

Pathways out of homelessness



Discussion paper

CONTENTS

1.0 INTRODUCTION	4
1.1 Purpose of this Discussion Paper	4
1.2 Homelessness in the NT	4
Homelessness in remote areas of the NT	6
1.3 Building on what has gone before	7
Improving policy and service delivery in the SHS sector – recent achievements:.....	9
2.0 THE HOMELESSNESS SYSTEM AND POLICY CONTEXT	10
2.1 National policy context	10
A proposed national policy framework for addressing homelessness	10
2.2 NT policy context	11
3.0 STRATEGIC ISSUES AND PROPOSED PRIORITY AREAS OF FOCUS	12
3.1 Key challenges and opportunities.....	12
3.2 Improving pathways out of homelessness	13
Matching support to need through a range of homelessness service models founded on housing first principles.....	14
Funding and investment in homelessness models	16
Discussion questions.....	16
3.3 Redesigning the homelessness service system.....	17
Homelessness services in the NT	17
Reform of grant funding approach	19
Reform principles.....	19
Services commissioning	20
Ensuring operational systems and processes are aligned	21
Discussion questions.....	21
3.4 Providing appropriately tailored and targeted housing and support.....	21
Responding more effectively to tenancies at risk.....	22
Tenancy support services.....	22
Mental health support	23
Drug and alcohol support	24
Provision of case management and support	25
Discussion questions.....	26
3.5 Increasing access to stable housing	27
Leveraging the private rental market in urban areas	27
Discussion questions.....	31

3.6 Strengthening interagency responses to homelessness.....	32
Exits into homelessness	33
Young people and the impact of homelessness	33
Health impacts of homelessness	34
Homelessness, incarceration and recidivism	36
The link between homelessness and remand.....	36
Cost effectiveness of providing homelessness services and case for system integration.....	37
Prevention and early intervention – why it makes sense.....	38
Discussion questions	39
4.0 The Way forward	40
4.1 Next steps	40
Process for developing the NT Homelessness Strategy.....	40
Providing input to the NT Homelessness Strategy.....	40
Feedback methods.....	40
LIST OF DISCUSSION QUESTIONS	41
Glossary of key housing and support models used to address homelessness	42

1.0 INTRODUCTION

1.1 Purpose of this Discussion Paper

Access to safe, secure, appropriate and affordable housing provides a fundamental component of individual, family and community wellbeing and prosperity. Housing provides the basis for good physical and mental health, participation in education and employment, safety, security and comfort. People who are homeless or at risk of homelessness are often at their most vulnerable and providing the right mix of support services at these critical times can improve long term outcomes both for individuals and the wider community.

This paper aims to generate discussion about the way in which homelessness in the Northern Territory (NT) is being addressed and how responses from government agencies and the non-government sector can be improved to increase the effectiveness of the homelessness services system. It is intended that the feedback on this Discussion Paper and input received through stakeholder consultations will shape the development of a NT Homelessness Strategy and Five Year Action Plan for Homelessness to 2022.

1.2 Homelessness in the NT

In 2012, the ABS released a new definition of homelessness. Under the new definition, a person is considered homeless if they do not have suitable accommodation alternatives and their currently living arrangement:

- is in a dwelling that is inadequate (unfit for human habitation or lacks basic facilities such as kitchen and bathroom); or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations (including personal or household living space, ability to maintain privacy and exclusive access to kitchen and bathroom facilities)¹.

The ABS definition of homelessness covers people who are living in overcrowded dwellings and emphasises the core elements of home as a sense of security, stability, privacy, safety and the ability to control living space². This definition reflects the complex and multifaceted nature of homelessness which directly affects approximately seven per cent of the NT population³.

Based on the ABS definition, the NT has a rate of homelessness that is almost 15 times the national average⁴. On Census night in 2011, there were 730.7 homeless people per 10,000 persons (or seven per cent of the NT population), a significant number in comparison to an average for Australia of 8.9 people per 10 000 persons (or less than one per cent of the national population).

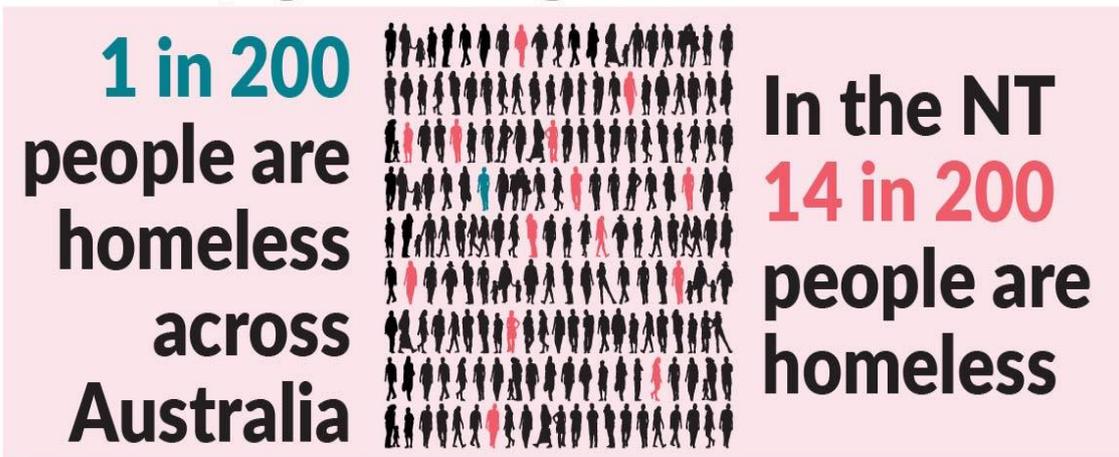
¹ AIHW, 2014, *Homelessness Among Indigenous Australians*

² ABS 4922.0, 2012, *Information Paper – A Statistical Definition of Homelessness*

³ ABS 2049.0, 2011, *Census of Population and Housing: Estimating Homelessness*

⁴ ABS 2049.0, 2011, *Census of Population and Housing: Estimating Homelessness*

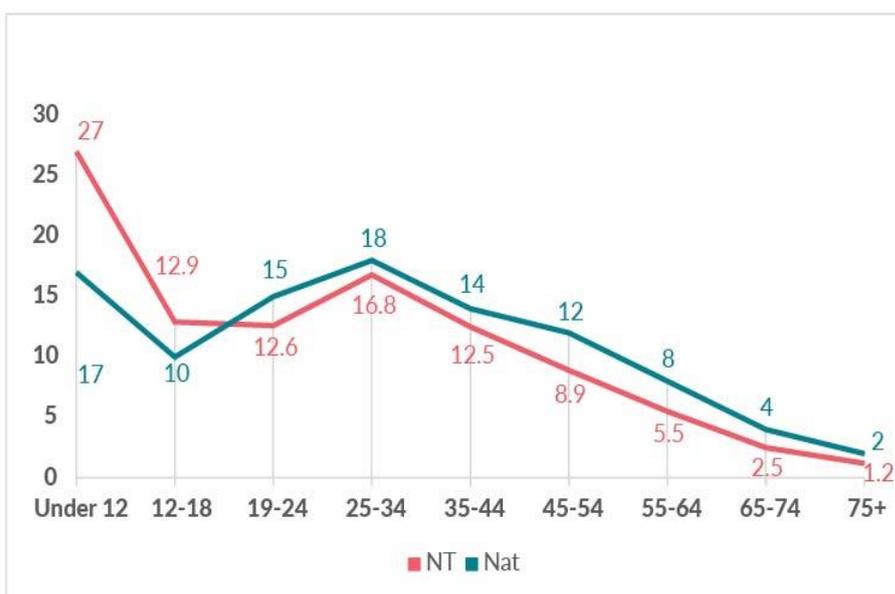
On any given night...



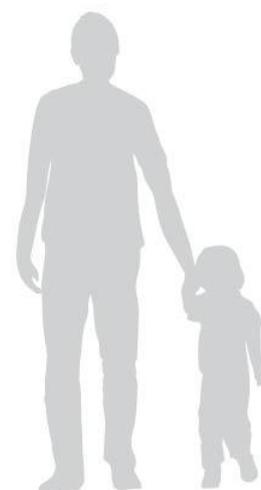
Data source: ABS 2011 Census, based on Homelessness Australia fact sheet infographics.

Of the total number of homeless people counted in the NT, 90 per cent identified as Aboriginal and about half were female and half male. The NT homeless population comprises a significant proportion of people who are living in overcrowded and severely overcrowded dwellings, the majority of which are located in remote areas of the NT. A significant proportion of the NT homeless population are aged under 25 (52 per cent). Twenty-seven per cent of all homeless persons counted on Census night in 2011 were aged 12 or under⁵.

Homeless population by age group NT and national percentages



Source: ABS 2011 Census, based on Homelessness Australia fact sheet infographics



⁵ ABS 2049.0, 2011, *Census of Population and Housing: Estimating Homelessness*

Homelessness is typically more complex than the lack of an appropriate place to live. People tend to find themselves homeless and in need of housing assistance or support for a range of reasons rather than a single cause⁶. Homelessness can be triggered by the accumulation of structural (e.g. housing supply and labour market issues), institutional (e.g. contact with the corrections or child protection systems), relationship (e.g. family breakdown) and personal factors (e.g. mental health and addiction).

For some it results from a change of personal circumstances, such as losing a job or a family breakdown, others are forced into homelessness due to family dysfunction (e.g. domestic and family violence), mental health issues, substance abuse or a combination of these things⁷.

The flow-on effects of homelessness are felt by the wider community and come at great human and economic cost. Homelessness and poor housing outcomes undermine efforts to improve a range of social outcomes. The cost of homelessness is reflected across the human services system; such as in prisons, hospitals and children's services⁸.

Homelessness in remote areas of the NT

In remote areas of the NT, the leading cause of homelessness is overcrowding of dwellings. This is a critical issue that affects many Aboriginal communities and is the cause of many other problems. To address overcrowding in remote Aboriginal communities, the NT Government has committed to a ten year \$1.1 billion program of work to address the shortage of housing in remote Aboriginal communities and improve living conditions for people. The Remote Housing investment includes:

- A \$500 million commitment to the construction of new dwellings in remote communities across the NT,
- \$200 million to expand living spaces in existing houses,
- \$200 million to providing housing for local recruits, and
- \$205 million for repairs and maintenance of existing public housing dwellings.

Whilst the Remote Housing Program is being developed and delivered as a separate initiative, this work will contribute to improving a wide range of social outcomes for Aboriginal Territorians living in remote areas and will contribute to reducing homelessness in the NT.

⁶ AHURI, 2016, *Effectiveness of the Homelessness Service System*

⁷ AHURI, 2016, *Effectiveness of the Homelessness Service System*

⁸ AHURI, 2016, *Effectiveness of the Homelessness Service System*

Homelessness in the NT: where people stay



Location	NT (%)	National (%)
Rough sleeping	5	6
Supported Accommodation for homeless	4	20
Boarding houses	3	17
Overcrowded dwellings	85	39
Staying with other households	3	17
Other temporary accommodation	0	1

Data Source: ABS 2011 Census, based on Homelessness Australia fact sheet infographics.

However, a significant number of people are also homeless in urban and regional centres across the NT. Data associated with urban homelessness is best identified through an examination of Specialist Homelessness Service (SHS) utilisation and is discussed in more detail in Section 3.3.

