Homelessness in the Northern Territory

Northern Territory submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Homelessness in Australia

NORTHERN TERRITORY GOVERNMENT

Contents

Introduction

On 11 February 2020 the House of Representatives Standing Committee on Social Policy and Legal Affairs launched an inquiry into homelessness in Australia. The inquiry seeks to understand factors that contribute to people becoming homeless, identify opportunities to prevent homelessness, and examine ways to better support the homeless and those at risk.

This submission from the Northern Territory (NT) Government describes the challenge of homelessness in the NT. It examines how the NT has a rate of homelessness twelve times the national rate and a homeless population that is 88% Aboriginal.

The submission explains that overcrowding accounts for over 80% of homelessness in the NT. It presents empirical evidence to demonstrate how overcrowded living conditions severely and detrimentally impact social and economic outcomes, especially for children.

The submission outlines how the NT Government is working with partners to address homelessness through a number of key initiatives including *Pathways out of Homelessness* – Northern Territory Homelessness Strategy 2018-23 and *Our Community. Our Future. Our Homes.* the NT Government's $1.1 billion investment over 10 years under the remote housing investment package, and the Australian Government funding of $110 million per annum over five years through the National Partnership for Remote Housing Northern Territory 2018-2023. The submission evidences how distance and remoteness in the NT substantially impact on the complexity and cost of delivering programs and services, as well as housing and service infrastructure.

While the total population of 246 000 in the NT makes up just 1% of the national population, geographically, the NT is the third largest Australian jurisdiction in terms of land mass. Almost 50% of Territorians live outside the greater Darwin area, across four regional towns, 73 remote communities and more than 500 homelands and outstations. Figure 1 illustrates the locations of the NT's towns, communities and homelands.

The submission concludes with a series of recommendations for consideration. The critical need for more crisis, transitional and long term affordable housing is emphasised along with a request to revisit the allocation of homelessness funding across the states and territories. There is also a need for a national housing and homelessness strategy to ensure policies and programs are fit for purpose and result in an effective and efficient housing and homelessness system that supports improved outcomes for vulnerable Australians.

**Figure 1. NT towns and communities**

1. Homelessness in the Northern Territory

The best estimate of the prevalence of homelessness in Australia and the NT comes from the last Australian Census, in 2016. Whilst just 1% of Australia's population reside in the NT, the NT accounts for 12% of Australia's homeless population.

Data from the 2016 Census showed that:

- NT has 12 times the national rate of homelessness (599.4 and 49.8 per 10,000 persons, respectively).
- NT has at least double the national rate of homelessness in each Census homeless operational group[1] (see Figure 2).

Figure 2. Census homeless operational groups (rate per 10,000 people)
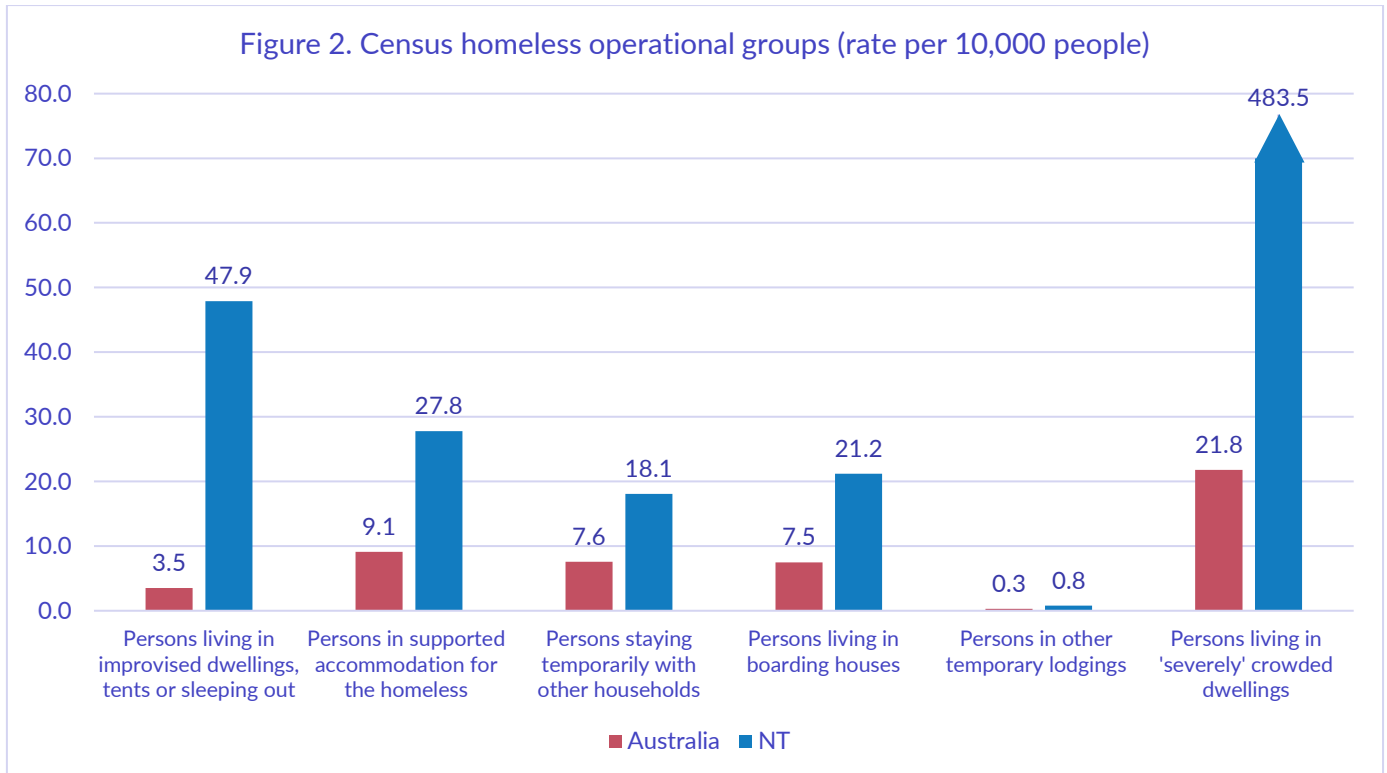
- Severe overcrowding (requiring four or more additional bedrooms) accounts for the majority (81%) of the NT's homelessness rate[i].
- The rate of severe overcrowding in the NT is 483.5 per 10,000 people compared to the Australian rate of 21.8 per 10,000 people[ii].
- If the 'severely' overcrowded homeless operational group is excluded from homelessness estimates, the NT rate remains very high (115.9 per 10,000 people) compared with Australia overall (27.9) or Queensland, the state with the next highest rate of 29.9.
- Aboriginal people are overrepresented in the homelessness population in the NT and across Australia.

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[1] The Australian Bureau of Statistics uses six homeless operational groups to present the estimates of homelessness based on the Census. Each group is a different form of homelessness e.g. living in improvised dwellings, tents or sleeping out or living in 'severely' overcrowded dwellings.

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- Aboriginal people make up 30.3% of the population in the NT[iii], yet account for 88% of the NT's homeless population. At a national level, Aboriginal people account for 2.8% of Australia's population and 20% of its homeless population[iv].
- The five Australian regions (Australian Bureau of Statistics (ABS) SA3) with the highest percentage of homeless people are all located in the NT[v].
- Rough sleeping (living in improvised dwellings, tents or sleeping out) is on the rise in the NT, with a 20% increase from 2011 to 2016[vi].
- Rough sleeping is particularly pronounced in Darwin City and Katherine at approximately 96 per 10 000 in each location, compared to the national average rate of 3.5 per 10 000, as highlighted in Figure 3 below.

