National Homelessness and Housing Plan Input

- Lack of housing stock, limited housing options available, demand exceeds supply

- Lack of suitable housing for people with disabilities, or housing incorrectly considered suitable (for example housing has an accessible bathroom, despite not having appropriate property access)

- Financial circumstances of individuals – improve peoples' incomes.

- Family violence

- Tenancy Act ▮▮▮▮▮▮ – creates challenges for services that manage transitional properties.

- Long-term homeless population may give up on seeking service support – lose hope of assistance and then may disengage with all services.

- The additional support needs for those moving from long term homelessness to housing not able to be adequately met, therefore person struggles without adequate supports, potentially leading to return to homelessness.

- Inaccurate information being circulated about housing stock availability in rural and remote areas ▮▮▮▮▮▮▮ leading to increased numbers of people who are experiencing homelessness relocating to the area and increasing demand on the few already stretched rural support services.

- Gambling

- Inadequate focus on and resourcing of the services and supports that can prevent homelessness – eg family violence support, gambling support, income support.

Short term

- Short term funding is problematic – this presents risks to the stability of the services able to be provided and risks to the workforce that is needed to deliver the range of services required. Investment should be provided for at least three years so that services can properly plan, attract and retain the necessary workforce and effectively collaborate, network and develop partnerships with other service providers to effectively meet the needs of people experiencing homelessness.

- Increase the amount and flexibility of funding for homelessness services so that the increasing demand can be met and wraparound approaches provided.

- Update funding guidelines for all homeless support programs so parameters are better suited to current circumstances and more flexible to enable service providers to respond to local needs. Eg. Six weeks of support for long-term homeless people is not adequate to fully meet support needs, less prescriptive eligibility requirements are needed so that support can be tailored to the circumstances of each individual.
- Invest in education and/or awareness raising initiatives to break down stigma, myths, judgement of some service providers, including GPs, so that homeless people can feel comfortable and not judged or discriminated against.
- Improve mainstream service providers' knowledge and understanding to de-bunk myths and reduce stigma. Fund appropriate training and education for staff to address and reduce stigma related to homelessness and drug and alcohol use.
- The ███████████████████████ region is the only region in ████████ without a residential rehab program which means that consumers are required to travel to regional or metropolitan areas to access these services. People experiencing homelessness do not have the resources or supports in place to be able to travel to other regions to access residential rehab services .

Medium-long term

- Review Tenancy Act ████████ around requirements for transitional properties.
- Ensure a supply of housing stock that is suitable for people with disabilities.
- Increase available housing stock/options – public, social, transitional, crisis, particularly in regional and rural areas.
  Address the additional needs and demands in rural and regional areas, where less services are available- improve service availability and access and housing supply.
- If there was universal access to adequate income, then the risk of homelessness might be reduced for some or the need for other services may be reduced.

- What types of homelessness supports and services do we need more of? For example, earlier intervention, crisis support, mental health supports, etc
  Responses below reflect feedback provided by ██████████████████████████ ████████████ *through co-design sessions held in October 2023.*

- Provide specific funding to services to support the development of service networking and partnerships amongst service providers that can be sustained over the long term, to improve service connection and coordination and to ensure the consumer journey is coordinated across all the services that are involved in their care.

- Short term (12-months) service funding is problematic – poses risks to stability of the services that able to be provided, risks to the workforce that are needed to provide services. Funding should be provided for at least three years so that services can properly plan, attract and retain the necessary workforce and effectively collaborate and network with other service providers and be able to offer some level of service certainty.
- More early intervention services – intervene early while needs are manageable, before people become disengaged and lose trust with services/government.
- A greater focus on prevention, supporting people at risk of homelessness when they engage in services (e.g. primary care, Aboriginal Community Controlled Health Service, mental health, Emergency departments, family violence) rather than waiting until the point of crisis.
- Have early intervention services available in hospitals to link people to appropriate support services to reduce avoidable hospital presentations.
- Increased crisis support, including crisis accommodation and emergency funding is needed, including specific crisis support services to support women. Men's crisis accommodation is always at capacity.
- Improve linkages to AOD, mental health and other health services such as Emergency Departments.
- Greater focus on the needs of youth and more suitable services, including housing options, to support young people.
- A stepped approach to housing support eg. emergency support, then moving to transitional housing then a more permanent housing solution, with the right supports provided so people can be successful with housing, especially after long-term homelessness.
- The current funding model provides for short term case management, in some instances only allowing a support period of six weeks. Six weeks is an inadequate period to build trust and rapport between service users and providers and to adequately address the complex needs that have often contributed to homelessness. This leads to service users either bouncing between services to receive support or becoming disengaged. Funding models needs to offer long term case management for clients to receive ongoing support from multidisciplinary teams.
- Improve awareness of what services are available in what locations for people experiencing homelessness and for homelessness support service providers and other mainstream services to better understand the local referral pathways

