

South Australia Domestic and Family Violence Safety Alliance (DFVSA)

Response to Housing and Homelessness National Plan Issues Paper

September 2023



**Domestic and
Family Violence
Safety Alliance**

Supporting people to live safer and free from violence

Domestic and Family Violence Safety Alliance (DFVSA)

The Domestic and Family Violence Safety Alliance (DFVSA) provides specialist domestic and Aboriginal family violence services to victim-survivors across South Australia through our 8 service delivery partners and 19 services, alongside government partners. The service partners are:

- Women's Safety Services South Australia (WSSSA)
- Centacare Catholic Family Services (CCFS)
- Centacare Catholic Country SA (CCCSA)
- Yarredi
- Nunga Mi:Minar Incorporated
- Uniting Country South Australia
- Junction Australia
- The Salvation Army

Our services support over 4,500 people annually and include local place-based support and state-wide services such as the Domestic Violence Crisis Line. DFVSA brings together specialist providers of domestic and family violence support and are the primary providers of DFV homelessness support in South Australia (emergency accommodation, crisis, supportive and transitional accommodation). The Alliance partners also provide SA-wide Safe at Home support, supporting women and children to remain in a home of their choosing through a uniquely integrated model.

DFVSA acknowledge that housing instability and homelessness is a multifaceted and complex problem caused by multiple push and pull factors that span social, cultural and economic domains. However, due to the scope of service provision of the DFVSA, this paper will primarily address issues associated with domestic and family violence and housing instability and/or homelessness. Our responses to the Plan are therefore framed within this context. Our response also incorporates input from sister services to the Alliance, in particular the Coober Pedy Homelessness and DFV service which, while not formally part of DFVSA, is an important partner in delivering homelessness and DFV services in remote South Australia.

General Comments

Links between DFV and Homelessness

Women who experience DFV often face disadvantage across the spectrum of housing instability and homelessness for a range of reasons, including decreased earning capacity (gender pay gap and burden of care), single parenthood and multiple moves in their efforts to secure long-term, safe, stable, secure and affordable housing¹. Housing instability and homelessness may continue across the lifespan for women and children experiencing DFV. This could mean moving 3, 4 or more times in a very short period, across urban and regional locations. This impacts significantly on the capacity of these women and children to build supportive community connections and stability. For example, children may have to switch schools at short notice, and, similarly, women who may be employed may need to terminate employment and sever local, supportive connections.

DFVSA is significantly concerned at the lack of visibility of domestic and family violence throughout the issues paper. As one of the primary drivers of homelessness for women and children, we expected the paper to be more explicit about responses to DFV. This is especially surprising given that the National Housing and Homelessness Agreement underpins the funding of many specialist DFV crisis services across the country. In South Australia, homelessness funding remains the biggest funding tranche for crisis DFV services (DFVSA currently receives just over \$16million to deliver 19 frontline services and programs across the state). In not recognising and articulating the extensive links between DFV, housing and homelessness in the Issues Paper, we are concerned that such links remain hidden and segmented and do not acknowledge the impact on victim-survivors, communities, policy and support programs, such as DFVSA.

The links between DFV and housing and homelessness are well-evidenced via longitudinal data and research. We therefore strongly recommend that any Housing and Homelessness National Plan clearly articulates the link between, and

¹ Ann Summers' excellent research report *The Choice: Violence or Poverty*, clearly articulates these links and the impacts of structural programs on individual socio-economic and personal wellbeing.

appropriate responses to, DFV and homelessness, while aligning with the National Plan to End Gender-Based Violence, Closing the Gap and other key strategies. This includes how homelessness programs, services and systems are flexible and adapted to the differing needs of different communities and groups.

By erasing intersectionality and difference, albeit with good intent, we risk a generic system that is inflexible and does not cater to the needs of the many different communities we work with across the state – communities impacted by geography, culture, experiences of violence (including domestic and family violence), age, gender, sexuality and socio-economic differences.

Investment

Specialist homelessness and DFV services are feeling the impact of cumulative years of financial stress, with modest funding increases unable to meet statutory staffing increases and inflation (particularly considering the disadvantage faced by services who are funded primarily via Commonwealth regarding the equitable application of CPI).

YEAR	CPI	Min Wage Increase	Super increase	State Funding Indexation	Alliance Funding Indexation (SAHA)	Funding Received	Actual \$ Increase (year on year)	Actual % Received	Minimum funding required to meet CPI and wage increase	% Increase required (minimum)	Actual additional minimum funding required to meet increases
2021-22	3.8%	2.5%	0.5%	0%	N/A	\$15,543,000					
2022-23	5.1%	4.6%	0.5%	2.6%	2.25%	\$15,650,900	\$107,900	0.69%	792,693	5.10%	684,793
2023-24	7%	5.75%	0.5%	2.5%	2.42%	\$16,196,519	\$545,619	3.49%	1,007,527	6.44%	461,908
Total						\$47,390,419	\$653,519		\$1,800,220		\$1,146,701

In the years covered by the table above, we have seen services diminished by the expectation of doing the same, or more, with less. Services are expected to continually find savings where there are none, and run increasingly lean service models to remain financially compliant and viable. This has resulted in a base funding gap of over \$653k over the past 3 years for services which are already running on extremely fine margins and/or deficits³, in addition to the cumulative impacts of underfunding over previous years.

Funding must also be long-term and sustainable, with clear plans for long-term funding for successful pilots. Equally, funding must support the policy-driven models enacted to support service delivery, e.g. the Alliance model in South Australia, with its increased administrative costs.

South Australia has recently seen the cessation of COVID-era Individual Safety and Support Packages (ISSP), which has reduced the brokerage available to DFVSA services by around 65% this financial year, having been injected into the sector for over 3 years. Without sustainability planning and greater collaboration between State and Commonwealth to invest in sustainable, evidence-based service options, and a true equity lens across the country, we continue to risk sector instability, reduced access to quality services and ultimately the potential to provide timely, safe interventions to people most at risk.

Pilots must have clear sustainability and long-term planning attached from the outset, so that there is a clear pathway to **long-term, sustainable funding** for pilots that work. Too often, services get caught between state and Commonwealth funding, which ultimately impacts on those seeking support. For example, the newly-launched early intervention and recovery pilots in South Australia, funded under the National Plan, must have sustainability measures built in, particularly in the case where pilots are shown to be successful. Risking the longevity of services that are demonstrated to work though a lack of long-term financial planning risks the integrity of the system, and of services who are responsible for responding to community needs and expectations.

Focus area 1: Homelessness

What are the different challenges for people experiencing homelessness in urban, regional and rural areas?

Homelessness presents a variety of challenges irrespective of location. However, the specific nature of these challenges can differ in urban, regional and rural settings due to the distinct characteristics of each environment.

Access to Crisis Accommodation

DFVSA supports an average of 35-45 families (up to 100 individuals) in emergency accommodation (hotel/motel) every night, with 75-85% of these being in the greater Adelaide area. This reduces the capacity of services to provide support to victim-survivors outside of crisis accommodation (including Emergency Accommodation (EAP), DV-Crisis Accommodation Program (DV-CAP), Supportive Housing Program (SHP), Transitional Housing Program (THP) and core and cluster/shelter), Such services are only available to a very limited degree.

There are no approved EAP providers in regional areas at all, though services can access local providers if available. In regional areas, where accommodation options are limited, services must provide support to clients in other forms of accommodation (including clients' own homes) - the lack of options does not necessarily denote a lack of need. Significant blockages to alternative accommodation may also be the result of family, cultural or other connections where clients, understandably, are reluctant to relocate.

While it is important to maintain place-based responses - and this fundamental to the policy and principles that support DFVSA - it does lead to inequitable access to safe accommodation options for those experiencing or at risk of homelessness due to DFV. This can and does look different in different areas and contexts, and has a direct impact on the scope of services and support that is available through crisis services.

	Core and Cluster/ Crisis	DV-CAP	Supportive Housing Program	Transitional Housing Program	Total
Metropolitan Adelaide	42	10	74	76	202
Aboriginal-Specific (metro)	11	0	9	10	30
Regional	32	5	23	44	104
Remote ²	2	1	2	0	5
Total	87	16	108	130	341

Table 1. DFVSA Accommodation Options across the state

In regional centres, where services may already be limited, inflow from remote communities can create waitlists and access issues. A clear example of this is evident within the more rural and remote areas that DFVSA services are delivered. Some regional areas have no crisis accommodation at all, and most regional and remote areas have extremely limited (if any) access to hotels/motels for emergency accommodation. Access to appropriate crisis accommodation for victim-survivors of DFV is severely limited. Thus, there is a significant difference between the availability of crisis accommodation options across South Australia. Geography also impacts the type of services available – regional and rural services often cover vast distances, with case managers often hours away from clients. While technology has done much to bridge these gaps, it leads to inequitable access to support, in-person engagement and reduced safety options for those at high risk.

Urban Areas

In urban areas, high living costs make it harder for people experiencing homelessness to afford essentials. Competition for limited resources such as shelter, community support, food and medical services is significant. Safety is a concern due to crime and exploitation and although there are generally more services such as mental health, AOD and financial wellbeing supports in urban areas than rural, accessing them is a challenge due to waitlists and high demand. Urban areas also experience inflow from regional and remote areas, as hubs for services and community, with more limited flow out from urban areas to regional and rural areas. This can result in tighter eligibility criteria for access to urban services, where higher demand may mean that delivery is constrained to those who are in crisis or at highest risk. Whilst public transport may be more readily accessible in urban areas, distance between services and supports can impact on accessibility, particularly for victim-survivors of DFV who may need to move out of one area for safety but maintain ties with that area through children's education or work.

Regional Areas

In regional areas, support services like shelters, transitional housing, medical assistance, and mental health resources are often scarce. People experiencing homelessness in these areas are more likely to feel isolated due to close-knit communities and the heavier stigma attached to DFV and Homelessness, resulting in reduced support options. The challenge of limited public transportation can hinder access to services, work opportunities, and appointments. Moreover, fewer job prospects in regional areas can make it more challenging for individuals to secure stable

² Including 2 crisis properties in Coober Pedy

employment. Confidentiality can be difficult or impossible to maintain, where the location of DFV crisis services and accommodation are often well-known in the community. While this can increase community commitment to safety, it means that perpetrators or their families often know the location of victim-survivors, requiring additional safety planning and risk management. There is also fewer private rental, public or community housing options in regional communities, particularly where industry or commercial business interests have the capacity to book out rentals and short-term accommodation. This lack of availability is further exacerbated by close community ties, impacting access to hotel/motel or other emergency accommodation where someone is known, or is linked to specific families, cultural groups etc.

Rural/Remote Areas

In more remote areas, basic services like medical care, mental health resources and housing options are either scarce or entirely absent. Where they do exist, they are often provided via fly-in, fly-out or telehealth service delivery modes. In these places, access to food, shelter and safety can be extremely difficult and increases vulnerabilities and isolation. In smaller communities, there is more likely to be heightened stigma regarding homelessness and DFV, leading to increased isolation and diminished support. Transport to even the most basic services can be expensive and difficult to access, where lack of access diminishes rights. For example, the inability to easily access legal, health or other supports because of non-availability locally, can limit the exercise of those rights.