Furthermore, strategies outlined in this Discussion Paper focus primarily on addressing homelessness in the major urban and regional centres as the \$1.1 billion program of work aims to reduce overcrowding in remote communities.

1.3 Building on what has gone before

Since the release of the Australian Government’s White Paper on Homelessness, *The Road Home*, in 2008 a significant amount of effort and financial investment has gone into addressing homelessness, both nationally and at the state/territory level. *The Road Home* set a new policy framework for reforming the homelessness services system. Recent national and international research on homelessness has focused on a number of key themes, including:

- best practice case management and tailoring support models for different client groups,
- system and service effectiveness and accountability,
- service contestability, and
- prevention, early intervention and investment approaches to homelessness.

There have been numerous successful program pilots and evaluations around Australia, from which valuable insights and learnings can guide efforts to improve homelessness outcomes. Pilot programs such as Common Ground in Adelaide⁹ (based on the original New York Common Ground program), and the Housing and Accommodation Support Initiative¹⁰ and Mission Australia MISHA Project¹¹ in Sydney are examples of successful initiatives that have provided a sound basis for the development of similar programs elsewhere across Australia. Notwithstanding the unique contextual differences in the NT, these programs provide new ways of thinking about the provision of homelessness support.

In the NT, both government and the homelessness services sector have made steps to improve policy and service delivery. The former Department of Housing engaged consultants KPMG to undertake extensive consultation to hear from a range of key stakeholders – including the homelessness services sector – about how housing and homelessness issues in the NT could be addressed. The outcome of this consultation was the development of the NT Strategy for Housing, *HousingAction NT*, which included a number of specific homelessness related actions such as the establishment of a Homelessness Innovation Fund and scoping of solutions to reduce the impact of overcrowding and rough sleeping for visitors to Darwin and Katherine.

A needs assessment of the housing and homelessness sector in the NT was also completed by PriceWaterhouse Coopers' Indigenous Consulting (PIC), which sought to identify service gaps and priority needs for Territorians experiencing or at risk of homelessness.

Through this work, the homelessness services sector provided a significant amount of input and feedback, which informed a range of proposed system reforms. These reforms include trialling a range of evidence-based approaches to housing and support for people who are homeless or at risk of homelessness, and redesigning the service system with a strengthened focus on housing first principles.

Through the Non-Government Organisation Advisory Council, a review of regulatory “red tape” impacting the whole of the NT non-government sector was undertaken by Deloitte. The review sought to identify and offer solutions to reduce regulatory and compliance burden associated with grant funding to non-government organisations. As a result of this sector-led work, a range of reforms to the way in which services are commissioned and grant funding is administered, were proposed based on the principles of improving service quality, effectiveness and ultimately outcomes. As a result of this work, the following achievements have been realised.

⁹ <http://www.commongroundadelaide.org.au/>

¹⁰ <http://www.health.nsw.gov.au/mentalhealth/publications/Publications/pub-hasi-final-report.pdf>

¹¹ <https://www.missionaustralia.com.au/what-we-do/research-evaluation/misha#ivC8gViWIAWMrXEW.97>

Improving policy and service delivery in the SHS sector – recent achievements:

- Launched the Homelessness Innovation Fund to trial new and alternative models for addressing homelessness in the NT.
- Commenced work on implementing key findings of the needs analysis, including the introduction of a regional commissioning model for engaging services and transitioning towards a needs based and outcomes focused approach to service delivery.
- Separated funding for specialist housing and support services through the commissioning process, and reformed and streamlined acquittal and reporting requirements.

The development of the NT Homelessness Strategy will also be informed by this work, research evidence, past learnings, and build upon existing knowledge and commitments. It will set the overarching strategic direction for future homelessness strategies and shape the policy responses that follow.

2.0 THE HOMELESSNESS SYSTEM AND POLICY CONTEXT

2.1 National policy context

The homelessness services system is currently governed by a national policy and funding framework embodied within both the National Partnership Agreement on Homelessness (a time-limited agreement tied to the achievement of a range of homelessness-specific outcomes) and the National Affordable Housing Agreement (a non-lapsing agreement tied to the achievement of housing affordability outcomes, including homelessness outcomes). Combined, these two national agreements frame the homelessness services system and set the overarching priorities for housing and homelessness nationally.

The Commonwealth Government recently announced changes to housing and homelessness funding arrangements, and merging of the National Partnership Agreement on Homelessness (NPAH) and the National Affordable Housing Agreement (NAHA) into a single National Housing and Homelessness Agreement (NHHA). Notably, the Commonwealth also announced a permanent extension to homelessness funding. This is a very positive outcome for the homelessness services sector and for people who are experiencing or at risk of homelessness.

Continuity of funding will underpin the strategies and reform initiatives identified through the development of the NT Homelessness Strategy. The states and territories have committed to work with the Commonwealth to develop the new National Housing and Homelessness Agreement for commencement on 1 July 2018.

More broadly, a range of other national strategies and plans directly impact homelessness outcomes. These include the National Plan to Reduce Violence Against Women and their Children and the National Framework for Protecting Australia's Children.

A proposed national policy framework for addressing homelessness

To support the negotiation of the new NHHA, a National Homelessness Policy Framework is being developed. While the proposed National Homelessness Policy Framework is in the early stages of development, the following national priorities have been identified:

- National Priority 1:** Fewer Australians are homeless
- National Priority 2:** Fewer Australians experience repeat periods of homelessness
- National Priority 3:** Improved outcomes for Aboriginal and Torres Strait Islander people
- National Priority 4:** Improved pathways to prevent and exit homelessness for women and children who have experienced domestic and family violence

- National Priority 5:** Supporting homeless children and young people to break the cycle of homelessness
- National Priority 6:** No exits into homelessness
- National Priority 7:** Strengthening evidence-based homelessness prevention

2.2 NT policy context

The proposed national priorities for homelessness will underpin the development of the NT Homelessness Strategy. To achieve outcomes across each of the priorities, it is acknowledged that there needs to be a strong focus on reforming systems and service delivery in the NT. The NT Homelessness Strategy will also contribute to the achievement of outcomes across the wider human services system, and be aligned to a range of NT wide agendas, policies, strategies and commitments, including (but not limited to):

- The NT Government's commitment to deliver a new \$1.1 billion remote housing program to tackle the housing deficit in remote Aboriginal communities
- The development of a strategy to build the NT Community Housing sector
- The implementation of the Homelessness Innovation Fund
- The NT Government's Child Protection and Youth Justice Reform Agenda (incorporating the findings of the Royal Commission into the Protection and Detention of Children in the NT)
- The NT Domestic and Family Violence Reduction Strategy
- The development of a NT wide Early Childhood Development Strategy
- The NT Youth Participation Framework 2014-17
- The commitment to develop a NT Child and Adolescent Health Plan
- The Department of Health's Housing and Accommodation Support Initiative trial

3.0 STRATEGIC ISSUES AND PROPOSED PRIORITY AREAS OF FOCUS

3.1 Key challenges and opportunities

To deliver on the national priorities and address homelessness in the NT, a stronger and more effective response is required to support people to transition to stable, long-term accommodation and overcome the challenges that have contributed to their homelessness.

Improving homelessness outcomes is both a challenge and a responsibility that must be shared by government, the non-government sector and the wider community. The NT Homelessness Strategy will focus on addressing the key challenges that impact the homelessness service system in cooperation with key government and non-government stakeholders to improve outcomes for people experiencing or at risk of homelessness. These include:

- 1. Improving pathways out of homelessness** through the development and implementation of service models that are better matched to the needs of clients and supporting people to access stable housing.
- 2. Redesigning the homelessness service system** to improve quality, effectiveness and contestability and shift emphasis away from crisis responses to homelessness, to prevention and early intervention approaches.
- 3. Providing appropriately tailored and targeted housing and support** to better respond to tenancies at risk and prevent vulnerable people from becoming homeless.
- 4. Increasing access to stable housing** through the development of policy responses that leverage the private rental market and provide people with a greater range of choice in their living circumstances.
- 5. Strengthening interagency responses to homelessness** that promote client centred approaches to service delivery and more effectively address the factors that contribute to people's homelessness or risk of homelessness.

The success of the strategy will be determined through agreed measures, articulated in an outcomes framework to be developed in the first two years of the Strategy. This will be informed by the trial of the Homelessness Innovation Fund outcomes framework.

3.2 Improving pathways out of homelessness

Research shows that providing long term housing coupled with the appropriate supports can be successful in delivering sustained tenancies for people with complex needs¹². The PriceWaterhouse Coopers' Indigenous Consulting Needs Assessment Project completed in 2016 revealed that there is a significant case for better aligning service models to the needs of clients to improve overall effectiveness of the service system. There also needs to be a mix of housing and support models that are appropriate and relevant to the NT context.

Through the NT Homelessness Strategy, it is proposed that a range of best-fit service models will be identified, trialled and, if successful, implemented over time. These models will be targeted at key cohorts and will include a mix of housing and support responses that are tailored to address specific types of need. The following table shows various types of housing and support models that have been successfully used nationally and internationally to assist people who are homeless or at risk of homelessness based on different types of need/vulnerability.

Effective housing and support models by client group/need	
Client group by need/type of vulnerability	New and existing types of effective housing and support models
People who are housed but whose tenancies are at risk and require assistance to sustain them	Tenancy support services, advocacy, short-term financial assistance, counselling, living skills and property care programs
People sleeping rough and who are experiencing chronic homelessness	Assertive outreach services, supportive housing with intensive wrap-around case management and support (e.g. Housing First, Street to Home, Common Ground)
People with complex needs who require intensive ongoing housing and support (e.g. people with disabilities, substance abuse or mental health issues)	Housing and support with intensive case management and wrap around support (e.g. Housing Accommodation Support Initiative)
Young people in need of support to develop the skills required to achieve and sustain long term housing independence	Youth Foyer models, incorporating housing coupled with intensive case management and wrap-around support, with a focus on participation in education, training and employment as a means of obtaining stable housing
People experiencing housing crisis (e.g. financial difficulty, women and families escaping domestic and family violence)	Crisis accommodation with case management and wrap around support, staying home, leaving violence programs, bond loans and other financial assistance, advocacy and brokerage
People exiting institutional and care settings (e.g. correctional services, child protection services and mental health services)	Transitional housing with targeted and intensive wrap-around support (e.g. bail and post release accommodation, Youth Foyer Models)

¹² AHURI, 2016, *Effectiveness of the Homelessness Service System*

Matching support to need through a range of homelessness service models founded on housing first principles

Through the development of the NT Homelessness Strategy a range of housing and support models that are matched to the needs of clients and key service user groups will be considered. Models such as those outlined above are all founded on the principle that without stable housing it is very difficult for a person to improve their circumstances or overcome their personal challenges.

Services are provided in two distinct components; the first being secure and affordable housing, and the second being intensive, tailored wrap-around support. Both housing and wrap-around support are provided on the basis of individual client need, to break the cycle of homelessness. Having a combination of support models enables the system to be more responsive to the specific needs of individuals, families and households, and also has the potential to streamline demand for particular types of services so that more people can access the support they need when they need it.