- Establish outreach teams comprised of housing workers, Mental Health (MH)/Alcohol and Other Drug (AOD) workers and nurses or GPs who go out to meet clients where they are at. Assertive outreach that is responsive and builds trust over time.
- Co-located services supported by strong partnerships so that care is coordinated, and people are not being sent from one service provider to another.
- Specific services for health care for the homeless population – increase dedicated assertive outreach services such that use a multi-disciplinary team where requirements for fees, ID, Medicare card can be waived or managed in another way. Bulk billed services so that costs aren't prohibitive.
- Improve services that support families and relationships, to reduce risk of homelessness in the first place.
- We need to be aware that some people experiencing homelessness might not feel safe accessing any services due to a lack of trust or negative past experiences. Improving mainstream service providers' understanding of homelessness to reduce stigma and remove bias from care delivery will increase safety and trust, so that people experiencing homelessness feel comfortable to present to those services.
- Point of entry to services, should be a 'no wrong door' approach so that people can get the support they need as they need it. This would need to be supported by strong partnerships and linkages between service providers.

- How can services be better coordinated to support people who are experiencing homelessness and more effectively respond to those at risk of homelessness?
  - Provide funding for service providers to participate in networks/collaboratives/partnerships, so that services across a region can strategically plan and properly coordinate their service offerings with each other. If the obligation to network and coordinate services is included as part of funding requirements, then these partnership arrangements are more likely to develop. If services are not provided with specific funding to support networking and collaborative arrangements, then it is unlikely to occur in a meaningful and coordinated way as services are unlikely to have funds left over to allocate to such a purpose when there is high demand for delivery of support services. Primary Health Networks (PHNs) are well placed to support networking and partnership development within their catchments with appropriate funding.
  - Universal access – no wrong door approach will support services to become better connected.

- In the ▮▮▮▮▮▮▮▮ region, services felt that the level of collaboration between services was quite good already – they are all willing to help each other out but support for partnership development would enable service providers to formalise these arrangements so that this can occur in a more strategic and coordinated way.
- Increased funding for case management support would improve service coordination by having roles dedicated to connecting with other services to coordinate care for consumers, while ensuring consumers are supported to access the care they need.
- Improve service networking and collaboration to better understand referral pathways to support clients to access the right services.
- Establish outreach teams comprised of housing workers, MH/AOD workers and nurses or GPs who go out to meet clients where they are at. Assertive outreach that is responsive and builds trust over time.
- Co-located services supported by strong partnerships so that care is coordinated, and people are not being sent from one service provider to another.
- Provide specific funding to services to support the development of service networking and partnerships amongst service providers that be sustained over the long term to improve service connection and coordination and to ensure the consumer journey is coordinated across all of the services that are involved in their care.
- Improve linkages to AOD, mental health and other health services such as Emergency Departments.

2. How can governments, across all levels, best work with communities to support better housing outcomes for Aboriginal and Torres Strait Islander people?
When answering this question, you might like to consider:

- What cultural, social and economic factors need to be considered?
  - This work should be led by First Nations Communities.
  - Ensure all service providers are culturally aware and provide culturally safe services.
  - Fund strategies to raise and improve knowledge and awareness of needs while de-bunking myths.
  - Work to build trust – invest resources into this.

- What might be the benefits of having a separate plan (or separate schedule to any new housing and homelessness agreement) for Aboriginal and Torres Strait Islander people?
  - First Nations services and communities should lead, be involved in and drive development of a separate plan or schedule to an Agreement, to suit the cultural needs of First Nations people. Self-determined approach is needed.

- All services need to be culturally aware and able to support all clients, consistent with the 'no wrong door' approach and then have good connections and referral processes to other services.

3. How can all levels of governments, along with housing organisations, institutional investors, not-for-profits, and private industry, improve access to social housing, which includes public housing and community housing?
When answering this question, you might like to think about:

- What changes can be made to the current social housing system to improve outcomes for tenants and/or improve the efficiency and effectiveness of the social housing sector?
  - Anecdotal feedback that social housing providers may cherry-pick who they select for their homes, not necessarily taking the person at the top of the wait list, to select clients they want to have in their properties. System change needed so that people access housing according to the wait list. Address stigma and bias that might lead to this occurring.
  - Continue supports for people once they access housing to ensure they can successfully retain their house through the funding of more case management support.
  - Review guidelines to ensure they adequately reflect current circumstances, where service and housing demand outstrips availability.
  - Ensure housing stock is available to suit a range of cohorts – eg. youth, people living with disability.
  - Consider how partnering opportunities between housing providers/support service providers and corporate workplaces might work to help meet the needs of people experiencing homelessness. For example, work organisations could set up corporate volunteering arrangements in their workplaces – workplaces could offer volunteer leave to their staff so that staff can volunteer their time to work in homelessness or housing support services as a way of supporting service delivery.
- What actions are needed now to ensure there is social housing available for people in need?
  - Increase the supply of housing, ensuring it can meet the needs of different cohorts – youth, people with disability and in particular ensuring adequate supply in regional and rural areas. Ensure that specific vulnerable populations (e.g. people with a disability) have equitable access to available housing that suits their needs.
  - Develop minimum data sets so that housing policy and programs are developed in an evidence-based way and can respond to or predict changing demand.

- Review policies for allocation of housing stock to ensure equitable distribution for example make sure that housing is allocated in a fair and equitable way eg. According to the waiting list.
- Develop a plan to ensure adequate housing stock in the short or medium term while new housing stock is being developed or built. New housing will likely not be available for at least 12 months, so ensure housing options are available now to meet the current demand, while houses are being built.

- Are there longer term policies that need to be considered to support social housing over the next 10 years?
  - Fund and resource the sector appropriately – provide long-term funding cycles for service providers, ensure long-term planning for housing supply so that housing is available to meet demand, especially as demand rises – be proactive rather than reactive in housing supply.
  - Review government programs, and legislation to ensure they are fit for purpose for current circumstances with the high demand for housing supports and for the future.
  - Ensure strategic approach to homelessness support funding across state and Commonwealth to move away from siloed program funding to more strategically funding across the system of care. Could consider a more regionalised and local focus, particularly in regional, rural and remote areas. PHNs could support this approach to leading strategy and planning in local regions with appropriate funding.

- How can governments ensure social housing is built in the right locations (considering environmental, socio economic and cultural factors) and will meet current and future needs of social housing tenants and the broader community?
  - Collect and monitor data on the demand on services, so that there is real-time information on the locations with highest need.
  - Governments can set up and fund systems or processes to hear from service providers about the needs in local areas, such as collaborative or networking arrangements. These collaboratives can feed into government policy and program development. These networks/collaboratives should be funded by governments so that they can operate effectively to ensure services can form the partnerships that are needed to prevent people falling through gaps or bouncing from service to service. PHNs could support these collaborative arrangements in local regions.
  - Governments can ensure adequate funding for services, over a decent length of time (3+ years funding) and ensure the right resources are provided to meet the high-level of need.

When answering this question, you might like to think about:

- What actions should government take now?

    - Bring together all sectors and service providers so that a more strategic and coordinated approach can be developed to improve access to housing and improve housing affordability.

    - Invest in service providers to engage in networks/collaboratives/partnerships, so that services across a region can strategically plan and properly coordinate their service offerings with each other. If the obligation to network and coordinate services is included as part of funding requirements, then these partnership arrangements are more likely to develop. If services are not provided with specific funding to support networking and collaborative arrangements, then it is unlikely to occur in a meaningful and coordinated way as services are unlikely to have funds left over to allocate to such a purpose when there is high demand for delivery of support services. PHNs are well placed to support networking and partnership development within their catchments with appropriate funding.   PHN can support and lead collaborative arrangements across their regions with appropriate funding.

- Are there longer term policies that need to be considered to support an accessible and affordable housing market in the next 10 years?

    - Policy consideration at State and Local Government Area(LGA) level to build social housing into planning schemes with scope to ensure that a percentage of Greenfields development sites include a component of social housing to ensure new social housing development is not built in clusters.

    - Increased focus and resourcing of the services and supports that can provide early intervention support for people at risk of homelessness – eg family violence support, gambling support, income support. Strengthen preventive approaches to help reduce the need for homelessness services and supports over the long term.

    - Develop long term strategic vision, implementation plan and investment strategy. Give providers funding certainty, when appropriate PHNs for management oversight.

- How would supply, demand and affordability challenges need to be addressed in regional, rural and remote areas?

    - Fund regional and rural areas appropriately so there is an adequate number and type of public/social housing available to meet the high need and the right mix and number of support services.

