases at prices that are affordable to people on lower incomes.
5. The private and community sectors should be actively involved in addressing the following:
  - the barriers low income earners and other disadvantaged groups face in the private rental market, both in obtaining a tenancy and in maintaining it during periods of financial crisis or other difficulty;

- the shortage of private motel and caravan park accommodation available for people in need of emergency accommodation, particularly during times of peak demand;
  - the shortage of appropriate transitional accommodation for young people; and
  - the need for work experience, training and entry-level employment opportunities among young people who have been homeless or at risk.
6. The strengths, good practice and effective services that exist within the SAAP system, such as the model used in Tasmania, should be built upon rather than discarded in any strategy for reform.
7. The following elements should be included in a reformed or redesigned system:
- removal of the time limit currently applying to SAAP intervention;
  - access for clients to more intensive support;
  - greater recognition of SAAP workers through the provision of employment packages commensurate with the demands made upon them;
  - more resources for working with accompanying children; and
  - more emergency accommodation, especially shelters and dedicated crisis houses.
8. Linkages between mainstream services and the homelessness service system should be strengthened through strategies to ensure:
- better engagement in relation to case management of mutual clients;
  - improved exchange of information about services available and referral processes and procedures;
  - the development of partnerships with trusted local community organisations such as neighbourhood centres, community health centres, on-line access centres and libraries to enhance the availability of outreach services through those organisations;
  - formalised working arrangements between homelessness services and relevant government agencies including state housing authorities, mental health services, disability services and alcohol and other drugs services;
9. A program of significant internal cultural change should be pursued within Centrelink to ensure that all aspects of Centrelink’s operations promote genuine participation and engagement with income support recipients rather than focussing excessively on compliance.
10. The following reforms should be a major priority:
- a review of the income support system to ensure that all income support recipients are receiving incomes that place them above the OECD poverty line and allow them to have a decent quality of life;
  - provision, through the National Affordable Housing Agreement, of significant, additional, recurrent investment in Australia’s public housing systems so that maintenance and quality problems can be resolved, supply increased, tenant support expanded and public housing made available to everyone who needs it without compromising the sustainability of the social mix in public housing areas; and
  - changes to the private rental market to provide for longer-term leases, greater capacity for tenants to modify their homes, a prohibition on unreasonable or excessive rent increases, mandatory standards for rental property quality, partnerships between landlords and support

services to facilitate the provision of tenancy support and accessible dispute resolution mechanisms for all tenants and landlords.

11. There should be a culture across the whole community and throughout all aspects of government and non-government service delivery that promotes resilience, support and the prevention of homelessness among individuals, families and communities and early intervention when people are at risk of homelessness;
12. People who do become homeless or who require alternative housing should receive immediate access to a well-resourced system that provides emergency accommodation and transitional housing linked to tailored support, followed by exit to an appropriate form of long-term housing.
13. People with complex needs should have access to an integrated system of intensive support that follows them throughout the system until well after their housing has been stabilised and that provides them with ongoing access to support that can quickly be intensified if required due to future changes in their lives.

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