Australian Government Department of Health and Ageing

Submission to

Commonwealth Parliamentary Inquiry into Homelessness Legislation

2009

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1. Executive Summary

It is estimated that 105,000 members of our community are without stable and safe accommodation each night (*The Way Home* 2008, p. viii). Homelessness affects the aged as well as children, men as well as women. Not only do homeless people lack secure accommodation but they are also often isolated from family, friends and the community in general. Being homeless is frequently associated with unemployment, domestic violence, poor educational opportunities and child abuse. In addition, people who are homeless tend to experience poorer health and have less access to preventative and routine health care.

Homelessness is difficult to define and there is no single cause. It not only refers to the lack of a physical home, but also describes the condition in which the person(s) are living. Homelessness is not caused by a one off event, but rather through events that eventually lead to homelessness. Five common pathways to homelessness that have been identified are domestic violence, housing crisis, mental health, substance use and youth who have had issues with drugs and alcohol and contact with the criminal justice system. (Johnson, G. et al., 2008)

The recently released Australian Government White Paper, *The Road Home – A National Approach to Reducing Homelessness*, and the previous Green Paper, *Which Way Home - A new Approach to Homelessness* have provided the blueprint for the Government's approach to halve the overall rate of homelessness by 2020.

The Department of Health and Ageing recognises homeless people as a special needs group in relation to aged care, facilitating the allocation of capital grants and places for residential care specifically for the homeless and supporting community programs designed to assist those who are homeless or at risk of homelessness.

2. Opening Statement

The Department of Health and Ageing (the Department) welcomes the opportunity to provide input into this inquiry.

This submission aims to provide some general background on homelessness and to health care, as well as specific information relating to the relevant health legislation and government initiatives that contribute to addressing this issue.

3. Definitions of Homelessness

Homelessness is defined in the *Supported Accommodation Assistance Act 1994* as:

"For the purposes of this Act, a person is homeless if, and only if, he or she has inadequate access to safe and secure housing."

Inadequate access to safe and secure housing is described as follows:

(2) For the purposes of this Act, a person is taken to have inadequate access to safe and secure housing if the only housing to which the person has access:

(a) damages, or is likely to damage, the person's health; or
(b) threatens the person's safety; or
(c) marginalises the person through failing to provide access to:
    (i) adequate personal amenities; or
    (ii) the economic and social supports that a home normally affords; or
(d) places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing.

Other generally agreed definitions of homelessness include:

Primary Homelessness: people without conventional accommodation such as those who 'sleep out', or use derelict buildings, cars, railway stations for shelter.

Secondary Homelessness: people who frequently move from temporary accommodation such as emergency accommodation, refuges, and temporary shelters. People may use boarding houses or family accommodation just on a temporary basis.

Tertiary Homelessness: people who live in rooming houses, boarding houses on medium or long-term where they do not have their own bathroom and kitchen facilities and tenure is not secure by a lease.

(Chamberlain, 1999)

4. Causes for Homelessness

The recently released Australian Government White Paper, *The Road Home – A National Approach to Reducing Homelessness*, and the previous Green Paper, *Which Way Home - A new Approach to Homelessness*, adds unemployment to the drivers listed above. In addition, the Green Paper identified the following as risk factors that could lead to homelessness:

- housing stress as a result of rising costs, eviction, mortgage sales, unavailable or inadequate housing
- unemployment or insecure employment
- domestic and family violence
- family conflict, or a recent change in family structure
- mental illness

- being indigenous
- being a refugee with temporary visa status
- being a disadvantaged young person
- legal problems
- any event that leads to further social and economic marginalisation.

(*Which Way Home* p 23)

5. Australian Government Commitment

The Australian Government has a range of programs that support homeless people, the most significant being the Supported Accommodation Assistance Program (SAAP). The following summarises those programs in which the Department of Health and Ageing has a role.

SAAP

The Department of Health and Ageing supports SAAP through the Assistance with Care and Housing for the Aged (ACHA) Program. ACHA helps link frail older people in insecure housing arrangements or who are homeless, to suitable housing and/or care organisations in order that their needs are assessed so appropriate care and accommodation can be arranged. On 8 January 2009, Minister Elliot announced that the Australian Government will provide funding of over $18 million over the next four years to help existing ACHA providers to help more people obtain housing and community care services and for new providers to expand ACHA into new regions. This includes a recent 25 per cent increase in funding to the ACHA program, bringing the total funding available to the ACHA program this financial year to just under $4.4 million.

Homelessness National Partnership

The Commonwealth and the states and territories have agreed to an additional $800 million for a National Partnership (NP) on homelessness. The Commonwealth will provide an additional $400 million over four years from 2009-10, and the states will match this with a $400 million commitment. The Homelessness NP provides a significant first step to achieve a 50 per cent reduction in homelessness, an end to sleeping rough by 2020, and implementing a policy of 'no exits into homelessness' from statutory or custodial care for those at risk of homelessness.

The NP aims to address individual and structural causes of homelessness; provide people at risk of experiencing homelessness with sustainable housing; and improve the social and economic participation of people experiencing homelessness. In addition, governments are committed to a genuine reduction in the number of people who experience multiple periods of homelessness.

In the White Paper, it is recognised that reducing homelessness will require significant effort from all levels of Government. The White Paper identified 50 actions to be implemented by the Commonwealth and state and territory

governments. The Department of Family and Housing, Community Services and Indigenous Affairs (FaHCSIA) has responsibility for providing the Minister for Housing, the Hon Tanya Plibersek MP, with information regarding progress in achieving the goals established. A number of these goals are the responsibility of different Government agencies.

The Department of Health and Ageing contributes to the Homelessness Inter-departmental Working Group that has been established by FaHCSIA to progress the implementation of the recommendations. The Working Group forms part of the governance and accountability structures consistent with the national framework that also includes the Council of Australian Government's (COAG) Reform Council, the Inter-departmental Committee on Housing Reform and the Prime Minister's Council on Homelessness.

3. The provision of $18.4 million over 4 years to enable existing providers to help more people obtain housing and community care services under the Assistance with Care and Housing for the Aged (ACHA) program.

4. The provision of $2.8 million over five years to RecLink to deliver sporting and cultural programs. RecLink aims to assist disadvantaged people, including the homeless, to improve their mental and physical wellbeing and integrate into the community.

7. Terms of Reference

The Chair of this inquiry requested through the Minister for Health and Ageing, the Hon Nicola Roxon MP, that the Department of Health and Ageing provide a submission to the Inquiry into Homelessness Legislation. The Department is able to comment on Terms of Reference one and two. The following is the Department's response to the Inquiry's Terms of Reference.

1. The principles that should underpin the provision of services to Australians who are homeless or at risk of homelessness.

Greenhalgh et al., (2004) identified seven elements of good practice for homelessness policy. They believe that best practice would incorporate all seven elements and would include programs that integrate "all the elements in a coherent way" (Greenhalgh et al., 2004 p.139). The authors indicate that Australia is well advanced in its definitions of homelessness as they are "evidence based, robust and take into account homeless pathways as well as age and cultural background of homeless people" (Greenhalgh et al. 2004, p.143). The following table summarises the elements of good practice.

Good Practice	Explanatory Notes
Uses clear but encompassing definition of homelessness	Having a clear definition helps ensure that homelessness can be incorporated into legislation. A clear operational definition also enables the collection of statistics for effective monitoring and assessment.
Rests on a solid regulatory basis	Ensures effectiveness of political measures and enables monitoring. It also provides political legitimacy to policy responses and ensures Ministerial responsibility for implementation.
Particularly targets the homeless	Homelessness is not just about poor access to housing; it also encompasses other factors such as education and health.
Considers the multi-dimensional nature of homelessness	Homelessness policies should also address health, work, mental illness, personal development, and education in an integrated and coordinated way.
Recognises the range of homeless people captured by the term the 'new homeless'	The 'new homeless' includes women, young people, single parents etc.
Addresses homelessness before it develops, during the homeless crisis periods and also looks at reintegration.	Homelessness is a dynamic process (involving pathways or trajectories) It can assist in distinguishing between the underlying causes of homelessness and triggering events.
Implements strategies that increase independence for homeless people through capacity building	Development of independence needs approaches that cater for a 'continuum of care'

(Greenhalgh, et al. 2004, pp.137-139)

The Department of Health and Ageing is guided in its operations through the clear vision and objectives that are articulated in the Department's corporate plan. This, together with its support and management of a large range of government health initiatives and programs, contributes to the provision of services to Australians who are homeless or at risk of homelessness.

The Department of Health and Ageing has a diverse set of responsibilities, but throughout there is a common purpose, which is reflected in the Departments vision statement:

Better health and active ageing for all Australians.

The Department's aim is to achieve its vision through strengthening evidence-based policy advice, improving program management, research, regulation and partnerships with other government agencies, consumers and stakeholders. The Department's vision, objectives and current priorities can be used to inform the development of principles that should underpin work undertaken to address the important issue of homelessness.

The Department's current priorities include:

- focusing the health and aged care system more on healthy lifestyles, prevention and early intervention and a 'best practice' handling of chronic disease;
- improving the transparency, accessibility, accountability and quality of public and private health and aged care service provision through financing and agreements with stakeholders, industry and state and territory governments;
- consolidating and enacting reforms to ensure choice and access to quality aged care services;
- working together with the states and territories to reduce duplication and gaps, and to deliver efficient, value-for-money health and aged care services through an adaptable and sustainable health and aged care workforce;
- working towards improved health for Aboriginal and Torres Strait Islander peoples through whole-of-government arrangements for policy development and service delivery, and improved access to, and responsiveness of, the mainstream health system;
- improving choice for consumers through strong private sector involvement, effectively integrated with the public sector; and
- leading a whole-of-government approach to strengthening Australia's readiness for disease threats, national emergencies and other large scale health incidents.

http://www.health.gov.au/internet/main/publishing.nsf/Content/health-overview.htm

5. The applicability of existing legislative and regulatory models used in other community service systems, such as disability services, aged care and child care, to the homelessness sector.

The Department undertakes its responsibilities to the homeless, or those at risk of homelessness, within the following legislation.

The Aged Care Act 1997

Capital Grants

The Australian Government's White Paper included commitments by the Government to provide capital funding towards the construction of one residential aged care service for older homeless people each year for the next four years and to amend the *Aged Care Act 1997* to recognise older people who are homeless as a special needs group.

In light of these commitments:

- On 4 May 2009, the *Allocation Principles 1997* were amended to include, from 1 June 2009, 'people who are homeless or at risk of homelessness' as a special needs group from the purposes of the *Aged Care Act 1997.*
- On 8 January 2009, the Australian Government announced that a $3 million capital grant had been allocated in 2008 to Wintringham to assist with the construction of The Eunice Seddon Home, a 60 place service for older homeless people in Dandenong, Victoria. The Commonwealth has now allocated a total of $10 million in capital grants towards the construction of the service. Construction commenced on the Eunice Seddon Home site in late March 2009.
- On 30 June 2009, the Minister for Ageing announced the results of the 2008-09 Aged Care Approvals Round, including a capital grant of $16 million to Mission Australia for the construction of Missionholme, a 72 place aged care service for older homeless people in Redfern, New South Wales.
- In the 2007 Aged Care Approvals Round, announced on 20 December 2007, a capital grant of $7.33 million was allocated to St Bartholomew's House Inc. towards the construction of James Watson Hostel, a 40 place service in East Perth, Western Australia, that caters for disadvantaged and homeless men. James Watson Hostel is part of a larger project that will include crisis and transitional accommodation and self-contained units, funded by the Western Australian Government.

Capital funding is being made available from existing, national capital grant programs. Each year, the Government makes limited capital grants available through the Aged Care Approvals Round. Approximately $44 million (indexed) is available for allocation annually as capital grants.

Concessional Places

Older people have access to aged care, irrespective of their capacity to make accommodation payments. Concessional and fully supported residents do not pay accommodation bonds or charges. The Australian Government provides additional supplements to aged care providers on their behalf.

The Secretary of the Department of Health and Ageing can determine when allocating places, the proportion of care that must be provided to people with special needs.

Section 11-3 of the *Aged Care Act 1997* defines 'people with special needs' as follows:

a) people from Aboriginal and Torres Strait Islander communities;
b) people from non-English speaking backgrounds;
c) people who live in people in rural or remote areas;
d) people who are financially or socially disadvantaged; and
e) people of a kind (if any) specified in Allocation Principles.

Currently the Allocation Principles specify veterans as another group of people who have special needs for the purpose of the Act.

Amendments to these Principles in May 2009, with effect from 1 June 2009, specified a further class of people, namely people who are homeless or at risk of becoming homeless. This ensures that the Secretary can address for the needs of homeless people (or people at risk of becoming homeless) when making allocations of places to approved providers.

Community Care Packages

Some service providers provide aged care services to homeless people in the community (for example; The Brotherhood of St Laurence, Salvation Army, and Wintringham in Victoria). The quality of these services is monitored through existing legislation in accordance with standards referred to in the *Aged Care Principles* under the *Aged Care Act 1997* and the Quality Reporting Program. Revised common standards and processes are being developed to include more information on requirements for those with complex care needs. The revised standards will be contained in the *Aged Care Principles*.

The Home and Community Care (HACC) Act (1985)

The *HACC Act 1985* and subsequent Commonwealth-state agreements, promote a comprehensive and integrated range of services that provide basic maintenance and support services to persons within the target HACC population and their carers. The target population includes groups that are at risk of homelessness such as those who are financially disadvantaged, living with a disability or from an Aboriginal or Torres Strait Islander background. The primary aim of the HACC Program is to provide support to the target group who, without the provision of these basic support measures, are at risk of premature or inappropriate entry into long term residential care.

The Program is jointly funded by both the Commonwealth and state and territory governments. The Commonwealth Government maintains a broad strategic role in the program while the state and territory governments undertake the day to day management of the program.

The Program offers very practical support through the provision of services such as meals, domestic assistance and transport. The program structure is such that it offers flexibility in what, and how, services are delivered, thus enabling the program to provide support to the homeless and those who are in unstable housing environments.

State and territory governments determine, through consultation with the community, the priorities for funding for the regions within their jurisdiction. This method of allocation of funding allows for targeting specific needs within individual communities. An example of how the Program is providing support to the homeless is the recent provision of funding to a provider to establish a meals service specifically for the homeless in a large metropolitan region.

The Program can also assist in reducing the risk of homelessness by providing support for such services as domestic assistance that helps maintain a person's tenancy when they struggle to maintain their responsibilities for rented accommodation.

Mental Health

The Commonwealth Government recognises that there are opportunities to be gained through legislative processes that could assist those who are homeless or at risk of homelessness. While reducing homelessness is a clear goal of the Commonwealth Government, its achievement will require close collaboration with states and territories as a significant proportion of legislation that impacts on homeless people or those at risk sits within state and territory legislation. For example, it is well recognised that there is a high prevalence of mental illness amongst the homeless population. Each state and territory has it own mental health legislation. While there is no national mental health legislation in Australia, there are national policies and standards.

The *National Mental Health Policy 2008,* launched by Australian Health Ministers at their meeting on 5 March 2009, recognises that certain groups in the community, including homeless and disadvantaged people, are at a heightened risk of mental health problems and mental illness. The policy represents a renewed commitment by all Health Ministers and Ministers with responsibility for mental health to the continual improvement of Australia's health system.

Across many areas of government, effort is being directed to achieve greater social inclusion for all of the community – but especially for those groups at risk of social exclusion, such as those who experience homelessness, Aboriginal and Torres Strait Islander peoples and disadvantaged children. The *National Mental Health Policy* works towards ensuring Australia has a mental health

system that detects and intervenes early in illness, promotes recovery, and ensures that all Australians with a mental illness have access to effective and appropriate treatment and community supports.

This policy is also supported by the *National Standards for Mental Health Services* which were first developed in 1996. These standards provide a blueprint for new and existing services to guide quality improvement and service enhancement activities. With the completion of a recent review of the Standards, implementation guidelines are currently being drafted by the Australian Health Ministers' Advisory Council's Mental Health Standing Committee.

The Standards have a strong values base relating to human rights, dignity and privacy which were guided by the principles contained in the *National Mental Health Policy 2008*, the United Nations Principles on the *Protection of People with a Mental Illness* and the Australian Health Ministers *Mental Health Statement of Rights and Responsibilities.* Consumers and carers are able to use the Standards as a checklist for service quality and as a guide to what to expect from mental health services.

Comorbidity

The relationship between substance use (alcohol and drug use) and homelessness is complex. Untreated mental health and substance use disorders can lead to the loss of housing, lack of participation in education, unemployment, and loss of family and other relationships. Drug users often finance their drug use as a priority, and as a result may become homeless. But also, people who have contact with other homeless people may be introduced to an environment where drugs are readily available. There may be pressure to participate in drug taking or drugs may be used as a means of coping with a very challenging lifestyle. (Teesson, M. et al., 2003, pp.463–474.). This was highlighted in a recent report noting the link between substance use and homelessness, citing that 43% of the sample had problems with substance use, however the researchers found that 66% had developed their problem after they became homeless.
(Chamberlain, C. et al., 2007)

The management of alcohol and other drug (AOD) treatment services occurs at the state and territory level. Currently, in New South Wales, Tasmania and the Northern Territory, legislation exists for the involuntary detainment of persons for AOD treatment. This legislation is intended for individuals at risk of harm to themselves or to other persons, including dependents.

The *National Drug Strategy 2004-2009* (NDS) provides a framework for a coordinated, integrated approach to drug issues in the Australian community. Endorsed by the Ministerial Council on Drug Strategy, which comprises Commonwealth Government and state and territory health and law enforcement agencies, the NDS aims to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society

One of the eight priorities of the NDS aims to improve access to quality treatment by minimising barriers to treatment and building strong partnerships between drug treatment services and mental health services to enhance response to co-existing drug and mental health problems.

Strategies developed under the NDS framework, such as the National Alcohol and National Amphetamine-Type Stimulant Strategies identify addressing co-existing mental health and substance use disorders as an integral part of a collaborative approach to addressing the treatment, workforce and procedural issues.

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