- **Housing First models**

Models such as Housing First, Common Ground and Street to Home have been used successfully around Australia and internationally for some years to help people experiencing chronic homelessness into long term stable accommodation. The Housing First approach prioritises providing secure housing on an unconditional basis and is based on the idea that a homeless individual's first and primary need is to obtain a stable housing arrangement. Once a person has achieved this, they can begin to address other more enduring issues. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection, participation in supportive services, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

The Housing First model does not require people experiencing homelessness to address behavioural or health problems, or to graduate through a series of services programs before they can access housing. It does not mandate participation in services either before obtaining housing or in order to retain housing. The Housing First approach views housing as the foundation for improving life outcomes and enables access to secure housing without prerequisites or conditions beyond those of a typical renter. Support services are offered to assist people to maintain housing stability and individual well-being, but participation is not required as services have been found to be more effective when a person chooses to engage.

- **Youth Foyers**

Another successful model that targets young people and emphasises engagement in education, training and employment as the primary way to end homelessness for a young person, is the Youth Foyer model. Youth Foyers are designed for young people with the capacity to engage in education and training, but who are prevented from participating due to structural, institutional and/or personal barriers. They aim to assist young people who are homeless or at risk of homelessness to develop the skills they need to lead fulfilling, independent and productive lives. They achieve this by providing accommodation, personal support and mentoring, living skills and education and training pathways.

Given the largest proportion of homeless people in the NT are aged under 24, there is opportunity to further explore the potential for Youth Foyer models as a means to break the cycle of disadvantage for many young people in the NT.

- **Responding to Domestic and Family Violence**

For victims of domestic and family violence, a range of support models and responses exist, some of which involve the provision of crisis and transitional housing, as well as other approaches that aim to support victims to remain stably housed while removing the perpetrator. One of the reasons women return to or remain with violent partners is the difficulty in setting up a new life and home, particularly if they have little or no support. The Staying Home Leaving Violence model for example, uses a cross-agency approach with police and support agencies, to support victims of domestic and family violence.

The program focuses on removing the perpetrator from the family home so that women and children can remain safely where they are, thus focusing on ensuring housing stability is maintained and eliminating the victims' need for crisis accommodation. Start Safely is another model used to support women who are forced to leave their homes. It focuses on providing short to medium term financial support to enable women to re-establish themselves in a new home in the private rental market.

- **Rapid Rehousing**

Housing insecurity has been shown to play a significant role in rising levels of temporary homelessness¹³. The NT Homelessness Strategy will identify appropriate models for supporting people who are experiencing housing insecurity but may have the capacity to sustain housing once secured. Research shows that the longer a person remains homeless, the more difficult it can be to gain and sustain housing¹⁴. There is also evidence to demonstrate that for people with non-complex needs, often a small amount of assistance can be sufficient to enable them to get back on track in a short period of time¹⁵.

Often people who are experiencing financial difficulties or changes in their personal circumstances, may simply require short term advocacy or support to secure a tenancy but once settled, have the capacity to sustain their tenure independently. Bond loans and time-limited financial assistance can be an effective way to assist people who have been homeless or who may be at risk of homelessness to gain or sustain access to private rental housing. Social enterprise models such as not-for-profit real estate agencies may also be effective in facilitating access to stable housing options for people who are vulnerable to homelessness.

By quickly assisting people to stabilise their housing situation, undue pressure on the homelessness service system can be alleviated and services can focus on supporting people with more intensive needs.

¹³ AHURI, 2016, *Effectiveness of the Homelessness Service System*

¹⁴ Council to Homeless Persons, 2012, Rapid Rehousing Fact Sheet

¹⁵ Council to Homeless Persons, 2012, Rapid Rehousing Fact Sheet

Rapid Rehousing is a model that has been used successfully in other locations to support people with less complex needs who have become homeless, to move into permanent or long term housing as quickly as possible. Support may or may not include financial assistance in the form of one-off and time-limited subsidies.

Funding and investment in homelessness models

The sustainability and stability of services and programs supporting homeless people is a key issue facing the homelessness service sector¹⁶. Often, the models that are proven to be most effective can also be the most costly. For models that have been tried and tested, attracting sufficient funding to ensure their ongoing sustainability is often a challenge, particularly in a challenging fiscal environment and ever tightening budgets. While the responsibility for funding homelessness service delivery in Australia rests with government, philanthropic investment has long been a part of the support system for people who are homeless. Notwithstanding this, and acknowledging the immense financial challenge to overcoming homelessness, there is an opportunity to promote and leverage not only philanthropic investment in the homelessness sector, but also private investment.

Social impact investment is emerging as a vehicle to enable investment by the private sector in programs and services that improve social outcomes, and ultimately deliver a financial return to the investor. While still a relatively new mechanism for improving social outcomes, there are a number of social impact trials in other jurisdictions.

Social impact investment presents an opportunity to further explore the potential for establishing social benefit bonds in the NT, to facilitate both philanthropic and private sector investment that improves homelessness outcomes.

Discussion questions:

1. Of the models outlined above, which approach would be the most effective in reducing homelessness in the NT?
2. What are the barriers and opportunities to implementing these models in the NT?
3. What opportunities are there in the NT to attract philanthropic and private investment in housing and support models discussed in this paper?

¹⁶ AHURI, 2015, *Discussion Paper on the Inquiry into the funding of homelessness services in Australia*

3.3 Redesigning the homelessness service system

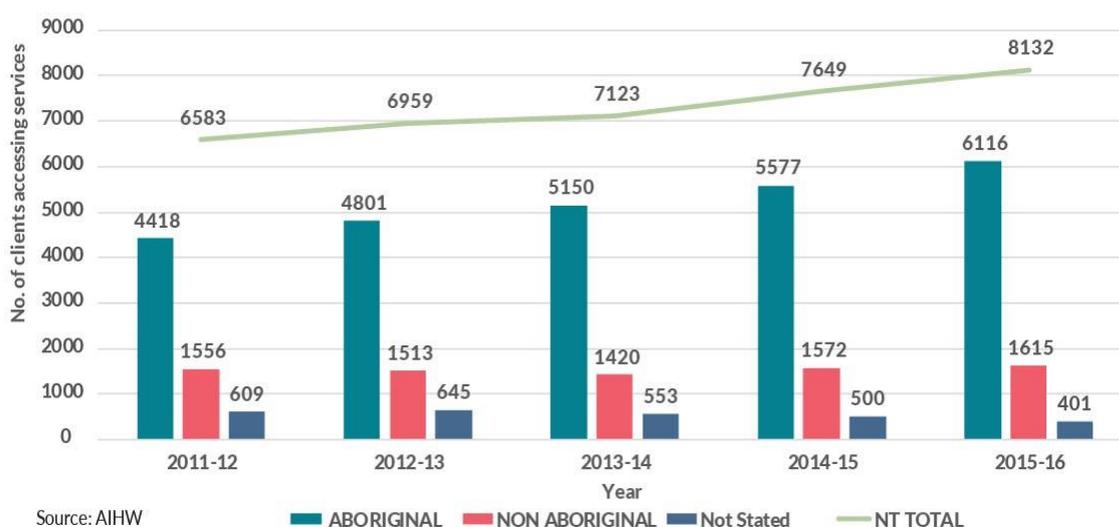
Homelessness services in the NT

In 2016–17, \$21.5 million in grant funding was allocated to the provision of homelessness services across the NT. The majority of these services were provided in regional and urban centres. A total of 53 services and programs were operated by homelessness service providers from the non-government sector. These services included both housing and support, including:

- Crisis and short term accommodation
- Managed, supported and transitional accommodation
- Tenancy support services
- Outreach and case management, and
- Peak organisation funding

Homelessness services in the NT are accessed at considerably higher rates than the rest of the country. According to the 2015–16 Specialist Homelessness Services collection, one in 30 Territorians accessed a homelessness service in 2015–16 – a significantly higher proportion of the overall population than the national figure of one in 85¹⁷. A total of 8132 people were assisted by homelessness services between 1 July 2015 and 30 June 2016¹⁸. During the same period, SHS services were unable to assist 4077 people who sought support, due service capacity being exceeded. There has been a steady increase in the number of people accessing homelessness services in the NT, with the number of people seeking assistance increasing by almost 20 per cent from 2011-12 to 2015-16.

Clients accessing NT specialist homelessness services from 2011-12 to 2015-16



¹⁷ AIHW, 2016, Specialist Homelessness Services Collection – 2015-16 NT supplementary tables

¹⁸ AIHW, 2016, Specialist Homelessness Services Collection – 2015-16 NT supplementary tables

Homelessness affects diverse groups of Territorians. Of all clients who received assistance in 2015–16, 63 per cent of clients were female and 37 per cent were male. Aboriginal people accessing services represented an overwhelming majority, at 79 per cent of all clients. Young people aged 24 and under made up 50 per cent of all clients accessing homelessness services¹⁹.

Other groups who sought assistance from homelessness services were people exiting care and custodial arrangements, people with mental health issues, people with disabilities and people aged 55 and over. Over 340 people who sought support from specialist homelessness services in 2015-16 reported sleeping rough in the preceding month²⁰.

Why are people homeless?



Reason	NT (%)	National (%)
Financial	11	16
Accommodation	26	37
Domestic and family violence	31	26
Other interpersonal/relationship issues	11	7
Health	6	3
Other	15	11

Data Source: AIHW 2015-16 Specialist Homelessness Services Collection, national and NT supplementary tables; based on Homelessness Australia fact sheet infographics

Domestic and family violence is a major driver of demand for homelessness services across the NT. In 2015–16, 31 per cent of all SHS clients cited domestic and family violence as their main reason for seeking assistance. However, almost half of all SHS clients in the NT (43 per cent) stated that they had been victims of domestic and family violence. This is greater than the national figure of 38 per cent.

The majority of people who sought assistance due to domestic and family violence were women with or without children and young people with or without children²¹. Across all regions of the NT, domestic and family violence was cited as the main reason for seeking assistance in 2015-16²².

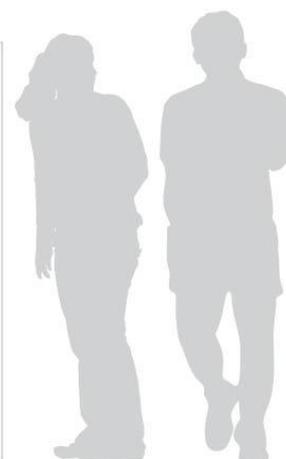
¹⁹ AIHW, 2016, Specialist Homelessness Services Collection – 2015-16 NT supplementary tables

²⁰ AIHW, 2016, Infographic - *On Any Given Day, Across the Northern Territory*

²¹ AIHW, 2016, Specialist Homelessness Services Collection – 2015-16 NT supplementary tables

²² PriceWaterhouse Coopers' Indigenous Consulting, 2016, *Changing the Homelessness Paradigm – an integrated approach for the Northern Territory*

Proportion of SHS clients who have been a victim of Domestic and Family Violence



Data source: AIHW 2015-16 Specialist Homelessness Services Collection.

Reform of grant funding approach

Interventions to address homelessness have continued to evolve. However systemic funding and administrative arrangements for homelessness programs and services in the NT have remained static for some time and have largely been based on historical practices dating back to the Supported Accommodation Assistance Program. Research by the Australian Housing and Urban Research Institute suggests that, while generally, homelessness services are effective in achieving outcomes for clients at the individual service level, there is significant room for improvement in homelessness outcomes at the system level²³.

The Productivity Commission is currently undertaking a review into introducing contestability, competition and informed user choice into human services. This review will consider and make recommendations on options to improve service delivery and effectiveness across a range of human service sectors. The findings of the review will inform future reforms across a number of human services sectors. Some of the key principles outlined in the review have also been reflected in the needs assessment project.

