

Part II.
Factors that
contribute
to or prevent
homelessness

1. Employment

Access to regular, stable employment is essential for preventing and reducing homelessness. A large number of people experiencing homelessness are unemployed; however, the majority of these people identify as workers and could secure employment if given appropriate assistance. People experiencing or at risk of homelessness often need more help than others to access jobs. Some may also require assistance with other issues that are a barrier to employment before undertaking labour market programs.

1.1 Goals

- To increase employment among people experiencing homelessness or at risk of homelessness by:
 - integrating homelessness services and labour market assistance programs
 - creating employment programs specifically tailored and targeted to people experiencing homelessness
 - supporting employers who create opportunities for people experiencing homelessness
 - giving more attention in all policy areas to how the supply and cost of housing and the availability of transport affect people's access to employment opportunities.

1.2 Priority actions

PROVIDE tailored programs that address the barriers to employment in people's lives, as a precursor to labour market programs — for example, support programs for people who are traumatised by abuse and are unable to fulfil the participation requirements of labour market programs.

DEVELOP employment programs tailored to meet the specific needs of people experiencing homelessness or at risk of homelessness. To be successful, these programs must:

- form part of the primary helping relationship between the homeless person and homelessness service providers so that employment, housing, and welfare assistance can be delivered as a package
- focus on skills acquisition and accredited training
- provide vocational training in real work environments
- provide financial assistance to offset the costs of workforce participation and restore self-esteem
- be sensitive to the social circumstance of participants
- have appropriate links to other forms of assistance, including childcare
- be sensitive to the negative experiences participants may have had with schools and other institutions in the past

Who is involved?

- Commonwealth Department of Employment, Workplace Relations and Small Business
- Commonwealth Department of Family and Community Services
- Centrelink
- Job Network
- Job Search
- Employers and business community
- Homelessness service providers
- Job seekers

- be sensitive to cultural differences, particularly among indigenous people and people from culturally and linguistically diverse backgrounds
- support flexible and self-paced learning
- foster peer networks, for example by using formerly unemployed people as mentors and running group job search workshops
- prepare participants for the kind of jobs that are actually available in their local area by giving them the skills required for those jobs.

ENCOURAGE AND RESOURCE homelessness services to focus more strongly on employment as a pathway out of homelessness and build links to employment assistance agencies.

MINIMISE distortions resulting from the fact that areas with a good supply of jobs generally have a limited supply of low-cost housing, for example by:

- ensuring that social housing is provided where employment opportunities exist
- ensuring that social housing tenants are allocated units close to where they work or close to areas where they might find work
- providing assistance to people in the private rental market in recognition of the higher cost of housing in regions where employment opportunities are plentiful
- stimulating the supply of low-cost housing in high employment areas.

PROVIDE financial support to help older people living in employer-provided housing who are retiring or being retrenched make the transition to alternative affordable, long-term housing.

REFORM welfare policies to take account of the needs of people experiencing homelessness, for example by:

- reviewing policies that require people to exhaust their savings and prevent them accessing their superannuation following retrenchment
- matching mutual obligation requirements to the circumstances and capacities of people who are homeless
- encouraging the Indigenous Community Capacity Building Round Table to provide advice to government on appropriate employment strategies for marginalised indigenous people
- ensuring that any new system of earnings credits is seen as an incentive to undertake casual work and not as a substitute for income support.

DEVELOP, IMPLEMENT AND EVALUATE alternative employment assistance programs specifically for people experiencing homelessness who are long-term unemployed under the Prime Minister's Business

Related initiatives

- Community Support Program
- Australians Working Together
- Job Placement Education and Training (JPET)
- New Enterprise Incentive Scheme (NEIS)
- NHS-funded demonstration projects:
 - cross-matching of JCSI and SAAP data
 - identifying pre-employment programs for the chronically homeless

recognition or other incentives for employers giving jobs to people in the target group.

REQUIRE the Departments of Family and Community Services and Employment, Workplace Relations and Small Business to report annually on what they have done to reduce long-term unemployment among homeless people and how successful their efforts have been.

EVALUATE the apprenticeship assistance scheme to determine whether outcomes for apprentices and subsidies for employers are satisfactory.

Further research

We need to know more about:

- the number of homeless people participating in Job Network and other labour market programs, the actual level of assistance they receive and the outcomes they achieve
- the effect of marginal tax rates on homeless people entering employment
- how we can improve the capacity of labour market programs to assess and meet the needs of people experiencing homelessness.

1.3 Rationale

People experiencing homelessness have traditionally been seen as outside the workforce — too old, too ill, or too burdened with problems to work. However, most people experiencing homelessness have been employed at some time in their lives, and many will work again in the future — some even manage to hold down jobs while they are homeless. Almost 40 per cent of the homeless population identify themselves as workers, say they are working or looking for work, and are officially in the labour market. People under 35 experiencing homelessness — who are in the first third of their working lives — identify even more strongly as workers, and they represent more than half the homeless population. Some 60 per cent of homeless 18–35-year-olds are working or looking for work.

Under current arrangements, homeless people who are in the labour market but lack a job almost inevitably become passive welfare recipients. We estimate that they make up 20 per cent of the long-term unemployed. However, it is likely that many of these people could secure employment given appropriate assistance — the desire to work is certainly there. There is currently little evidence to suggest that these people are being effectively engaged by labour market programs.

People experiencing or at risk of homelessness frequently need more help than others to access jobs and training. They often require highly specialised pre-vocational assistance. Many labour market programs assume a degree of housing stability and family support that is not available to homeless people. Only 3.0 per cent of people using SAAP services in 1999–2000 were employed full-time prior to the support period. A further 5.6 per cent were employed part-time. These figures rose to 3.8 per cent and 6.5 per cent respectively after the support period. Even when people experiencing homelessness do find work, low pay often prevents them from achieving greater housing stability.

Many jobs — especially in caravan parks, motels, pubs, the farm sector and remote areas — come with employer-provided accommodation. When a person leaves such a job, they lose their accommodation as well as their employment. If their wages have been reduced to reflect the value of their accommodation, their savings may be limited, and their vulnerability to homelessness may be high.

While the Commonwealth's welfare reform agenda recognises that secure employment is the best remedy for poverty and disadvantage, a

lot more could be done to improve employment outcomes for people experiencing homelessness. Departments could agree to coordinate policy, integrate programs and share responsibilities. Contracted service providers could be required to develop services more responsive to user needs and achieve measurable results. A more strategic approach all round would enable us to increase effective assistance to the homeless unemployed and expand their opportunities without significantly increasing expenditure.

1.4 Evidence

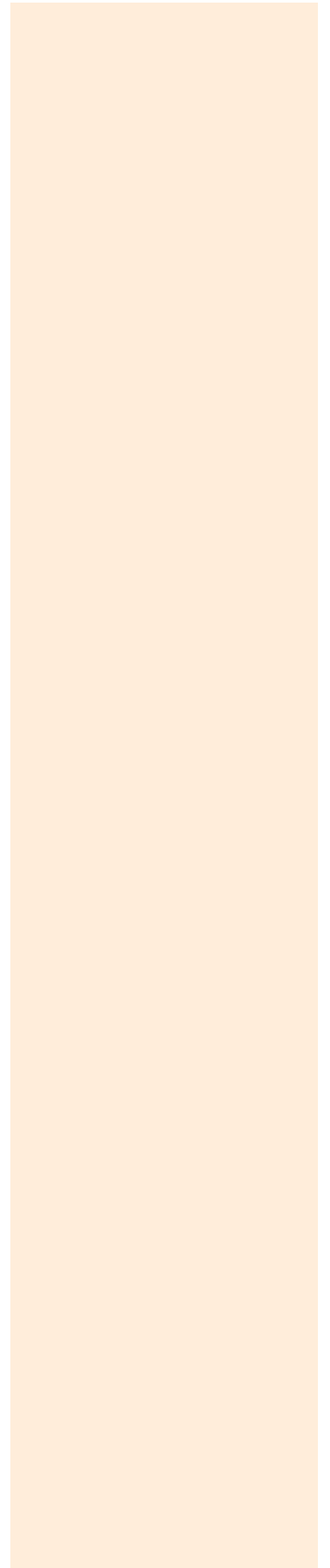
There is significant evidence that appropriate employment assistance can prevent and alleviate homelessness. We know that the risk of homelessness is higher among the long-term unemployed than it is among the general population. It follows that measures to limit and reduce the number of long-term unemployed people through the timely provision of employment assistance will also help reduce homelessness.