- Invest in service providers to engage in networks/collaboratives/partnerships, so that services across a region can strategically plan and properly coordinate their service offerings with each other. If the obligation to network and coordinate services is included as part of funding requirements, then these partnership arrangements are more likely to develop. If services are not provided with specific funding to support networking and collaborative arrangements, then it is unlikely to occur in a meaningful and coordinated way as services are unlikely to have funds left over to allocate to such a purpose when there is high demand for delivery of support services. Primary Health Networks are well placed to support networking and partnership development within their catchments with appropriate funding.
- Address the additional needs and demands in rural and regional areas, where less services are available- improve service funding, availability and access.
- Commit to more long-term funding of support services. Short term funding is problematic – this presents risks to stability of any services able to be provided and risks to workforce that are needed to provide services. Funding should be provided for at least three years so that services can properly plan for, attract and retain the necessary workforce and effectively collaborate and network with other service providers. Longer term funding provides assurances of being able to provide services over a reasonable timeframe.
- Place a greater focus on prevention of homelessness, to better support people at risk of homelessness. Ensure other services and supports are available and adequately funded so they can be accessed as needed. Eg. Family violence services, gambling support services and adequate income.

5. How could governments work better with industry, community services and other organisations to improve housing outcomes for all Australians?
When answering this question, you might like to think about:

- How could governments work better with your industry or organisation?
  - Primary Health Networks (PHN) have been established across Australia by the Commonwealth government to work in their local regions to assess and understand community needs, including primary health care needs, commission health services to help meet those needs and support service integration to create better service access for local communities. PHNs are therefore ideally placed to be funded to commission primary health care services for people experiencing homelessness in our regions. As announced in the 2023/24 Budget, PHNs will receive funding in 2023/24 to 2024/25 to support primary health care service access for people at risk

of or experiencing homelessness. Hopefully, this funding for primary care services will extend beyond June 2025 and services will be funded for a reasonable funding period (at least three years) so services can be effectively planned and there is certainty to attract the necessary workforce to deliver and sustain these services.

- PHNs are also well-placed to support the integration of a range of homelessness support services within geographical regions and could be funded to establish and manage regional service networks/partnerships. In this role, PHNs could support collaboration between homelessness service providers to improve awareness and linkages of the range of available services, improve referral pathways and ensure that service gaps and duplication were addressed.

- PHNs can also ensure that homelessness support services are well connected and integrated with other PHN commissioned services, including mental health and Alcohol and other drug services.

- How should communities be involved in initiatives to improve housing and homelessness in the future?

  - Service co-design for people with lived experience of homelessness to develop an understanding of the local social determinants for homelessness and to understand their knowledge and experiences of how the service system can best respond to their needs

6. How can governments, the private and community sectors, help to improve sustainable housing and better prepare housing for the effects of climate change?
When answering this question, you might like to think about:

- What is the role of housing and homelessness supports, policies and programs in responding the climate disasters?

  - Department to ensure that any new housing stock and housing stock undergoing significant renovations is compliant with the ████████████████████████ for energy efficiency and sustainability (this is a legal requirement anyway)

  - Strategic plan to systematically upgrade existing housing stock to meet energy efficiency and sustainability requirements

  - Agencies to implement policies where brokerage is used to purchase household electrical appliances to ensure minimum energy and water efficiency ratings

  - There is a need for separate short-term housing availability for people who will be displaced by the increasing number of climate events such as floods and fires however this needs to be funded separately under emergency response programs. The demand on current homelessness services and programs is too great so there

isn't the capacity to support people displaced by natural disasters within these programs.

- Additional investment from the commonwealth through emergency response programs (as opposed to homelessness support programs) should be considered to support people displaced due to climate disasters.
- The government needs to plan to have extensive numbers of climate refugees in areas that are seeing sea-level rises already consuming islands and communities. This includes a close neighbour, Indonesia.

- How can housing policies and programs support people who have been displaced due to climate disaster?

  - In the instance where people have been displaced from their existing housing (ie. people who have housing and are not experiencing homelessness) due to a climate disaster, such as bushfire or flood, any housing support required following these types of disasters, should be provided through emergency management response funding and emergency response programs, as this emergency housing support should not be funded through homelessness support funding. Homelessness support funding could be utilised to support those who were homeless prior to a climate disaster, to help them to access housing supports following a climate disaster.
  - Current demand for homelessness support services significantly exceeds capacity therefore homelessness support funding should be quarantined to support people experiencing homelessness with support for people needing interim housing support following a climate disaster funded separately through emergence response funding . Planning and response to natural disasters needs to protect service access for those who are chronically or episodically homeless (not due to a climate disaster) , so that they don't lose service access when the population needing help surges in a crisis.
  - When housing support is provided following a climate disaster, taking it away once a disaster has passed or after a certain period of time has passed is damaging to individuals. A similar situation occurred during covid where most homeless people were placed in accommodation during the height of covid and once the immediate covid crisis had passed, were removed from those housing arrangements and then often ended up in situations of homelessness again. For those affected, this is damaging and results in a lack of trust and lack of engagement in seeking the supports they need.

- How can governments support hazard resilient housing and housing modifications for new and existing housing?

- Policy development that is mandatory for new builds and standards that are implemented over time for existing houses. This could be subsidised in the same way as the solar rebate.