The needs assessment project completed in 2016 identified a number of issues within the NT homelessness service system and proposed options to streamline and refocus service delivery. A key recommendation of the needs assessment project included the need to redesign the way in which homelessness services in the NT are commissioned. This was echoed by the whole of sector Red Tape Review which also recommended a move towards a coordinated and co-designed system of outcomes based services commissioning; moving away from the traditional approach to funding organisations through specific purpose grants.

Reform principles

Reform of the homelessness services system in the NT will be implemented gradually and will be considered in close consultation with the homelessness services sector, with a co-design approach central to the process. Reforms will be based on the principles of:

²³ AHURI, 2016, *Effectiveness of the Homelessness Service System*

- Transitioning away from crisis response driven approaches to an emphasis on homelessness prevention and early intervention,
- Culturally appropriate, client-centred, and place based responses to addressing homelessness, including where appropriate, a trauma-informed approach to care and support,
- Integrated systems and service delivery characterised by a “no wrong door” approach, to enable clients to be connected with homelessness services aligned to their needs, wherever they first present, and
- Collaborative, research-informed policy and practice to improve service delivery and outcomes.

Services commissioning

Reform work around the commissioning of homelessness services is already underway in consultation with the Sector and will be incorporated into the development and implementation of the NT Homelessness Strategy. It is proposed that a reformed approach will strengthen the responsiveness of the service system and will include a number of key elements.

- **Needs based planning**

Applying regionally focused needs based planning and assessment to the allocation of funding for homelessness services will enable regional service gaps to be more clearly identified and met through the services commissioning process. This approach will also emphasise place based responses to specific homelessness issues across different regions and inform the implementation of appropriate models to assist priority groups.

- **Outcomes based funding**

Transitioning away from the current approach to funding based on defined outputs, to an outcomes focused funding framework. A strengthened focus on outcomes will promote the design and delivery of more flexible and person-centred services and improved case management and coordination. To support this approach, a whole of NT outcomes framework for homelessness will be developed to underpin service development and implementation.

- **Regional commissioning**

Developing a regional commissioning framework for the allocation of funding for homelessness services across all regions of the NT. A regional approach to commissioning of services will help to promote efficiency in service delivery while also encouraging greater cross-sectoral collaboration and improved service integration in the development and delivery of homelessness services.

- **Separation of funding for housing and support services**

Refocusing and realigning programs and service delivery through the separation of funding for housing/accommodation programs and wrap around support, and implementing a range of strengthened service models that match the needs of key client groups.

- **Simplified reporting**

Streamlined and simplified reporting and acquittal requirements to reduce administrative burden on service providers and shift focus towards achieving improved service outcomes.

Ensuring operational systems and processes are aligned

To successfully transition the NT homelessness services system, a significant amount of work will be required to create an enabling environment that supports the principles outlined above and facilitates the proposed reform directions. A range of services and support will need to be aligned and complementary to the directions identified through the development of the NT Homelessness Strategy if homelessness outcomes are to be improved. This may include not only reform of the homelessness service system, but also reforms to housing and other human service agencies' policies, operational procedures and current practices.

Implementation of longer term funding arrangements between the sector and the Department of Housing and Community Development will comprise a core part of this work. Outcomes based funding arrangements will create new reporting requirements for services and an associated need to improve data capture and reporting capability. Service providers will need to be supported to respond effectively in a redesigned, more integrated and coordinated service system.

Discussion questions:

4. What is needed in the housing and homelessness system to take reforms to the homelessness services sector forward?
5. How can the system be redesigned to strengthen the focus on transitioning people into stable housing with tailored support for the duration of their needs?
6. What are the key steps required to reform the homelessness services sector and how might they best be implemented?

3.4 Providing appropriately tailored and targeted housing and support

The best way to address homelessness and its detrimental flow on effects is to prevent people from becoming homeless in the first place. Prevention and early intervention that provide support to people at risk of homelessness to sustain their tenancies can²⁴:

- Prevent homelessness for those at imminent risk
- Reduce evictions
- Reduce children taken into care
- Reduce neighbourhood disputes
- Reduce rent arrears and debt

²⁴ AHURI, 2016, *Effectiveness of the Homelessness Service System*

- Increase labour market and educational participation
- Increase appropriate linkages to health and social services

For people who are homeless, including those experiencing chronic homelessness, ensuring they are provided with appropriate accommodation, the skills and knowledge to sustain a tenancy and the right supports and services in place, is imperative to breaking the cycle of homelessness. Across the range of homelessness services, ensuring support is client-centred and responds to needs is a critical success factor in improving outcomes²⁵.

Responding more effectively to tenancies at risk

People become vulnerable to homelessness for a wide range of reasons. Structural factors that can increase risk of homelessness include housing affordability and labour market fluctuations. Individual factors that contribute to an increased risk of homelessness include domestic and family violence, addiction and substance abuse, mental health issues, drug and alcohol misuse and unemployment²⁶. Tenancy support targeted at managing these issues has been found to be effective at stabilising people's lives and sustaining tenancies, thereby preventing tenancy failure and homelessness for many vulnerable households. Prevention strategies and early intervention responses must therefore be geared towards support that addresses these tenancy risk factors. Support can be defined as²⁷:

- **Low level support:** practical advice, referral or information; support and education particularly regarding financial and household management skills; advice and assistance with welfare benefits; advocacy.
- **Medium level support:** referral to specialist agencies such as drug or alcohol counselling, parenting programs, or counselling for children with behavioural problems.
- **High level support:** intensive, long term support with well-established case management plans, this may include mental health or disability support.

Clients with complex needs would commonly require medium to high level support. These clients may require support due to a physical or sensory disability, cognitive impairment, mental illness or high levels of substance and alcohol abuse. Complex clients will often be diagnosed with multiple issues²⁸.

Tenancy support services

Tenancy support services are a core prevention and early intervention approach that can be effective in preventing homelessness when targeted and implemented well²⁹. Tenancy support can be defined as a low level support service. Tenancy support is commonly targeted at living skills, budgeting, property care and good neighbour behaviour.

²⁵ AHURI, 2016, *Effectiveness of the Homelessness Service System*

²⁶ AHURI, 2016, *Effectiveness of the Homelessness Service System*

²⁷ NSW Department of Family and Community Services, 2015, *Foundations for Success – a guide for social housing providers working with Aboriginal people and communities*

²⁸ AHURI, 2006, *Supporting the housing of people with complex needs*

²⁹ AHURI, 2016, *Effectiveness of the Homelessness Service System*

The needs assessment project completed by PriceWaterhouse Coopers' Indigenous Consulting on behalf of the Department of Housing and Community Development in 2016, recommended improvements to the way in which tenancy support services were designed and delivered to increase their effectiveness. To effectively support people who are homeless or at risk of homelessness, programs need to be holistic and not limited to housing-related support, but include linkages with mainstream services such as health and family support services.

Mental health support

A secure home is widely recognised as providing the fundamental basis for building and maintaining mental health. However, for many people with mental illness, achieving or maintaining stable homes can prove difficult, and some slip into unstable housing and often homelessness³⁰.

In turn, unstable housing undermines mental health and exacerbates mental illness.

In 2014, the Australian Bureau of Statistics, General Social Survey (GSS) examined the relationship between mental health and homelessness. The GSS found that people who reported having a mental health condition were more than twice as likely to have experienced homelessness in their lifetime, compared with people who did not (25% compared with 10%).

Mental health and homelessness is particularly prevalent amongst young people³¹:

- One in three people (34%) aged 25-34 years who reported having a mental health condition had experienced homelessness in their lifetime, compared with one in eight people (13%) of the same age who did not have a mental health condition.
- Similarly, people aged 35-44 years and 45-54 years who reported having a mental health condition had relatively high rates of experiencing homelessness (32% and 31% respectively).³²

In the NT context, a 2008 study of people sleeping rough in Darwin identified significant levels of exposure to trauma and many participants reporting symptoms normally associated with post-traumatic stress disorder³³. A number of models for people experiencing homelessness or at risk of homelessness with mental health issues have been developed focused on housing and support, assertive outreach and increasing access to the private rental market for people with mental health issues.

³⁰ Mental Health Council of Australia, 2009, *Home Truths – Mental Health, Housing and Homelessness in Australia*

³¹ Mental Health Council of Australia, 2009, *Home Truths – Mental Health, Housing and Homelessness in Australia*

³² ABS, 4329.0.00.005, 2014, *Mental Health and Experiences of Homelessness*

³³ National Drug Law Enforcement Research Fund, 2008, *An investigation into the influx of Indigenous 'visitors' to Darwin's Long Grass from remote NT communities – Phase 2*

Housing and Accommodation Support Initiative (HASI)

HASI operates in NSW and provides housing linked with clinical and psychosocial rehabilitation services. Housing, including property and tenancy management is provided by public or community housing. Rehabilitation and support is provided by a funded non-government organisation (NGO) and may include daily living activities, financial management, personal care and general health management and participating in social and recreational activities. Clinical support is provided by the Mental Health Service within a local area health service³⁴.

In 2017, the Northern Territory Department of Health commenced a HASI trial in partnership with the Department of Housing and Community Development and the NGO sector. The trial will be delivered in Darwin/Casuarina and Palmerston and assess the suitability of the HASI model in the NT context.

Assertive outreach models focused primarily on mental health and alcohol and other drugs are offered across a number of jurisdictions, including the NT. These models provide case management, assessment and referrals to access health services, housing or other welfare services including Centrelink.

Substance use disorders frequently co-exist with mental illness and result in a particularly high risk of homelessness. Combined these factors also undermine the ability of individuals to find housing as relationships with friends, families, neighbours and landlords become strained and the financial costs of addiction redirect money away from meeting housing costs.

Drug and alcohol support

Significant change is underway in relation to the way in which Drug and Alcohol support is offered in the NT with the end to the *Alcohol Mandatory Treatment Act* and the re-introduction of the Banned Drinker Register. Within this context it is expected that the following treatment and support models may be available and assist to sustain a tenancy where alcohol or drug abuse is placing a tenancy at risk:

- Alcohol counselling and support provided either through government or NGO services
- Harm reduction services to initiate changes in unhealthy or risk behaviours
- Goal orientated, client centred counselling.

For people who have significant drug or alcohol dependency other treatment may be required including medically supervised withdrawal and detoxification, structured assertive day programs or alcohol residential treatment programs. Where someone has been assisted through an intensive residential treatment facility, careful cross agency planning is needed to ensure people are not exiting treatment facilities into homelessness.

Importantly, new models aimed at addressing chronic homelessness do not depend on the historic 'Treatment First' (or continuum) models, where the provision of housing depends on participation in treatment programs.

³⁴ Mental Health Council of Australia, 2009, *Home Truths – Mental Health, Housing and Homelessness in Australia*

For example, Housing First and Common Ground move chronically homelessness people into long term stable housing and then work towards 'recovery and reintegration into the community.' Housing under these models, does not depend on abstinence or compliance with treatment. Participation and engagement with support services is voluntary, including after someone has been housed³⁵.

Provision of case management and support

Effective case management underpins the provision of support. However, providing support and often working across multiple agencies and NGOs with different procedures and resource constraints can be a challenging exercise.

Case management has been central to homelessness assistance practice in Australia since at least the early 1990s³⁶. Research has shown that while case management is a time and resource intensive process, it nonetheless can prove to be cost-effective because it increases a person's self-care capacity and reduces other service system expenditure³⁷. The Case Management Society of Australia defines case management as:

"a process, encompassing a culmination of consecutive collaborative phases, that assist clients to access available and relevant resources necessary for the client to attain their identified goals³⁸".