Employment initiatives specifically designed to help people experiencing homelessness have produced positive and sustained results. Examples include the Burnt Toast Café, Hand Brake Turn, This Way Up Furniture, Rework Car Wash and the Supported Employment Service. The availability of employment assistance can give an unemployed homeless person the motivation they need to find stable shelter and tackle other problems, such as substance abuse. The prospect of having a job provides a sense of hope. Recent research indicates that people experiencing homelessness have a strong desire to work and rightly see secure employment as their best protection against homelessness. Yet service providers place little or no emphasis on preparing homeless people for work or finding them jobs.

When SAAP clients were asked in 1997–98 to rank the issues that mattered to them in order of importance, over 62 per cent put job opportunities in their top three — making employment the number-one issue overall. In a 1995 survey of SAAP clients conducted by Michael O’Meara, 97 out of 98 respondents said they wanted to work or would participate in an employment program if given the chance. However, a survey of SAAP service providers found that only one-third of them believed more of their clients would want to do any form of work or training if given the chance. In 1999–2000, 90,000 people made use of homelessness services. Half of them were between 18 and 35 years old and 40 per cent of this age group were unemployed and actively in the labour market. This implies that there are 18,000 young homeless people in the labour market. This does not include those who are looking for work but are not eligible for income support or those who do not use homelessness services.

It is important that people experiencing homelessness have access to mainstream labour market assistance as well as to innovative job-creation initiatives like the Burnt Toast Café. In times of rising unemployment, there is a very real danger that people experiencing homelessness will be permanently marginalised from the labour market.

Unfortunately, as they are presently constituted, the agencies charged with delivering employment assistance — Centrelink and the Job Network — are not well-linked with SAAP and other homelessness services. Responsibility for administering the Community Support Program, which is the main source of pre-vocational assistance to people experiencing homelessness, has largely been taken away from homelessness agencies. Job Placement, Education and Training services, which provide employment assistance to homeless youth, can only do so much in the face of high demand, and they do not address the needs of the homeless unemployed aged between 21 and 35 or those older people lacking modern job skills.



2. Income security

The vast majority of people experiencing homelessness depend on income support during the time they are homeless. Homeless people sometimes have trouble accessing income support because they do not meet the eligibility criteria, do not understand their rights and obligations, or find it difficult to negotiate administrative arrangements. Income support may not be adequate to meet their daily living expenses, especially if they are single, young, have high costs (such as those associated with poor health), or live in locations where rents average more than 30–50 per cent of their income. Homeless people dependent on income support find it extremely difficult to save the bond and rent in advance required to secure stable accommodation.

2.1 Goals

- To give people experiencing homelessness enough income security to make choices and find pathways out of homelessness.
- To ensure that income support payments are adequate to cover essential daily living costs, including accommodation, and to enable economic and social participation.
- To make the income support system accessible and easy to understand.
- To establish more flexible service arrangements, mutual obligation requirements and communication procedures to reflect the special circumstances of people who are homeless.
- To ensure that the needs of the homeless are considered during the development and implementation of welfare reform strategies.

2.2 Priority actions

REACH bipartisan agreement on poverty benchmarks and use these benchmarks to monitor whether current income security payments are adequate.

REVIEW AND AMEND income security legislation to recognise the financial independence of young people aged 18 years and over.

ESTABLISH the minimum income needs of different population groups, and ensure that income security payments reflect them.

OFFER Centrelink services at locations where homeless people feel comfortable, including community agencies and SAAP services.

INCLUDE an allowance for transport costs in income support payments to homeless people who live a long way from a Centrelink office.

PROVIDE income support payments that allow people who are homeless or at risk of becoming homeless to participate in literacy and numeracy programs.

PILOT alternative methods of delivering Centrelink information to people experiencing homelessness.

Who is involved?

- Commonwealth Department of Family and Community Services
- Commonwealth Department of Employment, Workplace Relations and Small Business
- Centrelink
- State departments dealing with concessions, public transport and housing loans
- Financial counsellors
- Welfare rights centres
- Homelessness service providers
- Income security recipients

IMPROVE communication between Centrelink and homeless people by engaging third parties to develop best-practice models and alternative approaches.

INVOLVE third parties in developing Preparing for Work Agreements to ensure that they are relevant to the individuals signing them.

REVIEW the Job Seeker Classification Instrument as it relates to homeless people and the adequacy of the weightings given to specific disadvantages.

INCREASE awareness of the special needs of people experiencing homelessness among Centrelink staff.

HELP people experiencing homelessness understand their obligations and know their rights.

AMEND Centrelink procedures in relation to breaching to ensure recipients and their dependants retain affordable secure accommodation.

MAKE more flexible forms of payment available.

EVALUATE how determining support levels for young people by means-testing their parents affects young people's capacity to afford housing.

INVESTIGATE the relationship between Youth Allowance payment levels and young people's capacity to participate in social and economic life.

PROVIDE financial support to help older people living in employer-provided housing who are retiring or being retrenched make the transition to alternative affordable, long-term housing.

HELP prisoners secure housing immediately on release by providing at least one month's rent in advance.

2.3 Rationale

While many people experiencing homelessness want to work, the vast majority depend on income support during the time they are homeless.

Reliance on income security payments creates several difficulties for homeless people. Payment levels are generally low in comparison to living costs, particularly housing costs. People who are homeless have trouble meeting the administrative and mutual obligation requirements of the income security system. Payment structures and processes may simply be too inflexible for people whose lives are in crisis or transition, such as women affected by domestic violence and people exiting prisons.

Income support does not cover the immediate high cost of securing stable accommodation, including bond money and rent in advance. Housing programs do provide loans to help people pay bonds, but it is difficult if not impossible for people on income security to pay these loans back.

Related initiatives

- Australians Working Together
- FaCS Rules Simplification Taskforce
- Centrelink research on reduced income
- Concessions
- Housing bond loans and mortgage assistance programs
- Public transport
- NHS-funded demonstration projects:
 - DFACS–Centrelink forum on inner city homelessness
 - DFACS–Centrelink initiatives to improve services to homeless people

Some homeless people cannot access the income security system at all, including newly arrived migrants and young people deemed ineligible on the basis of a parental means-test. The assumption that people in these groups will be provided for by their families and communities is often wrong.

2.4 Evidence

Mutual obligation requirements

DFaCS is currently researching the impact of mutual obligation requirements on people experiencing homelessness. However, we already know that the special problems faced by homeless people are not always taken into account when mutual obligation arrangements are worked out or when breaches are penalised. There is a real danger that people will be punished simply for being homeless. To make matters worse, many homeless people do not properly understand their obligations or rights of appeal.