Figure 3. Persons living in improvised dwellings, tents, or sleeping out (rate per 10,000 people)
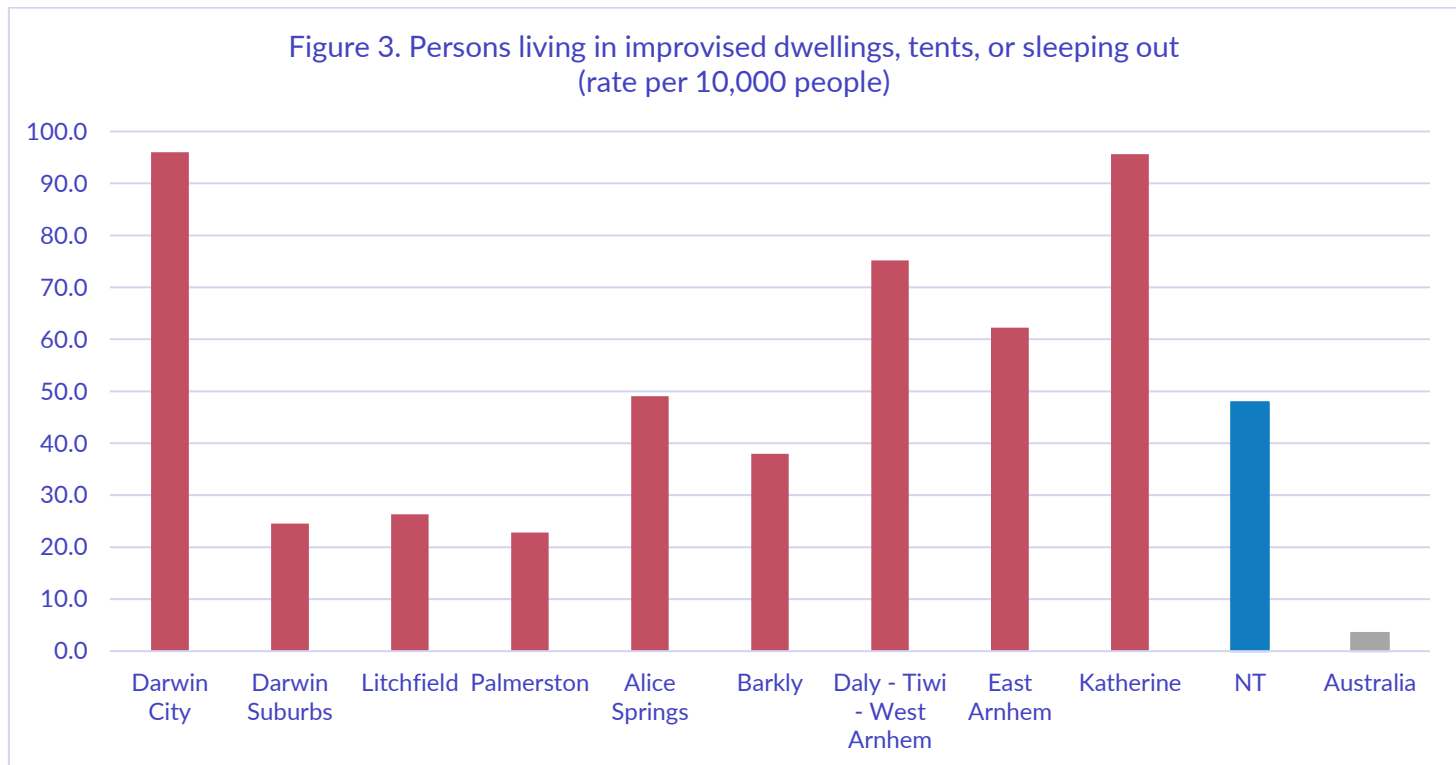
The ABS data show the significantly higher levels across all forms of homelessness in the NT, particularly as compared to other states and territories. Like other jurisdictions, Aboriginal people in the NT are significantly over represented among people experiencing homelessness and need to be key partners in the development and implementation of models to address homelessness.

1.1. Specialist Homelessness Services (SHS)

The Australian Institute of Health and Welfare (AIHW) maintains the Specialist Homelessness Services (SHS) data collection. Through this collection, the AIHW gathers data each month from homelessness services funded under the NHHA. There is a client collection containing data on all people assisted by SHS and an unassisted persons collection containing data on those whose request for service was not able to be met or referred to other agencies.

SHS services in the NT are accessed at a significantly higher rate than Australia as a whole and the number of people accessing services has grown by almost 50% in the last seven years. 9646 people were assisted by specialist homelessness services in 2018/19.

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Despite the increased number of people accessing services in the NT, a significant number of people are unable to be assisted. For example, in 2018/19 6669 people were not assisted due mainly to a shortage of crisis, short term accommodation. This highlights a shortage of services to meet the demand among people experiencing homelessness in the NT.

NT SHS clients in 2018/19:

- One in 26 Territorians accessed a SHS compared to the national rate of one in 86[vii].
- The main reason for seeking SHS assistance in the NT was as a result of family and domestic violence (37%), followed by assistance for accommodation, including crisis accommodation and inadequate or inappropriate dwelling conditions (24%)[viii].
- The majority (85%) of clients were Aboriginal[ix].
- More than one third (38%) of clients were children aged 0 to 17 years of age[x].
- The number of clients accessing SHS in the NT has increased over time with a 47% increase in the number of clients in the seven years since 2011/12, compared to a national increase of 23% in the same period[xi].
- The median support period was 43 days, which is similar to the national median of 44 days[xii].

NT unassisted persons in 2018/19:

- There were 6669 unassisted requests for service[xiii].
- An average of 15 requests for service went unassisted per day[2] [xiv].
- Almost 20% of unassisted requests were for children aged 0 to 17 years of age[xv].
- More than half (53%) of all unassisted requests were for short term or emergency accommodation[xvi].

Key observations of those who sought support from specialist homelessness services in the NT included:

- In 2018/19 the majority (64.3%) of SHS clients were at risk of homelessness at first presentation in the reporting period and 35.7% were homeless. 64% of those at risk of homelessness were living in public or community housing[xvii].

- As demonstrated in Figure 4, the majority of clients who began their support period housed but at risk of homelessness were supported to maintain their housing. Of those who were homeless at the beginning of their support period, despite assistance from SHS, the majority remained homeless at the end of their support period, and:

    o Results for clients aged 0 to 9 and 10 to 24 years of age followed a similar pattern with 75% and 72%, respectively, of those who were housed but at risk at the beginning of the support period maintaining that status at the end of their support period. Of those homeless at the beginning of the support period, 33% were housed but remained at risk of homelessness at the end of their support period.

    o In the NT, rough sleepers (no shelter or improvised/inadequate dwelling) account for 9% of people accessing homelessness support services. At the conclusion of provided support, 73% of rough sleepers are still rough sleeping and 86% of them remain homeless[xviii].

The data show that the SHS service system is able to support most people who are at risk of homelessness to maintain their tenancy. However, assisting people who are homeless find long term stable accommodation is a significant challenge, highlighting the need for more long term housing options, including specialised

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[2] Note that stakeholder feedback suggests that there is likely considerable underreporting of unassisted persons in the NT.

housing that can effectively support rough sleepers who frequently present with high and complex need, i.e. Common Ground or other dispersed Housing First models.

Figure 4 - Housing situation at the beginning and end of SHS support period (2018/19)
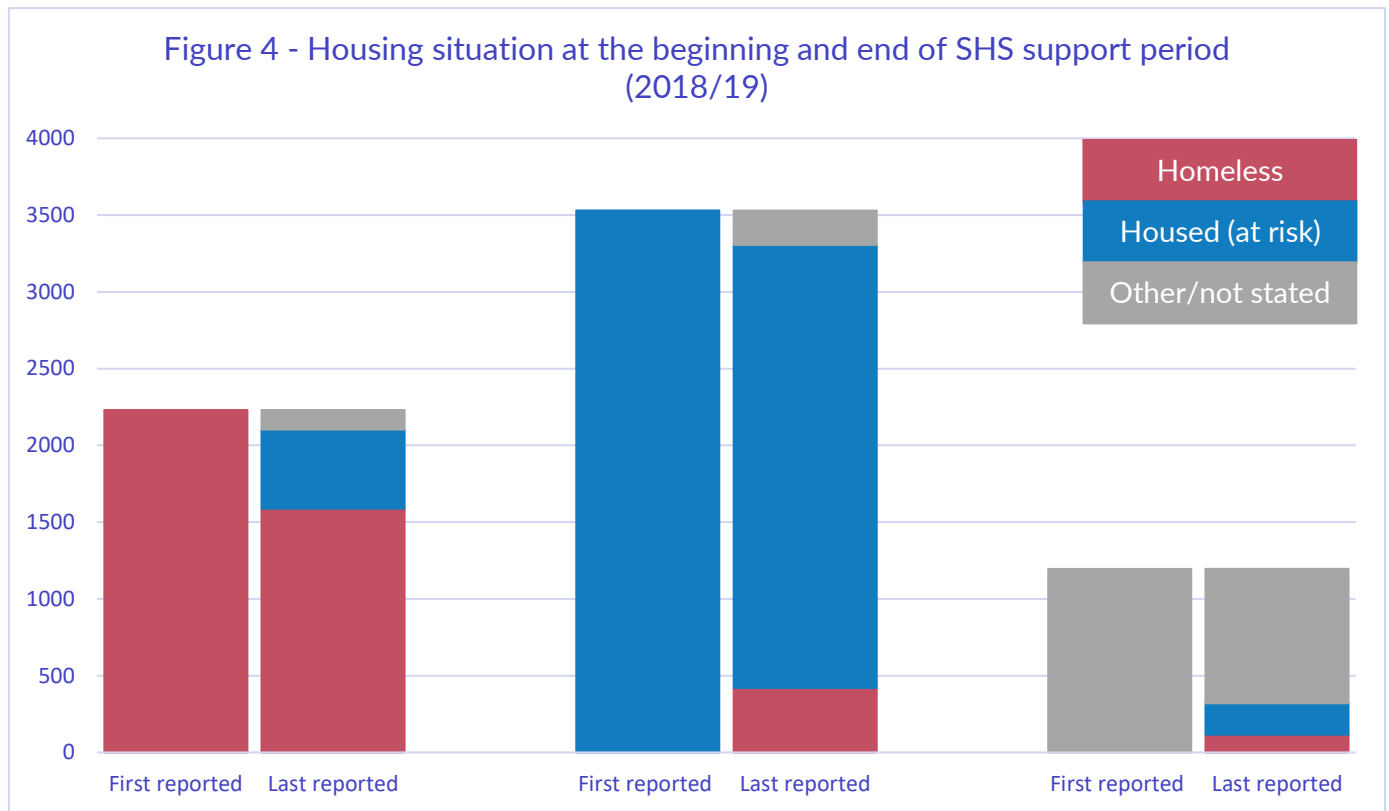
2. Factors affecting the incidence of homelessness

The primary causes of homelessness in the NT are a shortage of affordable dwellings and dwellings of an appropriate size, both of which drive the high rates of overcrowding seen across the NT. To address overcrowding and, to a lesser extent, meet the demand for population growth expected over the next decade[xix], modelling indicates that between 8000 and 12 000 additional dwellings are required right across the NT by 2025[3]. The large Aboriginal population in the NT is also highly mobile and it is common for people to travel to urban and regional centres from remote communities, often for significant periods of time. Without access to affordable short term accommodation, this visiting population frequently appear in the homelessness service system.