Case management may include a focus on the following key stages³⁹:

- *Intake* – during this stage, eligibility and needs assessment may be undertaken to identify suitable support. Intake is important as it is the first opportunity to build a positive rapport with the client.
- *Assessment* - involves identifying issues, strengths and support/service requirements that are needed to assist the client. This stage also offers immediate support and action where required. Assessment not only identifies the immediate needs of the client but also includes family circumstances, cultural obligations, housing and accommodation, interpersonal relationships, personal safety, daily living requirements and financial/legal issues.
- *Case planning* – is a multifaceted process that includes the participation of the client, support provider and formal/informal supports. Case plans should be client centred, not program driven and include specific short, medium and long term goals that build on the strengths of the client. Case plans should outline roles and responsibilities for each participant including the client, case manager, support organisation and other service agencies, where required. All parties should sign off on the case plan to demonstrate their understanding of their role and commitment to deliver.

³⁵ AHURI, 2016, *Effectiveness of the Homelessness Service System*

³⁶ AHURI, 2009, *What makes case management work for people experiencing homelessness?*

³⁷ AHURI, 2009 *What makes case management work for people experiencing homelessness?*

³⁸ Case Management Society of Australia and New Zealand and Affiliates, 2017, *Definitions of Case Management*

³⁹ SA Department of Communities and Social Inclusion, 2013, *Case Management Framework – specialist homelessness and domestic and Aboriginal family violence services*

- *Implementation of case plans* – focused on delivery and practical, proactive steps. Implementation should be undertaken in partnership with the client and may include referrals to other organisations to enable client goals to be met. Case managers may also be required to engage in advocacy to ensure client needs are met.
- *Monitoring* – aims to work with clients, case managers and service providers to identify progress and prioritise next steps. Monitoring should occur in an ongoing and proactive way. Formal case plan reviews can occur at agreed times, for example every three, six or 12 months.
- *Transition or exit from support* – transitions or exits can occur because of service provider circumstances, i.e. staff, funding or resource changes or where a client no longer requires support or chooses to no longer participate. As much as possible, transitions or exits should be carefully planned and next steps put in place to ensure a successful transition out of support. Transitions should also include mechanisms to re-enter case management in the future, if required.
- *Evaluation* – is important for service providers and case managers to identify if goals have been achieved, whether the organisation is meeting its service requirements or where there are gaps, strengths or opportunities. Evaluation also helps to assess the working relationships between providers and develop an evidence base of best practice.

Many providers are often highly skilled at providing case management, the challenge across the housing and homelessness sector is to provide clear, consistent and coordinated services. To support coordination, a number of jurisdictions have opted for an integrated housing and homelessness system.

To date, housing and support programs in the NT have focused predominantly on the provision of support to people staying in specialist homelessness service accommodation or living in public housing. This Discussion Paper proposes to expand housing options for people experiencing homelessness or at risk of homelessness to other housing sectors including private rental. In doing so, the provision of support will also need to be extended to other housing types.

Discussion questions:

7. What is currently working well in the provision of tenancy support, mental health and drug and alcohol support for tenancies at risk?
8. Is there scope for improvement? Are there other types of support that should be considered, i.e. parenting support?
9. Is there a clear, consistent and coordinated process for undertaking case management across housing and homelessness in the NT?

3.5 Increasing access to stable housing

One of the key obstacles to effectively addressing homelessness is the availability of secure and affordable housing. When it comes to transitioning clients out of the service system into stable accommodation, traditional accommodation options such as public and community housing are limited in the NT. Structural policy responses that seek to address affordable rental housing supply range from the development of new dwellings targeted at low to moderate income renters to the strategic transfer of government-owned housing stock to the community housing sector.

Supply-side strategies form a crucial component of broader housing policy settings that impact on homelessness outcomes, and a number of initiatives are being implemented to help improve housing affordability in the NT. For example, the Department of Housing and Community Development has committed to a program of public housing redevelopments, as well as the transfer of stock to the community housing sector. The community housing sector in the NT is in its infancy and there are limited immediate non-government alternatives to public housing that are available to support people exiting the homelessness service system or who require assistance to ensure they do not fall back into a cycle of homelessness. The NT Government has committed to supporting the growth of the community housing sector but this will take time and a sustained investment of resources and effort.

Supply strategies are critical in remote areas, as noted in Section 1.2 the Department of Housing and Community Development is responding to severe levels of overcrowding in remote areas through the \$1.1 billion program of work.

The NT Homelessness Strategy and its implementation will therefore be strongly focused on complementary reforms and initiatives in urban and regional centres that seek to improve access for people who are homeless or at risk of homelessness, to affordable private rental housing.

Leveraging the private rental market in urban areas

In urban areas of the NT, structural factors such as housing affordability contribute to the demand for homelessness services due to inability of clients to exit services. People often get caught up in crisis or transitional accommodation because of a lack of affordable housing options. Some clients will exit homelessness services back into homelessness because they are unable to secure long-term housing arrangements. This contributes to a harmful cycle characterised by repeat periods of homelessness which perpetuates and hinders the ability for people to seek assistance to overcome personal challenges such as substance abuse, domestic and family violence and mental health issues.

In recent times, governments across Australia have started to look towards the private rental market to fill the supply gap in social housing through private head leasing arrangements, brokerage programs and private rental products that help people access affordable private rental housing. In some parts of the NT, the housing market has softened and rental vacancies have increased and are currently⁴⁰:

⁴⁰ Real Estate Institute of the NT, 2017, Real Estate Local Market Report

- Darwin (including Northern suburbs) – 7.1%
- Katherine - 5.8%
- Palmerston – 5.4%
- Alice Springs – 4.4%
- Rural – 6.8%

Similarly, median overall rent in Darwin has declined a further seven per cent since March 2016. Meanwhile, wait lists for public housing in the NT are a minimum of 2 years in most locations, and as much as eight years for a one bedroom property in Darwin, Casuarina and Palmerston and for a three bedroom property in Tennant Creek⁴¹.

As a result, low cost private rental can no longer be seen as a temporary or transitional tenure but may be seen as a medium to long term option for some low income households. Indeed in some jurisdictions, there is growing emphasis on diverting people, especially young people from the social housing system into private rental with a comprehensive private rental assistance program to support people into long term housing independence⁴².

However, the private rental market can be difficult to navigate for vulnerable groups. This market is characterised by intense competition for low cost rentals, where Aboriginal households and large families may face challenges. Also, sustaining a tenancy in the private market can be difficult and tenure itself is less secure than public housing with time limited leases and rent increases based on market conditions.

Because of these challenges, the private rental market may not be a solution for some groups experiencing homelessness or at risk of homelessness, for example long term rough sleepers or households with complex needs and long term support requirements. However, for other groups private rental with additional supports in place, may provide secure accommodation on a medium to long term basis. These groups may include:

- Young people with low support needs
- Low income families with low support needs
- Individuals and families escaping domestic violence
- Older single people with a history of stable housing
- People experiencing homelessness due to financial stress
- People exiting corrections, out of home care or health/rehabilitation services.

To enable these groups to access private rental and sustain their tenancies, a broad range of products and services may be needed. These include access to Commonwealth Rent Assistance, bond and other rental assistance products, private rental brokerage or liaison programs, and support services to assist people to sustain their tenancies in the private market.

⁴¹ NT public housing waitlist data as at 31 December 2016

⁴² NSW Department of Family and Community Services, 2016, *Future Directions for Social Housing in NSW*

- **Commonwealth Rent Assistance (CRA)**

CRA is a means tested housing assistance measure for private renters, targeted specifically to those on income support or receiving family tax benefit. CRA is calculated based on household income and the amount of rent paid. To access CRA, households must pay a minimum amount of rent called the 'rent threshold'. Once rent exceeds this threshold, households will receive \$0.75 in every \$1 for the rent they pay, up to a maximum amount.

In 2014-15, the Australian Government funded \$4.2 billion for CRA nationally. The NT received \$19.4 million or 0.46 per cent of this funding, compared to NSW that received 33.1 per cent or \$1.385 billion⁴³. The NT's very low proportion of CRA funding may in part be attributed to the relatively higher proportion of public housing dwellings in the NT⁴⁴, for which CRA is not available. However, there may also be scope to increase awareness and access to CRA for people on low incomes entering the private rental market in the NT.

- **Bond assistance**

Most jurisdictions have implemented a bond loan scheme. This is an interest free loan to cover part or all of the bond for a private rental property. The Department of Housing and Community Development operates a Bond Assistance Scheme to help people access the private rental market, including private rental housing, permanent caravans, community housing, and non-government organisation accommodation.

Bond Assistance provides up to four weeks rent as security deposit and optional up to two weeks rent in advance. In the NT, repayments must be a minimum of seven per cent of applicants' household income, and no less than \$10 per week. The length of an Agreement to Pay must not be longer than 18 months.

Other jurisdictions set repayment plans based on percentage of income spent on rent or fixed terms, irrespective of rent paid. South Australia and Victoria have a different scheme, where they have introduced a bond guarantee provided directly to a landlord⁴⁵. However, where part or all of the bond is claimed by a landlord, the amount claimed becomes an outstanding debt. This debt must be repaid or a payment plan agreed before any other housing assistance services can be accessed.

Rental Grants

The Queensland Rental Grant program is targeted to people who may be in crisis or are at risk of homelessness. The Rental Grant is a one off assistance measure equivalent to two weeks rent. Clients receiving the Rental Grant program are also eligible for other private rental assistance products. Eligibility is restricted to people exiting emergency accommodation (ie women's shelters), correctional or health facility after 28 days. It also targets young people exiting a child protection service.

⁴³ Productivity Commission, 2016, *Report on Government Services 2016*

⁴⁴ AIHW, 2011, *Housing Assistance in Australia*

⁴⁵ AHURI, 2015, *The role of private rental support programs in housing outcomes for vulnerable Australians*

Advance Rent is issued as a grant in NSW and provides one or two weeks rent in advance and is targeted to households in crisis including those facing eviction, homelessness, severe overcrowding or are at risk of violence or abuse, including households where children may be at risk. Grants are not required to be repaid.

- **Private Rental Brokerage/Private Rental Liaison**

Private Rental Brokerage Programs (PRBPs) have been defined as a flexible, early intervention program to assist clients optimise their success in accessing and sustaining private rental tenancies. A number of jurisdictions offer Private Rental Brokerage or otherwise referred to as Private Rental Liaison Officers. This program provides information and referral services to eligible clients who are having difficulties accessing the private rental market. This may include individuals or families who:

- Have a limited rental history or do not have the documents required for rental applications
- Need assistance proving they will be a good tenant
- Have literacy problems.

Assistance may include practical advice on how to find a home and approach real estate agents; help understanding the private rental application and help completing relevant paperwork; and help accessing other private rental assistances. Many of these programs also aim to improve supply by building relationships and trust with local real estate agents to improve access to private rental properties for vulnerable households.

A Private Rental Liaison Program is currently being trialled in Alice Springs as part of the Homelessness Innovation Fund program. Outcomes from this trial will help to inform further development of this model in the NT.

- **Tenancy Guarantees**

Tenancy guarantees are offered to vulnerable households with a poor rental history. A guarantee is a time limited arrangement between a social housing provider and a landlord. In NSW, the social housing provider offers a guarantee of \$1,500 on a tenant's behalf to underwrite risks such as rental arrears or property damage and in practice, only a very small percent of these guarantees are claimed⁴⁶.