Those at risk of homelessness — including people living in social housing — are scarcely better off. Any loss of income resulting from a breach reduces their capacity to meet housing costs and increases their risk of eviction.

Administrative arrangements

A 1994 survey by the then Department of Social Security found that homeless people encountered many difficulties dealing with the income security system. Establishing proof of identity, providing an address for correspondence, responding in the time required, opening a bank account — none of these things was easy for people experiencing homelessness. The survey also found that the homeless were mistrustful of the system, that their understanding of it was poor, and that low levels of literacy and limited access to transport made things even harder for many. Not surprisingly, homeless people did not make full use of the department's programs, with many failing to take up benefits they were eligible for (Prosser & Groth, 1994). While some of these problems have been addressed by appointing outreach workers (Centrelink Community Officers) and introducing other reforms, many remain.

Adequacy of payments

Given that housing is the biggest expense for most households, housing costs have a major bearing on the adequacy of income security payments. Evidence from several sources indicates that income security payments, including Rent Assistance, are often insufficient to cover both living expenses (food, utilities, transport, health-care) and housing costs, particularly in the capital cities, and particularly for single people and young people receiving payments at less than the full adult rate. The margin of financial safety is diminished even further by income security policies that require beneficiaries to exhaust their savings before they can receive income support. The combination of relatively low

Further research

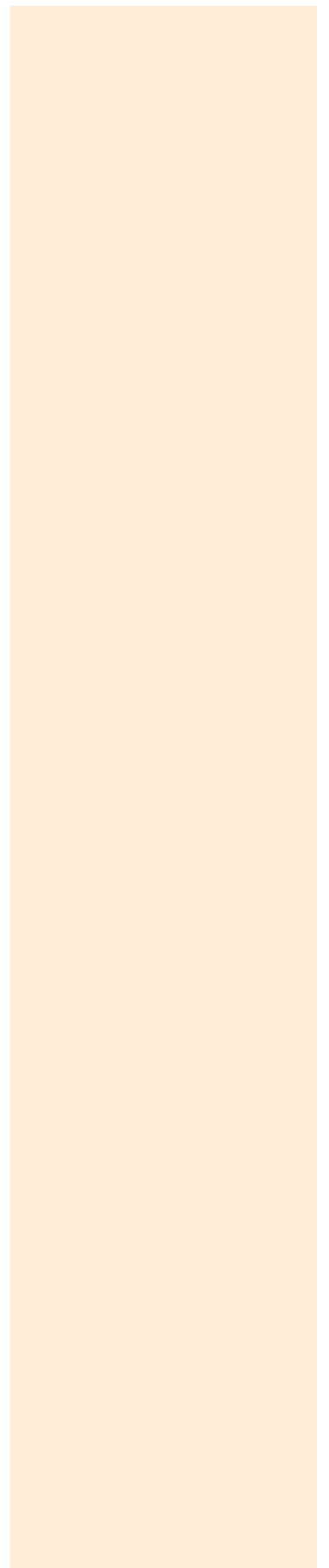
We need to know more about:

- why migrant sponsorship arrangements break down
- best practice in communications and how we can apply it to the relationship between Centrelink and people experiencing homelessness
- how to reduce current levels of inadvertent breaching by people experiencing homelessness
- how to maximise the effectiveness of Centrelink Community Officers in assisting people who are homeless
- how well the Job Seeker Classification Instrument identifies and refers clients who are homeless.

income security payments and relatively high housing costs over a number of years has left many recipients locked in situations of dire poverty.

Flexible payment options

Organisations providing services to the homeless report that a small proportion of people experiencing homelessness have trouble managing standard fortnightly payments, and payments in cash. They would benefit from the availability of alternative payment arrangements.



3. Housing

The lack of affordable, secure housing is a substantial cause of homelessness. People receiving income support or low incomes are often unable to obtain appropriate housing in competitive markets. Individuals and their dependants are at risk of losing stable housing if they breach Centrelink procedures. Demand for social housing and low-cost housing is increasing and far outweighs supply. Social and low-cost housing is often provided in places where employment opportunities and community support is limited.

3.1 Goals

- To increase housing opportunities and accommodation options for those who are homeless or at risk of homelessness by:
 - improving access to affordable, well-located, long-term housing appropriate to the needs of those at risk of homelessness
 - increasing the supply and diversity of supported housing
 - placing greater emphasis on measures to help households at risk avoid losing their homes.

3.2 Priority actions

Affordability

INCREASE the supply of low-cost private and public rental housing, for example by promoting investment in low-cost housing in the private rental market and expanding social housing stock through the CSHA.

REVIEW the operation of the Rent Assistance Program to ensure that it really does increase housing affordability for groups at risk of homelessness, and gives them access to housing in locations that support social and economic participation. This may involve re-assessing eligibility requirements and raising the ceiling.

Locality

PROTECT AND INCREASE the supply of affordable housing appropriate to groups vulnerable to homelessness in key locations such as inner city suburbs and rural towns, including boarding houses managed by social housing groups and community housing in rural areas.

Security of tenure

REDUCE the structural incentives that encourage landlords to offer short-term leases.

EMPOWER residential tenancy regulators to consider the special circumstances of people in homelessness risk groups when framing and applying tenancy rules.

DEVELOP flexible options for clients in need of transitional support to access long-term housing.

Who is involved?

- Commonwealth Department of Family and Community Services
- Commonwealth Department of Health and Aged Care
- Centrelink
- Aboriginal and Torres Strait Islander Commission
- State government housing authorities
- Community housing providers
- Homelessness service providers
- Local government
- Private sector investors

Related initiatives

- State homelessness strategies
- Whole-of-Government Partnerships
- Commonwealth–State Housing Agreement
- Commonwealth Rent Assistance
- Commonwealth–State Disability Agreement
- Australians Working Together
- Affordable housing policies (including local government)
- National Affordable Housing Research Consortium
- SAAP IV

AMEND Centrelink procedures in relation to breaches to ensure recipients and their dependants retain affordable, secure accommodation.

PROVIDE financial support to help older people living in employer-provided housing who are retiring or being retrenched make the transition to alternative affordable, long-term housing.

IDENTIFY more appropriate housing and support options for people with mental illness and complex needs.

PROTECT tenants against the unscrupulous use of tenancy databases through federal privacy legislation.

Relations within households

STRENGTHEN laws and push for changes in the practices of financial institutions to make it easier for people experiencing violence or abuse to stay in the family home when appropriate.

Policy

GIVE explicit consideration to homelessness in CSHA negotiations.

IMPROVE the integration of policy and service delivery between SAAP, the CSHA and related programs such as Commonwealth Rent Assistance and the Commonwealth–State Disability Agreement.

3.3 Rationale

There is clearly a strong relationship between the supply of housing and the incidence of homelessness. Housing shortages are rarely the immediate cause of homelessness, but they do make keeping a roof overhead harder for those already at risk. There is no question that increasing the availability of appropriate housing can prevent or reduce homelessness, at least in some cases. At the same time, improving a person's accommodation nearly always reduces their exposure to other risks and forms of disadvantage, and increases their chances of achieving the life they want.

Low-income people and people with special needs are seldom well-provided for by Australian housing markets. Their choices are limited, discrimination is common, and the dominant housing models — private ownership and private rental — make no allowance for them. Many people find it difficult to compete in these markets without assistance, and the consequences of dropping out of the market can be catastrophic — eviction from rental housing, whether public or private, is one of the commonest pathways to homelessness.