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[3] This method relies on the 2016 Census calculation average people per household, which is derived from the number of persons usually resident for enumerated dwellings. The modelling estimates that 7,000 extra dwellings would have been needed in 2016 to align the NT's average people per household of 2.9 with the Australian average of 2.6. The dwelling number is then projected to 2025 based on a population growth of 0.5% annually 2016-2021 and 1.0% 2021-2025.

2.1. Affordability

Rental properties, including private market and social housing, are the most dominant tenure in the NT, at 50%, compared with the national average of 31%. Outright ownership is the least common tenure, at 15%, which is approximately half of the national rate of 31%. Home owners with a mortgage account for almost 30% with the remainder either not stated or other tenure types[xx].

In urban and regional centres the private rental market is largely unaffordable for low to moderate income households. While there are vacant rental properties, particularly in major urban centres (Darwin and Palmerston), these are high priced and are not affordable rental options for very low, low and moderate income households and families. In their June 2018 cost of living report the NT Council of Social Services (NTCOSS) found that there were no rental properties in the NT that could be considered affordable for households receiving income support payments[4][xxi]. The Rental Affordability Snapshot conducted by Anglicare NT in March 2019[xxii] had similar findings. Of 1409 private rentals advertised in the NT, 2% of properties were found to be suitable for a couple on income support with no children, 18% were suitable for households living on minimum wage and no properties were suitable for other household types living on income support including Newstart Allowance, Single Parenting Payment, Disability Support Pension, Youth Allowance or singles on the Age Pension. Like NTCOSS, Anglicare NT determined a suitable rental to be one which cost less than 30% of a household's income.

This lack of affordable housing options contributes to high demand for public housing. There are 4960 public housing dwellings[5] in urban and regional centres and there are 3844 applicants on the waitlist for urban public housing[xxiii]. Wait time for public housing is between two to eight years or more, depending on location and type of housing required[xxiv].

2.2. Overcrowding

In remote Aboriginal communities there is no private housing market[xxv] and public housing accounts for almost all homes. Of the public housing dwellings in remote areas, 57% are considered overcrowded[6]. The Remote Housing Needs Assessment Model (RHNAM) was developed by the NT Government in response to the need for a more robust and evidence-based approach to prioritisation of housing works in remote communities and the need to maximise investment impact[7]. The RHNAM estimates that the current shortfall in remote public housing is 15 500 bedrooms (equivalent to over 5000 three-bedroom homes)[xxvi].

The extent of overcrowding is further evidenced by 21 899 people registered on the Department of Local Government, Housing and Community Development's tenancy system as occupants in remote public housing dwellings as at December 2019, whereas the Aboriginal Estimated Resident Population in the 73 remote communities is much higher at 36 146[8]. It is therefore estimated that there are currently at least 14

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[4] Affordable housing is commonly defined using the '30:40 indicator of housing affordability stress', i.e. households in the lowest 40% of Australia's income distribution spending not more than 30% of gross household income on housing costs (AHURI, 2019, https://www.ahuri.edu.au/policy/ahuri-briefs/3040-indicator)

[5] Includes urban public housing and social head leased dwellings.

[6] Data current as at December 2019, provided by the Department of Local Government, Housing and Community Development from internal records.

[7] The RHNAM uutilises a combination of administrative datasets and ABS population statistics to quantify the housing needs of communities, including population growth over the next ten years. It assesses existing housing assets and occupancy in a community, to determine the total number of additional bedrooms required to adequately address overcrowding. It then produces modelling on the number of bedrooms required in each community that can be used to guide and prioritise investment. It is critical that resources are directed in the most appropriate way and targeted to communities where the need for additional infrastructure, housing and living spaces is most acute.

[8] Estimated by the RHNAM as at September 2019.

247 residents not officially accounted for as occupants of remote public housing. Taking into account some issues around the accuracy of the data, this suggests that this total is likely to include a significant group of people without permanent or safe accommodation that are moving between communities and seeking shelter with family members.

The scale of overcrowding amongst Aboriginal households in the NT is not a trend that is mirrored nationally, as illustrated in Figures 5 and 6, which show the level of underutilised and overcrowded dwellings among Aboriginal households[xxvii]. In the NT, the majority of Aboriginal households require additional bedrooms to fit all occupants whereas for Australia as a whole, the majority of Aboriginal households either have surplus bedrooms or have the required number of rooms to house occupants[xxviii].

Figure 5. Australia housing suitability, Aboriginal households, ABS 2016
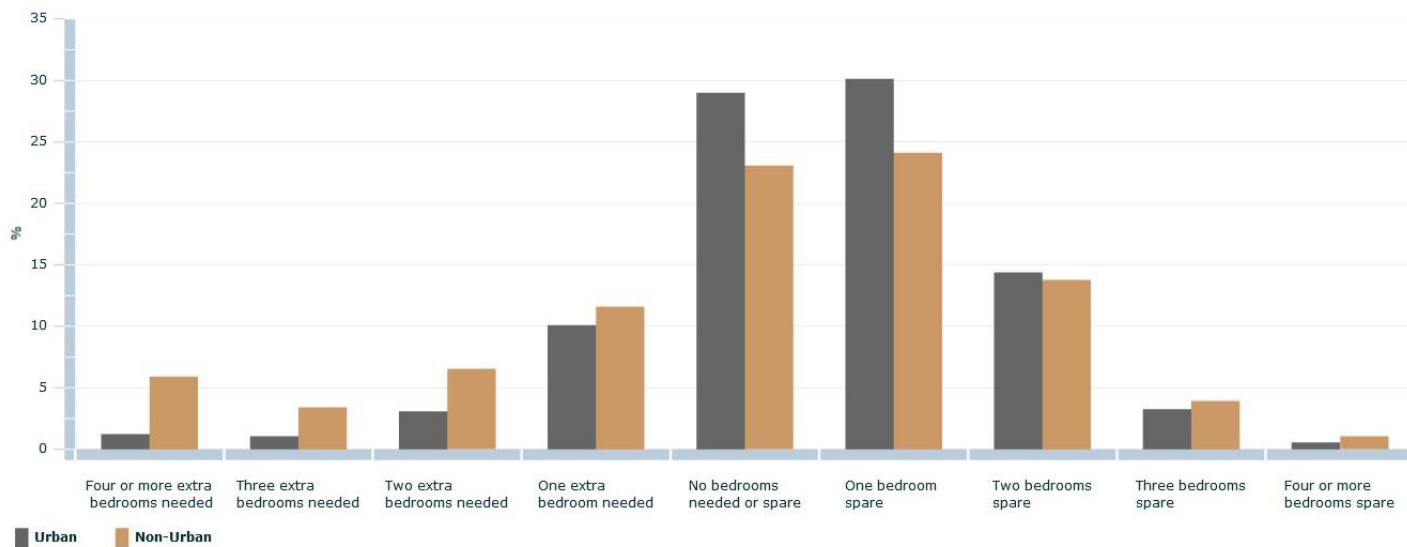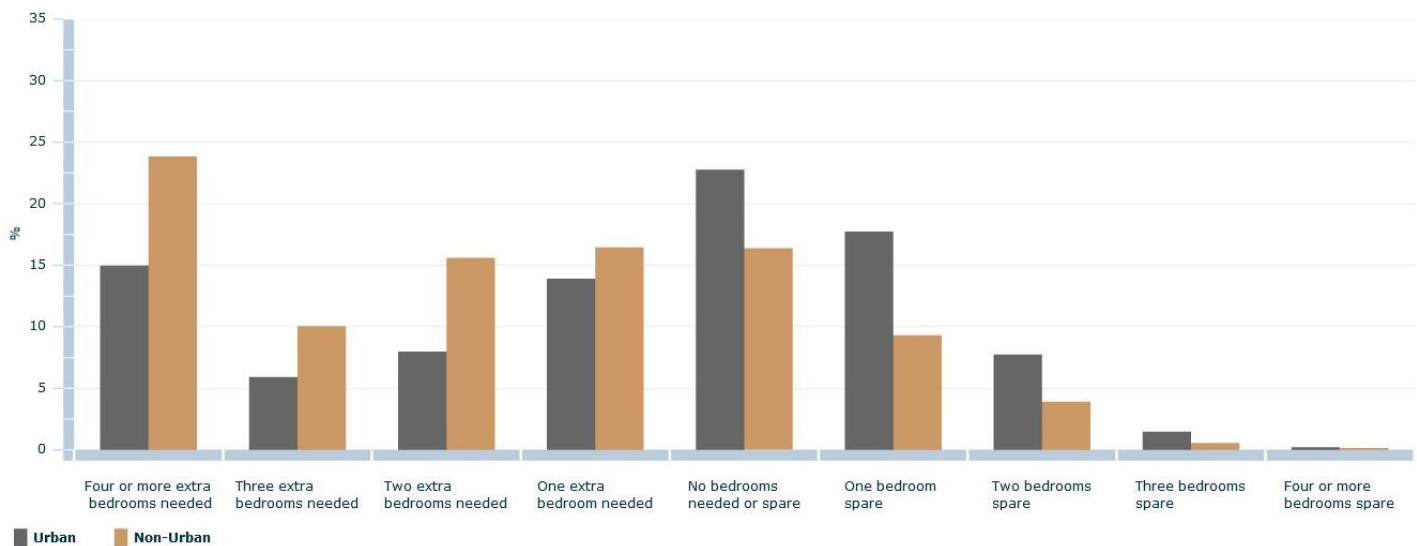

Figure 6. NT housing suitability, Aboriginal households, ABS 2016

While there are ongoing programs to provide additional dwellings (see Section 4) and relieve overcrowding, there remains a considerable shortfall.

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The delivery of additional houses in the NT's remote Aboriginal communities is also constrained by available serviced land with suitable land tenure arrangements. Additionally, in many communities service infrastructure is at capacity and in some communities there are finite water resources.

In addition to the need for new stock, a further challenge in urban and regional centres is that dwelling bedroom configuration is no longer aligned to waitlist needs. For example there is significant demand and wait time for one to two-bedroom properties and limited availability within the current public housing asset portfolio. This is consistent with other Australian jurisdictions as household size becomes smaller in line with an aging population, increased single-parent families and more single people living alone.

2.3. Remote to urban mobility

Population mobility between urban and remote parts of the NT is high with Territorians frequently needing to travel between locations to access health and social services, maintain connections with family, as well as to engage in cultural, sporting and spiritual/ceremonial events[xxix]. A lack of employment opportunities in remote areas is another potential contributing factor. In other cases, remote NT residents may travel to urban and regional centres seeking an escape from the stresses of overcrowding that they experience in remote areas.

The NT's climate can also compound this remote to urban mobility. It is common for the significant rainfall of the wet season to cut off access to remote communities meaning that visitors to other centres cannot return to their homes and must stay longer than intended, or they need to move to larger centres for the wet season so that they can access services and supplies.

This population mobility creates an 'ebb and flow effect' between remote areas and urban centres that impacts the resident population and therefore housing demand.

Re-location, temporary or otherwise, of remote residents to urban areas of the NT brings with it a question of where these visitors or new residents will reside. Often these visitors will find short term housing in town camps while others may 'sleep rough' or in improvised accommodation[xxx].

Town camps and community living areas are small communities on the outskirts of regional centres. There are 43 town camps in the NT, housing more than 4000 people (the exact number is highly variable) across 687 properties. Town camps are essential 'hubs' and play an important part in the housing system. In addition to providing permanent housing options for many Aboriginal people and their families, town camps support the mobility of Aboriginal people across the NT. This means that town camps themselves face their own challenges related to overcrowding.

A large number of visitors end up rough sleeping and do so for considerable lengths of time. A survey of 396 homeless people and rough sleepers[xxxi] in Darwin, Palmerston and Katherine that was undertaken from December 2017 to January 2018 found that 55% of people had been homeless for more than 12 months and 27% for 6-12 months. 99% of survey respondents were Aboriginal and cited a range of reasons for initially coming into the urban and regional centres, including boredom, seeing family, taking a break or holiday, attending to medical needs and leaving community because of 'anti-social' behaviour.

A more recent survey of 53 people that visited the Katherine Doorways Hub drop-in centre over the course of a day in early 2020, found that 17 people reported they had come into Katherine for a medical appointment. Of those 17 people, 16 were sleeping rough due to a lack of affordable, short term accommodation options in the town.

Reflecting the unique features of the NT context, Figure 7 depicts the types of housing that comprise the housing system across urban and remote settings, and the high levels of mobility between NT communities and housing tenure. Notably, the range of housing options in Australia has often been depicted across a

continuum of housing services in which the need for subsidy and support reduces as a person moves from one housing tenure to the next. This concept is less applicable in the NT, where population mobility is significant and some housing options, particularly those in remote communities, are not necessarily offered on a continuum that reflects the level of subsidy or complexity of needs.

Figure 7. The Northern Territory's housing system
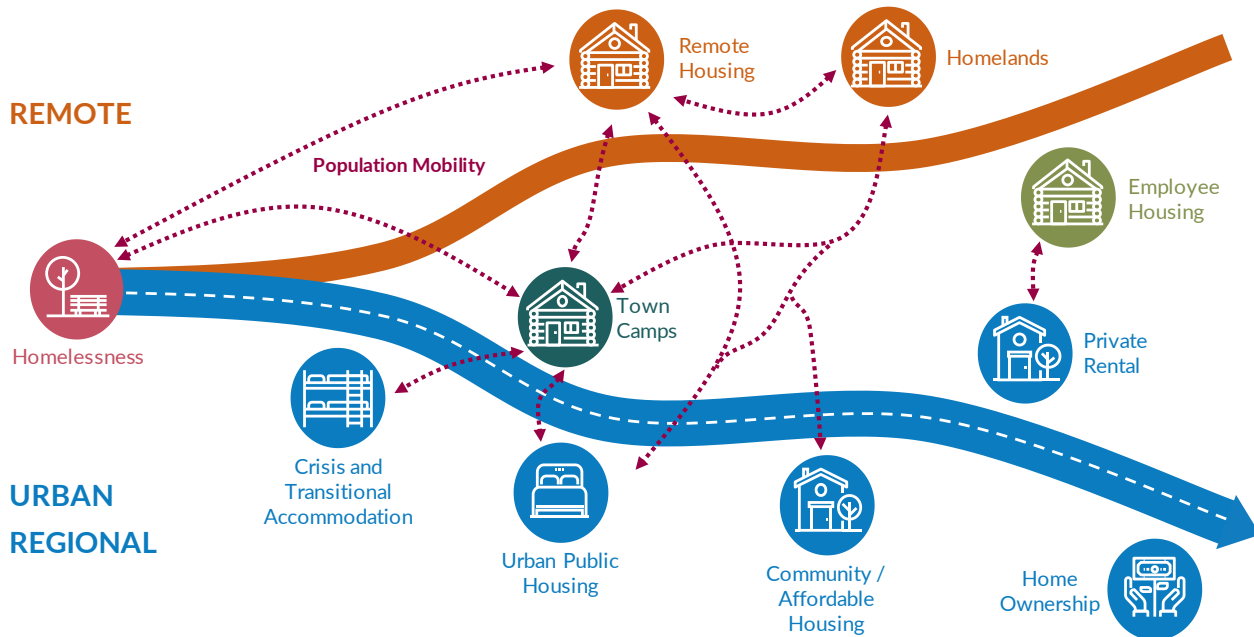
Note: Lines representing population mobility are indicative only.

3. The impact of overcrowding

Aboriginal family relationships are traditionally based on large family groups where the value of connection to kin is paramount. There is a moral economy of cooperation and mutuality, giving rise to a culture of reciprocity in which caring and supporting kin is a critical social obligation[xxxii].

This is not to be confused with overcrowding which stems from a large number of residents living in a household where the dwelling size is not compatible with high numbers of people. Overcrowded households often result in living conditions that are detrimental and stressful to residents. The overcrowded environment experienced in many remote households in the NT is not usually a culturally sanctioned environment, but instead an uncontrolled situation where the health and wellbeing of occupants are compromised[xxxiii].

Housing is recognised as an important social determinant of health[xxxiv]. There is extensive empirical evidence to illustrate the strong and significant impact that overcrowding and poor living conditions have on a range of socio-economic outcomes, especially developmental outcomes for children. Overcrowding can also be both a cause and effect of family and domestic violence.

3.1. Developmental outcomes for children

Safe, secure and stable access to room for study, play and undisrupted sleep is critical for the health and development of children[xxxv].

Health problems relating to residing in overcrowded housing include skin, eye, ear, heart and respiratory infections. Living in overcrowded dwellings facilitates the transmission of infections such as these between residents because there is close proximity between those infected and other residents, sharing of bed linen, sharing of bathrooms, and poor sanitation.

These health impacts of overcrowding can also have subsequent impacts on child development and education. For example, a child experiencing significant hearing loss as a result of Otitis Media is less likely to attend school[xxxvi]. Poor hearing during critical stages of child development can also have impacts on later language and cognitive development. Likewise, children suffering from scabies or skin sores may be prevented from attending school due to the risk of infection spreading to their classmates.

Overcrowding has also been associated with increased risk of emotional and behavioural problems and reduced school performance, likely due to disrupted sleep, lack of space to study and the impact of noise levels on concentration[xxxvii].

The Australian Early Development Census provides an insight into the overall impact of overcrowding on child development. The 2018 Census found that over 23% of children in the NT were developmentally vulnerable on two or more domains linked

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Research demonstrating the impact of overcrowding on children's health

Skin sores: Up to 70% of Aboriginal children develop scabies or skin sores. These skin infections, akin to infections associated with third world countries, lead to Acute Post Streptococcal Glomerulonephritis (APSGN). Aboriginal children in the NT with APSGN are then acutely susceptible to many more serious chronic conditions, including being six times more likely to develop chronic kidney disease as adults.
Source: Department of Health – Healthy Skin Program August 2015

Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD): ARF and RHD are rare in the general Australian population. RHD is considered to be a preventable third world disease that has been virtually eliminated from Australian cities. However, rates of ARF and RHD for Aboriginal people in the Top End of the NT are among the highest in the world, with Aboriginal young children 122 times more likely to have RHD than non-Aboriginal children. Aboriginal people are also hospitalised for ARF and RHD at rates of around seven times more than non-Aboriginal people, with the NT recording the highest rates out of any other jurisdiction.
Source: Interview Prof Johnathon Carapetis, Menzies School of Health and Australian Health Ministers' Advisory Council (AHMAC) 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report

Case Study: In Maningrida, a remote NT Aboriginal community of 3000 people, researchers have discovered the highest known rates of RHD in the world. A study by the Menzies School of Health Research screened approximately 450 school age children in Maningrida and found that one in 20 suffered from RHD.
Source: https://www.abc.net.au/news/2018-09-01/maningrida-children-suffer-rheumatic-heart-disease-highest-rate/10187384

Otitis Media (OM): OM, middle ear infection, is a common experience for both Aboriginal and non-Aboriginal children. While the average non-Aboriginal child will experience OM for up to three months of their early lives between the ages of two and 20, the average Aboriginal child would be expected to have at least 32 months of chronic OM, resulting in 86% of Aboriginal children developing permanent hearing loss or impairment.
Source: Australian Institute of Health and Welfare, Ear and hearing health of Indigenous children in the Northern Territory 2011

to child health, education and social outcomes[9], compared to 11% of children across Australia[xxxviii]. In remote communities in the NT, where overcrowding is most common, these rates were even higher.

These data are complemented by a 2018 data linkage study from the Menzies School of Health Research[xxxix] that found living in communities with overcrowded housing was one of the strongest predictors of year one school attendance for Aboriginal students.

3.2 Family, domestic and sexual violence

Overcrowding, and the related lack of privacy, is a recognised stressor which can result in family and domestic violence. At the same time, needing to escape family and domestic violence is a major reason for people becoming homeless.

Overcrowded and poorly maintained housing have been found, in some cases, to exacerbate violence, making women and children more vulnerable to abuse from a broad range of potential abusers[xl].

In remote areas, a key challenge is limited alternative accommodation options for victims of family and domestic violence. A recent internal review commissioned by Territory Families found that the current services operating in remote communities are largely limited to crisis responses and are unevenly distributed[xli].

Women and children with few or no other alternative accommodation options may be unable to leave an abuser. If women need stable housing to maintain custody, they are more likely to stay with or return to an abuser[xlii].

A high proportion (42%) of those living in severely overcrowded conditions in the NT are children[xliii]. National research has found that sexual assaults against children living in overcrowded dwellings are often the "opportunistic" outcome of having so many adults staying in households[xliv].

4. Services to support people who are homeless or at risk of homelessness, including housing assistance, social housing, and specialist homelessness services

The key services to support people who are homeless or at risk of homelessness in the NT are specialist homelessness services (SHS). There is a variety of other forms of housing assistance and social housing available to NT residents. This section provides an overview of services and interventions across the housing and homelessness sectors, and includes a discussion on how support is designed to address the complex and multi-dimensional needs of the NT's homelessness population.

4.1. Specialist Homelessness Services

In 2019/20, $37 million is invested in Specialist Homelessness Services (SHS) to support people who are homeless or at risk of homelessness across mostly urban and regional centres of the NT. This includes $25 million of services delivered by the Department of Local Government, Housing and Community

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[9] The domains are physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based) and communication skills and general knowledge.

Development, $11.3 million of services provided through Territory Families and $0.7 million of services delivered by the Department of the Attorney-General and Justice.

Services are delivered through partnerships with non-government organisations (NGOs). Table 1 provides a summary of these services.

Table 1. Summary of 2019/20 NT Specialist Homelessness Services by program classification

Program Classification	Number of Services	Location
Visitor Accommodation	2	Alice Springs and Darwin
Short Term/Emergency Accommodation (Up to 3 months)	10	Alice Springs, Darwin and Katherine
Medium Term/Transitional Housing Program (3+ months to 2 years)	19	Alice Springs, Darwin and Katherine
Long Term Housing	2	Alice Springs and Darwin
Tenancy Sustainability Program	14	Alice Springs, Darwin, Katherine, Nhulunbuy and Tennant Creek
Other Support Services - Outreach/Case Management	6	Alice Springs, Darwin, Katherine and Tennant Creek
Other Support Services - i.e. Drop-In/Hub Centres	3	Alice Springs, Darwin and Katherine
Case management and support services for people leaving correctional services	2	Alice Springs and Darwin
Domestic and Family Violence programs	29	Multiple urban/regional and remote locations

Table 1 illustrates the range of services available. Delivery of homelessness services in the NT is made more challenging by the complex needs of clients, high levels of mobility, cultural and language diversity, and organisational and resourcing challenges of delivering services and programs in remote and very remote locations.

Currently, while most types of services are available in Alice Springs, Darwin and Katherine, there still remains significant unmet need in these locations as evidenced by high numbers of people unable to be assisted each year as outlined below. Table 1 also highlights significant gaps in the service system, with a limited number of 'support' only programs currently operating in Nhulunbuy and Tennant Creek, despite these locations experiencing high levels of homelessness.

The limited number of services in these locations highlights gaps in the response to homelessness. The NT Homelessness Strategy will explore ways to realign the service system to more effectively meet demand for services across the NT. Where there is an underlying

Figure 8. NT regions and major centres

gap in funding, service realignment will not be sufficient to effectively respond to and meet the needs of people experiencing homelessness.

4.1.1. SHS for priority groups at particular risk of homelessness

Across Australia, there is an increasing need for the homelessness service system to be more agile to better respond to the increasingly complex and changing needs of clients, as well as the impacts of undersupply of affordable housing and limited or no exit points for clients. This requires a service system with capacity to adopt early intervention and prevention approaches that are integrated, trauma informed, person-centred and focussed on sustaining tenancies and promoting the wellbeing of households.

In the NT, Aboriginal people represent 88% of the homeless population and 85% of the population seeking assistance from SHS[xlv]. A predominant challenge is that many Aboriginal people are represented in multiple priority cohorts and are considered at particular risk of homelessness on a number of dimensions.

Not only are individual clients in the NT represented in multiple priority groups, comparison of the NT and Australian SHS client profiles demonstrates that NT clients are present in priority groups at a higher rate than Australia as a whole, as shown in Table 2.

Table 2. Comparison of 2018/19 NT SHS client profiles to other jurisdictions and the national average rate

Client Profile	NT Number of Clients	NT rate	National Average rate	NT vs. National Average rate (number of times NT is greater)
Clients are **Aboriginal**	7984	968.9	832.0	1.2
Clients have experienced **Domestic and Family Violence**	4650	188.0	46.6	4.0
Clients have a current **Mental Health** issue	1046	42.3	34.6	1.2
Young people presenting alone	1367	55.3	17.2	3.2
Clients **Leaving Care**	281	11.4	2.7	4.2
Children with **Care and Protection Orders**	414	16.7	3.7	4.5
Clients exiting **Custodial Settings**	250	10.1	3.8	2.7
Clients with problematic **Drug or Alcohol** issues	974	39.4	11.2	3.5
Clients **aged 55 or older**	737	29.8	9.7	3.1
Clients with a **Disability**	184	7.4	2.9	2.6

Note: All rates are per 10,000 estimated resident population.

Ensuring access to culturally appropriate services that are able to address the needs of people represented in multiple priority cohorts is fundamental to service delivery in the NT. This is reflected in the homelessness services available, with all of the 60+ different services assisting a high number of Aboriginal people and the majority also responding, at a minimum, to the needs of at least three other priority cohort groups.

The rate of clients accessing SHS after leaving the justice or child protection systems is more than four times higher in the NT than the national average. The SHS in these cases provides a critical safety net. Additional work is needed to look at options for helping people leaving the corrections system or out-of-home care to move into stable housing. Work to reduce exits from the service system into homelessness is a key priority under the NT Homelessness Strategy and is also a key challenge across Australia.

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Reducing exits into homelessness requires a whole of government response and will result in improved outcomes across government by reducing the number of people cycling back into service systems. For example, a number of studies have found that reducing homelessness among prison leavers would also reduce recidivism and prison expenditure[xlvi]. To strengthen action to reduce exits into homelessness and improve housing and support options for vulnerable cohorts, a national whole of government focus is required and should be considered as a key priority in the development of a national strategy for housing and homelessness.

Table 2 also shows that the rate of people accessing SHS due to domestic and family violence is four times higher in the NT than the national average. Almost half (48%) of all clients who sought assistance from SHS in 2018/19 had experienced family and domestic violence. The majority of these (77%) were female[xlvii] and the majority of males were children or youths attending with their mothers.

Clients with Care and Protection Orders[10] (CPOs) are also accessing SHS at 4.5 times the national average rate. 56% of children accessing SHS, who also had CPOs, reported experiencing domestic and family violence, compared to 37% who accessed SHS and did not have a CPO. 55% of SHS clients with CPOs were children under the age of 10.

As part of the SHS, Territory Families supports 29 services across the NT to deliver crisis accommodation and support for women and children affected by family violence. This includes 13 Women's Safe Houses operated by Territory Families in remote locations and 16 Women's Refuges/Shelters and Safe Houses operated by NGOs, including services for counselling, crisis intervention, outreach support and community education.

A key challenge in the NT, given the noted demand for more appropriate and affordable housing, is provision of access to longer term safe and secure housing options for women and children affected by violence, enabling them to live separately from perpetrators.

Table 2 also highlights the higher rates of drug or alcohol issues and mental health among people experiencing homelessness in the NT. To effectively support people with drug or alcohol or mental health needs who are also experiencing homelessness or are at risk of homelessness, specialist, trauma informed support is required. A recent study has shown the two-way relationship between mental health, housing and homelessness[xlviii] and highlights the need for cross agency co-operation to improve client outcomes. Work by KPMG also identified the economic benefits for Australia of investment in mental health reform, particularly among young people experiencing homelessness and mental health issues[xlix].

Although not detailed in the table above, a large number of people who are homeless in urban and regional centres have travelled in from remote locations to attend to medical needs[l]. Whilst recognising that there is a need for short term accommodation for people visiting to attend to medical needs, it is also important to consider alternative options that reduce the need for people to travel. For example, a doctor in Katherine has co-pioneered the return of a specialist outreach service that has been inactive for more than 15 years. The service operates like a mobile clinic and is achieving cost savings through reduced need for patients living in remote locations to travel hundreds of kilometres to see a doctor and reduced medical treatment costs from earlier identification of issues[li].

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[10] CPOs are legal orders or arrangements that place responsibility for a child's welfare with child protection authorities. They set up arrangements to provide support and assistance to vulnerable children and young people to protect them from abuse, neglect or other harm, or where their parents are unable to provide adequate care or protection.

4.1.2. NT Government response

There are approximately 75 700 homes across the Territory. The Department of Local Government, Housing and Community Development owns or manages 13 097 dwellings in urban and remote locations across the NT, which makes it the largest landlord in the Territory.

A Home for all Territorians – NT Housing Strategy 2020-2025 outlines how the NT Government aims to improve outcomes across the whole housing system, including social and affordable housing, private rental and home ownership in urban, regional and remote communities. The vision for the Strategy recognises the central importance of housing in relation to individual, family and community outcomes. The vision is:

A Home for all Territorians: housing that enables social and economic wellbeing and strong communities

The strategy focuses on four strategic objectives:

1. Creating a housing and homelessness system that is contemporary, flexible and accessible
2. Improving the long term sustainability of the housing system in the NT
3. Providing appropriate housing aligned to the need and aspirations of households and communities
4. Strengthening access for Territorians to a range of housing options, including social and affordable housing, private rental and home ownership.

The Housing Strategy outlines the significant NT Government investment to construct new housing, provide additional bedrooms and living areas and to repair and upgrade existing dwellings.

The NT Government has committed to investing $1.1 billion over 10 years under the remote housing investment package, *Our Community. Our Future. Our Homes*. In addition, the Australian Government has agreed to provide matched funding of $110 million per annum over five years through the National Partnership for Remote Housing Northern Territory 2018-2023[lii]. Further, the NT Government is investing an additional $426 million in housing related infrastructure in remote communities, such as improved essential services and new subdivisions.

While these are significant investments, comprehensively addressing the need for additional dwellings will require additional and sustained funding.

The *Building our communities, together - Town Camps Reform Framework 2019-2024* recognises the important role of town camps in providing permanent housing and also supporting population mobility. With an initial investment of $40.44 million, the framework seeks to develop sustainable models for town camps that focus on the importance of safe and suitable housing for the social and economic development of Aboriginal Territorians. However, as with other areas of public housing, there is a significant shortfall in funding required to comprehensively address housing need.

Noting that the current number of social housing dwellings is unable to meet demand, the NT Government offers a range of initiatives to assist low to moderate income households access private rental properties and ensure people do not enter into homelessness. These include the bond assistance program which is targeted towards low income households and assists to divert these households away from the long wait for public housing and affordable rental head leasing programs aimed at low to moderate income households.

These programs are in addition to the Australian Government's National Rental Affordability Scheme (NRAS) and Commonwealth Rent Assistance (CRA) program.

However, a key concern with NRAS is that the ten year funding scheme will soon expire, which is likely to have negative impacts on more than 1000 low to moderate income households in the NT who have been accessing its benefits through paying subsidised rent. Unless these households can be transferred to a new affordable housing scheme they may be required to re-enter the private rental system and face significant

affordability challenges, which may lead to greater risk of homelessness not only in the NT but across Australia.

Recommendation: To maintain or increase supply of affordable housing dwellings it is recommended the Australian Government explore options to continue NRAS or develop a new subsidy program that will maintain or increase the existing supply of affordable housing.

Similarly, the effectiveness of CRA in improving affordability is also undermined by the fact that it is calculated equally across Australia and does not reflect regional differences in rent. This means that while CRA may have a significant impact on the affordability of rental properties in lower cost markets, in the often higher cost urban markets, it falls short.

Recommendation: Australian Government review CRA to ensure the income supplement provides sufficient subsidy to enable people to live affordably in the private rental market irrespective of location.

4.2. Emerging best practice

Pathways out of Homelessness, Northern Territory Homelessness Strategy 2018-23 provides the framework for the NT Government to address homelessness through prevention and early intervention. The strategy focuses on urban and regional centres and includes five priority actions:

1. Strengthening interagency responses and support to reduce exits into homelessness from out of home care, health services and correctional settings
2. Streamlining and strengthening preventative support to people at risk of homelessness
3. Improving Department of Local Government, Housing and Community Development policy and practices to better respond to homelessness and the risk of homelessness
4. Increasing access to and supply of private rental, affordable and social housing
5. Working with the Specialist Homelessness Services sector to strengthen service response for people who are homeless or at risk of homelessness.

Under the homelessness strategy, several new approaches to addressing homelessness are emerging as best practice. A common feature across all is the way in which they achieve positive outcomes through promoting integrated cross-sector support for people that are homeless or at risk of homelessness.

The Katherine Doorways Hub (the Hub) is operated by The Salvation Army and is a day service assisting more than 100 people per day who are sleeping rough in Katherine. It provides dignity services and improved health and wellbeing outcomes by providing food, showers, toilets and washing machines. One of the most significant successes of the Hub is how it generates enhanced engagement with the broader support services sector, including with health and other government services. Services in Katherine now rely on the Hub as a central point of contact for people experiencing homelessness. Not only does the Hub provide a high quality direct service to homeless clients, the Hub acts as a conduit and amplifier for other government and NGO services in the area.

The NT Housing Accommodation Support Initiative (HASI) is a partnership between the NT Department of Health, Department of Local Government, Housing and Community Development, the Top End Mental Health Services and non-government organisations. The aim of the NT HASI program is to support people with mental illness living in public housing to sustain their tenancies and avoid becoming homeless. NT HASI provides services that are individualised, holistic, integrated, culturally responsive, safe and flexible to enable people with mental illness to remain living in the community. Since commencement in January 2018, 54 people have received NT HASI services. Participants are receiving between four and 10 hours of support per week. Six people have exited the service after being provided with the necessary supports to successfully maintain their tenancy and live independently in the community.

My Place, delivered by the Central Australia Affordable Housing Company in Alice Springs, is targeted to Aboriginal individuals and families who face significant barriers to accessing the private rental market. My Place consists of two separate programs. The Subsidised Private Rental Program provides subsidised private rental housing for people on low incomes. The Private Rental Liaison Program helps people who can afford a private rental property to overcome barriers to access the private rental market. My Place works in a collaborative relationship with other support services in the Alice Springs region and real estate agents are keen to sign up properties to the My Place program due to the security offered by head leasing to a company. Since the program began in 2016, 29 adults and 35 children have been housed in the private rental market in Alice Springs. Results to date indicate that clients are able to retain secure housing after exiting the program. My Place assists Aboriginal households overcome barriers to private rental and helps to reduce overcrowding by providing a wider range of housing options. The average subsidy is $16 778 per dwelling for the Subsidy program and $2179 per household for the Liaison program. These costs represent a highly efficient and effective way to house people experiencing homelessness compared with the alternative of social housing or SHS, with equivalent costs to provide a house and rental subsidy assessed per annum at $27 269 for public housing or $26 955 to accommodate an individual in SHS supported accommodation.

Additionally, closely linked to work under the strategy is the **Individual Support Program** (ISP) led by the NT Department of Health in Katherine. This program reaches out to rough sleepers and those with mental health and/or alcohol needs and is resulting in significant costs savings to the hospital system. The ISP network links service providers and allows speedy access to further support services, improved navigation of complex systems, identification and mitigation of systemic obstacles and creative, customised service provision. A client brokerage fund plays a pivotal role in providing essential items and services for better health. Participants are eligible to receive intensive assessment and case management to improve/resolve a range of issues such as chronic illness, lack of income support, social and emotional wellbeing issues and pathways to training and employment. A recent focus has been on frequent attenders to the Emergency Department. An evaluation report of the first two year funding period showed a significant reduction in Emergency Department presentations and an increase in engagements with primary health care. The reduction in Emergency Department presentations of the 95 program participants studied is estimated to represent $517 400 of cost savings to the hospital system.

A similar initiative is also underway in Alice Springs, although focused on residents of town camps. Under this program, families are provided with access to a coordinated range of services including alcohol and other drug support, housing advocacy support, family violence support, financial counselling, assistance and support, support for children, assistance to access education, training or employment and referrals to specialist services.

5. The adequacy of the collection and publication of housing, homelessness and housing affordability related data

The primary sources of housing and homelessness data are the Australian Census and the AIHW's SHS collection. The AIHW's annual SHS collection is a particularly valuable asset for understanding and monitoring the provision of SHS. The SHS collection is useful for reviewing the number of clients assisted, their demographics, their housing situation at the start and end of support and the types of services delivered.

However, the NT acknowledges the need for improved data and reporting on housing and homelessness including enhancement of the SHS collection. The NT is represented on the national Housing and Homelessness Data Working Group and fully supports the development of the Housing and Homelessness Data Improvement Plan, which is a schedule to the NHHA.

Accurate data of high quality are essential to measure key housing and homelessness outcomes and to develop an evidence base with which to establish what is best practice in reducing homelessness and what programs and services offer value for money and improved client outcomes.

The NT supports the proposal to better assess outcomes through the development of an enduring longitudinal housing and homelessness dataset. Availability of longitudinal data would allow for long term housing and homelessness outcomes to be monitored, such as whether exits from homelessness are sustained or whether clients experience 'repeat homelessness'. The current approach is limited to a financial year reporting period and is a crude snapshot with which to investigate changes to the housing situation of clients, particularly as support periods and housing situations 'reset' at the beginning of each reporting period, thus masking homelessness across financial years.

The NT would also like to explore options to link the AIHW's SHS collection with systems in our own jurisdiction. The ability to link the various datasets would better enable jurisdictions to measure, monitor, and ultimately improve client outcomes by allowing full tracking of a client's journey through homelessness and housing services. Such linkage would allow assessment of a greater range of housing and homelessness outcomes. It is noted that Tasmania and South Australia have developed integrated systems in this regard.

Finally, the unassisted persons portion of the AIHW's SHS collection has the potential to provide key outcome data on the level of unmet need, including what types of required services cannot be provided. Recent stakeholder feedback in the NT indicated that there is a lack of clarity regarding what should be captured and reported. This uncertainty has led to some service providers either not reporting or underreporting numbers of people unassisted. As well, stakeholders reported that the unassisted persons form is complex, which is also a barrier to reporting. In order to accurately assess outcomes, i.e. need for services, it is recommended that the form be simplified and additional guidance and training be provided to service providers to clarify requirements with the aim of increasing the quality of data collected.

6. Governance and funding arrangements in relation to housing and homelessness, particularly as they relate to the responsibility of Local, State, Territory and Federal Governments.

6.1 Funding

6.1.1. NHHA Homelessness funding

One of the key aspirational, overarching national outcomes under the NHHA is:

> ...an effective homelessness service system, which responds to and supports people who are homeless or at risk of homelessness to achieve and maintain housing, and addresses the incidence and prevalence of homelessness[liii].

Aligned to this outcome is a focus on homelessness priority policy reform areas, priority homelessness cohorts and the requirement of each state and territory to match Australian Government funding and develop a homelessness strategy to guide reform. To ensure an effective homelessness service system and support delivery of outcomes and policy reform areas, the Australian Government funds states and territories under the NHHA homelessness funding.

Homelessness in the Northern Territory

However, the allocation of homelessness funding under the NHHA is not aligned to current need. The NT accounts for 11.79% of national homelessness yet receives only 4.63% of the homelessness funding allocated through NHHA, as demonstrated in Table 3.

Table 3. NHHA funding (2019/20) and ABS homelessness statistics, by jurisdiction[11]

Rank	State/Territory	ABS 2016 (Homeless number)	NHHA all ($M)	NHHA homelessness ($M)	ABS 2016 (rate per 10 000)	ABS 2016 (% of total homelessness)	NHHA all (% of total)	NHHA homelessness (% of total)
1	New South Wales	37,715	478.4	30.9	50.4	32.41%	31.54%	26.12%
2	Victoria	24,817	388.3	23.4	41.9	21.33%	25.60%	19.78%
3	Queensland	21,671	309.3	29.5	46.1	18.62%	20.39%	24.94%
4	Northern Territory	13,717	19.0	5.5	599.4	11.79%	1.25%	4.65%
5	Western Australia	9,005	160.0	15.4	36.4	7.74%	10.55%	13.02%
6	South Australia	6,224	105.0	9.1	37.1	5.35%	6.92%	7.69%
7	Tasmania	1,622	31.8	2.9	31.8	1.39%	2.10%	2.45%
8	Australian Capital Territory	1,596	24.9	1.6	40.2	1.37%	1.64%	1.35%
	Total	116,367	1,516.7	118.3	49.8	100.00%	100.00%	100.00%

Current NHHA funding for homelessness services is allocated on the basis of the 2006 Census - "Commonwealth homelessness funding will be allocated to States in accordance with each State's share of total homelessness based on 2006 ABS Census homelessness estimates"[liv], despite there being almost 14 years and two additional instances of the Census since that time. This approach to calculating NHHA homelessness funding fails to take into account current need and demand for services and results in a funding shortfall for the NT of $8.45 million in 2019/20[12].

Nevertheless, according to both the 2006 and 2016 Censuses, the NT is ranked fourth in the country according to the percentage of the population estimated to be homeless[lv] and yet is ranked sixth in terms of the amount of homelessness funding received via the NHHA[lvi].

Recommendation: NHHA homelessness funding is calculated based on current need as measured by the most recent Census and aligned to match the percentage of the population who are homeless in each jurisdiction. NHHA funding should be adjusted thereafter as each Census is completed to ensure funding is matched to current need in an ongoing way.

Updating homelessness funding to align with current need would be consistent with the approach for calculating general funding under the NHHA which is updated annually using ABS population estimates.[lvii]

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[11] This table reports NHHA funding exclusive of Social, Community and Disability Services Equal Remuneration Order funding.
[12] This amount of $8.45 million is the difference between the NT receiving 11.79% of the NHHA homelessness funding in line with its percentage of homelessness, equal to $13.95 million in 2019/20, and the $5.5 million it has been allocated.

6.1.2. NHHA general funding

As noted above, NHHA general funding is allocated according to each jurisdiction's population share. This means that the NT receives the least amount of general NHHA funding. This funding model does not take into account the larger than average costs required to provide services in the NT context. The NT's large land mass, distributed population and large share of populations with high and complex needs requires additional resources[lviii].

Recommendation: In future, consideration is given to NHHA general funding allocations to ensure they reflect service delivery costs.

Funding for the Social, Community and Disability Services Equal Remuneration Order, which is included in NHHA funding, is only guaranteed to June 2021. If the current level of funding is not maintained in future years, providers will be required to reduce the services they deliver to cover employees entitlements.

Recommendation: Australian Government increase NHHA general and homelessness funding to include the Equal Remuneration Order from 2021, rather than providing a separate Equal Remuneration Order supplement.

6.1.3. National Partnership for Remote Housing

The National Partnership for Remote Housing NT Agreement, through which the Australian Government is investing $550 million to reduce overcrowding, will end in financial year 2022/23. In contrast, the NT Government $1.1 billion remote housing investment package, *Our Community. Our Future. Our Homes* is structured over 10 years to 2026/27. Noting the scale of overcrowding, it is recommended the Australian Government maintain levels of matched funding under the National Partnership for Remote Housing NT Agreement up to 2026/27 and to work with the NT Government to consider options for a further long term commitment to increased housing supply in remote communities. The former National Partnership Agreement on Remote Indigenous Housing was a ten year agreement that not only provided certainty of funding but also allowed for long term planning to address needs across 73 very remote communities.

Recommendation: The Australian Government maintain levels of matched funding under the National Partnership for Remote Housing NT Agreement up to 2026/27 and works with the NT Government to develop a further long term commitment to increase housing supply in remote communities.

6.2   Governance

The responsibility for housing and homelessness is spread across all levels of government because the policy levers that influence the housing market and supply are also spread across all three levels. In a broad sense, the Australian Government has leverage over the demand side and how affordable the housing market is as they control policy levers related to programs, subsidies and incentives for investors, renters and prospective home owners (e.g. tax settings, CRA and NRAS). These levers also include determining the extent to which welfare payments are adjusted to reflect changes in the cost of living (including housing affordability) and ensuring that policy which results in breaching of Community Development Program participants does not cause homelessness. States, territories and local governments have levers related to the supply of housing, including land release, planning policy and social and affordable housing provision.

A concerted national effort is required to ensure that these various policy levers are aligned. The impacts of homelessness mean that there are costs to state, territory and Commonwealth governments in terms of health, justice, and social and community services if those who are homeless and at risk of homelessness cannot access afforable and appropriate stable housing.

A national housing and homelessness strategy would drive a coordinated approach. Development of this strategy would be consistent with and align to NHHA, which requires states and territories to each have housing and homelessness strategies in place. This national strategy should be broad enough to appropriately reflect the context and the differences between each jurisdiction.

Recommendation: The creation of a national housing and homelessness strategy is required. This strategy could reflect a joint commitment to deliver effective and efficient housing and homelessness systems and responses.

7. Summary of findings and recommendations

As outlined above, the NT has the highest rates of homelessness in Australia overall and the highest rates across all forms of homelessness from rough sleeping to supported accommodation and severe overcrowding (Figure 2).

People experiencing homelessness in the NT are some of the most complex clients in Australia, with higher reported levels of family violence, child protection, mental health, drug and alcohol issues, imprisonment and disability among people experiencing homelessness (Table 2).

This section proposes a series of recommendations focused on funding, supply and a national response to housing and homelessness to more effectively assist people experiencing or at risk of homelessness in the NT and across Australia.

To support the Committee's understanding of the impact of homelessness, the NT Government invites the House of Representatives Standing Committee on Social Policy and Legal Affairs to visit the Territory to view first-hand the impact of overcrowding and rough sleeping, in particular on the lives of children and young people.

Recommendation: The House of Representatives Standing Committee on Social Policy and Legal Affairs visit the NT to meet with Aboriginal organisations, the NT Government and Specialist Homelessness Service providers to understand first-hand the impact of homelessness in the NT and the challenges for service delivery organisations.

7.1. Equitable funding

Despite the scale and complexity of homelessness, funding for homelessness allocated to the NT under the NHHA is not commensurate with need. The NT accounts for 11.79% of national homelessness, yet receives only 4.65% of the homelessness funding allocated through NHHA; this level of funding is not sufficient to ensure an effective homelessness service system, which responds to and supports people who are homeless or at risk of homelessness.

While NT and Australian Government funding is directed at addressing overcrowding, until such time as this funding results in a substantive change to levels of severe overcrowding the NT homelessness system will continue to be required to support and assist people experiencing homelessness, in all its forms.

NHHA general funding is allocated according to each jurisdiction's population share. This means that the NT receives less than 1% of general NHHA funding. This allocation method does not take into account the larger than average costs required to provide services in the NT context as a result of the large land mass, distributed population and large share of population with high and complex needs. Other jurisdictions face similar challenges across their regional, remote and very remote communities.

Recommendation: The framework for calculating NHHA funding allocation is reviewed to consider the following:

- **NHHA homelessness funding is allocated based on the percentage of the population who are homeless in each jurisdction, as measured in the most recent Census and readjusted thereafter following each new Census;**

- **NHHA general population based funding formula is reviewed to more effectively take into account above average costs of some jurisdictions due to high remote service delivery costs, distributed population and share of the population with high and complex needs; and**

- **Australian Government to increase NHHA general and homelessness funding to be inclusive of the Equal Remuneration Order from 2021, rather than providing a separate Equal Remuneration Order supplement and addtionaly, continues to provide ongoing funding for the Equal Remuneration Order in future agreements.**

Without funding through the NHHA commensurate to need and recognition of factors that impact costs of providing housing and services, jurisdictions, and in particular the NT, will find it difficult to effectively respond to and address the high rates of homelessness in Australia.

Additional Commonwealth funding, commensurate with need would enable jurisdictions to improve overall housing supply and build long term housing models targeted to key homelessness priority groups.

7.2. Supply

Addressing homelessness requires increased investment in appropriate and affordable housing supply. Without this, people experiencing homelessness will continue to suffer detrimental outcomes and continue to cycle through the service system without a sustainable outcome in sight.

The economic case for investment in housing is strong and supported by empirical research. Providing safe, secure, healthy, accessible and affordable housing has positive impacts on personal wellbeing and the opportunities and choices people can make across their life course. As living conditions improve, demand for government services is alleviated and cost savings are delivered in the health, education, justice, welfare and child and family safety portfolios.

Studies looking into the costs and benefits of housing rough sleepers have found that in addition to significant government cost savings from reduced presentations at the Emergency Department and reduced interaction with the criminal justice system there are additional benefits not only to outcomes for clients but also improved human capital, community pride and social justice[lix].

7.2.1. Housing First Approach

Data demonstrate that people accessing homelessness services are represented in multiple categories of disadvantage, i.e. mental illness, disability, drug and alcohol issues, history of being in care etc.

Evidence verifies that providing stable housing with support based on a 'housing first' approach provides not only greatly improved personal outcomes for people with complex needs but also significant savings to government. Housing First models can include congregate housing located on one site or a non-congregate model where people live across the social housing system.

An example of a congregate site is Brisbane Common Ground (BCG). This model consists of integrated and onsite housing and tenancy management, support services and 24/7 concierge and security service to maintain tenant safety and security. A comprehensive evaluation of the BCG model by the Institute for Social

Science Research found governments can save in excess of $13 000 per person each year, if they provide the chronically homeless with access to secure, long term housing and relevant support services[lx].

An example of a non-congregate model is a pilot delivered by Sacred Heart Mission in Melbourne (Journey to Social Inclusion pilot -J2SI), which supported 40 people over three years and delivered impressive results. A study undertaken at the end of the pilot, showed 85% of participants remained in stable housing after three years (compared to 41% for a control group), reduced participants' use of health services (emergency departments and hospitalised days) by 80%, reduced use of psychiatric wards by 66% and the pilot offered savings to government of between $14 978 to $32 080 per participant. This program continues with considerable success in ensuring long term housing and support for people with complex needs and savings to government[lxi].

Notably, the NT is one of the few jurisdictions in Australia without a Common Ground or Housing First program, despite the highest rates of rough sleeping in Australia. The NT would welcome partnering with the Australian Government to consider options for a capital investment to support establishment of a Housing First model.

7.2.2. Visitor accommodation

Whilst a large percentage of rough sleepers in the NT have effectively settled in urban and regional centres, others are short term visitors that have homes to which they will return. For this cohort, the urgent need is affordable short term accommodation such as visitor accommodation and hostels. Medical patients should under no circumstance find themselves needing to sleep rough.

7.2.3. Safe, secure accommodation for women and children at risk

In addition to funding for new supply of long term housing, women at risk or experiencing family violence need safe and secure crisis accommodation to address immediate safety risks.

A significant number of women and children in the NT have needs that are unassisted by the existing crisis service system. Increased funding for crisis accommodation and other housing options that meet the safety needs of women and children in urban, regional and remote communities is required.

Funding to support improved safety outcomes may also be used to increase resources for retro-fitting homes with increased safety measures. There may also be scope to consider options to accommodate perpetrators to further enable women to stay safely in their homes.

To effectively respond to the needs of a range of cohort groups, supply responses should be flexible to the requirements of each jurisdiction. As outlined above, demand in the NT requires increased supply of long term housing, crisis and transitional accommodation options.

A greater focus on supply will also enable state and territory jurisdictions to adopt a stronger focus on prevention and early intervention to enable all levels of government across Australia to more effectively meet the demand for appropriate and affordable long term housing options. In addition to supply, effective support is also required, particularly for people with complex needs to ensure they are able to sustain their tenancy. A prevention and early intervention approach in relation to homelessness also supports a wide range of social, economic and community wellbeing outcomes, including health, education, employment, policing and justice.

Additional infrastructure investment to stimulate the economy, targeted to support crisis, transitional and social and affordable housing supply would make an important contribution to efforts to reduce homelessness.

Recommendation: The Australian Government consider establishing an infrastructure stimulus program targeted to increase supply that is responsive to housing and homelessness priorities across each jurisdiction.

7.2.4. Responding to severe overcrowding

The National Partnership for Remote Housing Northern Territory agreement, through which the Australian Government is investing $550 million to reduce overcrowding, will end in financial year 2022/23. In contrast, the NT Government's $1.1 billion remote housing investment package, *Our Community. Our Future. Our Homes* is structured over 10 years to 2026/27. Noting the scale of overcrowding, and the impact of overcrowding on both government's expenditure, it is recommended the Australian Government, at a minimum, maintains matched funding under the National Partnership up to 2026/27, and partners with the NT Government to develop a further long term commitment to increased housing supply in remote communities.

Recommendation: The Australian Government maintains matched funding under the National Partnership for Remote Housing Northern Territory agreement up to 2026/27 and partners with the NT Government to consider options for a further long term commitment to increase housing supply in remote communities.

7.3. National response to housing and homelessness

Homelessness is a wicked problem across Australia that must be addressed. To effectively address homelessness a national housing and homelessness strategy is required.

A national strategy, that includes a focus on addressing homelessness, should seek to lead whole-of-government discussion and actions across the intersections of homelessness, family violence, mental health, drug and alcohol misuse, education, employment and social inclusion. A specific focus is required on integrated and increased levels of support for mental health, drug and alcohol, disability, family violence and reducing exits into homelessness.

The strategy should be supported by evidence based policy and program design and incorporate improved national data reporting. Based on considerable research to date, an evidence based approach should also incorporate a stronger understanding of the cost benefits across government to reducing homelessness and support a national whole-of-government investment and savings approach to reduce homelessness.

Reducing homelessness is dependent on the availability of sufficient appropriate, accessible and affordable housing. Coupled with the focus on homelessness is the need to develop a comprehensive strategy that responds to the supply demands across both the social and affordable housing system and works with the three tiers of government to stimulate and support new supply across Australia.

Fundamental to the development of a national strategy are key Australian Government policy and program levers. As outlined previously, Commonwealth Rent Assistance and welfare based income models have not kept pace with the rise in housing costs across many locations. As a result, Australians on low to moderate incomes are increasingly paying unaffordable rent or relying on the social or affordable housing system.

The gradual expiry of the NRAS program will further contribute to a shrinking affordable housing market and requires immediate effort to either extend NRAS or develop a new subsidy model that will maintain the existing levels of affordable housing and, where required, increase supply of affordable housing to meet demand.

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In addition, Australian, state and territory government tax settings and incentives have a significant impact on housing affordability. A national strategy should consider these levers and explore options to make adjustments to improve access to appropriate and affordable housing for all Australians, including future generations.

Recommendation: The Australian Government lead the development of an integrated national strategy, that:

- **commits all three levels of government to increase supply of crisis, transitional, social and affordable housing and improve affordable housing outcomes for all Australians; and**

- **takes a whole-of-government investment approach to addressing factors that contribute to homelessness and ensures coordinated responses that aim to end homelessness.**

Appendix: Acronyms used in this document

Acronyms	Full form
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
APSGN	Acute Post Streptococcal Glomerulonephritis
ARF	Acute Rheumatic Fever
BCG	Brisbane Common Ground
CPO	Care and Protection Order
CRA	Commonwealth Rent Assistance
GST	Goods and services tax
HASI	Housing Accommodation Support Initiative
ISP	Individual Support Program
NGO	Non-Government Organisation
NHHA	National Housing and Homelessness Agreement
NRAS	National Rental Affordability Scheme
NT	Northern Territory
RHD	Rheumatic Heart Disease
SHS	Specialist Homelessness Services

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