Tenancy guarantees operate in addition to a bond. The ultimate aim of this program is to offer an incentive and added security for landlords and agents to accept people they might otherwise refuse as tenants⁴⁷. Monitoring and support of households receiving tenancy guarantees is undertaken to ensure any issues with the tenancies are addressed in a timely manner and that the tenancy is sustained to the satisfaction of the landlord and the tenant.

⁴⁶ NSW Department of Family and Community Services, 2016, *Future Directions for Social Housing in NSW*

⁴⁷ AHURI, 2015 *The role of private rental support programs in housing outcomes for vulnerable Australians*

- **Time limited subsidies**

In addition to tenancy guarantees, NSW offers private rental subsidies targeted to vulnerable groups including people with a disability awaiting social housing and people escaping domestic and/or family violence and who are homeless or at risk of homelessness. This program is referred to as Start Safely.

The Start Safely⁴⁸ subsidy is available for three months, and can be paid for up to 36 months (the maximum subsidy period) and is reviewed on a quarterly basis. An applicant receiving Start Safely pays all of their Commonwealth Rent Assistance entitlement and 25 percent of the rest of their income as rent. FACS pays the balance as a subsidy directly to the real estate agent or landlord. The Start Safely subsidy will only be approved on a private rental property where rent does not exceed 50 per cent of income, plus CRA.

NSW is expanding time limited subsidies to include a program targeted at young people to enable them to sustain a tenancy in the private market. The subsidy will be available for up to 3 years and will require young people to engage with education, employment and relevant supports⁴⁹. Similar time limited subsidies are built into many youth foyer models, where the rent subsidy gradually tapers off as a client becomes more independent and is better able to afford market based rent.

Discussion questions:

10. What are the key challenges and opportunities to access private rentals in the NT for people experiencing homelessness?
11. Of the private rental products described above, which one/s may provide the greatest assistance to increase access for vulnerable households entering the private market in the NT? And why?
12. Is there any feedback on the existing NT bond assistance schemes – areas for improvement?

⁴⁸ NSW Department of Family and Community Services, 2016, Start Safely Factsheet

⁴⁹ NSW Department of Family and Community Services, 2016, *Future Directions for Social Housing in NSW*

3.6 Strengthening interagency responses to homelessness

Research consistently shows that people who are homeless use a wide range of mainstream government services significantly more than the general population⁵⁰, particularly health, justice and correctional services. Health services accessed by people experiencing homelessness include emergency hospitalisations, increased need for primary health care, ambulance services, mental health treatment and support, and drug and alcohol rehabilitation treatment. Increased contact with justice occurs through arrests, court proceedings and incarceration⁵¹.

The Commonwealth Government's 2008 Homelessness White Paper – *The Road Home: A national approach to reducing homelessness* identified the need to 'turn off the tap', or prevent people at risk from becoming homeless. High risk groups identified in the White Paper included those exiting from state care, i.e. children leaving out of home care, people leaving health facilities following treatment and people exiting correctional facilities.

Since 2008, significant research and analysis has been undertaken into the benefits of reducing exits from government services. Benefits may include reduced rates of service utilisation across health and corrections; and cost savings across human services agencies due to reduced high cost, crisis responses⁵². Other agencies such as education also have a significant role to play in providing referrals and preventative support to families and young people who are at risk of or experiencing homelessness. Indeed, evidence suggests the need for greater involvement by all mainstream human service agencies in responding to homelessness⁵³.

Mainstream services, as providers of critical front line services and supports, include:

- state and territory housing authorities
- schools and other education and training services
- health services, including hospitals, mental health and drug and alcohol services
- legal, policing, correctional and juvenile justice systems
- family and children's services, including child protection services and immigration programs
- Centrelink
- universal employment services
- aged care services
- disability services

⁵⁰ AHURI, 2016, *Effectiveness of the Homelessness Service System*

⁵¹ AHURI, 2016, *Effectiveness of the Homelessness Service System*

⁵² AHURI, 2016, *Effectiveness of the Homelessness Service System*

⁵³ AHURI, 2016, *Effectiveness of the Homelessness Service System*

Exits into homelessness

In the NT in 2015-16, 23 per cent of SHS clients were referred by health, corrections or child protection services. This comprised 286 clients referred from a child protection agency or non-government organisation. In the same year, 304 children exited out of home care⁵⁴, suggesting a significant number of young people may exit care into the homelessness service system.

A further 531 SHS clients had been referred from health facilities, including hospitals, mental health, disability, drug and alcohol support and aged care to NT homelessness services. SHS clients who were referred from law and justice services, including adult and juvenile correctional centres, courts and legal services, totalled 945. However, the majority of these clients were referred by police to homelessness services.

These rates of referral are significant and demonstrate that mainstream agencies are utilising the homelessness service system. However, improved exit planning from mainstream agencies could reduce the need for direct referrals into the homelessness system and the extent to which the system operates as a 'safety net' for people exited from agencies into homelessness. Where possible, exits from out of home care, correctional facilities, hospitals and other services should be carefully planned and enable vulnerable people to transition from care into long term stable housing with support, if required.

From 2011-12 to 2015-16, the number of clients supported through SHS in the NT who had exited custodial arrangements rose by an average of 18.2 per cent each year. For young people leaving care, this figure was 12.7 per cent. This was higher than the national figures of 11.1 per cent and 10.2 per cent respectively. Adopting an interagency approach to homelessness through preventing people from exiting the system into homelessness will help to reverse this trend and potentially keep more people out of the criminal justice system.

Young people and the impact of homelessness

Young people aged under 19 comprise almost 40 per cent of homeless people in the NT, and almost 52 per cent of people experiencing homelessness are under aged under 25⁵⁵. The impacts of youth homelessness are far reaching. When young people are forced to leave home before they are equipped to do so (financially, socially and developmentally), they become highly vulnerable to a cycle of long-term disadvantage that can cause significant impacts for the individual and generate high costs for the wider community.

“Homelessness is the ultimate experience of disadvantage and social exclusion”⁵⁶

⁵⁴ NT Department of Children and Families 2015-16 Annual Report

⁵⁵ ABS 2049.0, 2011, *Census of Population and Housing: Estimating Homelessness*

⁵⁶ Flatau, P., Mackenzie, D. and Steen A., 2016, *The Cost of Youth Homelessness in Australia*

Homelessness is often linked to the experience of adverse conditions such as relationship and family breakdown, domestic violence, being a victim of crime, lack of job opportunities, education disengagement and chronic welfare dependence⁵⁷.

In the NT, domestic violence is a major driver of youth homelessness⁵⁸. Youth homelessness is directly linked to poor mental and physical health⁵⁹, with a high prevalence of mental health conditions, substance abuse and longer term health problems among homeless young people⁶⁰. Unemployment is also higher among homeless youth – highlighting difficulties with accessing education and training, and also developing basic skills required to sustain housing independence⁶¹. Young people who lack family support are also more likely to become homeless⁶², and young people who become homeless often continue to experience homelessness into adulthood⁶³.

As with homelessness amongst other cohorts, the economic costs of youth homelessness to the broader community are reflected in the welfare, health, policing, criminal justice and corrections systems. There is a strong link between homeless young people and prior contact with the child protection system. A recent longitudinal study on the cost of youth homelessness showed that almost two thirds of young people surveyed, reported being in out-of-home care by the time they turned 18. Two thirds had been in residential care at some point and about one third had been in foster care⁶⁴.

While data on the propensity of criminal offending behaviour amongst young people is limited, the study also concluded that homeless young people are significantly more likely to offend than the general youth population⁶⁵. It also found that, compared to a group of long-term unemployed young people who were not homeless, homeless young people were 230 times more likely to be incarcerated⁶⁶.

Health impacts of homelessness

In 2015-16, 5.7 per cent of clients assisted through specialist homelessness services (461 people) cited health-related issues as their main reason for seeking assistance. This includes mental health issues (99 people), medical issues (113 people), problematic drug or substance use (65 people) and problematic alcohol use (183 people).

Homelessness is strongly linked to very poor physical and mental health and life expectancy outcomes for a range of reasons. People who are homeless also have high rates of acute and chronic illness, and staggeringly, are three to four times more likely to die prematurely than the general population. They also have a much lower life expectancy age of as low as 41 years⁶⁷.

⁵⁷ Report on Child and Youth Suicide in the NT by the NT Child Deaths Review and Prevention Committee

⁵⁸ PriceWaterhouse Coopers' Indigenous Consulting, 2016, *Changing the Homelessness Paradigm – an integrated approach for the Northern Territory*

⁵⁹ Flatau, P., Mackenzie, D. and Steen A., 2016, *The Cost of Youth Homelessness in Australia*

⁶⁰ Flatau, P., Mackenzie, D. and Steen A., 2016, *The Cost of Youth Homelessness in Australia*

⁶¹ Flatau, P., Mackenzie, D. and Steen A., 2016, *The Cost of Youth Homelessness in Australia*

⁶² Flatau, P., Mackenzie, D. and Steen A., 2016, *The Cost of Youth Homelessness in Australia*

⁶³ Flatau, P., Mackenzie, D. and Steen A., 2016, *The Cost of Youth Homelessness in Australia*

⁶⁴ Flatau, P., Mackenzie, D. and Steen A., 2016, *The Cost of Youth Homelessness in Australia*

⁶⁵ Flatau, P., Mackenzie, D. and Steen A., 2016, *The Cost of Youth Homelessness in Australia*

⁶⁶ Flatau, P., Mackenzie, D. and Steen A., 2016, *The Cost of Youth Homelessness in Australia*

⁶⁷ National Healthcare for the Homeless Council, 2011, *Homelessness and Health: What's the Connection?*

Being homeless creates physical health problems for people due to poor nutrition, the propensity to become exposed to communicable diseases, harmful weather exposure and a general lack of access to medical treatment. Injuries caused by accidents or violence may not heal properly due to the inability to care for them appropriately and people are unable to rest and recuperate when they are sick⁶⁸. Living under the stress of homelessness, people are then often at higher risk of developing psychiatric issues and mental illness, and have a complex mix of co-occurring issues such as alcoholism and volatile substance abuse.

Research shows that, even among low socioeconomic populations, there are significant disparities between the health status of homeless and non-homeless individuals for a range of conditions⁶⁹. The effectiveness of clinical treatment and support is also diminished by a person's homelessness. Consequently, attendance at hospital emergency departments and frequency of hospitalisations is often higher amongst homeless people than for the general population⁷⁰. One study of factors contributing to frequent attendance at a remote NT hospital emergency department for reasons other than chronic health conditions, found that presenting individuals were more than 16 times more likely to be homeless⁷¹.

While people who are homeless are overrepresented in emergency department presentation statistics, they are underrepresented in the use of preventative health services, increasing the likelihood for individuals to have chronic health conditions and receive late-stage diagnosis for them⁷².

Because people who are homeless are more likely to engage with the "pointy end" of the health system, where the cost of treatment is the greatest⁷³, the overall cost to the health system in supporting them is significant. Studies have demonstrated that the health system bears a significant part of the cost of homelessness. Further, they have found that the provision of homelessness support is associated with a reduction in the use of high cost health services⁷⁴. Providing supportive housing with appropriate wrap around support therefore has the potential to significantly reduce costs in the health system, even when increased uptake of community and outpatient health services is taken into consideration⁷⁵.