Further research

We need to know more about:

- the correlation between income and the risk of homelessness
- how to identify households at risk of homelessness more accurately and how to intervene effectively before they lose their homes
- the degree of flexibility in residential tenancy legislation around Australia
- the kind of investment incentives that would stimulate the provision of private rental housing at a price affordable to households at risk of homelessness
- the relative advantages and success of the transitional housing and support programs in Victoria (the THM model), New South Wales (SAAP Innovations Initiatives) and Queensland (the flexible housing management model)
- the extent to which the loss of income security due to breaches of benefit conditions contributes to mortgage defaults and evictions of recipients and their dependents from public and private rental accommodation.

3.4 Evidence

Affordability

The supply of private rental housing affordable to low-income households is declining across Australia and there has been no compensating increase in the supply of social housing (Yates & Wulff, 1999). For example, over 12 per cent of Rent Assistance recipients pay more than half their income in rent — in Sydney the figure is 20 per cent. At the same time, the number of low-income households in need of low-cost housing is growing. The combination of expanding demand and contracting supply is putting enormous pressure on groups vulnerable to homelessness.

Location

Affordable housing is increasingly concentrated in areas with low employment and deteriorating infrastructure. The low-income earners who have no option but to live in these areas almost invariably lack the resources to rectify or transcend the urban decay around them. Their economic disadvantage is compounded by locational disadvantage. Meanwhile, the gentrification of once-unfashionable but well-serviced inner city areas has dramatically reduced the low-cost housing options available to their traditional residents — not least older single people, who have been particularly affected by the closure and conversion of boarding houses. There is also a lack of appropriate housing in many rural and remote areas — especially housing suitable for young people and indigenous people.

Security of tenure

Short-term leases are the norm in Australia's private rental markets. They offer minimal security of tenure and leave low-income tenants vulnerable to eviction. People with complex needs often find it hard to sustain tenancies in either public or private rental housing without additional support. Marginal borrowers and those whose household financial circumstances are susceptible to change are vulnerable to mortgage default. Bank lending policies, residential tenancy legislation and social housing management practices have so far failed to adequately address these issues.

Relations within households

Many people cannot go on living at home because they are at risk of violence or abuse. Overcrowding also makes life intolerable in some households, particularly migrant and indigenous households. Either of these circumstances can lead to ongoing housing instability and increase the risk of homelessness.

4. Family relationships

Australian families are becoming smaller and more nuclear, they are more often headed by a single parent, and they are increasingly prone to fragment when relationships end. Family breakdown, domestic violence and sole-parenthood all increase the risk of poverty and homelessness. Assisting families to support themselves, preventing family and domestic violence, and reducing relationship breakdown will help to reduce the incidence of homelessness.

4.1 Goals

- To help families provide a safe and positive environment for all their members and support their choices in times of stress.
- To ensure that the family as an institution remains strong in the face of social and economic change.
- To increase the value governments and businesses attach to strong family relationships.
- To support families at risk of breaking down due to poverty, interpersonal conflict, violence, abuse, death, illness, divorce or re-partnering through prevention and early intervention programs.
- To identify and understand the underlying causes of unhappy family relationships.
- To reduce the number of people requiring SAAP assistance because of relationship and family breakdown.
- To ensure that all Australian families have access to employment opportunities.

4.2 Priority actions

FOCUS policies and programs on the underlying causes of family relationship problems rather than trying to address the damage after it is done.

ENSURE that families have access to secure, appropriate and affordable accommodation that enables them to use community supports.

ESTABLISH realistic community expectations of families in general, and disadvantaged families in particular.

PROMOTE an environment in which families can provide opportunities and seek assistance for themselves, without outside intervention.

ADDRESS the problems of Australia's most disadvantaged families, whether that disadvantage relates to housing, income, employment, education, family size and composition, geographical location, health or cultural background.

Who is involved?

- Commonwealth Department of Family and Community Services
- Commonwealth Department of Education
- Centrelink
- Child Support Agency
- Schools
- Private landlords and real estate agents
- Family law service providers
- Community groups and community-based agencies serving families
- Family planning
- Homelessness service providers
- Children's service providers
- Families
- Neighbourhoods

Related initiatives

- Stronger Families and Communities Strategy
- Good Beginnings Parenting Initiative
- Reconnect
- State and Territory family and community programs
- State and Territory family and individual counselling programs
- Neighbourhood centres
- NHS-funded demonstration project:
 - caravan park pilots to support families in crisis

4.3 Rationale

Anything that increases the risk of families disintegrating also increases the risk of homelessness. Poverty, interpersonal conflict, violence, abuse, death, illness, divorce and re-partnering can all heighten these risks. Dealing with these problems is made more difficult by the fact that one very often leads to another. Nevertheless, it can be done — especially when family members are bound together by strong, positive relationships.

That said, families cannot be expected to avert or overcome every crisis that might confront them without help; all families need some level of support if they are to survive difficult times. This is particularly true today, when families must come to grips with changing social conditions, a changing economic environment, changing patterns in work and leisure — even a changing culture.

If we are serious about supporting the family, we must be prepared to support it in all its forms. Families continue to be built on blood ties and state-sanctioned marriages. However, they are also being created by de facto couples, adults caring for adopted and foster children, and people in same-sex relationships. There are more and more sole-parent families and blended families.

The majority of these families share certain characteristics. On average, they are smaller than the Australian families of the past. They are also more nuclear. It is increasingly unusual for Australian children to have frequent contact with their cousins, uncles, aunts and grandparents — let alone share a household with them. On the other hand, they will probably remain dependent on — and continue living with — their parents for considerably longer than earlier generations did. These trends have increased the burden on parents, who must provide more for the children, over a longer period, with less support from other family members.

Alongside these similarities, there are also significant differences. One-parent families are at much greater risk of disadvantage, poverty and homelessness than two-parent families. The number of work-rich families with two or more members in paid employment and the number of work-poor families with no members in paid employment have both grown steadily since the early 1980s, resulting in an increasingly polarised distribution of family incomes. It is widely accepted that both parents in two-parent families must work if they are to avoid relative disadvantage. This places considerable additional stress on parents trying to work full-time, raise children and manage household responsibilities. Sole parents face these additional stresses alone.

The costs of family dysfunction and breakdown are borne not only by the individuals directly involved, but by the whole community. It is therefore essential that we recognise, and, as far as possible, alleviate the pressures facing today's families.

Further research

We need to know more about:

- the underlying causes of family relationship problems
- family poverty and the adequacy and accessibility of income security and other community supports.

4.4 Evidence

ABS data on families shows that from 1988 to 1998:

- one-parent families increased from 14 per cent to 21.5 per cent of all families with children under 15
- couple-only families increased from 47.2 to 51.8 of all couple families
- average family size decreased from 3.2 to 3.1 people
- the number of divorces increased from 2.4 to 2.8 per 1,000 people
- the number of marriages in which both partners were marrying for the first time fell from 67.2 per cent to 66.6 per cent (ABS, 2000a).

The main reasons people gave for seeking SAAP assistance last financial year were domestic violence (23 per cent), relationship breakdown (12 per cent) and financial difficulties (11 per cent). Other figures confirm that people escaping conflicted families are significant users of SAAP services. For example, 50 per cent of SAAP clients were living in a family relationship immediately before they started receiving support, either with parents (11 per cent), with foster parents (1 per cent), with a spouse or partner (27 per cent), or alone with children (11 per cent). However, only 41.5 per cent were living in a family relationship when their support ended, again either with parents (8 per cent), with foster parents (0.5 per cent), with a spouse or partner (15 per cent), or alone with children (18 per cent). The extent to which people rely on SAAP to parachute them out of untenable family situations also shows the extent to which family breakdown leaves people vulnerable to homelessness (SAAP National Data Collection Agency, 2000).