What short, medium and long-term actions can governments take to help prevent homelessness or to support people who may be at risk of becoming homeless?

Services often fall short in addressing the **distinct and localised needs of specific clients and communities**. Homelessness is not a one-size-fits all issue. It is intrinsically linked to the cultural, economic and social fabric of each person's situation and community. Solutions and options often overlook the nuances that define personal or community challenges and strengths. Service planning, options and pathways often neglect to account for the availability or lack of local resources and capacity, cultural sensitivities and community dynamics that significantly impact the effectiveness of interventions. To meaningfully address homelessness, it is crucial to tailor solutions to the unique characteristics of each community, fostering an approach that acknowledges and embraces the diversity of the challenges faced by those experiencing homelessness in different places. Lessons from the last two years of the Alliance Model in South Australia, and particularly for DFVSA as the only state-wide alliance specialising in DFV, has underscored the importance of responses that are flexible enough to be adapted to local, place-based contexts, communities, and needs.

The current homelessness service model in South Australia, is not fit-for-purpose, **relying too heavily on crisis response**. Without a move towards a **public health model** of addressing DFV and homelessness, we will continue to over-emphasise crisis response while under-investing in impactful, evidence-based earlier intervention and prevention models proven to provide better outcomes and longer-term wellbeing. Without additional investment in earlier responses, crisis services will continue to be forced to neglect those who could be supported through earlier intervention to avoid homelessness whilst (rightly) prioritising the immediate needs of those in crisis and at greatest risk.

Whilst there is significant evidence to support earlier intervention, the situation in South Australia is further exacerbated by the **lack of true outcomes measurement and frameworks**. While we applaud the work that is being undertaken at both state (South Australia is currently finalising a homelessness outcomes framework) and a national level (the recently-released National Plan to End Violence against Women and Girls outcomes framework), we acknowledge that we need to be able to better monitor, measure, manage and invest in what is working. To do so, we need investment in effective monitoring, evaluation and data analysis tools to enable us to better understand the data and the efficacy and impact of our work. Only in this way, can we build on what is working and learn from what could be improved. This is also contingent on developing linked and connected data across sectors (and even across programs within the same services), and the capacity to adapt and modify services in line with emerging trends, environmental changes and evidence-based best practice.

Post-crisis and early intervention services are also an important support for victim-survivors of DFV. The impact of multiple moves as a flight response to safety issues can have significant lingering psychological impacts that often remain unsupported. Such impacts and effects can manifest once the person is safe. Supporting those experiencing homelessness where the root cause is DFV requires comprehensive interventions to address psycho-social challenges. Recovery and post-recovery programs must be funded, piloted and evaluated to properly consider their cost/benefits. Additional supports for this cohort could include legal assistance and expanded tenancy support in public and private rentals. Recognizing the root causes of homelessness is crucial in prevention, especially in cases where it stems from

domestic and family violence, and providing post-crisis support further demonstrates a commitment to prevention through building resilience and meaningful recovery (see section below for further points regarding early intervention). By providing comprehensive support, preventing homelessness, addressing emotional and mental health challenges, promoting economic stability, and offering legal assistance, early intervention and recovery/post-crisis programs effectively support individuals and families affected by domestic and family violence. Recognizing the importance of investing in these programs is essential to breaking the cycle of abuse as well as homelessness. Ensuring that victim-survivors have the right support, at the right time, from the right service, is vital to addressing their short, medium and long-term needs.

How can the homelessness system more effectively respond to those at risk of, or already experiencing homelessness?

How can the homelessness system ensure those at risk of homelessness or in crisis receive appropriate support to avoid homelessness or so they are less likely to fall back into homelessness?

Put simply, it is imperative to **invest in earlier intervention and recovery**, including post-crisis response following exits to longer-term accommodation. This is further discussed in the section on early intervention below.

Current Supportive and Transitional Housing Programs in South Australia remain unfit for purpose, as they **presuppose access to longer term housing options which are unavailable** in the current housing environment. Linking DFV support to housing outcomes and exits without clear specialist pathways and longer-term supportive housing models, takes focus away from DFV support and pushes into homelessness and housing first responses which are not always most appropriate. Ensuring that programs are flexible for those engaged in them is vital in tailoring supports to specific needs. Linking support directly to accommodation options, rather than client needs, means that clients are forced to engage with services as part of lease agreements that can last up to 2 years (depending on their housing options). The capacity to transfer leases from supported accommodation and connected supports, to long-term independent leases would allow for flexible support which rewards clients who are ready for independent living. Ensuring access to support following exit from formal crisis programs could also lead to greater stability and positive outcomes.

We consider it imperative that programs that do currently exist, such as 'Safer in the Home' (national program) and 'Safe at Home' (state programs), funded under the **Keeping Women Safe in Their Homes** Commonwealth initiative, are connected to support women across the continuum of risk and need. Currently, SITH provides support to people at low/medium risk, while those at high risk are supported by state Safe at Home initiatives. However, there is limited case management or short-term support available via SITH, which is focused on brokerage and security upgrades, and often those clients are not at high enough risk to access crisis support services. In South Australia, the Safe at Home program only enables access to case management support beyond security upgrades if the victim-survivor meets the eligibility criteria for crisis DFV services. However, the South Australian model for delivering Safe at Home via DFVSA has ensured true state-wide coverage, local response and partnerships with local housing and trades partners, and we encourage similar models nationally to address inequitable access to support wherever possible. Ensuring that there are supports available locally where additional needs are identified is vital for those at lower risk to prevent escalated risk. Security upgrade interventions need to be coupled with appropriate social or other supports (usually short-term).

Access to appropriate, long-term, safe accommodation is essential, and we simply do not have enough. Further, the lack of culturally appropriate housing (see elsewhere in this paper and in the attached briefing to SA Government) exacerbates this issue. The client group with whom we work are most often those with no other options. By accessing DFV-specific accommodation and services, victim-survivors have usually exhausted any and all other options. The funding provided to DFVSA focuses on providing support to those at risk of, or experiencing, homelessness due to DFV.

We know that the lack of appropriate housing can, and does, lead to women deciding not to leave, or returning to a DFV perpetrator. This is particularly risky in the current service provision environment, where women and their children are being forced to spend more time in crisis, supported or transitional housing due to the dearth of appropriate and safe long-term housing exits. DFVSA data tells us that:

- The length of time women and children are spending in emergency accommodation (hotel, motel, caravan parks) has been increasing an average of 1 night / quarter since July 2022, indicating that exits into appropriate housing options (both supported and otherwise) are more difficult;
- The length of stay in Transitional Housing Program properties is also increasing (by almost 20 nights on average over FY22-23).

The proportion of DFVSA clients who are successfully exiting into long-term accommodation is decreasing, mostly due to reduced options for long-term housing.

We also highlight the impact of visa restrictions on those with **temporary visas**, which limits income and therefore affordable and safe housing options. At least 10% of DFVSA's clients identify as CALD, and 105 clients last year were on temporary or student visas, severely restricting their access to safe, affordable housing. This creates a significant barrier to identifying appropriate long-term housing options, with many migrant families waiting months and years in **crisis accommodation** due to the lack of alternative viable options. Ensuring availability and access to safe, appropriate accommodation for those on temporary visas must be supported.

Many existing **financial supports**, such as the Private Rental Assistance Program, focus on supporting those who already have an independent income, but there are extremely limited, if any, options to support those who have no income, and no right to any government support (for example, the Escaping Violence Payment is only available to those on permanent visas or to Australian citizens), although we note and welcome the trial announced in the recent budget for this to be extended to those on temporary visas. Ensuring victim-survivors of DFV from all backgrounds and socio-economic situations have access to the housing and support they need to safely settle and thrive in Australia must be addressed.

Considering the current housing market, and the significant competition for affordable properties, better engagement with private landlords and rental agents is vital. Considering ways to combat the ongoing discrimination against, and lack of options for, low-income earners through incentives or head-leasing could be explored. We welcome South Australia's recent roundtable on renting and DFV, but note that without all relevant government, private and service partners together (including senior representatives from housing, homelessness, DFV, health and others), providing a coordinated and efficient response remains cumbersome.

What actions can governments take to facilitate early intervention and preventative responses?

We must review and reconsider the current models of support, which heavily rely on crisis interventions to bolster the whole sector. We argue that homelessness and DFV are public health issues, and must be treated as such – through a **public health model of support**. Continuing to invest in homelessness or crisis DFV responses will continue to push people into systems that we know aren't working. We need new investment to support earlier intervention and prevention and reduce the impact on tertiary services, enabling them to work holistically with those with complex needs.

Governments must consider **broader definitions of early intervention and prevention**. Current definitions are narrow and applied within a 'housing first' paradigm. Housing instability and homelessness are often impacts experienced as a result of other factors. Early intervention must be viewed through a broader lens, considering the holistic needs of a person experiencing housing instability or homelessness. Doing so would enable earlier intervention and/or prevention by addressing intersectional issues such as DFV, substance misuse, psycho-social and mental health issues, all of which are significantly associated with increased risk of homelessness. We must foster **cross-sector and cross-governmental strategies and responses**. For many of the clients with whom we work, housing instability or homelessness resulted from a range of other factors – especially DFV. An approach that privileges people, in place, in intersectional ways, rather than programs ensconced within specific and siloed policy portfolios is vital to address the complexities that exacerbate housing instability and homelessness.

In South Australia, for example, the primary early intervention service funded for victim-survivors of DFV through homelessness is the 'Safe at Home' Program – which is only appropriate for those where the perpetrator is no longer living at home, where the owner of the property has consented and where physical security upgrades are deemed the primary response. While this is a welcome service, with DFVSA supporting around 700 clients through this program last year across the state, it does not fill the gap of earlier intervention programs that address the risk of repeat or chronic homelessness, where insecure housing and crisis-focused support reduce the opportunity for long-term impacts.

Many crises services end support once a medium-term accommodation option has been identified outside of homelessness programs (in South Australia, that would be outside of programs such as emergency assistance program, crisis accommodation program, crisis accommodation, transitional and/or supportive properties). There is extremely limited support available for clients following the identification of a successful tenancy, which is often when someone is finally able to focus on their recovery, resilience, and long-term plans. For many victim-survivors of DFV, this is when support can be most impactful, but most difficult to access.

Ensuring that there are supports available to clients to settle into accommodation following the identification of appropriate long-term options (which remains a significant challenge in itself) is vital. This is often the time where people need support to re-establish their lives having been in temporary accommodation of various types for some time. Too

often, due to service pressures, contractual parameters and/or services available, support will 'drop off' after someone finds an appropriate exit from the homelessness support system. Being able to provide a more meaningful supportive housing model could provide the longer-term support needed to enable clients to settle into tenancies, and rebuild their lives, thus reducing the risk of 'falling back' into homelessness.

How can governments capture better evidence on 'hidden' or 'invisible' homelessness (e.g. couch surfing, living in a car and overcrowding)?

AIHW data, collected directly by services, informs much of our work in this context (at a service, state and national level). However, this data relates only to clients who are actively supported by DFV or homelessness services funded under the National Housing and Homelessness Agreement (NHHA). It remains notoriously difficult to measure unmet or unseen demand, or broader population level homelessness, where people have not actively reached out to, and been supported by, funded services.

Improving connected datasets – including specialist homelessness services, specialist DFV services, justice, health, child protection and others – alongside population level data from ABS, HILDA, census and others, would provide a more holistic and robust understanding of broader homelessness issues. This should be tailored and supported at Commonwealth, state and local government. This would require investment in systems and people to collect, collate and analyse such data, but would provide a far richer picture of homelessness and the broader factors that impact upon housing instability and homelessness. A common data dictionary developed across government portfolios and co-designed with service providers could enable the collection of data to inform unseen and unmet needs. Social services and their delivery should be underpinned by a minimum data set informed by intersectionality which drive service improvements and adaptations. Over time, such data could inform greater efficacy and joined up service delivery, create savings that could drive earlier intervention and prevention services.

While some methodologies, such as By-Name-Lists, have shown success in rough sleeping and specific areas, these remain resource-intensive and also not appropriate for some groups. For example, to protect safety and confidentiality of victim-survivors of DFV, BNLS may not be an appropriate mechanism (particularly beyond localised responses).

Is the Canadian National Occupancy Standard measure of overcrowding, and the way it is applied in Australia to define homelessness, suitable for the Australian context?

We believe that the Canadian National Occupancy Standards (CNOS) imposed by government can have a negative impact on the capacity for victim-survivors of DFV to find appropriate, long-term accommodation, and in making decisions for their family and situation. This is particularly relevant to large families, Aboriginal communities and CALD communities. The current occupancy standards often reflect a systemic bias towards white social constructs and understanding of living arrangements that don't align with different cultural groups and don't align with the availability of appropriate housing options. This results in women and children becoming 'trapped' in the housing instability and homelessness system for no other reason other than there being insufficient properties that can accommodate their family size/make-up.

There can be inconsistencies in how these standards are implemented between crisis, short/medium term and long-term housing options. One large family can feasibly be supported in homelessness/DFV transitional or supportive accommodation but due to a lack of appropriate housing options and CNOS, are unable to find long-term options. This can leave a family without housing exits for years, impacting on their wellbeing and recovery, while also reducing the crisis housing available within the system.³ Conversely, this can also impact on single people, who can find it difficult to access housing outcomes due to 'under-occupancy'.

For these reasons, we strongly recommend that the CNOS measure of overcrowding is reviewed with special consideration for First Nations and CALD communities, and includes appropriate consultation and leadership, with such consultations aligned to appropriate child development, health and related input. We appreciate the need for standards to ensure that public housing in particular is providing safe, hygienic and appropriate housing options to tenants, but this needs to be balanced by empowering families to make decisions regarding their own, and their family's, lives.

³ The ABS Survey of Income and Housing 2019-20 found that, applying CNOS, almost 4% of Australian households required at least one additional bedroom to meet the requirements of the household, while 77% had at least one bedroom spare. Source: <https://www.abs.gov.au/statistics/people/housing/housing-occupancy-and-costs/latest-release#:~:text=Applying%20the%20Canadian%20National%20Occupancy,at%20least%20one%20bedroom%20spare.>

Focus area 2: Homelessness Services

What are the main challenges in addressing chronic and repeat homelessness?

Chronic and repeat homelessness is the result of a range of **social and systemic failures** for those made vulnerable by circumstance or experience. **Siloing homelessness** as a single issue sidelines many of the causes and influences on homelessness. Challenging the disconnect between the ways in which our services address these causes and influences, and thus considering the wide range of cultural, structural, socio-economic, psycho-social and other impacts on a person's journey is vital to addressing chronic and repeat homelessness.

Understanding 'repeat' homelessness episodes and the reasons for them is also very important. While repeat homelessness episodes may indicate that services have not met the needs of some clients, or they require further or different support options, for others repeat episodes of homelessness and help-seeking can be indicative of the exercise of both protective and positive strategies. For victim-survivors of DFV for example, re-presenting at a crisis service (in South Australia, these are homelessness services specializing in DFV) forms part of a safety plan and often reflects a positive previous experience of feeling safe, supported and knowing where to go. The data is clear that it takes women 7-9 times to finally leave an abusive relationship, and each time is an opportunity to build their skills, to take time to reflect and make decisions and plans, to understand their options and consider their safety. Addressing repeat homelessness in this context must take a nuanced and client-focused perspective, acknowledging that safe, short-term, respite or similar options remain vital to the safety journey of victim-survivors.

Similarly, **access to appropriate and specialised respite and short-term options** would reduce the impact on crisis accommodation and enable the provision of short-term safety responses for the many women who do not want to leave a perpetrator, but for whom short-term homelessness is a viable and necessary safety option. This is particularly important for Aboriginal communities, where family healing, rather than relationship breakdown, is what the client seeks. However, our current social constructs, often based on a mainstream, individualistic lens, often requires a woman to leave a relationship and/or make herself homeless to access mainstream support.

For victim-survivors of DFV, a lack of **sustainable, evidence-based, appropriately funded prevention, earlier intervention and recovery models** severely impacts the capacity of the sector to provide long-term responses to the community, as outlined in the section above.

What housing or dwelling models may need to be considered to provide appropriate options for people experiencing chronic and repeat homelessness?

Longer-term supported, multi-sector housing options, are imperative, where there are appropriate supports available to address the core drivers of someone's homelessness experience (for example AOD support, DFV, mental health, therapeutic support, skills building and access to work placement and support). Current models and systems move too quickly from crisis/medium-term accommodation linked to support, to long-term (if available) accommodation which is unsupported and fully independent. A phased approach, where supports are provided if and when people need them, would provide a more supportive environment that acknowledges the impact of chronic or long-term homelessness, and the ongoing support needs individuals, young people and families may face.

As noted above, ensuring that future planning reflects the demographics and requirements of the range of individuals and families impacted by homelessness is vital. Adequate flexible housing options, including for singles and for large families, must be considered through any future investment.

What are the medium and longer-term steps that can be taken to ensure we have a more consistent and coordinated service system to support people who are experiencing or at risk of homelessness?

1. **Collaborative and coordinated response:** In South Australia, the Alliance model of service delivery is improving the coordination and navigation of a complex homelessness service system. The importance of information sharing, collaboration and shared accountability has clearly led to greater engagement and coordination across homelessness and specialist DFV services. However, the next evolution must also consider how an alliance or collective impact model brings in expertise and engagement with the broader service system to address root causes and upstream failures which result in people needing crisis support. This includes improved coordination

and collaboration between government housing authorities, community providers and specialist homelessness support services, as well as broader strategic and operational engagement and collaboration with ancillary services from health, corrections, child protection and others to use resources and funding efficiently and effectively. The experience of a state-wide DFV alliance has shown that being able to develop state-wide processes, responses and understandings has significantly improved relationships and collaboration across specialist DFV services. Conversely, rather than creating a 'one-size-fits-all' approach that could potentially be expected from such a model, the DFV Alliance has created a greater collective awareness amongst service providers of the nuanced needs of place-based communities. This can be attributed in part as a result of the relationships created between Alliance members and the capacity for shared consideration of service issues.

2. **Multi-sector response:** Too often, the 'service system' reflects the homelessness system only, with the addition of DFV services in some areas. In South Australia, as crisis DFV services are funded by the SA Housing Authority via DFVSA, DFV services are specifically referred to as specialist homelessness services, with some nuance regarding their role in responding to those at risk of or experiencing homelessness due to DFV. However, this narrow definition of a system does not incorporate the need for a multi-sector, community response to homelessness due to DFV. We know that significant numbers of the victim-survivors we work with also experience a range of other psycho-social, physical and community impacts including:
 - 32% experiencing mental health issues
 - 6% experiencing AOD issues (which we know is a significant under-report)
 - 6% with a disability
 - Only 12% are actively employed, and of them at least 67% are part time

If we do not actively engage with, plan, and hold to account other parts of the service sector to develop a truly coordinated service system for all people, including those experiencing or at risk of homelessness, we will continue to develop siloed approaches to wicked problems, rather than solutions that can only be arrived at through collaboration. Understanding our communities through better connected data, holding relevant parts of the system to account to develop innovative collaborative approaches and working together to address the root causes of homelessness is the only way we can develop a system which can deliver better outcomes. This takes leadership at all levels, from Commonwealth, State Government, department leads and service organisations, and must be holistically and consistently addressed at all levels. Homelessness is not just the absence of a home, but it is the cumulative result of multiple system failures for a person made more vulnerable by a disconnected sector.

What are the best specific early intervention approaches to prevent someone becoming homeless?

Addressing homelessness must come with a multi-sector response – too often earlier intervention or prevention approaches focus on private rental assistance (for example, in South Australia where private rental assistance is the basis of diversion/prevention from emergency accommodation in an ongoing review of the current program). Programs such as private rental assistance and Intensive Family Support remain, rightly, incredibly important early intervention programs, and ones which we fully endorse as vital for many people experiencing or at risk of homelessness. However, these are not appropriate for all victim-survivors, so a more holistic model of early intervention which looks at social determinants of homelessness (such as DFV) must be included in a holistic early intervention approach.

While of course vitally important, if this is not explicitly linked, both programmatically and through funding, to a multi-sector and holistic response that recognises the **intersectionality of people and communities**, then the focus will continue to be overly narrow and hyper-focused on housing, rather than the social, community, structural and personal issues that we know are key drivers of homelessness. It is telling that in South Australia there is no specialised DFV or homelessness response for those who identify as LGBTIQ+.

It remains **concerning that earlier intervention supports for victim-survivors of DFV are not considered as part of a suite of early intervention programs for addressing homelessness**, even though it is so strongly correlated. Providing services that support safe access to early support, which may include safe exit planning to long-term, appropriate and safe accommodation, would reduce the pressure on emergency accommodation and/or crisis support. Currently in South Australia, for example, one of the only earlier intervention programs that exists is a recent pilot started through the National Partnership. There remains clear messaging from government that there is no scope to include earlier

intervention in DFV through homelessness funding (except for Safe at Home, which is partially funded through SAHA alongside Commonwealth KSWITH), despite the evidence on correlation. Such limited investment in earlier intervention specific to DFV significantly curtails the capacity of services to engage in any meaningful, tailored, DFV early intervention which would reduce the impact of homelessness on victim-survivors. These interventions, were they available, would provide a more effective early intervention model to reduce episodes of homelessness. Ensuring that Commonwealth and state governments work together and collectively is vital, and ensuring that Commonwealth and state priorities marry into a cohesive system with long-term, multi-sector funding, is vital.

In discussing homelessness, we must also consider the intersectionality of a diverse range of experiences and systems, where homelessness is the result of failures across the life course, and across the social services sector. Without a cross-sector vision for early intervention encompassing DFV, mental health, child protection, the justice system, AOD, racism and fundamental poverty, early intervention options will continue to focus on 'Housing First' rather than a holistic, human-centered approach. Thus, there is a need to **engage with key sectors** in any plan to address homelessness.

Perpetrator responses remain severely lacking across the country – for as long as DFV remains an issue, we need to identify and invest in appropriate perpetrator responses. This includes removal of a perpetrator from the family home – too often it is women and their children who are forced to leave and engage with homelessness services because of the power imbalance and structural barriers. Recent trials in South Australia of the perpetrator beds program should be evaluated and built upon. Without appropriate accommodation options for men to exit family housing, women (particularly in remote communities) will remain forced to leave and take on the economic, social and personal burden of leaving the family home due to the actions of perpetrators. We strongly encourage better consideration for appropriate perpetrator accommodation and interventions to ensure that perpetrators, rather than victim-survivors, remain visible and accountable for their actions.

Additionally, reframing early intervention is also important in considering **healing responses** to DFV – not all women want to, or choose to leave. If earlier intervention programs can work with families and perpetrators to heal, and successfully become a safer environment for women and their children, then this may also reduce the risk of homelessness for one or multiple family members.

In what areas of the homelessness service response are people who are experiencing or at risk of homelessness not getting the support they need?

There are significant gaps in the delivery of support for those experiencing or at risk of homelessness, particularly around holistic support model based on a public health model of support as noted earlier. This is further complicated by an environment which is extremely complex, and where the need and pressures of the cost of living and lack of housing is putting immense pressure on so many parts of the community.

In our view, the lack of consistency and clarity on some key issues is further exacerbating the issue. These include:

1. No clear definition of 'at risk of homelessness';
2. The cost and practical impacts of 'No Wrong Door' policies in the current housing and cost of living crisis;
3. Lack of short-term options for victim-survivors of DFV – particularly those who may return to the relationship. For example, in SA, it is very difficult to access emergency accommodation if a client is clearly remaining in a relationship with the perpetrator. While the risk to her safety may mean that she is experiencing homelessness temporarily (as the alternative is inherently unsafe), the fact that she has a home and does not wish to leave severely limits her options for safety when risks escalate;
4. Crisis-focused model means that there is limited access to early intervention or prevention approaches (particularly for those experiencing risk of homelessness due to DFV), as noted elsewhere in this paper.

We know that access to **long-term, appropriate housing** is vital – and current availability is inadequate. As mentioned above, and in the attached submission to the SA Government consultation on housing options, we do not have the right mix of housing to ensure that those who are experiencing homelessness can access safe and culturally appropriate options. Access to public housing, often the most viable option for clients accessing and requiring crisis homelessness support, is severely limited. For example, almost 16,000 people are on the Single Housing Register in South Australia (May 2023), 21% of whom are on Category 1 (the highest level). The average wait before being housed is 7 months, but 15% are waiting over a year – and that does not account for the 69% of people on Categories 2 and 3. While maintenance remains an issue, there is simply not enough housing stock, nor enough *appropriate* properties, to support people to move through the homelessness or DFV system smoothly. This also means that specialist DFV staff spend significant

resources supporting clients to search for housing, detracting from their capacity to engage in managing and responding holistically to risk and safety.

How can the availability of accessible (particularly in relation to the physical environment) crisis and/or transitional accommodation be increased in the short to medium-term?

Funding for infrastructure must be **matched by appropriate investment in support**. While there are excellent opportunities such as 'Safe Places' to identify opportunities for new builds or redevelopments, support is limited without matched funding to provide a 'safety first' model of care.

What strategies can be used to build awareness of available services and supports for people who are at risk of homelessness or experiencing homelessness?

Whilst we support raising awareness of available services and supports for people, we do **caution against raising community expectations where services remain stretched**. It is important for people to know where to go, and most services and sectors do this well, but we also know that community expectations are not always matched by the capacity and capability of what homelessness or crisis DFV services can provide. Clarity is required to ensure service awareness, but this must be managed with messaging that immediate access to safe housing may not be available, and that much of the support provided is via temporary accommodation. This is vital, to protect the safety of women seeking supports.

We also emphasise, that where there are changes in legislation and/or awareness campaigns (including DFV prevention campaigns), due consideration must be given for flow-on impacts on services and community expectations. For example, recent discussions on coercive control legislation and awareness raising in South Australia is extremely positive, but services are bracing for potential increases in requests for support due to the increased awareness, which we will struggle to absorb without additional resources.

Ensuring that the community is aware of resources and options which can support them without having to enter the homelessness system, and which they can access themselves, is vital – whether that is private rental assistance schemes, or specialist options such as the DV Disclosure Scheme or 'Safe at Home'. Strategies to remove the stigma attached to asking for help or seeking information or support is important, as are the information outlets. By normalising information provision about where to access support, we can reduce the stigma of help-seeking.

Focus Area 3: Aboriginal and Torres Strait Islander Housing

We remain very concerned at the **lack of culturally appropriate housing options for Aboriginal and Torres Strait Islander people**. This includes access to crisis accommodation, which is often not designed by, for, or with Aboriginal people, and often does not align with cultural expectations or culturally safe responses. We strongly advocate for the provision of specialist accommodation options to be available across the country. In South Australia, while there are some designated Aboriginal crisis accommodation options attached to metro Aboriginal-specific and/or ACCO services, these are still mostly mainstream properties allocated to Aboriginal clients – with no specific Aboriginal accommodation outside of metro Adelaide. The DFV Alliance has committed to exploring options for Aboriginal-specific crisis responses in regional SA, where we know there is little to no emergency accommodation, and where racism and bias means that access to the minimal available hotel and motel accommodation is extremely limited. This must be designed with community, to reflect the needs of traditional women and families, acknowledging that non-Aboriginal expectations and ways of working are not culturally appropriate, and this extends to the built environment as well as services available.

DFVSA strongly advocates for a re-established **Aboriginal Community Housing Authority**. We reiterate the **Closing the Gap Target**, and in particular Outcome 9 (Schedule 3) that *Aboriginal people can secure appropriate and, affordable housing aligned with their priorities and needs*. This work must reflect and align with the *SA Aboriginal Housing Strategy*, to prioritise Aboriginal voice and decision-making and equitable access to safe, secure and affordable homes which maintain Aboriginal people's personal, social and cultural wellbeing.

Any actions to improve housing accessibility and affordability must consider and implement proactive strategies to **mitigate barriers to Aboriginal people** accessing safe long-term housing, while also developing appropriate models of Aboriginal community housing that reflects the cultural and Country-focused needs of First Nations people. Tenancies and standards must reflect community expectations, and support, rather than inhibit cultural obligations, family and kin networks and practice. This must be a consideration for metro, rural and remote Aboriginal housing and include Aboriginal leadership from across the state and from different communities. Only in this way, will appropriate strategies proactively

address systemic racism and barriers experienced by Aboriginal community in the housing market be addressed. Such strategies should also include ensuring that all housing programs, and programs related to earlier intervention, recovery and prevention, proactively and intentionally include the development of models that are appropriate and impactful for Aboriginal communities. This may mean developing alternative models that better reflect Aboriginal community needs. One exemplar might be 'Safe at Home' initiatives that are designed specifically for community, reflecting that healing and recovery may include remaining in a home with a partner who uses violence and working with the family holistically.

Policies affecting the housing and homelessness outcomes of Aboriginal and Torres Strait Islander people should be developed by First Nations Peoples and organisations. They should also link into and support work on the Closing the Gap target of 'People can secure appropriate, affordable housing that is aligned with their priorities and need'. Policy setting should support the creation of an environment for First Nations Peoples to exercise self-determination in addressing the unique housing and homelessness issues they face.

Focus area 4: Social Housing

As we have shown, a 'one-size-fits-all' approach to housing support does not work. This extends to the provision of infrastructure. Ensuring that **future housing stock is an appropriate mix of housing options is vital**, and must consider the diverse needs of those experiencing homelessness as a result of DFV, e.g. single women, older women, large families, specific cultural needs and accessibility. The current public housing stock mix is inappropriate in this regard. There are extremely limited safe options for single women (or indeed men), for example, as they often do not meet the occupancy standards for the 2-3 bedroom properties that are more common, thus it can be extremely difficult to identify appropriate housing options for them. Another area of concern is older women, for whom there are extremely limited affordable options. We regularly face barriers for safe housing exits for single older women, with limited public housing options and poor affordability in the private sector. Ensuring that future housing stock considers the demographics of the community and particularly longer-term population and demographic trends, is vital to ensuring housing stock is fit for purpose.

Similarly, for large families, there is extremely limited stock available. This particularly impacts on families from multicultural backgrounds and Aboriginal families, for whom multigenerational living and larger families may be more common and sought.

Recently, the New South Wales Government imposed a freeze on the sale of public housing. This is a positive step toward addressing both the availability and the suitability of public housing. Similarly, the South Australian Government has committed to creating new housing opportunities and to halt the planned sell-off of public housing. We see such strategies as essential in ensuring adequate housing options into the future.

With the **National Rental Affordability Scheme** ceasing in South Australia by 2026 (noting that many properties have already started to phase this out), this should be evaluated and expanded to support ongoing access to private rental properties for those on low incomes. A reversion to full market rates by landlords for private rentals will increase pressure on community and public housing, and lead to increased waitlists and reduced secure tenancies. More flexible rental, home loan and rent-to-buy schemes would also be effective measures to support whole of community access.

Victim-survivors of DFV are having to remain in the homelessness system for longer than they may need or desire, due to the lack of appropriate, safe, and affordable longer-term options and a lack of holistic support services. For people with chronic histories of homelessness and more intensive support needs, there should be parameters that allow for a focus on an economically and socially viable and personally valuable approach to addressing homelessness. Currently, many **services exit clients once they identify a long-term housing option**, due to their contractual obligations and funding capacity and the growing need for crisis support. Lack of ongoing support can put new tenancies at risk for those who may still be dealing with trauma or the legal, financial and social impacts of DFV. We need to focus on ensuring people can access appropriate and long-term housing, which is linked with appropriate long-term support where required or requested. People experiencing homelessness need effective responses to help them regain stable housing and, if necessary, access ongoing assistance with health, wellbeing, education, employment and other issues to prevent future homelessness.

Attached For Further Reference:

- Response to SA Housing Inquiry (joint submission between Embolden and DFVSA) May 2023
- DFVSA Submission to Home Affairs re DFV Visa amendments August 2023
- DFVSA Safer Places Accommodation Feedback March 2023



**Domestic and
Family Violence
Safety Alliance**

SUBMISSION TO CONSULTATION PAPER

**Amendments to the migration
framework to support visa holders
experiencing domestic and family
violence**

Introduction

Domestic and Family Violence Safety Alliance (DFVSA)

The Domestic and Family Violence Safety Alliance (DFVSA) provides specialist domestic and Aboriginal family violence services to victim-survivors across South Australia through our 8 service delivery partners and 19 services and programs, alongside government partners. The service partners are:

- Women's Safety Services South Australia (WSSSA)
- Centacare Catholic Family Services (CCFS)
- Centacare Catholic Country Services (CCCSA)
- Yarredi
- Nunga Mi:Minar
- Uniting Country South Australia
- Junction Australia
- The Salvation Army

Our services support around 5,000 people annually, and include local place-based support and state-wide services such as the Domestic Violence Crisis Line. Services provide support in a range of accommodation types, primarily including hotels, motels, caravan parks and other providers of Emergency Accommodation Program accommodation, service-led crisis accommodation (often congregate sites of 4-10), Supportive

and Transitional Housing Program accommodation. We also provide SA-wide Safe at Home support, supporting women and children to remain in a home of their choosing in a uniquely integrated model.

As the primary providers of frontline crisis DFV specialist support, we are uniquely positioned to provide input and feedback on these issues, and welcome the opportunity to ensure that the barriers, gaps and needs related to ensuring that victim-survivors of DFV from culturally and linguistically diverse backgrounds are better responded to.

The Alliance is proud to include the state-wide Migrant Women's Support Program, who deliver specialist responses to victim-survivors of DFV. This gives us a unique and important role in advocating for policies, practices and services which are proactively delivering culturally safe, appropriate and impactful responses to women from culturally and linguistically diverse backgrounds. As part of our commitment to service improvements and sector collaboration, our CALD Working Group is leading work to improve our practice, engage with partners and continuously improve how we as services, as a sector, and a community, are ensuring that all victim-survivors, regardless of their visa status, are safe and supported through their experiences.

Responses to Consultation Topics

Temporary visa holders who experience domestic and family violence face a multitude of challenges and disadvantages. Their vulnerable immigration status can be wielded as a tool of control and coercion by perpetrators, exacerbating their predicament. Moreover, these women often encounter significant barriers when seeking assistance from health and family violence services. Compounding their isolation, many of these women lack a support network and rely on the abuser for social and community connections.

At DFVSA, we deeply value the safety of all women and their children, recognizing their right to be free from violence, irrespective of their visa status. Consequently, we offer the following recommendations to ensure the safety and well-being of all women and their children.

Recommendations for Amendments to the Migration Framework

We must do all we can to prevent women from having to choose between their safety or their visa status.

Part A.

Primary issues affecting temporary visa holders experiencing DFV

Through extending the temporary stay for DFV victim-survivors, we can empower and protect individuals who are already vulnerable due to their experiences of domestic and family violence. This proposal aims to prevent these victim-survivors from becoming unlawfully present or losing their visa status, providing them with the necessary time, resources and support to rebuild their lives and access the appropriate legal and community assistance they require to recover and thrive.

In taking this proactive step, we demonstrate our commitment to humanitarian values and ensure that DFV victim-survivors have a fair chance at securing their safety, wellbeing and long-term stability.

In the below, we outline the most pressing issues, including both those listed in the consultation paper and additional issues which we feel require further consideration.

Recommendation 1: Ensuring Victim-survivors' Safety

Extending the stay of DFV victim-survivors is fundamentally driven by the need to prioritize their safety and security.

To effectively address this issue, it is crucial to establish robust measures that safeguard the information shared between Centrelink/Medicare, police and other relevant government services.

These measures should ensure that such information cannot be used to the detriment of the woman or her dependants, including visa cancellation, deportation, or any negative immigration-related consequence. Clear protocols for information sharing must always prioritize the safety of women and their children.

Recommendation 2: De-linking the visa status of a secondary visa applicant from a primary applicant perpetrator of violence to protect their privacy

We strongly endorse the implementation of measures to ensure that the visa status of secondary applicants is not contingent upon the primary applicant, who may be the perpetrator of domestic and family violence.

This entails enabling secondary applicants to maintain their visa status independently, regardless of the actions of the perpetrator. It is imperative to guarantee that secondary visa applicants, who may be victim-survivors of violence, have the freedom to access support services without the fear of their visa status being connected to the perpetrator.

Through adopting this recommendation, we aim to sever the link between the visa status of secondary applicants and primary applicants who engage in violence. This step is crucial in safeguarding their privacy, empowering them to seek assistance and fostering an environment that promotes safety and support. Ultimately it encourages individuals to come forward to seek help and break free from situations of domestic and family violence.

This could reduce the use of visa status as a form of control and fear, providing a clear message to all people that victim-survivors of DFV will be supported by Australia to be safe and supported.

Recommendation 3: Ensuring streamlined eligibility to equitable access support services and Extending Temporary Stay in Australia

To ensure the safety and recovery of DFV victim-survivors it is essential to prioritize their eligibility and access to services and government support, regardless of their migration status. Ensuring that victim-survivors can make meaningful decisions that prioritize their safety, well-being and recovery is vital. This includes facilitating their access to specialist services such as housing, health care, legal aid, social security benefits, education and stable visa status. We know that lack of access to crucial social and economic supports creates an enormous barrier to victim-survivors leaving unsafe situations, which is exacerbated when access is fundamentally denied due to their status. It is crucial that victim-survivors and their dependents have the right to safe accommodation and access to support without interference from the perpetrator.

It should also be considered and recognising that DFV victim-survivors often require a comprehensive range of support services to address their needs. This may include stable financial support, trauma and other specific needs counselling, legal assistance and emergency accommodation.

An extended stay allows victim-survivors to fully engage with support networks, such as domestic violence services and shelters, counselling centres and community organizations. This facilitates improved access to essential resources and ensures victim-survivors receive the necessary assistance for their physical and emotional recovery.

Recommendation 4: Appropriate Funding for Support Services

DFVSA strongly advocates for the allocation of additional and dedicated funding to services who support victim-survivors who may be impacted by the extension of visas. Through securing adequate funding, we can ensure the availability and sustainability of specialized programs and initiatives that cater to the complex needs of temporary visa holders facing domestic violence. This funding should encompass culturally sensitive support services, legal aid, emergency accommodation, financial assistance and ongoing case management.

Furthermore, it is imperative that existing support services receive specific and appropriate funding to address the unique circumstances faced by temporary visa holders and their children. This funding would enable organizations to strengthen their capacity to provide culturally sensitive and linguistically appropriate support tailored to the needs of these vulnerable individuals. Furthermore, the funding for specialist organisations to provide free interpreting and translating services should be included.

We are concerned that without the above, services risk being unable to provide appropriate support to victim-survivors who may be made eligible for support. We remain committed to ensuring we support as many victim-survivors as possible, but strongly advocate that any changes in access to services is linked to appropriate funding for those services to be delivered in a safe, timely and culturally appropriate manner.

Recommendation 5: Access to sustainable funding to specialist legal services

Many victim-survivors of DFV may require engagement with legal processes, such as obtaining restraining orders, initiating divorce proceedings, or pursuing criminal charges against their abusers. Extending their stay provides sufficient time for victim-survivors to navigate the legal system and seek justice, without the added pressure of prematurely leaving the country. It enables victim-survivors to fully engage with law enforcement agencies and receive support during court hearings, thus ensuring a fair legal process that upholds their rights and promotes their overall safety.

Recommendation 6: Children's right to support and safety

Recognising that focusing on the adult victim-survivors alone is insufficient; it is equally crucial to consider the needs of the affected children who are also victim-survivors in their own right. Witnessing and experiencing domestic and family violence can have profound and long-lasting impacts on the well-being and development of these children. Therefore, any proposed extension of support services and/or temporary stay must encompass addressing the specific needs of these children.

Extending their stay would allow these victim-survivors to prioritize the safety and well-being of their children, ensuring that they can seek appropriate protection and support services. This includes accessing child protection agencies, enrolling children in schools, and establishing a stable environment that fosters their recovery and development.

This would also remove a significant barrier to leaving unsafe relationships, at the real risk of deportation of a victim-survivor on a temporary visa, potentially separating them from children who are Australian citizens. This has a significant impact on fears for parents in reporting DFV and the impact on their ability to remain in Australia with their children, particularly as there are often concerns regarding custody arrangements, safety or support in their home country, and managing international custody hearings and arrangements.

An extended stay for visa holders would ensure that they can make the best decisions for themselves, and often their children, without fear of imminent separation and potentially leaving children with their abusive parent

Recommendation 7: Economic Stability

DFVSA advocates for several measures to support victim-survivors of DFV who are on temporary visas. These measures aim to address the financial hardships faced by victim-survivors and provide them with the necessary support to secure housing, healthcare, income and independence.

- **Eligibility for Social Security Payments:** DFVSA suggests that a new temporary visa category should be created to provide victim-survivors of DFV with access to appropriate social security payments and entitlements, similar to those available to permanent residents or citizens. This would help alleviate financial burdens and provide victim-survivors with the necessary resources to rebuild their lives;
- **Exemption from Waiting Periods:** Currently, women who are granted permanent residency through their application for family violence provisions may be subject to a four year newly arrived resident's waiting period. DFVSA recommends that these women be automatically granted an exemption from this waiting period as part of their visa approval. This would ensure they receive immediate support without further delay;
- **Immediate Parenting Payment Access:** Women who are sole parents and victim-survivors of DFV should have immediate access to the parenting payment. Currently, these women may have to wait for a decision on their family violence provision application before being eligible for this payment. DFVSA asserts that immediate and ongoing funding support is necessary during the waiting period to assist these women;
- **National implementation of women without income programs** to provide financial assistance to victim-survivors and services to provide sustainable support to meet the safety needs of women and their children.

Through implementing these measures, DFVSA aims to reduce the vulnerability of victim-survivors on temporary visas and support them to regain their independence and financial stability.

Recommendation 7: Collaboration and Partnerships

To address the needs of victim-survivors and their children effectively, it is crucial to foster collaborations between government agencies, community service organizations and support networks. Through joint efforts, comprehensive and integrated approaches can be developed, providing holistic and coordinated support that promotes the safety, empowerment and long-term recovery of victim-survivors.

Additionally, it is essential to prioritize the implementation of comprehensive training programs for service providers and community organizations working with this vulnerable population. By equipping personnel with the necessary knowledge and skills to address the unique challenges faced by temporary visa holders, we can enhance their ability to provide effective support while reducing potential barriers arising from cultural or linguistic differences. We would also encourage broader training and understanding of the FVPs, and the rights of those on temporary visas, within Home Affairs, Border Control and related departments to ensure victim-survivors are recognized and supported appropriately no matter where they seek support, disclose or where a staff member may have concerns.

Recommendation 8: Cultural Challenges and the Need for Extension

The family violence provision visa serves as a crucial lifeline for victims of domestic and family violence on secondary visas in Australia. However, the current restriction of accessing this visa only when violence occurs within Australia, overlooks a significant reality of cultural barriers.

For individuals originating from cultural backgrounds where divorce or separation is not supported or where this is stigmatized, seeking legal assistance becomes extremely challenging, sometimes exacerbated due to experiences of judicial systems which discriminate against women, or particular communities.

DFVSA advocates for expanding access to the family violence provision visa beyond instances of violence within Australia, as it is imperative to acknowledge and address this safety concerns of victim-survivors who endure violence perpetrated by family members from their home country.

By dismissing the experiences of those who face violence originating from their home country, we disregard the unique and complex barriers they face in obtaining safety and protection.

Restricting access to the family violence provision visa solely to cases occurring in Australia perpetuates a cycle of abuse, leaving victims trapped and without the means to escape their abusive situations.

Recommendation 9: Recognizing the role of deception and coercion

DFVSA fervently advocates for a temporary visa extension to be granted to victim-survivors of coercive control, recognising the formidable obstacles they face in collecting the necessary evidence to meet visa requirements.

Victim-survivors of coercive control face well-documented challenges in gathering evidence to meet the criteria for a visa extension. It is vital to recognize that the dynamics of coercive control within relationships are not fixed; they often escalate over time, leaving victim-survivors in increasingly vulnerable situations. Perpetrators of coercive control frequently isolate their victim-survivors, making it even more difficult for them to seek assistance or collect proof of the abuse they endure.

Additionally, coercive control primarily operates through psychological manipulation, which can be harder to substantiate compared to physical violence. This perpetuates a vicious cycle where victim-survivors remain trapped in abusive circumstances, unable to meet visa criteria, resulting in prolonged suffering.

Besides advocating for a more compassionate approach to eligibility requirements, it is crucial to ensure that victim-survivors receive the essential support and protection they need. As more and more states introduce or consider legislation on coercive control, it is imperative that the migration framework keeps pace and reflects the increasing understanding of the risk, safety and impact of coercive control.

Part B.

Expanding the Family Violence Provisions (FVPs) to additional permanent visa subclasses

Recommendation 10: Permanent Visa Subclasses who Require Expansion of Access to FVPs

The family violence provisions of the Migration Regulations 1994 (Cth) currently only allows individuals on certain visa pathways, primarily Partner visa applicants or related Bridging visa holders, to continue their application for permanent residency after experiencing domestic violence by their intimate partner.

However, DFVSA recommends expanding access to these provisions to include additional applicant groups who are also experiencing family, domestic, and sexual violence.

This expansion should encompass:

- Prospective Marriage (Subclass 300) Visa holders who have not married their sponsor before the relationship breakdown or violence has occurred;

- Onshore permanent visa applicants who have applied as a secondary (dependent) applicant;
- Onshore applicants who have applied for a family visa;
- International Student visa holders.

Implementing this recommendation would ensure that a wider range of individuals affected by domestic violence can access the necessary support and protections provided by the family violence provisions.

Part C.

Temporary visa for victim-survivor of domestic and family violence

Recommendation 11: Key Elements of a New Temporary Visa for Victim-Survivors

- The visa application should include a provision for a bridging visa with work rights to ensure applicants can maintain households and care for dependents effectively;
- The visa should not impose any limitations on work or study and should grant victim-survivors access to essential services like Medicare, Centrelink and social security support;
- The temporary visa should offer a clear pathway to obtaining a permanent visa, providing victim-survivors with a sense of safety and certainty;
- It is crucial to introduce a new substantive temporary visa to protect victim-survivors of domestic and family violence, regardless of whether their temporary visa was cancelled onshore or offshore;
- This visa should also cater to individuals who are involved in ongoing family court matters concerning their children;
- Victim-survivors who are unable to provide evidence of their spousal relation due to domestic, family, or sexual violence should also be eligible for this visa;
- The visa should have a pathway to a permanent visa, specifically designed for parents of Australian children;
- There should be no application fees associated with this visa and waivers should be granted for health and police check requirements.

Recommendation 12: Evidentiary requirements

The requirement for the relationship to have ended before a victim-survivor of domestic and family violence can access the Family Violence Provisions is a problematic aspect of the process.

This condition poses risks as the perpetrator may escalate their violence to reclaim power and control. Additionally, leaving the home may not be feasible due to limited access to support services, income and housing options. In such situations, if homelessness becomes the only alternative, some women may choose to provide evidence of domestic and family violence and seek assessment for a permanent visa while still residing with the perpetrator.

Recommendation 13: More Understanding Requirements toward Coercive Control

In recognizing the unique challenges faced by victim-survivors of coercive control, it is crucial to revise the visa requirements to be more empathetic and understanding. Current requirements tend to focus heavily on evidence-gathering, often disregarding the complexities and nuances of abusive dynamics. Thus, a revised and comprehensive approach should be adopted, taking into account the psychological, emotional and financial constraints faced by victim-survivors.

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Domestic and
Family Violence
Safety Alliance

DFVSA Feedback

March 2023

Safe Places Accommodation Inclusion Round

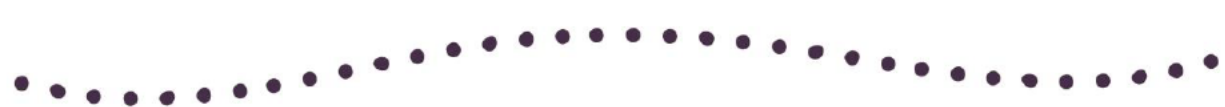
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- Uniting Country South Australia
- Junction Australia
- The Salvation Army

The Alliance is proud to have 2 Aboriginal-specific services as partners in this work - Nunga Mi:Minar is an ACCO based in Adelaide, and Ninko Kurtangga Patpangga is a specialist Aboriginal service provided through WSSSA in southern Adelaide.

Our services support over 4,500 people annually, and include local place-based support and state-wide services such as the Domestic Violence Crisis Line. Services provide support in a range of accommodation types, primarily including hotels, motels, caravan parks and other providers of Emergency



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Accommodation Program accommodation, service-led crisis accommodation (often congregate sites of 4-10), Supportive and Transitional Housing Program accommodation. We also provide SA-wide Safe at Home support, supporting women and children to remain in a home of their choosing in a uniquely integrated model.

As the primary providers of frontline crisis DFV specialist support, we are uniquely positioned to provide input and feedback on this proposal, and welcome the opportunity to ensure that specialist services, including Aboriginal-specific services, are included in the framing this important work.

DFVSA Feedback

General Feedback

While DFVSA is pleased to see specific funding and resources allocated to Aboriginal, multicultural and disability communities, we acknowledge that by defining 'inclusion' to specific communities, there are other communities who may need or benefit from specialist responses who are not considered – in particular, those who identify as LGBTIQ+. For example, in South Australia we do not have a specialist LGBTIQ+ service, nor specialist emergency or other accommodation tailored to this community's needs. However, this is a significant recommendation of a recent review of support for LGBTIQ+ community by the Alliance, and we would be happy to discuss this further. We absolutely acknowledge and honour that DFV is gender-based violence, and that women and children remain most at risk, but would welcome an opportunity to further explore safe accommodation options for victim-survivors who do not identify as female.

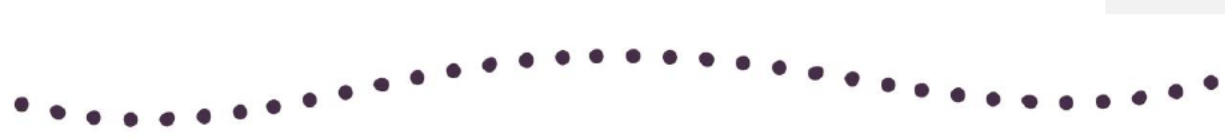
We also acknowledge that limiting to these communities negates opportunities for perpetrator responses (for example, where a police intervention may lead to the perpetrator being removed from the property, rather than the victim-survivor and children). We would be interested in exploring options where women were better supported to stay in a safe home and the perpetrator, ultimately responsible for the violence, can be removed.

Defining inclusion thus also potentially pits different communities against each other in a competitive tender process, which may result in additional inequity of access to accommodation across the country (for example, where some states only tender for accommodation for disability community without proportional funding available to all community needs based on a state-wide analysis of need). We do have some concerns that this funding may further 'other' communities who should be considered and included in all DFV service delivery, including built environment, and so would encourage strong engagement with broad community, with a strong intersectional lens and clear messaging regarding other funding and options available to communities outside those listed in this round.

Finally, and vitally, we strongly encourage specific and active engagement with leaders and those with lived experience from these communities in the development and procurement process for this process, including active inclusion in the decision-making process to ensure that appropriate, community-informed and victim-survivor led processes are embedded. This could be embedded through the Selection Advisory Council, if appropriate.

Questions:

- 1. Are the proposed funding amounts of between \$500,000 and \$8 million per project appropriate for Inclusion Round grants?**



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We feel that having a minimum funding amount may reduce opportunities for small, but impactful, projects. This may particularly impact on regional areas where there may be limited demand or capacity for large-scale projects, but there are opportunities for refurbishing or retrofitting existing decommissioned or underutilised stock to provide better options for local communities. We would encourage a reduction or elimination of the minimum amount to ensure that local, impactful projects are eligible.

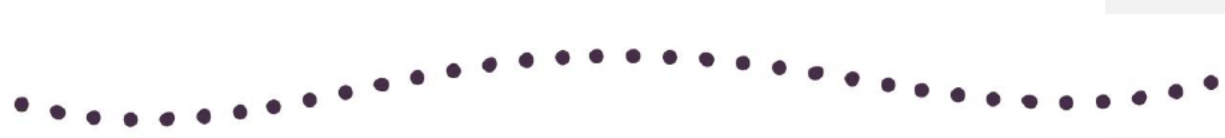
While we appreciate that this is a capital works project, and acknowledge that this is sorely needed in our state (as evidenced by ongoing reform around the existing Emergency Accommodation Program), we are concerned that there are no funds allocated to partner service delivery agencies who provide direct specialist services for victim-survivors. We fully agree with the position that emergency accommodation must be linked with specialist, quality case management and client support services provided by specialist DFV services. However, ensuring that the case management/support element is adequately funded is hugely important. This is a sector that is consistently required to do more with less, and the power imbalance created by funding solely for capital works without funding to support administrative and/or service delivery components of partner agencies may put increased pressure on service delivery organisations. We acknowledge that for some, this may be incorporated into business as usual (particularly if the capital works directly replace inappropriate existing accommodation types), but we also know that as demand continues to rise, the sector will continue to absorb increased workload in response. We would encourage flexibility in enabling a proportion of funding to go towards partner organisations, at a minimum to manage the administrative, reporting and associated costs, but ideally to support case management and support costs where this is unable to be redirected from elsewhere. If this is unavailable through this funding stream, ensuring that this is clearly linked to future funding options, and can be considered, would be appropriate.

We would also strongly encourage all proposals to ensure that ongoing tenancy maintenance and management costs are included for the lifespan of the project, and are adequately included in budgets and financial statements as they are fundamental to the operation of emergency accommodation and should be the responsibility of the applicant/accommodation provider rather than the specialist DFV service.

- 2. Should applications for mixed-use type proposals secure funding (e.g. loans, state funding, philanthropy) for the long-term housing aspects of their proposal prior to seeking Inclusion Round funding?**

We encourage proposals to consider the long-term sustainability of the housing/accommodation as part of proposals. While funding may not be fully secured, there should be a strong basis for any assumptions of longer-term funding with clear risks articulate. This should also be informed by specialist services to consider the longer-term accommodation needs of the sector and of emergency accommodation.

- 3. Is the proposed milestone schedule the best model for delivering capital grants under the Inclusion Round?**
- 4. Will Development Periods encourage community-based FDV service organisations to apply for funding?**
 - a. Is 6 months an appropriate timeframe for the Development Period?**



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As this is contingent on budget remaining following the initial grants round, this may impact on the interest of, and ability for, community-based DFV organisations to apply, as there is no guarantee that this funding will be available. As this is a capital-based project, we would encourage the main grants round to include either a reduced threshold (see Q1 above) or to ringfence a proportion of funding to community-based organisations seeking smaller grants for local projects with a specific impact on their community.

5. Are there other ways to support applicants to develop high quality proposals?

Scope to consider financial support to smaller organisations to develop high quality proposals would be of benefit to those organisations with the skills and speciality but with limited capacity to commit to developing large high quality proposals. This was provided by the South Australian state government 15 years ago and was well-received by the sector to both support quality proposals and to limit the impact on existing service delivery and organisational management requirements.

6. Are the proposed eligibility and assessment criteria appropriate and able to be demonstrated?

'New (additional) safe places' should be defined – does this include an option to repurpose or reform existing accommodation, for example through refurbishing to increase capacity?

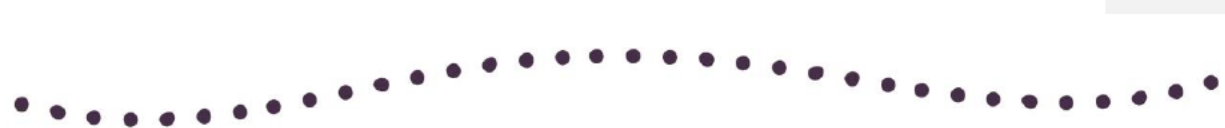
Defining the role of partnering specialist agency, where the primary applicant does not have specialist DFV service delivery as part of existing core business. While this may vary between applications, some consistency in ensuring that administrative or other costs (if not direct service delivery, which would be preferable) are included in any funding application, and identifying appropriate contracting modalities (i.e. sub-contracting, consortium bid, partnering proposal) to support agencies to understand the risk and responsibilities incurred in engaging in this process.

Priority locations should be developed as part of proportionate state allocation to ensure that smaller states are not disadvantaged through this process. South Australia has a much smaller population than other states and territories, and those outside of metro areas are often relatively small populations across large distances and significant complexities. When compared with more densely populated states, this could disadvantage South Australian proposals where the need may seem lower, but there are extremely limited services or facilities available and where access and distance can be a significant barrier to emergency accommodation support. We would advocate for a minimum proportion of funding to be earmarked for each state/territory, with an additional amount to be based on more generalised criteria.

There are no minimum standards of EA included in this document – we know that current commercial offerings in SA are unfit for purpose, and we would encourage consideration for what minimum standards could be included in this process to ensure that victim-survivors' dignity, rights and needs are meaningfully addressed. This may include access to appropriate cooking facilities, laundry, outdoor/child-friendly spaces etc (noting that some of these are identified, but without specifics of what the requirements may be to be appropriate).

7. Are there additional criteria that should be considered?

Assessment should also include if the target community was engaged in the development of the proposal, and on evidence on the local needs that are being addressed through clear partnership or engagement with specialist DFV services and government to ensure that a holistic proposal suitable for the local target community is developed. While the capital works are important, the utility, appropriateness (cultural, accessible, safety, family-focused and otherwise) must be a core element of the assessment.



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8. What are the best measures to determine an applicant's suitability to meet the needs of First Nations women and children?

This should be co-designed with the Aboriginal and Torres Strait Islander community (at a minimum – led by would be preferable), noting that an appropriate mechanism for ensuring that local perspectives and input should be proactively sought and incorporated.

9. What are the best measures to determine an applicant's suitability to meet the needs of women and children from CALD backgrounds?

This should be co-designed with the multicultural community, noting that an appropriate mechanism for ensuring that local perspectives and input is proactively sought and incorporated and due consideration given to the diversity of this group.

10. What are the best measures to determine an applicant's suitability to meet the needs of women and children with disability?

This should be co-designed with the disability community, including peak bodies, and with due consideration for intersectional life experiences.

11. What standard of the Livable Housing Australia design guidelines should emergency accommodation for First Nations women and children, women and children from a CALD background and women and children with disability meet?

12. Is the proposed designated use period of 15 years appropriate?

This should also consider any projected demographic changes over the future years to ensure that built environment remains fit for purpose into the future (for example, ageing and/or younger populations)

13. What is the best measure for determining an applicant's ability to support clients using the emergency accommodation over the designated use period?

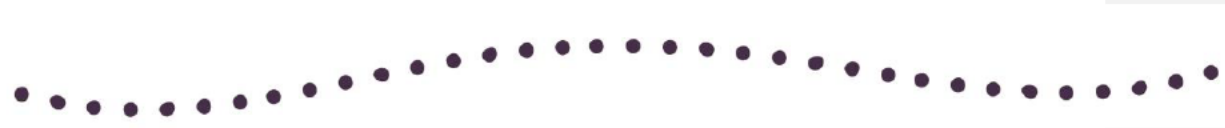
Experience and expertise in this space, including existing service delivery scope and practice, engagement with and appropriate support to target communities and endorsement from those communities. Aboriginal organisations should be prioritised to provide support and services with Aboriginal communities.

We would also encourage reference checks and/or letters of support from key government and specialist services to ensure that applicants have the appropriate skills, expertise and relationships with specialist services and departments to ensure high quality, evidence-based and client-centered specialist responses.

14. Are the definitions for 'emergency accommodation', a 'safe place', and a 'specialist service' appropriate?

a. Should the definition of 'emergency accommodation' include longer stays?

While there is a definite dearth of emergency accommodation/safe place across the nation, and in SA in particular, how this impacts on and links to broader housing needs, medium-to long-term housing outcomes and recovery and healing support is currently missing in the definition of 'emergency accommodation'. This should include a consideration for those who may struggle to find appropriate housing outcomes due to a range of issues (including visa status impacting on ability to earn income or be



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eligible for public/community housing, institutional racism impacting on private rental options, accessibility needs impacting on the suitability of alternative housing exits).

Ensuring a flexible, person-centered and trauma-responsive service

is crucial to ensure that victim-survivors have access to the support and healing they need without unnecessary pressure to identify housing exits.

The definition of emergency accommodation should include information on minimum standards of the built environment (see point above), how it links to and supports the broader housing market and existing local/state/national systems and what appropriate options may include.

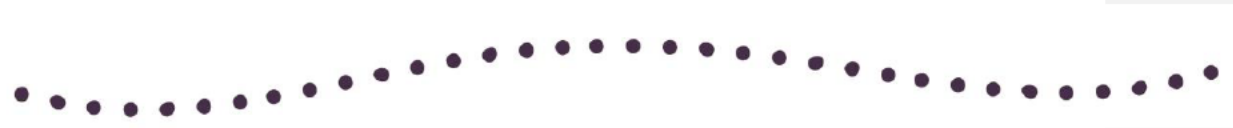
It should also encompass inclusive options, including options for single people and families and an assumption that nobody will be disadvantaged due to the size of household or occupancy rate requirements.

'Specialist service' should also have expertise and experience in supporting children, and have specialist staff/training/support for Aboriginal community, those with disability and/or multicultural community.

15. Are there alternative accommodation options that should be considered as eligible or not eligible for Inclusion Round funding?

There should be options to include accommodation for differing needs and circumstances, based on input and guidance from key communities with lived experience of DFV or from the target communities themselves. This would support the development of potentially innovative, more responsive and appropriate accommodation options which may not be considered otherwise.

16. What advice/templates/checklist items would assist applicants in developing quality proposals?





Domestic and
Family Violence
Safety Alliance

embolden

Domestic Violence Safety Alliance and Embolden

Submission to Economic and Finance Committee Inquiry into South
Australian Housing Availability

May 2023



Domestic and Family Violence Safety Alliance (DFVSA)

The Domestic and Family Violence Safety Alliance (DFVSA) provides specialist domestic and Aboriginal family violence services to victim-survivors across South Australia through our 8 service delivery partners and 19 services, alongside government partners. The service partners are:

- Women's Safety Services South Australia (WSSSA)
- Centacare Catholic Family Services (CCFS)
- Centacare Catholic Country Services (CCCSA)
- Yarredi
- Nunga Mi:Minar
- Uniting Country South Australia
- Junction Australia
- The Salvation Army

Our services support over 4,500 people annually, and include local place-based support and state-wide services such as the Domestic Violence Crisis Line. DFVSA brings together specialist providers of domestic and family violence support, and are the primary providers of DFV homelessness support in South Australia (emergency accommodation, crisis, supportive and transitional accommodation). We also provide SA-wide Safe at Home support, supporting women and children to remain in a home of their choosing in a uniquely integrated model.

Embolden

Embolden is the South Australian state-wide peak body of organisations working to respond to and eliminate domestic, family and sexual violence in South Australia.

Our members (which includes all DFVSA partners) provide services that promote women and their children's safety and wellbeing, and work to prevent and respond to violence against women.

We advocate for women's rights to respect and safety, and represent providers of specialist services in the domestic, family and sexual violence and related sectors, including services that work with men who use violence against women and Aboriginal specialist services.

Overview

This submission builds on and reiterates many of the issues raised in [Embalden's Position Paper on housing and Homelessness](#) from July 2020. Then, as now, Embalden is primarily concerned with increasing the stock of affordable, accessible and social housing; ensuring that people experiencing violence are able to stay in their own homes through Safe at Home initiatives and improving the availability of accommodation for perpetrators, with that accommodation being supported by both police and relevant social services.

DFV remains the leading cause of homelessness for women and children in Australia¹, and that is no different in South Australia. We acknowledge that many people accessing mainstream homelessness services also have significant experiences of DFV, and that there are many others who choose not to disclose their history for a wide range of reasons.

It is therefore vital to ensure that housing policy, and affordable housing policy, in particular, reflects the needs to ensure that victim-survivors of DFV have access to safe, affordable, long-term and fit-for-purpose housing outcomes. This is a community issue, and one which DFV specialist services cannot manage alone. Fundamentally, a lack of safe, appropriate, long-term housing risks victim-survivors of domestic or family violence remaining in, or returning to, unsafe relationships and situations. We recognise the choices that victim-survivors make for themselves and their children, but feel strongly that ensuring the fundamental right to appropriate housing and support is vital to supporting real choice, viable and safe options to leave and support to move forward with their lives.

We are at the frontline in supporting victim-survivors of DFV to find appropriate, affordable and safe long-term housing exits. Over the past year, this has become increasingly difficult, as affordable rental options have plummeted, public housing waitlists have increased and for many of the people we work with, purchasing a property remains out of reach.

Culturally Appropriate, Affordable and Accessible Housing

DVSA and Embalden also underscore the importance of safe, appropriate and affordable housing options for Aboriginal communities, as led by a re-established **Aboriginal Community Housing Authority**. We reiterate the **Closing the Gap Target**, and in particular Outcome 9 (Schedule 3) that *Aboriginal people can secure appropriate and, affordable housing aligned with their priorities and needs*. This work must reflect and align with the [SA Aboriginal Housing Strategy](#), to prioritise Aboriginal voice and decision-making and equitable access to safe, secure and affordable homes which maintain Aboriginal people's personal, social and cultural wellbeing.

Any actions to improve housing accessibility and affordability must consider and implement proactive strategies to mitigate barriers to Aboriginal community accessing safe long-term housing, while also developing appropriate models of Aboriginal community housing that reflects the cultural and Country-focused needs of First Nations people. Tenancies and standards must reflect community expectations, and support, rather than inhibit, cultural obligations, family and kin networks and practice. This must have authority and consideration for metro, rural and remote Aboriginal housing. This must include Aboriginal leadership from across the state and from different communities, and

¹ National specialist homelessness service (SHS) data from 2018-2019 shows that 61% of people presenting as at risk of homelessness were due to an experience of domestic and family violence. Domestic and family violence predominately affects women and children, with females making up 90% of specialist homelessness service clients experiencing domestic and family violence, and half of specialist homelessness service clients under 18 years of age reporting an experience of domestic and family violence. Flatau, P., Lester, L., Seivwright, A., Teal, R., Dobrovic, J., Vallesj, S., Hartley, C. and Callis, Z. 2021, *Ending homelessness in Australia: An evidence and policy deep dive*, Perth: Centre for Social Impact, The University of Western Australia and the University of New South Wales

Victim-survivors and their children often flee their home for their immediate safety, while those who are responsible for the violence are often the ones to remain in the home. Many victim-survivors and their children are forced into an experience of homelessness as a result of violence, SHS data from 2020-2021 shows that 42% of all people presenting to Homelessness services in Australia reported they were escaping Domestic and Family violence. 2022, *Housing, homelessness and domestic and family violence brief*, AHURI, [Housing, homelessness and domestic and family violence | AHURI](#)

support development of appropriate strategies and developments that proactively address systemic racism and barriers experienced by Aboriginal community in the housing market.

This also includes ensuring that all housing programs, and programs related to earlier intervention, recovery and prevention, proactively and intentionally include the development of models that are appropriate and impactful for Aboriginal communities. This may mean developing alternative models that better reflect Aboriginal community needs – for example, through Safe at Home initiatives that are designed specifically for community, reflecting that healing and recovery that may include remaining in a home with a partner who uses violence and working with the family holistically.

The decreasing availability of affordable housing for both purchase and rental

The client group we work with are most often those with no other options – by accessing DFV-specific accommodation and services, victim-survivors have usually exhausted any and all other options. The funding provided to DFVSA focuses on providing support to those at risk of, or experiencing, homelessness due to DFV.

We know that **the lack of appropriate housing** can, and does, lead to women deciding not to leave, or returning to a perpetrator. This is particularly risky in the current environment, where women and their children are being forced to spend more time in crisis, supported or transitional housing due to the dearth of appropriate and safe long-term housing exits. DFVSA data tells us that:

- The length of time women and children are spending in emergency accommodation (hotel, motel, caravan parks) has been increasing an average of 1 night / quarter since July 2022, indicating that exits are more difficult into appropriate housing options (both supported and otherwise);
- The length of stay in Transition Housing Program properties is also increasing (by over 50 nights on average between July 2022-April 2023);
- The proportion of DFVSA clients who are successfully exiting into long-term accommodation is decreasing, mostly due to reduced options for long-term housing.

Housing needs relative to the demand from marginalised groups including those with low income, serious health and disability challenges, and older people – especially older women – with limited private resources.

Different housing options required by, and suitable for, marginalised groups in our community.

Housing needs are not a ‘one-size-fits-all’ option - ensuring future stock is an appropriate mix (considering single women, large families, cultural and accessibility needs) is vital.

The current public housing stock mix is inappropriate to the needs of the community. There are extremely limited safe options for single women (or indeed men), as they often do not meet the occupancy standards for the 2-3 bedroom properties that are more common, and so it can be extremely difficult to identify appropriate housing options for them.

This includes older women, who may have older non-resident children, and for whom there are extremely limited affordable options. We regularly face barriers for safe housing exits for single women, with limited public housing options and poor affordability in the private sector.

Similarly, for large families, there is extremely limited stock available. This particularly impacts on families from multicultural backgrounds and Aboriginal communities, for whom multigenerational living and larger families may be more common.

Ensuring that future housing stock considers the demographics of South Australia, and particularly projected demographics over the coming decades, is vital to ensuring it remains responsive to community needs and expectations.

The Alliance and Embolden were heartened to see a recent decision by the New South Wales Government to place a freeze on the sale of public housing. This is a step in the right direction in terms of addressing the suitability of housing, as well as ensuring that there are public homes available. We also acknowledge the SA's government commitment to creating new housing opportunities and to hold the planned sell-off of public housing. We recognise previous significant sale of public assets, impacting on the availability of social housing. We cannot afford to go backwards and encourage a full freeze on the sale of public housing, with transparent replacement and replenishment strategies, is a vital component to this work.

We also call for policy and planning to consider the housing needs of **those on temporary visas** which limit income and therefore affordable and safe housing options. At least 10% of DFVSA's clients come from CALD backgrounds, many of whom are on temporary visas which severely restrict their income and public/community housing options (with no income, private pathways are virtually inaccessible). This creates a significant barrier to identifying appropriate long-term housing option, with many migrant families waiting months and years in crisis accommodation due to no alternative viable options. Ensuring the availability and accessibility to safe, appropriate accommodation for those on temporary visas must be delivered.

Many existing financial supports, such as the Private Rental Assistance Program, focus on supporting those who already have an independent income, but there are extremely limited, if any, options to support those who have no income, and no right to any government support (for example, the Escaping Violence Payment is only available to those on permanent visas or citizens, though we welcome a trial was announced in the recent budget for this to be provided to those on temporary visas). Ensuring victim-survivors from CALD backgrounds have access to the housing and support they need to safely settle and thrive in Australia must be addressed.

With **the** National Rental Affordability Scheme coming to an end in South Australia by 2026 (noting that many properties have already started to phase out), this program must be evaluated and expanded to support ongoing access to below market rent properties for those at low income. The financial incentives provided to landlords, if not maintained, will reduce the stock of affordable housing, with many reverting to charging full market rates. This will put increased pressure on community and public housing, and likely lead to increased waitlists and reduced secure tenancies. **More flexible rental, home loan and rent-to-buy schemes** would also be welcome to support whole of community access.

These are all areas which Embolden, as South Australia's peak, will be exploring in future advocacy efforts.

The community expectation that every South Australian should have reasonable access to housing that meets their needs.

Currently, **community expectations are not being met**. For victim-survivors of DFV, they are having to **remain in the homelessness system for longer than they may need or want** to due to the lack of appropriate, safe and affordable longer-term options and a lack of holistic support services. Currently, many services exit clients once they identify a long-term housing option due to their contractual obligations and funding, capacity and the need for crisis support – however, this can put new tenancies at risk as there are limited supports available to those who may still be dealing with trauma or the legal, financial and social impacts of DFV.

The increased length of support for clients in the system is also having a related impact on **the accessibility of specialist DFV services**, crisis and transitional housing. With limited exit options, clients are forced to remain longer in programs that are no longer fit-for-purpose, to avoid exiting directly into homelessness, while impacting the availability of these properties to those in current crisis and at high risk.

Key market barriers – including land, labour, and materials – that are limiting the delivery of social and affordable housing even where funding is available.

South Australia is changing, and housing needs must change with it. Much new development continues to focus on Adelaide and metro areas – while this is welcome and vital, it must not be to the cost of **regional areas** who often feel the brunt of social and economic change much quicker than metro due to smaller, more remote geographic locations.

Future housing must consider the **changing demographics and industry in South Australia**, considering what community needs will look like not just in 5 years, but over the next generation. This includes identifying and targeting areas of growth and migration (including settlement programs for new migrants and areas of new growth and/or expansion), and areas of industrial expansion and economic growth. This often leads to the pricing out of low-income communities, while also reducing stock available. This must include private, public and community housing, as in many regional areas in particular, the only affordable housing available remains public housing which, coupled with limited tenancy support, can impact significantly on pathways for victim-survivors.

The necessary policy settings – at all levels of government – required to deliver suitable housing outcomes.

The economic impacts arising from lack of social and affordable housing, including barriers to economic development in specific locations; and the additional costs on other sectors including but not limited to health, disability, justice, and emergency relief.

Increased investment in **prevention and early intervention supports**, including housing, would also reduce the pressure on the crisis intervention space, which research consistently demonstrates is the most expensive intervention. Support for a public health model of funding for DFV services, including prevention and earlier intervention to avoid having to come into crisis accommodation and support (for example, through staying at a home of their choosing, or to safely plan alternative options with a support provider), and recovery to support victim-survivors when they do find housing, would support a more holistic, client-centred and cost effective DFV support system. This would be less reliant on costly hotels, motels and homelessness interventions, and better pivot to providing support where victim-survivors need, when they need, and how they need.

The costs associated with the Emergency Assistance Program (which is under review) continue to increase, but there are such **limited alternative options**, including housing exits, that we continue turning to hotels/motels (commercial businesses) to provide emergency and crisis support – essentially propping up social responsibility through corporate payments. This is not an acceptable situation. Having safe, appropriate and available affordable housing is a right, supporting better options for those leaving DFV situations, and also an opportunity to recover, take time to explore options and not have the pressure of having to find exits immediately. It would also reduce the time that victim-survivors would spend in emergency accommodation, reducing the pressure on, and cost of, EAP.

Innovations in housing that can lower costs, expedite new supply, and deliver a greater diversity of housing options to meet current and emerging trends.

We strongly encourage the exploration of well-planned innovations including:

- **Modular housing** in both congregate and individual situations – this could be particularly helpful in regional areas where there are limited trades or materials for traditional builds, and can also be sourced and installed more quickly than traditional builds. These must be linked to the establishment of key standards for modular housing (if not already extant) and associated quality checks to ensure they are of an appropriate standard;
- Increased opportunities to identify safe **density options** for housing, including apartments which include safe access/egress and are associated with appropriate amenities to support the number and range of tenants/owners;
- Better **manage community expectations** when it comes to housing options, including apartments, modular houses and other innovations as the expectation for a house and land is less accessible than previously;
- reviewing **council and state laws** regarding additions to existing homes, including granny flats and similar, to support multi-generational living;
- Consider **sustainable building**, beyond the current focus on solar, to include double-glazing and other innovations that reduce property running costs, reduce the negative impact on the environment and promote sustainable living (this is linked to community expectations) – this could include energy standards and expectations for public, community and private housing.

This should also include **the expansion and long-term funding of key initiatives such as Safe at Home and Safe and Secure Housing**, to support women and children to remain safe in their homes, and to have the support to transition themselves, and their families, to new areas, new housing and new lives. Public housing must also come with consideration for **safety needs of victim-survivors of DFV**, for example through strengthening and enhancing the Safe at Home program (delivered by DFVSA), to support women and their children to remain at a home of their choosing, rather than having to relocate, or wait for a housing transfer. Options for **perpetrator accommodation and housing** must also be considered, along with the appropriate supports, reducing the onus on women and children to leave the home.

Leveraging of government assets – by all levels of government – to maximise the delivery of additional housing.

Increase **maintenance capacity and capability**, to ensure that existing stock is maximised and remains available and online wherever possible. There remain significant issues with maintenance timeframes, which result in reduced available stock across all portfolios. This should include clear prioritisation regarding safety and reallocation needs, to ensure that those at risk are not forced into homelessness pathways due to inadequate safety provisions to tenants. Significant wait times for maintenance – for example, in one country area, approximately 50 properties are offline and the wait time for properties to become available has been pushed out to December 2023, with informed that renovations to existing properties to expand capacity are unlikely to occur for another year. This impacts on the whole of community, reducing affordable and safe housing options and increasing the risk of people remaining in unsafe situations.

Partnerships with the social housing providers and the private market to deliver additional social and affordable housing.

Continue to work with community, social and private housing providers to identify innovative and meaningful ways to increase **15% affordability mix**, considering the current housing crisis and socio-economic situation of those most in need of housing.

We appreciate and commend the government for undertaking this important enquiry, and look forward to improved outcomes and options for victim-survivors of domestic or family violence, and the broader community, through this government's clear commitment to this space.

Yours,

On behalf of DFVSA and Embolden

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