⁶⁸ National Healthcare for the Homeless Council, 2011, *Homelessness and Health: What's the Connection?*

⁶⁹ National Healthcare for the Homeless Council, 2011, *Homelessness and Health: What's the Connection?*

⁷⁰ AHURI, 2016, *What are the health, social and economic benefits of providing public housing and support to formerly homeless people?*

⁷¹ Quilty, Shannon, Yao, Sargent and McVeigh, 2016, *Factors contributing to frequent attendance to the emergency department of a remote Northern Territory hospital*

⁷² AHURI, 2016, *What are the health, social and economic benefits of providing public housing and support to formerly homeless people?*

⁷³ AHURI, 2016, *What are the health, social and economic benefits of providing public housing and support to formerly homeless people?*

⁷⁴ AHURI, 2016, *What are the health, social and economic benefits of providing public housing and support to formerly homeless people?*

⁷⁵ AHURI, 2016, *What are the health, social and economic benefits of providing public housing and support to formerly homeless people?*

Homelessness, incarceration and recidivism

Homelessness is an important indicator of social disadvantage and a strong factor influencing individuals to engage in criminal activity⁷⁶. A recent study capturing primary, secondary and tertiary homelessness prevalence among detainees in Australia found that 22 per cent of prisoners interviewed were living in temporary or unstable accommodation for most of the 30 days preceding their imprisonment, with property eviction frequently cited (12 per cent) as the reason for temporarily living in another location⁷⁷.

This same study indicated that more than one in 10 detainees were uncertain about their post-release housing and accommodation situation, lacking confidence that they would have accommodation upon release. Another study that tracked people after their release from prison, found that sixty-one per cent of individuals released to homelessness returned to prison, compared to 35 per cent of people released to adequate housing arrangements⁷⁸.

The study, published by AHURI in 2003, suggested that specialist post-release services appear to be key to reducing recidivism. Post-release services provide support to ex-prisoners and their parents and other family members, case management, referrals relating to housing, life skills, education, training, employment, healthy family relationships, social inclusion and drug and alcohol misuse. It was found that people who had contact with specialist services were less likely to return to prison (24 per cent), compared to 45 per cent of those in contact with other (non-specialist) agencies such as Centrelink, Housing and Community Services.

Exiting correctional facilities is a key transitional period for people as they reintegrate back into the community. One of the biggest challenges faced by prisoners when exiting the justice system is finding safe, stable and affordable housing⁷⁹.

The link between homelessness and remand

In the NT, sentenced prisoners comprise 28 per cent of the adult prisoner population in 2016⁸⁰. Accused offenders who cannot offer an appropriate address are more likely to be remanded in custody than granted bail. Convicted offenders may be denied parole if they cannot present a post-release plan that includes accommodation acceptable to the Parole Board. In these cases homelessness and offending behaviour may not be directly related, but a person's homelessness may result in them being held in custody when they might otherwise have been released into the community. Short incarceration periods may increase the risk of homelessness and without sufficient material and social support upon release, the cycle of release and rearrest can become increasingly difficult to break⁸¹.

⁷⁶ Australian Institute of Criminology, 2015, *Homelessness and housing stress among police detainees: results from the DUMA Program*
Agnew 2006

⁷⁷ Australian Institute of Criminology, 2015, *Homelessness and housing stress among police detainees: results from the DUMA Program*

⁷⁸ AHURI, 2003, *Ex-prisoners and accommodation: what bearing do different forms of housing have in social reintegration?*

⁷⁹ Australian Institute of Criminology, 2015, *Promoting Integration: the Provision of Prisoner Post-release Services*

⁸⁰ ABS 4617.0, 2016, *Prisoners in Australia, 2016*

⁸¹ Australian Institute of Criminology, 2015, *Promoting Integration: the Provision of Prisoner Post-release Services*

- **Services in the NT**

There are a number of programs focussed on reducing reoffending in the NT. These are targeted at youth diversion, case management, community legal education, behavioural change and drug and alcohol services. However, it is unclear if there are sufficient programs to address housing and homelessness post release.

An example of a targeted program in the NT includes the NAAJA Throughcare program, a culturally-relevant service that supports prisoner and juvenile detainees throughout their interaction with the criminal justice system. The program begins with a prisoner's initial contact with correctional services and continues until the offender has successfully reintegrated with the community. The program has resulted in less instances of reoffending through practical and individualised support which includes developing insights into individual's offending, getting them back to their homes and community and assisting them to comply with any court orders. The program also assists clients with their mental and physical health.

Cost effectiveness of providing homelessness services and case for system integration

The pattern of homelessness and health and justice service utilisation, identifies the strong causal links between homelessness, poor health and justice outcomes and subsequent cost to government across human service agencies. Homelessness services and programs are a cost effective alternative to more expensive crisis interventions. The provision of housing and support to people who are homeless has been shown to reduce costs associated with mainstream government services including justice, detoxification facilities, emergency and mental health services and ambulance services. Savings generated through the achievement of positive client outcomes in the homelessness sector are primarily observed across health and justice portfolios⁸² and can be significant⁸³.

A recent Australian study highlighted the health and criminal justice costs amongst homeless young people. The findings indicated average combined health and criminal justice costs of almost \$18 000 per young person, per year⁸⁴. In 2015-16, 2100 young people aged 10-24 years were assisted by SHS providers in the NT. If each of those clients is costing health and justice an estimated \$18 000 per year, this is the equivalent of \$37.8 million a year. However, these costs do not take into account the lifetime impact of early school leaving, contact with the justice system, alcohol and substance abuse and low engagement with employment. The longer term costs are likely to be much higher.

A further study in NSW traced the life course of individuals, linking multiple agency data sets to identify the lifetime costs of homelessness. These costs ranged from \$900 000 to \$5.5 million per client, over their life time⁸⁵. As outlined above, being homeless creates physical health problems for people due to poor nutrition, the propensity to become exposed to communicable diseases, harmful weather exposure, and a general lack of access to medical treatment.

⁸² AHURI, 2016, *Effectiveness of the Homelessness Service System*

⁸³ AHURI, 2016, *Effectiveness of the Homelessness Service System*

⁸⁴ AHURI, 2016, *Effectiveness of the Homelessness Service System*

⁸⁵ AHURI, 2016, *Effectiveness of the Homelessness Service System*

Living under the stress of homelessness, people are then often at higher risk of developing psychiatric issues and mental illness, and have a complex mix of co-occurring issues such as alcoholism and volatile substance abuse and poor mental health. A WA study examined the health service utilisation before and after a person who was homeless had been housed. The study found the provision of housing was associated with reduced health service use, i.e. reduced emergency department and ICU admissions and/or a reduction in acute psychiatric or mental health services. The subsequent savings to the WA health system associated with housing people who were homelessness or at risk of homelessness was calculated at \$16.4 million or \$4846 per client, per year (3380 clients)⁸⁶.

The largest savings were achieved by those receiving support under a housing and mental health program, where savings amounted to \$84 135 per client, per year as a result of reduced need for acute psychiatric care. Findings from the Mission Australia MISHA Project for homeless men in Sydney, for example, also showed savings to government for health services to be in the order of \$8222 per client.

Prevention and early intervention – why it makes sense

Homelessness prevention and early intervention programs are less costly to deliver than crisis support and homelessness specific programs targeted towards people who have been homeless for some time⁸⁷, and can also contribute significantly to both short and long term savings to government. This is particularly true for young people, with studies showing that young people who are in contact with one of the child protection, homelessness or juvenile justice systems, are likely to be involved with at least one of the other two. Research also demonstrates that young people completing a detention sentence can be particularly vulnerable to homelessness⁸⁸.

Systemic responses that are geared towards homelessness prevention and early intervention, including programs and policy response that emphasise integration between service systems and coordination of service delivery across government and non-government agencies, have the potential to create significant long term benefits to both clients accessing the system in the form of improved outcomes across a range of social indicators, and to government in the form of cost savings in program delivery.

To effectively address and prevent homelessness, these services must all work better together to improve a wide range of social outcomes. Mainstream services must also significantly improve their connections with specialist homelessness services.

It is intended that the NT Homelessness Strategy will focus on improving interagency responses that prevent exits into homelessness and ensure people who are vulnerable have access to non-housing interventions before they reach crisis point. This may include better coordination and planning between agencies and embedding a culture of homelessness prevention into planning for vulnerable clients leaving or entering the NT human services system.

⁸⁶ AHURI, 2016, *Effectiveness of the Homelessness Service System*

⁸⁷ AHURI, 2016, *Effectiveness of the Homelessness Service System*

⁸⁸ AHURI, 2016, *Effectiveness of the Homelessness Service System*

Ensuring exit/entry planning is aligned to clients' goals and linking people to both housing and other support services prior to leaving or entering the system will also be a key focus. The establishment of mechanisms to support cross-agency assessment, case management and planning and service protocols will also be explored.

Discussion questions:

13. Are there gaps in current services that result in exits into homelessness, and, if so, how can these be addressed?
14. What mechanisms can be utilised to ensure interagency responses to preventing homelessness are more effective?
15. How can exit planning and pathways into housing be better connected across all parts of the human services system in the NT?

4.0 THE WAY FORWARD

The NT Homelessness Strategy will set the policy direction for how the homelessness system in the NT is reformed and better positioned to respond to the needs of people who are homeless or at risk of homelessness. It will provide a platform to build on past efforts and current initiatives, and establish the framework for how the NT Government, the homelessness services sector and the wider community will work together going forward to jointly address homelessness.

4.1 Next steps

Process for developing the NT Homelessness Strategy

The Department of Housing and Community Development is leading the development of the NT Homelessness Strategy and is seeking input from key stakeholders. A cross-government Steering Committee has been formed to guide the Strategy's development. Membership of the Steering Committee includes key human service agencies across the Northern Territory Government that have a role in preventing and addressing homelessness, as well as the departments of Treasury and Finance and the Chief Minister.

Providing input to the NT Homelessness Strategy

Everyone, including government, cross-sector and community stakeholders and individuals are invited to share their views about the future of the NT homelessness services system and how NT homelessness outcomes can be improved.

Feedback methods

Community stakeholders are invited to provide written feedback on this discussion paper to the Department of Housing and Community Development via the following methods:

- **Targeted consultation forums**

Targeted consultation will take place in July 2017 via a series of regional consultation forums.

These forums will be used to gather input from non-government providers of homelessness services, peak organisations and Northern Territory government agencies.

Information about consultation dates, times and venues is provided with the correspondence accompanying this Discussion Paper.

- **Written submissions and comments**

Written feedback can be sent by email to: HomelessnessStrategy@nt.gov.au

Written submissions close on 20 July 2017. Feedback received from all stakeholders will be used to inform the development of a final strategy document and five-year action plan that will be presented to Government for consideration in late 2017.

Stakeholders who are unable to provide their feedback on the Discussion Paper at consultation forums will be able to make written submissions.

- **Telephone inquiries**

Telephone inquiries regarding the consultation process can be directed to: 8999 8361

LIST OF DISCUSSION QUESTIONS

Section 3.3:

1. Of the models outlined in Section 3.3, which approach would be the most effective in reducing homelessness in the NT?
2. What are the barriers and opportunities to implementing these models in the NT?
3. What opportunities are there in the NT to attract philanthropic and private investment in housing and support models discussed in this paper?