We will have significantly more data on family relationships when material starts to emerge from the research clearing-house established under the Stronger Families and Communities Strategy.

5. Community support

People who are homeless or at risk of homelessness are generally isolated socially, with little or no access to family and community supports. Increasing access to community support services and positive informal social support will help reduce the risk of homelessness and provide pathways out of homelessness.

5.1 Goals

- To enable people experiencing and at risk of homelessness to participate in the social and economic life of the community by:
 - increasing community development activities that encourage and enable people share in community life
 - providing resources to facilitate access to community supports and reduce barriers to access
 - providing advocacy services
 - making community support program providers more aware of homelessness
 - providing information in accessible formats.

5.2 Priority actions

Family and community networks

INCREASE access to family and alternative support for people experiencing and at risk of homelessness.

INCREASE opportunities for homeless people and those at risk of becoming homeless to participate in community development and family rejuvenation projects by resourcing community development workers.

BASE specialist community development staff in generalist services used by people experiencing and at risk of homelessness.

REQUIRE government-funded generalist services to report on their success in assisting the homeless and those vulnerable to homelessness.

Administrative arrangements

ESTABLISH flexible administrative arrangements that take into consideration the needs of people experiencing and at risk of homelessness.

Access to technology

PROVIDE information in formats that are accessible to homeless people and those at risk of becoming homeless.

IMPROVE local access to information and communication technology in environments where homeless people and those at risk of homelessness can feel comfortable.

Who is involved?

- Commonwealth Department of Family and Community Services
- Commonwealth Department of Education
- Community groups and community-based agencies
- Homelessness service providers
- Children's service providers
- Neighbourhood centres
- Schools
- Labour market programs
- Medical services
- Dental services
- Recreation programs
- Entertainment providers
- Libraries
- The media

Cost of community support

PROVIDE prevention services for the homeless and those vulnerable to homelessness and allow for the childcare, transport and other costs they may incur by taking part.

Discrimination

REDUCE discrimination by reviewing, monitoring and adapting policy and legislation, and by promoting positive messages that celebrate diversity.

PROVIDE advocates for disadvantaged people who are experiencing or at risk of experiencing discrimination.

Related initiatives

- Stronger Families and Communities Strategy
- Reconnect
- Community development projects
- Networking the Nation

5.3 Rationale

Programs and services available to all members of the community include schools, training and other labour market programs, medical services, dental services, counselling services, childcare services, financial support, youth services, organised sport, recreation and entertainment, and family and relationship programs.

In theory, these services and programs are also available to the homeless and those at risk of homelessness; however, for a number of reasons these groups find it hard to access the full range of community supports. Moreover, not all services and programs are available in all locations, and those that are available may not be geared to meeting the needs of homeless people.

Family and social support networks

Family and social networks contribute to our self-esteem and wellbeing in good times and provide support and protection when times are bad. Homeless people are frequently estranged or isolated from these networks. In fact, people at risk of homelessness can often be identified by their restricted access to and participation in family and social life.

Administrative arrangements

Using community support services generally means making an appointment, observing standard office hours, and being prepared to wait. It takes a certain level of planning, stability, and resources do these things. People who are homeless or at risk of homelessness are often transient and going through some kind of personal crisis.

Circumstances in their lives change quickly, and their highest priority is dealing with the crisis — which might mean securing a meal and a place to sleep for the night, or trying to resolve or diffuse relationship conflict. They are likely to have no fixed address, little money and limited access to childcare and transport. For these and other reasons, they find it difficult to make and keep appointments.

They may also have trouble with paperwork. They may not have — or may not be able to get hold of — birth certificates, bank statements, referral letters, prescriptions and other documents. Mail may not reach them because they move so often. Unless administrators are prepared to be flexible, there is a danger that people will be denied access to services and benefits through no fault of their own.

Access to technology

These difficulties are exacerbated by our increasing reliance on advanced — and relatively costly — technologies such as phone, television, fax and internet for communication. Many services now use telecentres as their initial contact point. Homeless people and those at risk of homelessness frequently do not have access a phone — at least not in a place where they can discuss personal matters or wait patiently through recorded messages before speaking to an operator. Discussing personal crises on public phones can be so stressful that people are often forced to abandon their call, no matter how important it is.

If someone are having trouble reaching a phone, their chances of obtaining information through television or — more especially — the internet are likely to be very limited indeed.

Cost of community support

Even though many community support services are subsidised, they are still unaffordable to the homeless. Homelessness is closely associated with poverty. The immediate financial priorities for most people experiencing and at risk of homelessness are to pay off debts, save the money required to get and keep stable housing, and buy essentials such as food and medicine. There is rarely much left to spend on community support services, not matter how valuable they may be in the longer term. Even free services can be difficult to access when you cannot afford transport, childcare or appropriate clothing.

Discrimination

There is a great deal of prejudice against the homeless. Some of it is based on isolated encounters with homeless people who exhibit challenging behaviour or have mental health, drug or alcohol problems. Most of it is based on myth. Indigenous people, people from culturally and linguistically diverse backgrounds, women, and people with disabilities are more likely to experience homelessness not only because they have lower incomes, but also because they experience discrimination in the housing market.

Even community support services sometimes discriminate against people experiencing and at risk of homelessness — some actively, by turning people away; others passively, by failing to address the barriers that prevent people walking through the door in first place.

Further research

We need to know more about:

- the association between family and social isolation and the risk of homelessness
- what community supports people experiencing homelessness need to access, what the barriers to access are, and what assistance would increase access.

5.4 Evidence

Family and social support networks

There is substantial anecdotal evidence that women living with a violent partner experience gradual and eventually profound isolation from friends and family — people avoid them because they feel uncomfortable around the partner, and the women themselves avoid their loved ones because they feel ashamed and humiliated. As a result, they often lack family and social support when they need it most.

In fact, all virtually all homeless people are distinguished by their isolation from friends, family and social networks. This is equally true of the young and the old. Conversely, the DASH community development program in Adelaide has demonstrated that when young people are reconnected to the world through training, their alienation diminishes, they become more purposeful, and they even start talking about giving something back to the community.

Administrative arrangements

Centrelink staff report that providing ID is a common problem for the homeless. Young people at risk of abuse and women escaping domestic violence may find it especially hard to access their personal papers, including proof of identity. Getting fresh documents from registries of births, deaths and marriages can be a slow and costly process.

Access to technology

Although public internet facilities are available in many public libraries and community centres they are rarely free, and the cost is often prohibitive to those in financial distress.

Cost of community support

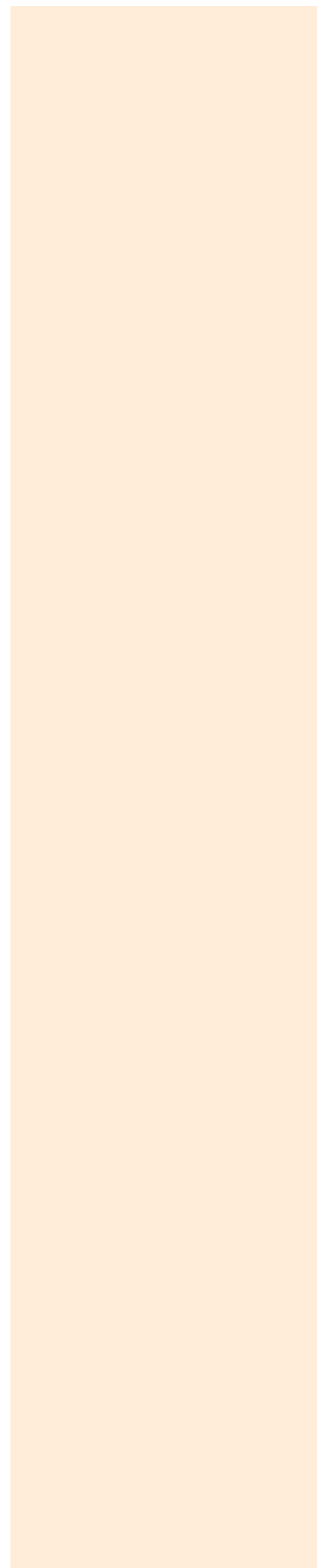
We tend to think that school education and medical services are free. Some general practitioners do bulk bill, but most specialists do not. Once transport, medicines and the portion of the doctor's fee not covered by Medicare are taken into account, a visit to a specialist could cost \$90 or more, even after concessions are taken into account. It is the same story at school — uniforms, books and stationery cost at least \$300 a year per child in years K–6, more for children in secondary school. Add as much again for sports and excursion fees, and it is not difficult to see why even basic education and health services are often unaffordable to people living from pay to pay on low incomes or income support, especially in areas where housing and other living costs are high. Community workers involved in budget planning report that people experiencing and at risk of homelessness often feel they have no hope of ever making ends meet.

Discrimination

The evidence we have of discrimination is mainly anecdotal, but nevertheless compelling. Many service providers have pointed out that

output- and outcome-based funding encourages client creaming — in other words, it gives services an incentive to exclude or marginalise people with intractable problems who might make the service's scorecard look bad. These people are even more likely to be excluded if they exhibit difficult behaviours.

Indigenous people make up around 2 per cent of the Australian population but nearly 14 per cent of the SAAP homeless population. There is no way of knowing how many indigenous people are homeless and not receiving any assistance. There is also no way of knowing what proportion are homeless as a direct result of discrimination. However, we do know that indigenous people are over-represented in the justice system and the care and protection system. They have poorer health outcomes, lower standards of housing, lower school retention rates, and more chance of living in poverty than the Australian population as a whole. All of these factors make indigenous people much more vulnerable to homelessness — and all are exacerbated by discrimination.



6. Health

Homeless people have significantly poorer health than the general community — mental health problems are particularly prevalent. They face substantial barriers to accessing health services, including lack of transport, lack of money, unhelpful reactions from people within the health system and lack of information about health services. They are also less likely to recognise that they have health-care needs and less equipped to follow through with medication and self-care regimes.

6.1 Goals

- To give homeless people the same access to public health services as other groups.
- To reduce the higher-than-average rates of morbidity and mortality within the homeless population.
- To develop agreed Commonwealth–State plans for improving the health of homeless people through the National Public Health Partnership and the National Mental Health Working Group.
- To increase the number of health workers providing services, including outreach, specifically for people experiencing homelessness.
- To make specialist mental health services, drug and alcohol treatment services, and dental health services available to homeless people.
- To make improving the health of homeless people a priority for the Division of General Practice and the Royal Australian College of General Practitioners.

6.2 Priority actions

IDENTIFY AND REMOVE the barriers to homeless people exercising their entitlements to free and subsidised Commonwealth, State and Territory health, medical and pharmaceutical services.

MAKE addressing the special needs of homeless people a priority for the National Public Health Partnership and the National Mental Health Working Group.

PRODUCE AND PROMOTE best-practice guides to help public health services, general practitioners, pharmacies and homelessness services care for the health and honour the health entitlements of homeless people.

FUND additional specialist services for the hardest-to-reach homeless based on proven service delivery models.

Who is involved?

- Commonwealth Department of Health and Aged Care
- State and Territory health departments
- Public hospitals and dental services, including emergency and crisis services
- Generalist community health services
- General practitioners
- Specialist health services, including mental health and drug and alcohol services
- Generalist health services, including dental and community health providers
- Australian Medical Association
- Homelessness service providers
- Community nursing services; for example, Royal District Nursing Services

6.3 Rationale

Australian studies show that people experiencing homelessness are likely to be in much poorer health than the general population, with high rates of mortality and morbidity. The precariousness and transience of their circumstances ensures that attention is rarely paid to their health needs, either by the health system or by the homeless themselves.

Poor nutrition and hygiene, a higher-than-average incidence of mental health and substance abuse problems, and a lack of family and other support during periods of illness all contribute to the poor general health of homeless people, whether they are on the street or in short-term or marginal accommodation.

Conditions associated with substance abuse (such as liver disease, blood-borne infections and respiratory complaints) tend to mask other underlying health problems and reduce the likelihood that they will be treated. The stresses of living rough or in unstable accommodation frequently exacerbate mental health problems, making depression, anxiety, schizophrenic disorders and other psychoses more prevalent — and the need for specialist treatment more urgent — among homeless people.

However, people experiencing homelessness are notoriously reluctant both to acknowledge their own health problems and approach health services. Even if they did, they would probably find the service ill-equipped to cope with the behaviours and circumstances of homeless people, whose existence is often too uncertain to use services that are available by appointment only, and whose capacity to follow home-based treatment regimes may be nil. Although most homeless people consider hospitals unresponsive to their needs, they may feel more comfortable reporting to a public hospital emergency department — even, inappropriately, with non-emergency complaints — than to a private doctor's surgery (RDNS, 1999). SAAP and other programs for people experiencing homelessness do not fund services to help clients with health-related problems on the assumption that the homeless can access the mainstream health system.

Some homeless people have discrete health, mental health and disability problems which can be met by services specialising in these fields. However, others have a complex mix of problems, each reinforcing the others, that calls for a response from different services. If these services belong to different policy and program domains, each with its own structure, procedures and funding, people are unlikely to get the integrated support they need. This is especially true for homeless people dealing with multiple health and mental health issues, or who have a borderline disability, or whose health problems are compounded by drug and alcohol abuse. Moreover, there is substantial unmet demand for health services, and those with problems deemed low-priority may not be eligible for assistance even though they are homeless and in danger of remaining homeless for a long time if they do not get assistance.

Related initiatives

- Innovative Health Services for Homeless Youth
- Second National Mental Health Plan 1998–2003
- National Drug Strategy
- National Suicide Prevention Strategy

Further research

We need to know more about:

- the experience of people at risk of homelessness (particularly those living in unstable circumstances in the private rental market, caravan parks or other transient forms of accommodation) in exercising their entitlements under the Medical and Pharmaceutical Benefits Schemes and using general practitioner services.

6.4 Evidence

Research undertaken by the Macfarlane Burnet Centre in 1992 showed that, compared to the general population, people experiencing homelessness had a higher incidence of injecting drug use, abnormal liver function that could be related to Hepatitis C, unsafe sex practices, and tuberculosis risk.

The RDNS study of 1999 identified substantial health problems among homeless people, including poor dental health; poor nutrition; eye problems; infectious diseases such as tuberculosis; viral hepatitis; sexually-transmitted diseases; infestation disorders resulting from self-neglect and having no facilities to maintain personal hygiene; pneumonia; lack of pain management; lack of preventative and routine health-care; and desultory and inappropriate use of medication.

A recent Sydney study found that 75 per cent of 217 homeless people interviewed had at least one mental health disorder (Hodder et al, 1998). Research by Hanover Welfare on injecting drug use among people experiencing homelessness suggests that they are ten times more likely to be addicted to heroin than the general community, with approximately half of the people using Hanover's accommodation service having an alcohol or drug dependence. These staggering rates of substance abuse have significant implications for the overall health of homeless people, and more particularly for their mental health (Hanover Welfare Services, 1999).

The RDNS study also included a survey of homeless people. It suggests that the homeless find specialist homelessness services more responsive to their health needs than generalist health services, including hospitals and emergency departments. The most significant obstacles to using health services recorded in the survey were a lack of transport (27 per cent), unsympathetic reactions from service providers (25 per cent), a lack of money (21 per cent) and not knowing where to go (21 per cent).

7. Disability

People with intellectual and psychiatric disabilities are highly vulnerable to homelessness because their needs are often unmet. People with disabilities of all kinds are more likely to experience poverty, abuse and social isolation. For these and other reasons, they are more at risk of homelessness than the broader community. Providing them with financial and other support appropriate to their needs is essential if they are to avoid or escape homelessness.

7.1 Goals

- To reduce the number of people with a disability experiencing homelessness.
- To increase housing affordability for people on disability income support.
- To increase the provision of designated public housing, private rental assistance, supported accommodation and associated assistance for people with physical disabilities and disabling cognitive impairments (including intellectual and psychiatric disabilities and acquired brain injuries) who are homeless or at risk of becoming homeless.
- To improve access for people with disabilities to existing homelessness, health and other support services.
- To improve the capacity of homelessness services to meet the special needs of people with disabilities.

7.2 Priority actions

PROMOTE income security policies that reflect the individual cost and complexity of various disabilities.

PROVIDE combined accommodation, support and income security packages that are individualised to meet the needs of people with disabilities, especially those who are homeless or at risk of becoming homeless.

ESTABLISH joint Commonwealth–State programs that prevent people with psychiatric and intellectual disabilities and other disabling cognitive impairments becoming homeless by helping to stabilise their housing, finances, physical health and mental health.

IMPROVE links between mental health-care, disability programs and accommodation services.

INCREASE long-term supported accommodation options for people who are unable to manage their own accommodation and self-care needs.

Who is involved?

- Commonwealth Department of Family and Community Services
- Centrelink
- State government departments with responsibility for disability support services
- Disability accommodation service providers
- Home-care service providers
- Health service
- Mental health service
- Employment access service providers
- Homelessness service providers
- Community access service providers
- Public and private rental providers

Related initiatives

- Commonwealth–State Disability Agreement
- Commonwealth income security as it relates to people with a disability
- State disability housing support programs
- Community access programs
- Second National Mental Health Plan 1998–2003

7.3 Rationale

People with disabilities are a diverse group and disabilities take many forms. For example, a person may have a physical disability, an intellectual disability, a psychiatric disability or some a combination of the three. While some individuals may only require limited physical assistance to maintain their independence, others may have little or no capacity to support and care for themselves.

De-institutionalisation has left many people — particularly those with psychiatric disabilities — vulnerable to homelessness because it has not been accompanied by the development of adequate community-based support and care. Two other changes that have had an effect on people with disabilities — especially people experiencing homelessness — are the move to mainstream services and the move to embrace purchaser–provider funding models.

Accessing mainstream services can be very difficult for people with disabilities, especially if they are also homeless. Unless mainstream services have the resources and the flexibility to offer services that are compatible with the living conditions and special needs of homeless people with disabilities, they will be inaccessible to the group that needs them most.

Theoretically, purchaser–provider funding models give service providers an incentive to be more responsive to individual needs. However, this will only happen if people with psychiatric and intellectual disabilities have a range of services to choose from and appropriate support to exercise and, where necessary, assert their rights.

People with disabilities are perhaps the most vulnerable group experiencing homelessness in Australia. They are at greater risk of abuse and often rely on family members or service providers for support in order to establish and maintain safe and appropriate housing. The number of people with disabilities who are living in abusive, unsafe or inappropriate households is unknown. The homeless population is, by definition, transient and largely hidden. This is even more true for people with disabilities, whose circumstances — dependency, lack of mobility, difficulty communicating — can leave them profoundly isolated from the community around them.

Further research

We need to know more about:

- the extent of homelessness among people with disabilities, particularly those living in abusive environments or accommodation that falls below minimum community standards
- the links between psychiatric disability, intellectual disability, brain injury, dementia and drug and alcohol abuse and homelessness
- the benefits of integrated accommodation, support and income security packages to people with a disability
- the impact of individualised funding arrangements on the availability and quality of support services for people with disabilities and their carers and families, particularly where the individual or family is homeless or at risk of becoming homeless.

7.4 Evidence

Of Australia's 19.3 million people, it has been estimated that 19 per cent (3.7 million) have some kind of disability, while 4 per cent (0.8 million) have a disability that restricts them in one or more core activities essential to daily living.

In a 1992 survey, SAAP service providers reported that 13 per cent of their clients had a history of psychiatric illness and 11 per cent had either a physical or intellectual disability (SAAP, 1999). The proportion of single men in SAAP services on a disability income is 38 per cent; the figure for single women is 25 per cent. The predominant types of disability among SAAP service users are psychiatric disability, intellectual disability and acquired brain injury. Nearly all people accommodated by SAAP services in inner city areas have a significant level of disability.

Anecdotal evidence suggests that children with disabilities are more likely to need care and protection services than other members of their age-group. They are obviously much more vulnerable — just as vulnerable as adults with disabilities. There is a need for further research into the area of abuse and homelessness among people with disabilities.



8. Drugs and alcohol

Drug and alcohol misuse is prevalent among the homeless. People who have substance abuse problems often have related mental health problems. In order to prevent homelessness — and particularly chronic homelessness — we need effective drug and alcohol treatment and prevention programs which also address accommodation and mental health issues.

8.1 Goals

- To create a range of integrated services that better respond to the dependency, health, support and accommodation needs of people with alcohol, drug and substance abuse problems who are homeless or at risk of becoming homeless.
- To develop prevention, early intervention, crisis and long-term responses to homelessness and alcohol and other drug-related issues.
- To improve coordination between organisations serving people with drug and alcohol problems, housing problems and mental health problems.
- To reduce drug and alcohol abuse in Australia
- To give people with alcohol, drug and substance abuse problems early access to assistance.

8.2 Priority actions

CREATE drug and alcohol services that can provide accommodation for people experiencing homelessness at critical points on their path to quitting.

POOL health and housing program funds to pilot a multi-layered service response incorporating drug and alcohol, housing, support, and mental health services and providing for immediate, medium-term and long-term needs.

PROVIDE diversionary programs such as employment, training and recreation for people experiencing and at risk of homelessness who have or are at risk of having substance abuse problems.

DEVELOP formal protocols for local and regional cooperation between drug and alcohol agencies, SAAP services, health services and mental health services.

RESOURCE homelessness services to better respond to the needs of people with substance abuse problems.

ARRANGE a meeting of Commonwealth, State and Territory Attorneys-General and Ministers for Justice to initiate the decriminalisation of public drunkenness.

Who is involved?

- Commonwealth Department of Family and Community Services
- Commonwealth Department of Health and Aged Care
- Commonwealth Department of Education, Training and Youth Affairs
- State departments responsible for education
- State departments responsible for correctional services
- Hospitals
- Mental health services
- Drug and alcohol treatment services
- Private education providers
- Community Education providers
- The alcohol industry
- Homelessness service providers
- Youth services

8.3 Rationale

It is well recognised that alcohol, drug and substance abuse significantly increase the risk homelessness. Australia's homelessness services were not designed to cope with the demands now placed on it by people with substance abuse problems.

Many people with severe and prolonged drug and alcohol problems are unable to manage their income, look after their housing needs, establish and maintain supportive relationships, or care for themselves. Many develop abuse-related health problems, particularly mental health problems.

Their needs are high and complex, and they can only be addressed by coordinating accommodation, support and health-care services to provide a comprehensive response.

Although treatment programs exist, they are not available in all locations (particularly in regional and remote areas), and they are seldom integrated with accommodation and support services. Conversely, accommodation and support service providers often lack the resources, skills and qualifications to help people with drug and alcohol dependencies or the physical and mental health issues they give rise to.

People with drug and alcohol problems may also exhibit challenging behaviour which makes it hard for them to fit into group living environments, even in supported accommodation.

8.4 Evidence

National Drug Strategy survey data suggests that 77 per cent of Australians consume alcohol — and that 33 per cent of males and 39 per cent of females who consume alcohol usually do so at harmful rates (more than four standard drinks for males and more than two standard drinks for females). Twenty-two per cent of Australians over 14 reported using illicit drugs in the preceding twelve months. Twenty-one per cent of males and 15 per cent of females reported using cannabis during that time. Thirty-four per cent of young people aged 14–19 had used cannabis in the last twelve months — females were 6 per cent more likely to have done so. One per cent of males and 0.6 per cent of females over 14 years had injected illicit drugs in the previous twelve months. Of these 28 per cent reported overdosing at least once after injecting heroin in that period (Ministerial Council on Drug Strategy, 1998).

Mental health and wellbeing can influence drug use. The Australian Bureau of Statistics' *Mental Health and Wellbeing* shows that at least 20 per cent of people with mental health disorders also engage in harmful drug use, with increased risks of suicide, hospitalisation, violence and homelessness (ABS, 1998a)

Related initiatives

- National Drug Strategy
- Community Support Program

Further research

We need to know more about:

- the long-term effectiveness of different treatment programs for people with drug, alcohol and other substance dependencies
- the links between mental health, drug and alcohol abuse, and homelessness
- the long-term effectiveness of different effective drug and alcohol abuse prevention programs and their impact homelessness.

Success rates for the treatment of advanced drug and alcohol problems are very poor and none of the treatments currently in use appears much more effective than the others. Until further research is available, it is important that we provide a range of responses to drug and alcohol problems and monitor the success of those responses over time (National Drug Strategy, 2000).

Nearly a fifth of single men using SAAP services (18 per cent) cited drug, alcohol or substance abuse problems as their main reason for seeking assistance. Anecdotal evidence suggests this may understate the difficulty and that drug and alcohol problems are widespread among the homeless population. Single men with drug and alcohol dependencies express less satisfaction with SAAP services than any other group, suggesting their needs are not being met (SAAP, 1999). There is no question that the needs of homeless people with advanced drug and alcohol problems are generally both serious and complex.

The proportion of Hanover Welfare's clients with drug dependencies increased from 5 per cent in 1993 to 16 per cent in 1999. Hanover's clients are broadly representative of Victorian SAAP users. At this rate, around 25 per cent of them will be dependent on drugs by 2005. The prevalence of drug dependence among the 3,000 people using the major crisis accommodation services in Melbourne is substantially higher.

9. Criminal justice and correctional services

The experience of homelessness is often related to experience of the criminal justice system. Ex-prisoners often have no home or job to go to. They are more likely than the general population to have low incomes and be on income support. They are also more likely to experience discrimination. All these factors increase their risk of becoming homeless. The experience of homelessness in turn increases the danger that they will resort once more to crime.

9.1 Goals

- To prevent homeless people getting caught up in the criminal justice and correctional service systems for minor misdemeanours.
- To reduce the over-representation of homeless people in the criminal justice system and the prison population.
- To create appropriate pre- and post-release programs and services to provide planned pathways for ex-prisoners that prevent homelessness and re-offending.
- To give the families of prisoners appropriate support to reduce their risk of homelessness.
- To prevent young people setting out on pathways that will lead them to prison and homelessness.
- To ensure that young people exiting detention or in contact with the juvenile justice system are given the best possible opportunity to establish a life exclusive of crime.

9.2 Priority actions

PROVIDE diversionary programs such as employment, training and recreation for people experiencing and at risk of homelessness who have or are at risk of having substance abuse problems.

TAILOR employment and training programs to meet the needs of prisoners and those exiting prisons (possibly using the Job Placement, Education and Training model).

ENSURE that people leaving prisons have a comprehensive support plan for the post-release period.

HELP prisoners secure housing immediately on release by providing at least one month's rent in advance.

PROVIDE prisoners with the accommodation required to secure their release and satisfy their parole conditions.

COORDINATE the efforts of Commonwealth, State and Territory agencies to ensure that all people leaving prison have stable accommodation and income in the post-release period and access to necessary support services, including drug and alcohol services and employment services.

Who is involved?

- Commonwealth Attorney-General's Department
- Commonwealth Department of Family and Community Services
- Centrelink
- State departments responsible for correctional services
- Police
- Mental health services
- Prisons
- Health services for prisoners
- Post-release programs and services
- Prisoner support groups
- Drug and alcohol treatment services
- Homelessness service providers
- Current and ex-prisoners
- Families of prisoners

Related initiatives

- National Crime Prevention Strategy
- Current research by the Australian Institute of Criminology on pre- and post-release programs for prisoners
- NHS-funded demonstration projects:
 - action research to support young people exiting juvenile justice facilities
 - transition support for young people moving from juvenile detention to family and the community

9.3 Rationale

People who have spent time in juvenile justice facilities or adult prisons are over-represented in Australia's homeless population. This is partly because many people released from these institutions find it difficult to find and hang on to stable accommodation, and partly because many people end up in prison as a result of behaviour triggered by, or associated with, the experience of homelessness. The families of prisoners frequently get caught in the same vicious cycle — the incarceration of a breadwinner is often enough to propel the rest of the family into homelessness.

People released from correctional facilities often become reliant on homelessness services, either immediately or very soon after they get outside. Both prisons and homelessness services can be seen as very costly forms of accommodation with little capacity to help people make long-term improvements in their lives. Breaking the nexus between them would be an important step in reducing homelessness.

9.4 Evidence

There is a large body of international research on the link between incarceration and homelessness. A study undertaken in the United Kingdom on the housing needs of ex-prisoners found that only half were able to return to their previous home. The study concluded that even short sentences could lead to major resettlement problems and that the likelihood of re-offending was higher when people had no satisfactory accommodation (Carlisle, 1996).

In Australia, there is evidence that young people are graduating from the child welfare and protection system to the juvenile justice system, and from there to the adult SAAP and prison systems. For example, two Victorian studies in the early 1990s found that 72 per cent of homeless young people were under a corrective order, and 44 per cent had been in a correctional institution (National Crime Prevention Program, 1999). Homeless young people are also over-represented as victims of crime.

People who were homeless at the time they entered the correctional system invariably exit prison with no support or accommodation plans in place, thus recreating their pre-prison circumstances. A study currently in progress tracking where ex-offenders go on release from jails in and around Sydney and Melbourne will tell us much more about the difficulties this group experiences securing appropriate accommodation.

People on parole following release from prison have much higher rates of unemployment, and hence much lower incomes, than the rest of the population. They also have much higher mortality rates, not least because so many resort to suicide.

Further research

We need to know more about:

- best-practice pre-release and post-release programs and the effectiveness of different models in preventing homelessness
- risk indicators that will enable us to identify prisoners likely to experience homelessness on release from prison
- the housing needs of ex-prisoners and how best to help prisoners return to their previous accommodation or access new accommodation on release.