Section 3.4:

4. What is needed in the housing and homelessness system to take reforms to the homelessness services sector forward?
5. How can the system be redesigned to strengthen the focus on transitioning people into stable housing with tailored support for the duration of their needs?
6. What are the key steps required to reform the homelessness services sector and how might they best be implemented?

Section 3.5:

7. What is currently working well in the provision of tenancy support, mental health and drug and alcohol support for tenancies at risk?
8. Is there scope for improvement? Are there other types of support that should be considered, i.e. parenting support?
9. Is there a clear, consistent and coordinated process for undertaking case management across housing and homelessness in the NT?

Section 3.6:

10. What are the key challenges and opportunities to access private rentals in the NT for people experiencing homelessness?
11. Of the private rental products described above, which one/s may provide the greatest assistance to increase access for vulnerable households entering the private market in the NT? And why?
12. Is there any feedback on the existing NT bond assistance schemes – areas for improvement?

Section 3.7:

13. Are there gaps in current services that result in exits into homelessness, and, if so, how can these be addressed?
14. What mechanisms can be utilised to ensure interagency responses to preventing homelessness are more effective?
15. How can exit planning and pathways into housing be better connected across all parts of the human services system in the NT?

GLOSSARY OF KEY HOUSING AND SUPPORT MODELS USED TO ADDRESS HOMELESSNESS

- **Assertive Outreach**

Underpinned by social justice values, assertive outreach is often used to engage clients who are chronically homeless, who may not actively seek assistance or be engaged with the services and support system, or who are in a cycle of homelessness with periods of short term support. Central to the model is the deliberate and strategic attempt to end homelessness. Assertive outreach can be conceptualised as incorporating many of the features of traditional outreach approaches and notions of supported housing.

A distinguishing feature of the Assertive Outreach model is an emphasis on being part of an integrated approach that requires multi-disciplinary teams and access to both specialist health professionals and availability of permanent stable housing⁸⁹. Assertive outreach challenges the idea that the client is always responsible for seeking out and engaging with services, instead focusing on providing support to people who most need it⁹⁰.

- **Housing First**

The Housing First approach is based on the idea that a homeless individual's first and primary need is to obtain stable, secure and long term housing. It is only once stable housing is obtained that other more enduring issues can be appropriately addressed. In practice, a Housing First approach involves moving chronically homeless individuals and families from the street or homeless shelters directly into long term housing. Housing is complemented by the provision of services to assist each individual to sustain their housing and work towards recovery and reintegration into the community⁹¹. While the operational "linchpin" of the model is the provision of immediate access to long term housing, Housing First embodies five fundamental principles:

- Rapid access to long term housing.
- Consumer choice.
- Separation of housing and services.
- Recovery as an ongoing process.
- Community integration.

⁸⁹ AHURI, 2012, *The Role of Assertive Outreach in ending rough sleeping*

⁹⁰ <http://yodaa.org.au/workers/what-assertive-outreach>

⁹¹ AHURI, 2012, *Policy Shift or Program Drift? Implementing Housing First in Australia*

- **Street to Home**

Founded on housing first principles, and premised on the philosophy that housing is the essential first step to addressing the complex issues faced by chronically homeless individuals, the Street to Home model uses a systematic method of identifying and prioritising housing for people who are chronically homeless, starting with those who have been outdoors the longest and who are exposed to the highest risk of premature death on the streets. Street to Home uses an assertive outreach approach to engage with clients.

Once their trust has been gained, housing is offered without conditions. Once housed, clients are further supported to address any personal challenges and develop the capacity to remain stably housed⁹². A key tenet of the Street to Home model is that it seeks to permanently end, rather than relieve or manage, a person's homelessness.

- **Youth Foyers**

Foyers are accommodation centres for young people who are homeless or at risk of becoming homeless. They are designed for young people with the capacity to engage in education, training and employment, but who are prevented from participating due to structural, institutional and/or personal barriers. Foyers aim to assist residents to develop the skills they need to lead fulfilling, independent and productive lives. They achieve this by providing the time, personal attention, mentoring, coaching and access to opportunities needed to develop education and training pathways to employment and independent living. Some Foyers are co-located and structurally linked with TAFE campuses and other mainstream educational settings. Beyond education and affordable temporary accommodation, Foyers link young people to health, employment, and wellbeing supports, and opportunities for social participation. Foyers aim to:

- Reduce the number of young people cycling through the housing and homelessness system
- Increase the number of young people completing education qualifications
- Increase the number of young people productively employed

⁹² Breaking Ground, 2017

- **Common Ground**

The Common Ground model is a supportive housing model that originated in New York. It is based on housing first principles with a focus on providing people experiencing homelessness with stable, affordable and high quality housing⁹³. The model has three main components:

- Affordable housing – a range of housing options that are attractive and affordable, and linked to support services that people experiencing homelessness require to reintegrate back into the community.
- Outreach – the groups most vulnerable to homelessness are identified and given priority in housing. These include those who have experienced long-term, chronic homelessness, have one or multiple disabilities and those who have mental health problems.
- Prevention – the model aims to address the underlying multiple and complex factors that cause homelessness through a range of support and outreach services.

The Australian Common Ground approach to supportive housing emphasises the importance of Housing First in terms of housing stability, permanence, and voluntary engagement with services and treatment. Similarly, a model of supportive housing that includes congregate style apartment living, with a range of supportive services that are delivered onsite⁹⁴ is advocated for.

- **Staying Home Leaving Violence**

Many programs that support victims of domestic and family violence require the victims to leave their home. A major reason women return to or choose not to leave violent partners is the prospect of having to set up a new life. Having to re-establish themselves and their children in a new home, new location, new school, and even new job can be too overwhelming for women escaping violent relationships, especially when they have little or no support.

The Staying Home Leaving Violence model takes the opposite approach. This model aims to prevent women and children who have experienced domestic and family violence from becoming homeless by supporting them to remain in the family home when ending the violent relationship, while the perpetrator is removed. Participants are provided with practical and emotional support, including safety assessments, safety plans, and home security, and legal advocacy and assistance.

⁹³ Deloitte Access Economics, 2011, *Current and future service delivery models for single adults experiencing homelessness: literature review*

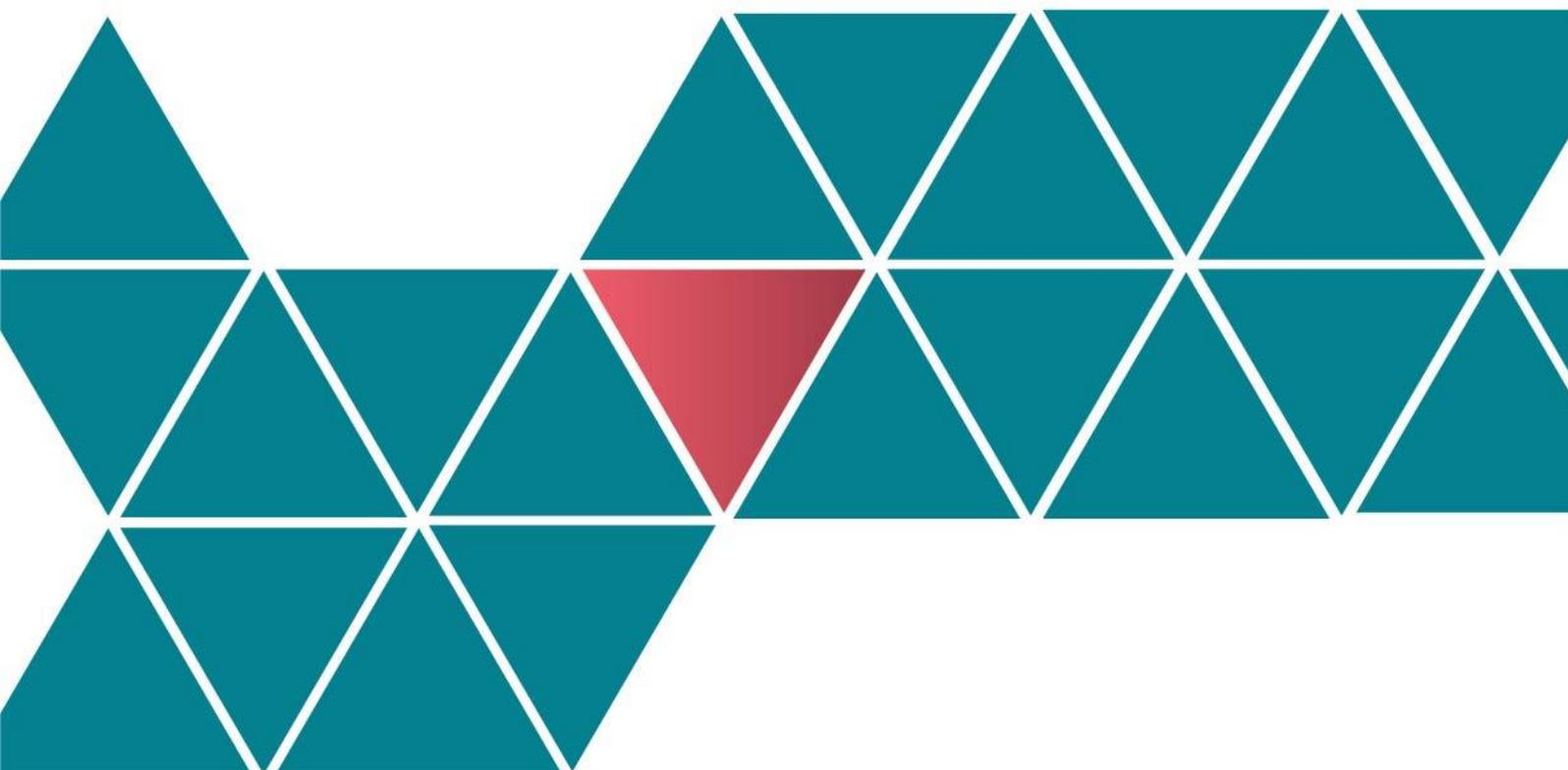
⁹⁴ AHURI, 2014, *An evaluation of the effectiveness of models of supportive housing*

- **Rapid Rehousing**

Rapid re-housing is premised on the housing first philosophy, which prioritises getting people into housing as soon as possible, so they can address the issues that contributed to their homelessness. Rapid re-housing works for individuals and households who are experiencing homelessness and need temporary assistance to find and secure a tenancy. It is primarily aimed at households that have maintained tenancies in the past, and works with them to secure new tenancies, mainly in the private rental market. This requires both financial assistance to set up a tenancy and time limited rent subsidies⁹⁵. The key principles of the Rapid Re-housing model are:

- Targeted: programs target households that are recently homeless and have held a tenancy in the past.
- Fast: the focus is on 'rapid' not immediate re-housing – depending on the local market it can take days or weeks, but the priority is getting people into permanent housing rather than getting them 'housing ready'.
- Securing housing: helps households secure tenancies by building relationships with landlords, negotiating with landlords and encouraging them to take part through incentives such as increased bonds and guaranteed rent repayment.
- Rent subsidies: having flexible rent subsidies to keep the property affordable for the household are essential to rapid re-housing programs. Guidelines in the United States provide up to 18 months of subsidies, but many programs have success with shorter durations.
- Assistance to retain a home: support is a necessary, but a temporary part of the program. The aim of providing support is to give households the time and space to address the issues that lead to homelessness. This includes establishing links to mainstream services where there is an ongoing need for support.

⁹⁵ Council to Homeless Persons, 2012, Rapid Rehousing Fact Sheet



DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT