



House of Representatives Standing Committee on Social Policy and
Legal Affairs

Inquiry into homelessness in Australia

Joint submission by Shelter WA and WA Alliance to End Homelessness

Contents

Introduction	3
Summary of Recommendations.....	3
About us.....	5
Background - Profile of Homelessness.....	7
Types of homelessness	7
The data	8
Social and affordable housing pressures in Western Australia	9
Culturally led and culturally informed services	10
Impact of COVID-19 on homelessness services and the WA economy	12
Framework for a pandemic response	14
Impact on resources and services.....	15
Impact on service delivery	17
Regional issues.....	18
Impacts of legislative/regulatory changes during COVID-19.....	18
Post-COVID-19 – Preventing a second wave of homelessness.....	22
Terms of Reference 8 - Examples of best-practice approaches in Australia and internationally for preventing and addressing homelessness	23
WA Alliance to End Homelessness (WAAEH) – a collective whole of community response to end homelessness.....	23
Outcomes Measurement and Evaluation Framework.....	25
50 Lives 50 Homes - A Housing First Response to Ending Homelessness in Perth (Second Evaluation Report)	25
Increasing social and affordable housing supply - The Community Housing Sector	26
Terms of Reference 10 - Governance and funding arrangements in relation to housing and homelessness, particularly as they relate to the responsibility of Local, State, Territory and Federal Governments.	27
Federal Investment into homelessness services	27
Local Government’s role	28
Leveraging public and private investment.....	29
The Genio Fund.....	29
Role of Social Enterprises.....	30
Lived experience stories from COVID-19	30
Mental health and connectedness	32
Family and domestic violence.....	33
Support for Children	36
Appendix 1 – Transcript of lived experience interviews.....	37

Introduction

Shelter WA and the WA Alliance to End Homelessness write to support the submission made by National Shelter and the Alliance to End Homelessness to this Federal Inquiry.

We have taken this opportunity to provide an additional response to the Terms of Reference from a Western Australia perspective. In particular we would like to bring to the Committee's attention:

- The profile of homelessness and the need for a tailored evidence-based response.
- The immediate impact of COVID-19 on the people who experience homelessness, homeless service providers and social housing providers in Western Australia.
- Examples best practice Western Australian responses to prevent and address homelessness (Terms of Reference 8).
- Governance and funding arrangements as they relate to preventing and addressing homelessness (Terms of Reference 10).
- The voices of people with lived experience of homelessness.

Summary of Recommendations

Recommendation 1

The Commonwealth lead the development of a 10-20-year National Housing Strategy that incorporates a separate evidence-based plan to prevent and end homelessness

Recommendation 2

The Commonwealth use the National Housing Strategy to increase its financial support for homelessness services and the provision of social housing and the structure of the National Agreements

Recommendation 3

The Commonwealth invests in the collection of data to target an evidence-based response.

Recommendation 4

Services for Aboriginal and Torres Strait Islander people must be culturally informed and culturally led.

Recommendation 5

As a matter of urgency, the Commonwealth, State and Territory governments plan a housing response to meet the rise in homelessness as COVID-19 programs and initiatives are wound down, and in particular, the moratorium on evictions is lifted. This plan must establish a homelessness services brokerage fund to enable services to rapidly respond to the housing and homelessness impact of a second wave of COVID-19.

Recommendation 6

The Commonwealth work with the States, Territories, and the NGO sector to develop an evidence based nationally consistent health response to people experiencing homelessness based on the COVID-19 prevent, protect and care framework.

Recommendation 7

The Commonwealth:

- Maintain JobSeeker at its current rate.
- Taper the withdrawal of JobKeeper to match economic and industry recovery.
- Commission an independent review of the role and adequacy of Commonwealth Rent Assistance.

Recommendation 8

The Commonwealth increase investment in social and affordable housing supply by:

- a) Leading and coordinating Australia's COVID-19 recovery through a social housing acceleration program (SHARP) to deliver 30,000 social rental housing units and renovate up to 100,000. Including improving the standard of energy efficiency and accessibility.
- b) Dedicating resources in 2020 -25 to developing and establishing a recurrent National social and affordable housing program for implementation in 2021-22 to encourage State and Territory co-investment and attract private equity, via a funding framework such as that provided by the Affordable Housing Infrastructure Booster.
- c) Introducing a fund to encourage head leasing of private rental units in partnership with the community housing sector.

Recommendation

The Commonwealth reviews and increases the allocation of funds under the National Housing and Homelessness Agreement to better align with need.

Recommendation 10

The Commonwealth retain the Supplementary Funding under the National Housing and Homelessness Agreement.

Recommendation 11

The Commonwealth in partnership with the States and Territories provides support for local government to work in partnership with the NGO sector to develop regional evidence-based homelessness strategies.

Recommendation 12

The voices of people with lived experience of homelessness are made central to all discussions, deliberations and solutions to end homelessness.

About us

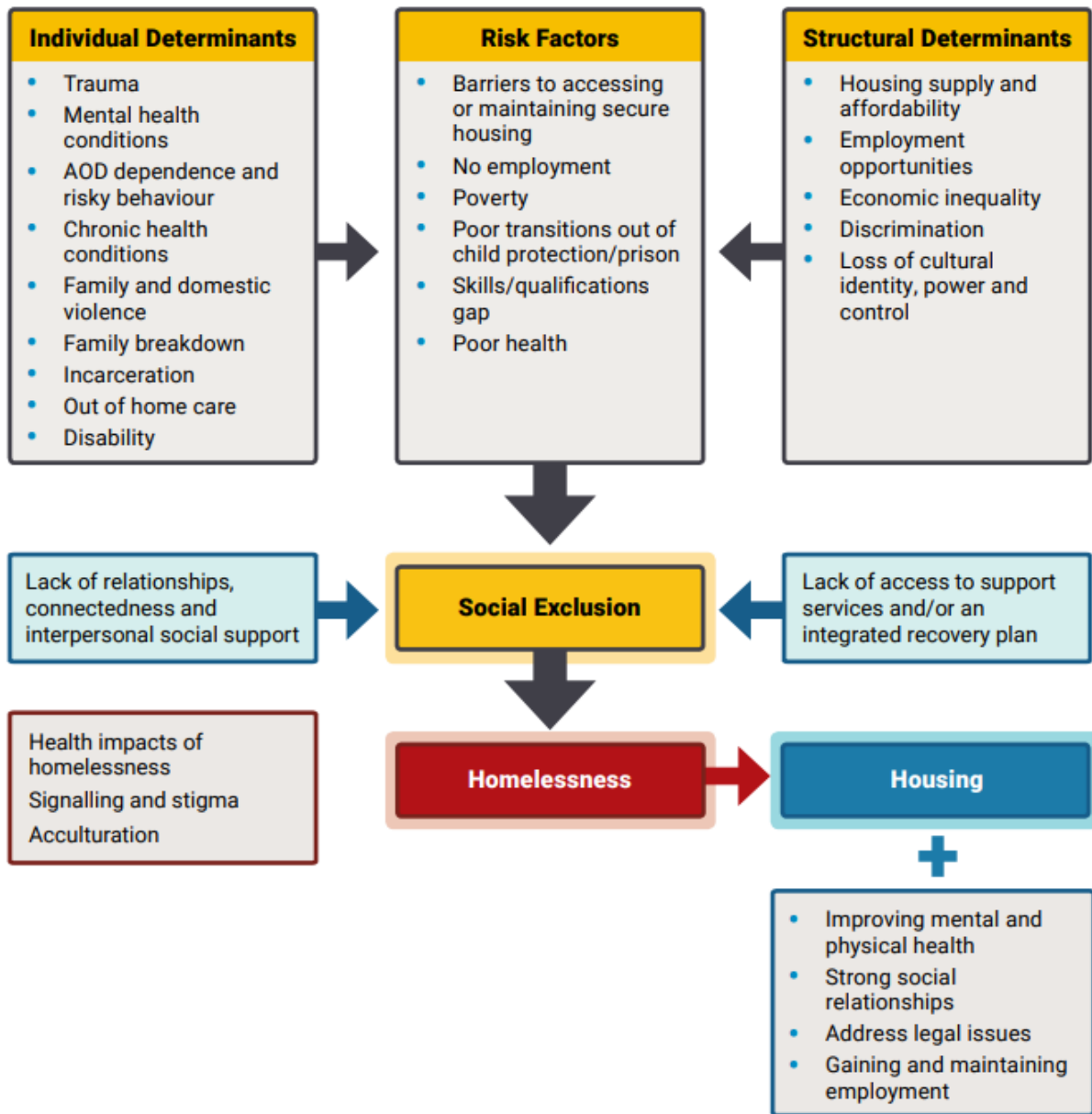
Shelter WA is the independent peak body, in Perth Western Australia, that advocates for social and affordable housing and ending homelessness. Shelter WA takes a strategic leadership role, championing the development of an effective housing system and bringing all parts of the system together to achieve this. Shelter WA brings together a strong coalition committed to diverse and affordable housing choice for all. With a focus on housing for people on low to moderate incomes and groups that experience housing insecurity. Shelter WA undertakes research and policy development, engagement, and advocacy to drive solutions to build an effective housing system and alleviate housing-related poverty.

The Western Australian Alliance to End Homelessness (the Alliance) is a coalition of individuals, businesses and agencies from the WA community sector that have been active in bringing about change on the issue of homelessness in WA over the past three years. The Alliance launched a 10-year strategy in April 2018 to end homelessness in Western Australia. – [available here](#). Collectively, the strategy was developed by homelessness service providers, people experiencing homelessness (lived experience), researchers and academics, service funders, and members of the WA community. This Strategy provides a framework to inform the process for ending homelessness in WA, and providing signposts for action. It is intended to act as a blueprint - replicable in terms of processes, and guidance in terms of approach. Shelter WA acts as the backbone organisation on behalf of the Alliance and its goals closely align with it.

Since the launch of the Alliance's Strategy in 2018, the WA State Government made a commitment to develop a 10 year strategy which was launched in November 2019 ([available here](#)). *All Paths Lead to a Home – Western Australia's 10 Year Strategy on Homelessness*, outlines the State Government's commitment to taking a housing first approach to ending homelessness in WA.

Preventing and responding to the causes of homelessness must underpin an evidence-based response if we are to end homelessness in Australia. Research by Professor Paul Flatau from the University of Western Australia's Centre for Social Impact for the WA government highlighted the following causes of homelessness.¹

¹ Kaleveld, L., Seivwright, A., Box, E., Callis, Z. and Flatau, P. (2018). Homelessness in Western Australia: A review of the research and statistical evidence. Perth: Government of Western Australia, Department of Communities, p.50



Source: Kaleveld, L., Seivwright, A., Box, E., Callis, Z. and Flatau, P. (2018).

Based on a holistic response to ending homelessness, the strategic framework which we urge the Committee to recommend to government, along with appropriate investment, is ensuring that the individual and structural determinants and risk factors are considered. The Alliance strategy is based on five core strategic areas found in Table 1 below.

Table 1: WA Alliance to End Homelessness – Strategy

Strategic Areas	
Housing	Ensure adequate and affordable housing. This means having a supply of housing that meets the needs of those who need it. It also means having multiple pathways into permanent housing and multiple housing options including housing with support services that are all effective.
Prevention	A focus on prevention and early intervention. Develop system, service and social responses that ensure people at risk of homelessness have the supports they need to prevent them entering homelessness. This will involve an improving recognition of the health value of a home.
A strong and coordinated response	A 24/7 ‘no wrong door’ system that delivers responsive action across different community and health support systems that are well coordinated and act quickly.
Data, research and targets	Improve data, the evidence base on what works, systems knowledge, and the accountability of the health and social support system to achieve the goals of the Strategy. Building the evidence base around the health value of a home. Set clear targets and ensure delivery.
Building community capacity	Solutions are sourced from those who have experienced homelessness. All sectors that support those experiencing vulnerability and disadvantage deepen their capacity to end homelessness in WA. Developing a broad public movement, inclusive of all members of the community who have the desire to end homelessness brings more people and resources to ensure success.

Recommendation 1

The Commonwealth lead the development of a 10-20-year National Housing Strategy that incorporates a separate evidence-based plan to prevent and end homelessness.

Background - Profile of Homelessness

Types of homelessness

Understanding the profile of homelessness is critical to delivering a targeted, effective, and evidence-based response. International evidence shows there is a degree of consistency in terms of the experience and type of homelessness:

- 73 per cent of people who experience homelessness experience transitional homelessness driven by poverty and are homeless as they do not have access to an affordable home.
- 5 per cent experience episodic homelessness.
- 22 per cent experience chronic homelessness.²

² Ending Homelessness, The Housing First Approach, Presentation by Mr Bob Jordan, cited DRHE/Ucd 2017

These experiences require very different responses. Evidence shows there must be a focus on preventing transitional homelessness through access to social and affordable housing supply, adequate rent assistance and income support and access to financial counselling, mental health and other services to rapidly prevent people from becoming homelessness.

There is a need to protect people experiencing episodic homelessness through emergency accommodation provision and targeted support. For people who experience chronic homelessness a Housing First approach is essential to ending homelessness, by identifying and enabling pathways to longer-term housing solutions.

To prevent and end homelessness it is critical is to understand homelessness at the local community level, utilising real time data to inform targeted solutions. The 'by-name' list is an evidence-based response to understand the size of the rough sleeping population within local communities. It is not just a data collection exercise, but the foundation for a collective response for agencies to deliver targeted interventions that work.

Recommendation 2

The Commonwealth use the National Housing Strategy to increase its financial support for homelessness services and the provision of social housing and the structure of the National Agreements.

The data

The 2016 Census of Population and Housing estimated that each day there are over 9,000 people experiencing homelessness.³

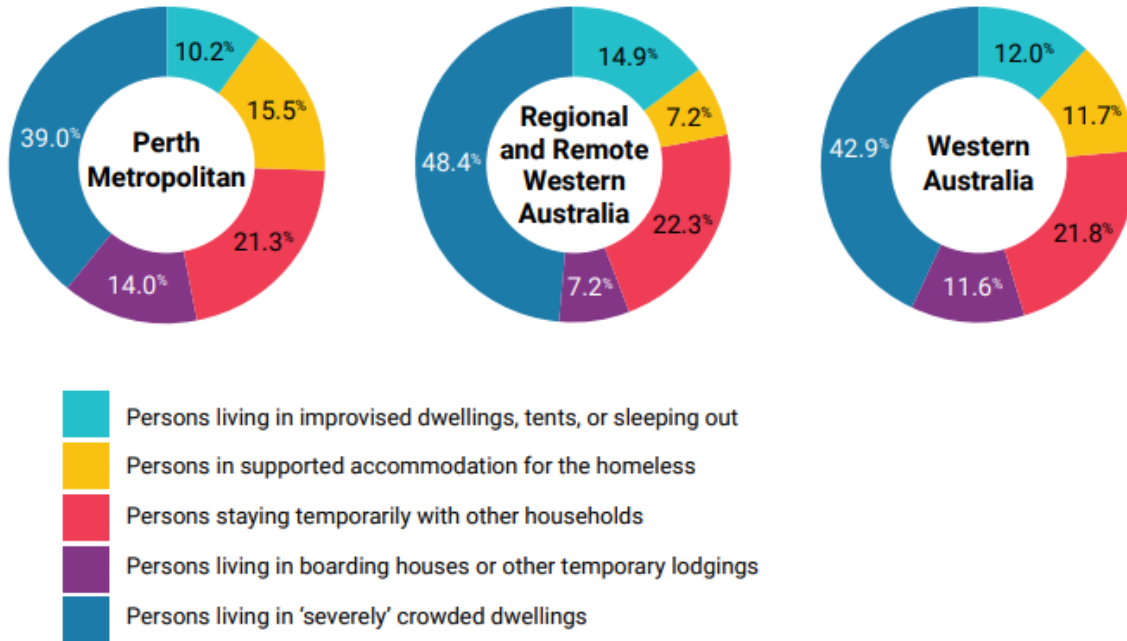
The Census identifies the following types of homelessness and the numerical breakdown WA.

ABS category	2016
Sleeping rough	1,083 (12%)
Supported accommodation for the homeless	1,054 (12%)
Staying with others temporarily	1,950 (22%)
In boarding houses and temporary lodgings	1042 (12%)
In severely crowded dwellings	3,871 (43%)
TOTAL IN WA	9,005 (100%)

The nature of homelessness varies across Western Australia. For example, in the Kimberly most of the homelessness is due to overcrowding. Across metropolitan Perth the structure of homelessness varies. Good data is critical to inform action. Understanding the type of homelessness is critical to developing a place-based response.⁴

³ ABS 2016, Census of Population and Housing, Community Profiles.

⁴ Kaleveld, L., Seivwright, A., Box, E., Callis, Z. and Flatau, P. (2018). Homelessness in Western Australia: A review of the research and statistical evidence. Perth: Government of Western Australia, Department of Communities.



Source: ABS Census of Population and housing, 2016.

Source: Kaleveld, L., Seivwright, A., Box, E., Callis, Z. and Flatau, P. (2018), p. 18.

The ABS Census indicates that 29 per cent of people who experienced homelessness on Census night were Aboriginal and Torres Strait Islander people.

Family and domestic violence is a leading driver of homelessness in WA. As reported in Kaleveld et al, a study by the Australian Institute of Health and Welfare in 2016 found that between 2011 and 2014 domestic violence victims made up 36 per cent of the total demand on homelessness services.⁵

Registry Week data found the mean years sleeping rough was 5.4 years in WA compared to 6 years nationally.

In addition, data from the Australian Institute of Health and Welfare (AIHW) Specialist Homelessness Services (SHS) annual reports indicates that each day 4,300 people are supported by SHS's and over 60 requests for assistance were unable to be met – of which more than three quarters were for housing.⁶

Social and affordable housing pressures in Western Australia

Research shows that the Western Australia social and affordable housing system is under acute pressure. For example:

- Less than 1 per cent of private rental properties were affordable to people on income support such as Newstart.⁷

⁵ Kaleveld, L., Seivwright, A., Box, E., Callis, Z. and Flatau, P. (2018). Homelessness in Western Australia: A review of the research and statistical evidence. Perth: Government of Western Australia, Department of Communities, p. 38.

⁶ AIHW 2019, Specialist Homelessness Services annual report 2018-19, Canberra.

⁷ Anglicare 2020, Rental Affordability Snapshot 2020.

- Across Western Australia around 14,000 people are on the joint wait list for social housing with an average wait of 2.5 years to obtain a home.
- There is a shortfall of 58,500 social and affordable dwellings in WA as at 2019 and a projected shortfall of 118,400 needed by 2036.⁸

These are aggregate statistics. What is critical is to understand what is happening at a local level and why people are in housing insecurity or experiencing homelessness to inform a targeted response. To end homelessness a range of emergency and permanent housing options are needed at a local level. This includes:

- Emergency shelter responses.
- Rapid re-housing.
- Supported housing.
- Social housing.
- Affordable rental housing.
- Rental subsidy options.

Recommendation 3

The Commonwealth invests in the collection of data to target an evidence-based response.

Culturally led and culturally informed services

The rate of homelessness among Aboriginal and Torres Strait Islander people is far higher than for non-Aboriginal and Torres Strait Islander people in Western Australia, with around 30 per cent of those counted as homeless being Aboriginal on census night. Aboriginal homelessness is persistently high across Western Australia including in the regions as well as metropolitan Perth.

Strategies to end homelessness in the Aboriginal population must be culturally informed and culturally led, building on the place-based knowledge and strengths of Aboriginal people and communities. This includes the provision of housing supply and services managed by Aboriginal Community Controlled Organisations.

An example of a strategy that aims to keep Aboriginal people in their tenancies is described in the below case study from Noongar Mia Mia. This shows how important it is to support Aboriginal people with programs that empower and enable them to manage and maintain their housing tenure. It shows that this support is best placed when provided through an Aboriginal organisation.

Case study – Noongar Mia Mia – Program to maintain a tenancy

About Noongar Mia Mia (NMM)

Noongar Mia Mia is an incorporated Indigenous Community Housing Organisation based in Perth. NMM owns and manages homes tenanted by Aboriginal people across the Perth metropolitan area and the South West. NMM does not receive any financial support from the State Government for its activities. Despite the lack of external support, NMM has developed several programs which support Aboriginal people to maintain and retain their tenancies. They do this in a culturally lead

⁸ UNSW City Futures Research Centre 2018. Estimating need and costs of social and affordable housing delivery.

and culturally informed way. The housing that they provide, along with informed tenancy management, is critical to preventing Aboriginal people from becoming homeless.

Many Indigenous families in and around Perth are living rough and some families have been waiting for public housing for years. Others have simply fallen through the gaps and are not even on the waitlist yet due to the inability to complete the forms without assistance or insufficient ID. Many families who eventually get housing must pay the rent on time and look after the property so they can keep their home. A large percent of these find themselves evicted and end up in crisis and back to homelessness.

NMM has developed a continuum of services to help Indigenous families stay in housing and to strengthen pathways for home ownership. NMM is proud to say that it provides cultural understanding and implementation when managing its tenants.

Noongar Mia Mia also offers a specialised tenancy support program, through this program (and subject to funding) the support team. Conduct facilitation workshops with the identified families.

- The purpose of these workshops will be for family members to do a self-analysis of Strengths, Weaknesses, Opportunities and Threats.
- Manage properties as per the *Residential Tenancy Act 1987*.
- Initiate and implement NMM Residential Agreements as per the Residential Tenancy Act.
- Establish property and tenancy information database.
- Monitor and report progress.

Assess Personal Needs

The workshops will task family members to conduct a self needs-analysis and set some personal goals. Workshops will help to identify relevant support groups and agencies in the field of need through our stakeholder groups. Our program remains flexible and designed to meet the needs of the tenant and NMM budgets. An example is if a tenant is in financial difficulty NMM can link and refer to an appropriate financial counselling service. If a tenant has a disability and needs assistance NMM will support by linking with relevant agencies to resolve issues.

The support team visits the families regularly throughout the tenancy period and during visits ensures that the below is always assessed.

TENANCY SUPPORT COMPONENT

- Revisit Personal Development Plans and gain progress
- Support tenant to ensure the RTA is being followed and property is being maintained.
- To external service referrals and service mentoring as required.
- Identify and discuss any RTA Breaches and underlying issues.

PROPERTY INSPECTIONS COMPONENT

- To see if the property is being maintained.
- To see if any maintenance and repairs are required.
- Pest control assessments.
- Identify and discuss any RTA Breaches and underlying issues.

PROPERTY CONTITION REPORTS COMPONENT

- To check smoke alarms and RCD's.
- To ensure the property is being maintained.
- To see if any maintenance and repairs are required.

Pilot Families

NMM had two extended families on the pilot run of this program for 12 months in 2017, both families were homeless and had been evicted or caused the homes they were in to become uninhabitable.

Despite the constant hurdles the families and NMM have been faced, both families along with intense support from NMM have been able to maintain their tenancy 100 per cent with no tenancy debts. Benchmarks of the program have been exceeded and the families are still housed and maintaining their homes to this day.

Recommendation 4

Services for Aboriginal and Torres Strait Islander people must be culturally informed and culturally led.

Impact of COVID-19 on homelessness services and the WA economy

Shelter WA and the Alliance welcome the opportunity to present the impacts that the pandemic has had on protecting, caring and preventing COVID-19 within the homelessness population and consequently the broader community in Western Australia. The particular vulnerability of the homeless population to COVID-19 required a strategic and co-ordinated response across and within government agencies in partnership with the non-government sector.⁹ Unfortunately, despite best efforts, the approach in WA did not achieve this co-ordination and rapid response. Rough sleepers were left on the street during the pandemic and remain homeless today.

When COVID-19 hit there was no capacity in the homelessness services or social housing systems to respond to the increase in demand. Prior to COVID-19, data indicated that the social housing system in Western Australia was under acute pressure and unable to meet existing and latent demand.

The impact of COVID-19 on the social housing and homelessness services sectors in WA has been and remains significant. This includes:

- Financial strain: traditional funding sources were lost or significantly reduced leading to a reduction or closure of some services.
- Service modifications to comply with social distancing which impacted on staff and the ability of clients to access services in a way that best met their needs.
- Service modifications leading to clients camping and sleeping outside of day centres and milling around the outside in large numbers due to restricted inside access due to social distancing requirements.
- Increased operational costs which included:
 - additional cleaning undertaken to ensure services reduced the risk of transmission and kept clients and staff safe.
 - increased security put in place in response to agencies implementing social distancing requirements and managing the number of clients waiting outside for services.

⁹ Dr. Al Story and Prof. Andrew Hayward, 2020, UK COVID-19 Homeless Sector Plan, Test-Triage-Cohort-Care Protocol modified in response to limited testing capacity. Available on request.

- increased IT costs as services pivoted to online service delivery models.
- increased staffing costs to cover the loss of volunteers.
- increased costs of purchasing goods as donations were reduced.
- Lack of access to PPE for frontline staff at the start of the pandemic, impacting on the way services were provided and potentially putting staff and clients at risk.
- Increased demand on services from clients, new to the homelessness services and welfare sector who found themselves homeless or in housing stress and required support.
- Intake modifications by housing providers which lead to services housing people who were disruptive and required more care and attention from staff.
- The impact of the closure of local government facilities such as recreation centres, public taps and libraries on homelessness services as rough sleepers and people living in their vehicles were unable to wash, toilet, stay out of the elements and to access the internet and charging facilities. This had a flow on effect to homelessness services increasing demand at a time where services were closing or modifying their intake in response to social distancing requirements.

It must be noted that a positive impact during this period was the increase in income through the JobSeeker program. Services have reported that this increase in income support enabled a number of clients to reduce their debts, access nutritious food manage daily living expenses and secure housing that better met their personal needs and decrease the demand for emergency relief services which they would otherwise have had to seek.¹⁰

The WA Treasurer, the Hon Ben Wyatt MLA, announced to the Parliament on 28 May 2020 that the immediate economic impact of COVID-19 on the State's economy will be a contraction in growth by 5.1 per cent in the June quarter 2020 followed by a further 3.1 per cent decline in fiscal year 2020-21, putting WA into a recession.

Looking forward to the recovery phase, we are concerned about the impact of COVID-19 on the economic circumstances of Australian households. However, more importantly we are concerned that the loss of State and Federal Government COVID-19 initiatives such as JobSeeker, JobKeeper and the moratorium on evictions and rental price increases, will lead to a new wave of housing insecurity, homelessness and poverty across our community and with people who have never had this happen to them before.

To reduce the further risk of transmission of COVID-19 and to protect people, evidence indicates that access to social and affordable housing is required so everybody can self-isolate, maintain social distancing and support other government initiatives to manage the pandemic. This is of acute importance if we are to avoid an outbreak amongst people who are sleeping rough or who become homeless.

The pandemic has clearly shown that homelessness is a public health issue, and it is well documented that housing is a social determinant of health. The World Health Organization suggests that the single most important determinant of peoples' health is the surroundings in which they are born, grow, live and work.¹¹

¹⁰ AnglicareWA, 2020, JobSeeker and Coronavirus supplement, Perth.

¹¹ World Health Organisation, (2018), Housing and Health Guidelines, Geneva: World Health Organisation.

Framework for a pandemic response

The Western Australian not-for-profit sector came together rapidly to develop a pandemic response based on the impact on client experiences due to the reduction of services and evidence on the need for a public health response.

The sector's initial work was subsumed into the work of the Department of Communities' Homelessness Taskforce which caused much of the impetus for action to slow considerably as they needed to work through their 'chain of command' and system of approvals.

Public health research indicated that rapid accommodation is of paramount importance in terms of an immediate health response to COVID-19. Based on evidence from other countries, COVID-19 will affect people experiencing homelessness more severely than the rest of the population. People most affected by COVID-19 (likely to be the homeless) will be hospitalised, with an average stay of 22 days.¹² The costs of this are significant, at \$838 per admission to emergency department, \$2,909 per inpatient day and \$5,149 per day in the Intensive Care Unit.¹³

Modelling from the UK suggests 70 per cent avoidance of projected emergency department and hospital admissions can be achieved if a comprehensive plan is implemented, which includes targeted accommodation to isolate vulnerable people.¹⁴

The proposed sector-led response in Western Australia was based on the UK experience, where vulnerable individuals are classified for COVID Prevent, Protect or Care, (see definitions below).¹⁵ With over 700 rough sleepers per night in the Perth metro area, analysis of Homeless Healthcare patients in WA shows 34 per cent of homeless people they treated have one or more of the risk factors for high impact of COVID-19.

COVID Care – persons suspected (with new or worsening cough or fever of 37.8 C or more OR self-reported symptoms or laboratory confirmed cases of COVID-19.

COVID Protect - those in clinical risk groups or aged 55 or over - not suspected of COVID-19.

COVID Prevent – those aged less than 55 not in clinical risk groups and not suspected of COVID-19.

Under an evidence based COVID Care, Protect and Prevent Framework rough sleepers would be rapidly provided with housing or accommodation to reduce the risk of transmission of the virus amongst rough sleepers and the broader community. This approach reduces the impact on the hospital system and is seen as a cost-effective solution. This is a health response to a housing crisis.

¹² From a study in China (Zhou et al 2020) the median stay was 18.5 days if patients died or 22 days if they survived.

¹³ National Hospital Cost Data Collection Report, Public Sector, Round 21 (FY 2016-17), published March 2019, Independent Hospital Pricing Authority.

¹⁴ Including triaging people into accommodation based on health risk, strategies to prevent spread amongst those most vulnerable, access to testing and community rather than hospital care for those affected more mildly by COVID-19.

¹⁵ <https://www.pathway.org.uk/wp-content/uploads/COVID-19-Clinical-homeless-sector-plan-160420-1.pdf>

The WA State Government undertook a pilot to get rough sleepers off the street. Branded the Hotel for Hearts initiative housed approximately 20 people over the trial period of 1 month (COVID Care and Protect).

Another initiative saw a school camp at Woodman Point, located in the Southern Perth corridor, house approximately 45 people, many who were Aboriginal. This facility was chosen because the site was able to provide indoor and outdoor space, (culturally more appropriate) within a confined area and is a State owned and controlled asset (COVID Prevention).

The State Government's decision not to extend these pilots, due to low community transmission of COVID-19, meant there was no expanded and co-ordinated or systemic housing option for people who were sleeping rough. They were left on the street and still are.

The Department of Communities has advised that this was because they did not receive advice from the Department of Health that rough sleepers needed to be accommodated. This response was very different to the approach taken in other jurisdictions where thousands of rough sleepers were placed into hotel accommodation.

Leaving rough sleepers on the street significantly impacted on the ability of homelessness services during a time when they were modifying their service delivery model as a result of COVID-19 response requirements. Feedback from WA agencies is that people living on the street were worried and concerned that they had no place to go.

Recommendation 5

The Commonwealth work with the States, Territories and the NGO sector to develop an evidence based, nationally consistent health response, based on the COVID-19 Prevent, Protect and Care framework for people experiencing homelessness.

Impact on resources and services

The pandemic resulted in significant financial pressure on homelessness service providers, impacting on service provision for clients. This was particularly acute for services that rely on donations, volunteers, and corporate support for their operations, and who do not receive government funding for their activities.

During the pandemic services who are funded through government contracts and require this support to address the shortfall in government funding, were also impacted by the loss of donations and corporate support.

Case study - Vinnies – Youth homelessness and service impact

Passages Youth Engagement Hub provides marginalized and at-risk homeless young people aged 12 to 25 years with a safe, supportive and person-centred environment to access basic amenities (food, clothing, bathroom and laundry facilities and computer access), support services and referrals into other agencies.

Due to current restrictions, we have adapted our service model to meet our usual client numbers per day through reduced time in the Hub with service focus providing for basic needs such as showers, food and clean clothes and prioritised accommodation support to enable as many young people as possible to find suitable accommodation options.

This has in effect reduced opportunity for young people to get the support they need. Additionally, we know that many other Youth Services have had to reduce or pivot services to online models – increasing the access and digital divide already existing for young people.

We have experienced a whole of sector gap for some of our most vulnerable young people despite all agencies best efforts.

With the escalation of the COVID-19 health pandemic, Vinnies is anticipating long-term increases in demand from young people experiencing financial hardship and associated mental health issues, and emotional stresses, further stretching an already burdened service system.

Passages Youth Engagement Hubs receive no ongoing government funding and as such are at high risk of service disruption as Vinnies revenue declines due to closure of our retail stores and cancellation of fundraising events.

Whole of government response has focused on extending current contracts and there appears to have been limited capacity to step outside of established pathways despite Passages identified as an essential and unique service to marginalized young people.

Also, of concern is that unfunded service data is rarely incorporated into State and National data sets contributing to the known underrepresentation of Youth homeless.

Also, food insecurity became an issue during this period. Donations to services of food and non-perishable goods were impacted along with supply chain access. Homelessness service providers experienced great difficult access food that would normally be donated prior to COVID-19 by the local community.

Case study - St Patrick's Community Support Centre - A case study of food insecurity

St Patrick's Community Support Centre is an engagement hub based in Fremantle Western Australia. It is one of three hubs in metropolitan Perth funded through the NHHHA to provide meals and day centre facilities to people who are homeless.

The restrictions put in place by the state government has had a significant impact on those that were homeless/ living in community /social housing. At the height of the lockdown, it became clear that a large proportion of our client group would find social isolation challenging as they lacked many of the supports and facilities that most people take for granted. For those living in lodging houses they over rely on take away food and tend to shop daily if they do cook their own meals. Those suffering from anxiety and other mental health issues were heightened resulting in increased fears around going out for essential items. For others in social /government housing restrictions created many barriers to accessing food, as many do not having the social supports such as family and friends to check in on them, assist with shopping and a high reliance on public transport and poor or no storage and cooking facilities.

In response to these concerns, St Patrick's initiated the Doorstep Dinners program. The initial intention was to ensure those at high risk of infection, food insecurity and without financial or other supports would have access to at least one regular cooked meal every day. The program also supported local businesses which were paid to produce the meals and thus continue to employ staff that were also at risk of losing regular stable income.

Since the program commenced in April 2020 over 10,000 meals have been delivered by volunteers to over 200 people who met the eligibility criteria. A survey of participants conducted after the first month found that food insecurity was identified as a significant issue prior to COVID, which was further compounded by COVID-19 restrictions.

Fifty-two people responded to a phone survey conducted at around day 40 of the program. Respondents ranged from 16 to over 65 with 45% female and 55% male. The most notable concerning result from the survey was that 55% of recipients indicated that before COVID -19 they regularly ate only one meal a day, 23% ate only two meals a day and six people indicated they regularly didn't eat any meals. Reasons provided for missing meals were reported as financial, motivation, depression, physical disability, alcohol dependence, or previously relying on places like St Patrick's.

Most respondents reported a significant improvement to their mental and physical health as a result of the Doorstep dinners program. While nearly all comments noted the difference a daily meal had on them and other members of the household, there were a high number of recipients that also commented on other important aspects of the program that had made a difference such as seeing a volunteer every day, feeling more connected to the community and knowing that people cared.

While one of St Pat's Day Centre objectives is to provide social inclusiveness through providing meals and social activities as part of an integrated response to homelessness, the Doorstep Dinner program has reached new client groups that may not have attended the centre as well as providing valuable insight into the impact that food insecurity, social isolation, lack of social supports, and financial hardship can have on a person's life if not addressed.

For the Fremantle homeless community, St Patrick's has continued to provide take away meals throughout the COVID-19 pandemic and providing outreach to rough sleepers. At the height of the government restrictions, there was evidence of heightened anxiety and paranoia. Social distancing is very difficult for homeless people as often "street families" stay together in one spot. There was a heavy police presence in Fremantle CBD constantly moving people on to avoid group gathering however that just meant that the groups moved out of sight so there was no-one to remind them about social distancing protocol.

Impact on service delivery

Traditionally the sector works through a face to face model developing relationships and trust. This includes outreach work, where work is undertaken on the street, meeting rough sleepers where they live and linking them in with housing and support services.

The sectors capacity to deliver face to face services in response to social distancing and isolation requirements was impacted during the pandemic.

While some services were able to pivot utilising IT to maintain contact with clients, some services such as psychological, counselling services were impacted, and agencies felt that they were less effective due to this lack of face to face communication. For example, some people experiencing homelessness do not have access to the internet, resulting in exclusion.

The provision of services was impacted by a shortage of PPE. This was of concern to services, in particular, outreach workers, staff in boarding and lodging houses, and in day centres where they came in close contact with rough sleepers in providing services in a way that protected the health of clients and of staff.

Case study – Salvos – staffing impacts

The Salvation Army provides a number of services to people who experience homelessness across Perth and regional Western Australia.

Covid-19 presented a number of staffing impacts for services. Primarily there was significant psychosocial impact for some staff, particularly those that were within the cohort defined as vulnerable. In the instances where it was possible to split teams to reduce staff exposure this also proved difficult because staffing was at a skeletal level at the same time, we were ramping up client intake. Whilst the risk was not realised the greatest exposure came from lack of available qualified and experienced staff. Particularly in the residential settings a Covid-19 infection would have decimated staff numbers, at a minimum within the testing phase, which would have severely impacted our capacity to maintain normal operations.

Regional issues

Feedback from service providers highlighted a major concern with the current imbalance of support occurring between metropolitan areas and regional communities. Intrastate regional travel bans, coupled with financial strain, impacted on the support Perth based services were able to provide to regional communities.

Those experiencing, or are at risk of, homelessness in regional areas are often more vulnerable than metropolitan counterparts as services in regional WA are not as readily available. The Coronavirus pandemic highlighted the acute shortage of housing, accommodation, and services in many regional areas of Western Australia.

Case study - Salvos – Regional issues

From a Regional perspective the general impacts were exacerbated, meaning there was less capacity to provide cross service resourcing and staff backfill options. The availability of suitable accommodation and exit options is even more problematic in regional areas. The limited options are often very expensive and of sub optimal quality.

Impacts of legislative/regulatory changes during COVID-19

We are supportive of the legislative changes made to enable the agreed approach at National Cabinet to a six-month moratorium on evictions. However, the way in which the legislation was drafted in WA

and with no sector consultation has led to some very serious unintended consequences on social housing providers and residents.

For instance, the moratorium on rental evictions was extended to include boarding and lodging accommodation facilities where people live in shared accommodation and who are not currently covered by the *Residential Tenancies Act (1987) WA*. Due to the shared nature of the accommodation which needs to consider the ability to maintain safety and well-being of all the residents and staff, the eviction moratorium prevents these facilities from taking action when the safety of residents and staff is compromised due to an individual resident's actions. Thereby compromising the safety and well-being of the other residents.

Case study - Access Housing – Boarding and Lodging and the unintended impact of legislation to enable the moratorium on evictions

Access Housing is a WA based community housing provider that has properties across Perth and regional Western Australia. It provides social and affordable housing options including boarding and lodging facilities.

Access Housing has one large and three smaller lodging facilities in Bunbury and the Perth metro area. Lodging accommodation is either a pathway into housing, or a long-term solution for single people in need of accommodation. Lodging is an easy to access option for people escaping homelessness, exiting the criminal justice system or less capable of maintain a tenancy and a house, as such, lodging residents can present with complex needs and issues.

Access Housing has always utilised a Licence to Occupy (LTO) Agreement with accompanying 'House Rules' that are aimed at providing a safe and secure accommodation environment for all residents. Where an LTO agreement is breached, we have issued warnings, formal breaches and can, where necessary, terminate an LTO on short notice if the resident is presenting a risk to individual or community safety, or significant commercial or reputational risk for the organisation.

As a result of the Residential Tenancies COVID Response Act, we no longer have the ability to terminate other than where a resident has caused significant property damage or injury. As such, in April 2020 we reversed our commitment to continuing allocations into the Lodges through COVID-19. Our original commitment to continue allocations was an acknowledgement of the need for lodging accommodation to enable people experiencing homelessness to be quickly housed. However, the new legislation now presents too much risk to the current lodge residents and the organisation where we have such a restricted ability to terminate.

Case Study 1:

Resident charged with intent to sell and supply methamphetamine

- Previously would have been immediate termination due to the resident using the lodging room for illegal purposes
- Now – required to apply to court which is a long process
- Presents an immediate risk to other residents if drug dealing continues
- Presents an ongoing risk to the safety and security of the Lodge when Access Housing is deemed by other residents to have no power to take adverse action

Case Study 2:

- Residents smoking in their rooms
- Previously would have been a warning, then a breach if the behaviour continued, and then a termination

- Now – have been warned and breached several times, but these have no weight
- Presents an immediate risk of fire, particularly where residents are also consuming alcohol in the rooms against the house rules
- Presents an immediate risk of harm to other residents and Access Housing staff from second hand smoke

Another important feature of the *Residential Tenancies COVID Response Act 2020* enabled tenants to negotiate a rental payment agreement to manage the financial distress that COVID-19 has had on job and income losses. This however, still means that after the moratorium ends in September 2020, there may be many renters out there with rental arrears that will need to be paid and this, coupled with the ending of additional income supplements will place many West Australians in poverty and financial distress again.

Below is are case studies from Tenancy WA who are funded to provide tenancy support and advice. This contribution is important for the Committee to consider as it relates to the impending homelessness issues after COVID related supports are finalised.

Tenancy WA (TWA) experienced a significant spike in calls to the advice line at the start of the COVID-19 restrictions as people started to lose their employment. Over the last 6-8 weeks TWA has witnessed further increases with each new measure communicated by government. The number of calls to the advice line has doubled and the number of online bookings has increased from a one week wait to three weeks wait. 90% of all cases are currently COVID-19 related.

The three weeks wait time has only been achieved by collaborating with two other community legal centres to assist with tenant calls and TWA appointing an additional one fulltime equivalent (FTE) intake and triage officer to assist manage increased demand. The wait time would be longer without that collaboration and investment. TWA can only sustain the one FTE until 30 June 2020.

The most common issues relate to inability to pay rent; negotiations and evictions; rent relief packages and the new conciliation service which has been implemented by Consumer Protection. The Residential Tenancies (COVID-19 Response) Act 2020 puts into place a six-month moratorium, on residential tenancy evictions and other measures relating to residential tenancies to address the financial impacts of the COVID-19 crisis.

These measures include a freeze on rent increases; rent relief packages up to \$2,000 to be paid directly to the landlord after an application by the tenant; the establishment of a new mediation service delivered by Consumer Protection to assist in finding resolutions for those tenant and or landlord negotiations that cannot be resolved. These measures specifically relate to the impacts of COVID 19 and a retrospective from the 30 March 2020.

Unfortunately, they do not cover the evictions of individuals and or families that were already in progress before this date. It is also likely that the rent relief packages may prove inadequate. These issues are of significant concern.

TWA anticipate further spikes as negotiations between tenants and landlords prove unsuccessful, and as deferred rent and the mounting debt further impacts on tenant's ability to continue paying rent.

TWA has also seen an increase in the number of fact sheet downloads and unique visitors to the TWA website which has increased by 400% in March/April 13,568 compared to January/February 3,350. In order to cater for this extra demand TWA has employed another full-time equivalent staff member in an attempt to answer as many advice line calls and enquiries as possible. Importantly, we see this demand continuing for at least the next 12-18 months.

Case Study 1

Katrina is a single mother who runs her own beauty therapy business from home. Due to the COVID-19 pandemic and government restrictions, Katrina has not been able to work since the end of March 2020. Katrina tried to speak with her landlord and real estate agent to negotiate a period of rent reduction while she was trying to apply for Centrelink/job keeper payments. Unfortunately, the landlord refused to agree to any form of rent relief or reduction for Katrina and continued to threaten her with breach notices and eviction if she did not pay full rent. At the same time, Katrina had been negotiating with her real estate agent about renewing her lease, and they now threatened that they would not honour the renewal agreement if Katrina did not pay full rent.

Tenancy WA gave Katrina legal advice in relation to the COVID-19 Response Act introduced by the government under which Katrina cannot be terminated for non-payment of rent where that non-payment was as a result of financial hardship caused by the economic effects of the COVID-19 pandemic.

Further, Katrina was advised about her rights in relation to the renewal agreement that had been reached between the parties. Katrina was empowered to speak with her real estate agent and assert her rights, which led to a negotiated agreement about how the rent would be paid, as well as confirmation of the renewal of the fixed term lease.

Case Study 2

Max is an international student who was working in a casual position in a local café and consequently lost his income because of the COVID-19 pandemic. Max has some family living in Perth that he was planning to move in with while his income was limited, and he spoke with his real estate agent about ending his fixed term lease early. The real estate agent presented Max with a break lease form highlighting the costs Max would have to pay for breaking the lease. These costs amounted to nearly \$2000 including advertising, lost rent and letting fees. As English is not Max's first language, he sought advice from Tenancy WA as to whether these charges were justified.

Tenancy WA gave Max advice in relation to the COVID-19 Response Act, under which a tenant who is facing financial hardship can terminate their fixed term agreement early by giving not less than 21 days' notice. Max later received further advice, as after he had attempted to terminate the tenancy based on the legal advice, his real estate agent demanded to see copies of his bank statements and account details to prove the financial hardship. Max was advised that he was not required to disclose this information, and instead recommended that he provide a letter from his employer stating that he was not working. Max was very appreciative of the assistance and was successful in terminating his agreement and moving in with family.

Post-COVID-19 – Preventing a second wave of homelessness

Impact data produced by the WA Department of Communities indicates concerns in relation to homelessness, rental and public housing supply and demand, and the ability of the market and services to respond to people who will find themselves under housing pressure as COVID-19 responses end in September.

The ongoing economic impacts will likely see more people fall into homelessness or be at risk of homelessness, and certainly housing insecurity. There will be a lagged, long-term impact if people have lost their accommodation in private rental properties or their own homes due to mortgage default.¹⁶

There are early indications of an increase in demand for social housing, with public housing wait list numbers up 229 over the past three months. As well as an increase in demand, there is expected to be constraints in the supply of public housing, with the exits from public housing slowing due to a competitive private rental market (2.2 per cent vacancy rate) that is out of reach for low and moderate income households. This is exacerbated by the fact that current tenants are now less likely to secure employment in this recovery phase. This will lead to increases in the joint waitlist and an increase to the average wait time for public housing applicants.

The Federal Government's JobSeeker initiative was critical in enabling those individuals and families already vulnerable to pay for essential daily needs. For many people, as JobSeeker payments are significantly lower than the minimum wage or average incomes, this leaves many households at risk of financial insecurity and housing stress in the immediate future. When these supplementary payments cease there will be more disadvantage for the entire community services system to deal with.

Low, private rental vacancy rates means there are limited options for households that fall out of home ownership, which will put further pressure on social housing demand and other State government housing and wellbeing support.

The WA Housing Industry Forecasting Group is forecasting only 12,500 dwelling commencements in 2019-20, a reduction from the previous forecast of 15,500. This is the lowest number of commencements since 1982-83 and by far the lowest on record when adjusting for population.

As September 2020 approaches, services are reporting that there is anxiety amongst the community regarding financial stability of vulnerable households and those who are at risk of poverty. With this anxiety comes a larger requirement for services to support people in housing insecurity and at risk of homelessness.

As governments plan for recovery from the pandemic, it is important to stop a new wave of homelessness. As both JobSeeker and JobKeeper ends, there is concern that more people will experience unemployment and enter both income and housing poverty. Given the lack of social and affordable housing in Western Australia, as outlined earlier in this submission, this will lead to housing insecurity and to increased levels of homelessness.

¹⁶ Department of Communities WA, Impact of Covid-19 on the WA Community, 09 June 2020

If JobSeeker is returned to the original Newstart rate, then people will be placed in housing stress, leading to increased poverty and homelessness. This, coupled with the lifting of the moratorium on rental evictions in Western Australia, will impact on the ability of people to pay their rent and maintain secure housing.

A recent Anglicare WA report on JobSeeker and Coronavirus Supplement highlights the reasons why the supplement must continue and the base rate of Newstart be increased. The Parliamentary Budget Office estimates it would cost \$7.7 billion per year for no Australian to live below the poverty line (defined by the OECD as 50 per cent of median income). In Australia, that amount is about \$500 per week for a single person with no children.¹⁷ Attachment to submission – Anglicare WA: The impact of the JobSeeker Coronavirus Supplement.

Investing in income supplements permanently make economic and social sense, especially as our nation repairs after the impact of COVID-19.

Recommendation 6

The Commonwealth:

- **Maintain JobSeeker at its current rate.**
- **Taper the withdrawal of JobKeeper to match economic and industry recovery.**
- **Commission an independent review of the role and adequacy of Commonwealth Rent Assistance.**

Terms of Reference 8 - Examples of best-practice approaches in Australia and internationally for preventing and addressing homelessness

The following examples describe initiatives within WA that follow best practice approaches from across the world.

WA Alliance to End Homelessness (WAAEH) – a collective whole of community response to end homelessness

In 2016, The WA Alliance to End Homelessness (the Alliance) was formed as a collaboration of community and sector leaders and agencies, committing the whole community to come together to end homelessness in Western Australia over a ten-year period. With input from hundreds of Western Australians, the Western Australian Strategy to End Homelessness strategy) was developed and launched on 13 April 2018. <https://www.endhomelessnesswa.com/strategy>

The Alliance quickly progressed with its strategic priorities and one of the most significant outcomes achieved is the ongoing shift in community narrative towards ending homelessness. Within a relatively short period, the Alliance had shifted the community focus towards ending homelessness – this is a significant shift within the community and services system. Secondly, the Alliance has influenced and supported the WA State Government to develop its 10 Year Strategy on Homelessness – All Paths Lead

¹⁷ AnglicareWA, JobSeeker and Corononavirus Supplement

to a Home (2020-2030) – based on the principles of Housing First. While the Government Strategy focusses on government and government funded services, it does not articulate the ‘whole of community’ approach required to successfully end homelessness in WA.

The Alliance is the vision holder for ending homelessness in WA, and will continue to hold both the community and government to account for its commitment to see this through.

It is critical that a high level of engagement between the community, the sector and government, are sustained and further developed to achieve the goals in the Strategy as outlined below:

1. Housing e.g. remove/modify legislation, policies and practice required for housing readiness as an entry requirement for social housing; promote the development of low cost and affordable housing; provide a clearinghouse for philanthropic and corporate donors who wish to support this outcome; to build capacity.
2. Prevention e.g. people exiting government services (including prison, hospital & child protection) without permanent housing options are provided with a mandated permanent housing plan.
3. A Strong and Coordinated Response e.g. implement systems to provide real-time service information (e.g. Advance to Zero & By-Name List); co-ordinate and align the range of volunteer and community ‘good will’ services so that they integrate and work in concert with the formal service systems.
4. Data, Research and Targets e.g. implementation of an Outcomes Framework will enable cross-sector and within-sector collaborative sharing of data and research aimed at illuminating progress toward the targets, e.g. through linking existing WA and Federal Government data with a rich new array of meso (organizational) level data as well as with the voice of lived experience.
5. Build Community Capacity Promote and strengthen the voice of lived experience is key to changing the community understanding and narrative towards homelessness; establish local government and community working groups to enable local areas to learn from one another, in terms of homelessness responses, and draw from a common pool of resources; to provide a clearinghouse of information to assist volunteer groups to focus their efforts.

To illustrate the success of working within an Alliance is the following example.

The City of Perth has strongly engaged in both the Capital Cities Mayoral Campaign and local initiatives towards ending homelessness.

“The City of Perth supports the [WA Alliance to End Homelessness](#) and their [10-year strategy to end homelessness in Western Australia](#). The City of Perth is in collaboration with State Government, [Department of Communities](#), WA Police, local government authorities, peak bodies, not-for-profit organisations, faith based and goodwill groups, and the whole of community to work together and strategically align to ending homelessness.” (City of Perth website).

The City agreed to provide a co-ordination role for all the various ‘good will’ and volunteer services that operated within the Perth CBD to ensure that these activities were co-ordinated and aligned with the greater objective of supporting people out of homelessness. They developed a system of accreditation to ensure quality of services and development of a single point of service delivery. This

has fostered and enabled a strong relationship between the formal service system and informal services towards achieving a common goal.

<https://www.perth.wa.gov.au/live-and-work/community-services-and-facilities/homeless-services>

Outcomes Measurement and Evaluation Framework

Good data and understanding the evidence of what works and why is critical if efforts to end homelessness work. The Alliance commissioned the University of Western Australia Centre for Social Impact to develop an outcomes measurement and evaluation framework. This is included as a separate attachment to this submission.

Homelessness is a complex problem. If the goal of ending homelessness is to be achieved, this complexity needs to be conceptualised and understood and the multitude of factors that can affect homelessness need to be measured and assessed.

The task of CSI UWA in developing the Framework was not only to unpack and operationalise the key targets of the 10-year Strategy, including those relating to the drivers of entry to and successful exit from homelessness and the role of the service system in responding effectively to homelessness, but also to conceptualise and operationalise the role of the WAAEH as a social movement. Thus, the Framework not only facilitates answering the question of whether we are making progress towards ending homelessness, but also, by capturing its functioning, the role that the WAAEH is playing in that progress.

50 Lives 50 Homes - A Housing First Response to Ending Homelessness in Perth (Second Evaluation Report)

The 50 Lives 50 Homes project (hereafter referred to as 50 Lives) is a Housing First and collective impact response to ending homelessness in Perth, and the first of its kind in Western Australia. The 50 Lives project commenced in 2015 and takes a collaborative approach to house and provide support for Perth's most vulnerable people experiencing homelessness.

International and Australian evidence has shown that the risk of returning to homelessness, loss of tenancy and eviction are far higher amongst people who have been chronically homeless, if they are housed without additional support. Foundational to the 50 Lives project from the outset has been the commitment to provide wrap-around support, individualised to client need. Both empirical data and the recounted experiences of clients and staff attest to the significant difference made by this project. The close working relationship between the After Hours Support Service (AHSS), lead workers and Homeless Healthcare has enabled important continuity of care and quick responses to issues as they arise. The AHSS is able to unravel underlying issues that may arise once housed or may have contributed to homelessness in the first instance and provides assistance in clients' housing, health and psychosocial needs.

On average, **individual 50 Lives** clients had spent an average of 5.6 years homeless and **family clients** had spent an average of 2.8 years homeless prior to completing the VI-SPDAT. With some clients spending upwards of 20 years living rough sleeping or cycling in and out of homelessness.

As at June 30 2018, 147 people had been housed in 109 properties with an 88% retention rate. From June 2018 until time of publication of the evaluation report at least an additional 10 people have been housed. The majority of people have been housed within 10km of Perth CBD enabling access to support and services, including the AHSS. Between April – June 2018, approximately one client a week

was housed. For the 12 individuals housed during this period, two-thirds were housed in less a year; considerably shorter than the 1,000 odd days one would spend on the public housing waitlist.

The 50 Lives project has made massive strides towards ending chronic homelessness in Perth, with the original target to house 50 of the most vulnerable homeless people in Perth met back in June 2017. Whilst housing people 'first' and as rapidly as possible is a key pillar of 50 Lives, this second evaluation report has highlighted the challenges of sustaining a tenancy after years of rough sleeping, and the coupling of housing with longer term and individually tailored wrap-around support has been critical to the success of 50 Lives to date.

There is growing attention internationally and in Australia to the economic impact of homelessness, with accumulating evidence around reducing hospital and justice demands through targeted interventions. While, other evaluations of Housing First programs have cautioned against expecting dramatic changes in health, justice and other outcomes in the short term. Even with the relatively small number of people housed for at least six or 12 months, 50 Lives has demonstrated some significant reductions in hospital use among those housed for six months or more, with an associated cost saving to the health system.

The *availability of suitable housing options* for the volume of rough sleepers in Perth continues to be a key blockage to ending homelessness in WA, and particularly for 50 Lives as it seeks to house people rapidly and 'first'. Equally critical however is *the need for more lead workers* who can take on new clients.

Finally, the 2016 census has provided a sobering snapshot of homelessness across Western Australia, highlighting the imperative to explore ways of bringing the Housing First model to other parts of the State, into suburban areas of Perth with higher levels of homelessness, and in regional WA more broadly. A snapshot of the key findings are found on the following link:- <https://www.ruah.org.au/wp-content/uploads/2017/10/UWA-50-Lives-50-Homes-Evaluation-Snapshot.pdf>.

Increasing social and affordable housing supply - The Community Housing Sector

Social housing is critical to preventing homelessness. The community housing sector is critical to not only preventing homelessness but providing better outcomes for tenants through a more agile and nuanced response to tenant needs than public housing. The National Social Housing Survey found that, a higher proportion of community housing tenants in Western Australia were satisfied with the overall services provided by their housing organisation (85 per cent) compared to tenants in public housing (76 per cent). In most cases, the dwelling condition was the most important factor in tenants' dissatisfaction.

Unlike the State, many community housing providers (CHPs) have tenant advisory committees, ensuring that tenants have a direct say and input into policies which impact on them. Also, they take a supported landlord approach to managing their tenancies, which ensures that the outcomes for their tenants are at the centre of their business model.

Unlike the State, CHPs who are registered are formally regulated through a national regulatory system for community housing, mirrored by a policy and reporting regime in WA. This independent oversight ensures that CHPs are subject to externally monitored service provision standards, which leads to

comparable quality and standards across the community housing sector. It ensures that there is independent probity and good governance standards which are reviewed.

In addition, investment into the sector enables community housing providers to innovate, undertake more longer-term asset management planning and to increase supply. Also, Community Housing Providers are mission driven, with a sole purpose to deliver good social and affordable housing and great outcomes for tenants and as not -for- profits, any surplus is reinvested into their business to ensure better tenant outcomes and increasing supply.

Aboriginal community housing organisations are critical in preventing homelessness within the Aboriginal community. There is a need to build the capacity and capability of this sector to deliver housing solutions across the housing continuum.

Other jurisdictions are building on the strengths of the community housing sector by transferring ownership or management of public rental housing stock. through stock transfers. Unfortunately, this is not the case in Western Australia, approximately 20 per cent of social housing is managed by community housing providers and 80 per cent of social housing dwellings managed by the State Government.

Recommendation 8

The Commonwealth increase investment in social and affordable housing supply by:

- a) Leading and coordinating Australia's COVID-19 recovery through a social housing acceleration program (SHARP) to deliver 30,000 social rental housing units and renovate up to 100,000. Including improving the standard of energy efficiency and disability accessibility.**
- b) Dedicating resources in 2020 -25 to developing and establishing a recurrent National social and affordable housing program for implementation in 2021-22 to encourage State and Territory co-investment and attract private equity, via a funding framework such as that provided by the Affordable Housing Infrastructure Booster.**
- c) Introducing a fund to encourage head leasing of private rental units in partnership with the community housing sector.**

Terms of Reference 10 - Governance and funding arrangements in relation to housing and homelessness, particularly as they relate to the responsibility of Local, State, Territory and Federal Governments.

Federal Investment into homelessness services

The current funding model for Commonwealth investment into social and affordable housing and homelessness services is based on a bi-lateral agreement between the Commonwealth and the States through the National Housing and Homelessness Agreement (NHHA). Commonwealth funding through the NHHA is a critical in improving housing outcomes across the housing spectrum, including

outcomes for Australians who are homeless or at risk of homelessness and improving access to affordable, safe and sustainable housing.

Under existing National partnership agreements for homelessness and affordable housing (NHHA), funding is principally allocated on a per capita (population) basis without regard to need. The need to reform the structure of the National Housing and Homelessness Agreement (NHHA) and its predecessor agreements the National Affordable Housing Agreement (NAHA) and Commonwealth States/Territories Housing Agreement (CSTHA and CSHA). The principal changes, apart from increased investment includes to fund operational costs on a per dwelling basis, to support the actual cost of each dwelling and to fund capital costs through a per capita component for growing the supply of social housing.

The NHHA includes a component for funding specialist homelessness services (SHSs) which itself incorporates funding previously allocated under a National Homelessness Partnership Agreement. Given the fixed and growing costs of funding specialist homelessness services there is a risk of further eroding the funding available to social housing.

The shortage of social housing and its reduction relative to all housing has been occurring since 1991. Social housing as a proportion of all housing has declined from 6-7% in 1991 to 4.2% at the 2016 census and will have fallen further due to a lack of investment by all governments. The fall in social housing mirrors the rise in homelessness.

Need to increase overall investment from the Commonwealth as total allocation is not adequate to address current need.

Of key concern is that the Social and Community Services (SACS) funding beyond 2021-22 within the NHHA is subject to a future Government decision as the Commonwealth funding under the National Partnership Agreement on Pay Equity for the Social and Community Services Sector is terminating. The loss of these funds will have a significant impact on the funding of homelessness services with approximately \$16M per year lost from the homelessness system just in Western Australia.

Recommendation 9

The Commonwealth reviews the allocation of funds under the National Housing and Homelessness Agreement to better align with need.

Recommendation 10

The Commonwealth retain the Supplementary Funding under the National Housing and Homelessness Agreement.

Local Government's role

Local governments have a key role to preventing and ending homelessness across a range of functional areas including through their land use planning and economic and community development functions to facilitate the diverse social and affordable housing needed within their municipality and access to services.

An audit and overview of local government responses to homelessness in WA, undertaken by Shelter WA in partnership with local governments uncovered a diverse response by local governments driven by local issues, need and the financial capacity of the Council to respond These included:

- Homelessness interagency group to facilitate co-ordination.
- Regional Homelessness Strategy.
- Local law review.
- Rate exemptions for NGO service providers.
- Council Policy Position.
- Staff protocols and frontline staff training.
- Referral service to providers.
- Investment of co-invest in homelessness services operated by NGOs.
- Provide underutilised land for social / affordable housing supply.
- Service brochures.
- Local housing strategies – increase diverse, affordable supply.
- Planning incentives to increase social / affordable supply.
- Advocacy for services.

Understanding the nature of homelessness and have a strong evidence base at a local and regional level is critical to ending homelessness. The development of local and regional strategies to inform action and maximise resources to a common agreed outcome is critical. In a number of cases the Councils with the most need had the least capacity to respond.

Recommendation 11

Support is provided for local government to work in partnership with the NGO sector and the State government to develop regional evidence-based homelessness strategies

Leveraging public and private investment

The Genio Fund

The following example is a Not for Profit Organisation and Trust fund that is leveraging philanthropy in partnership with Government to create and reform social services. Their work provides a leading example of working across all levels within government and the community for social outcomes.

Genio is a European organisation based in Ireland working with philanthropy and government at national and EU levels. Specialising in social service transformation, Genio has a deep understanding and track record of complex system change and combines fund-management, capacity-building, action research and impact-measurement to effect public service reform. The hallmark of this work is to strive to ensure service user involvement at every level of service design and delivery.

This work has been supported by the Atlantic Philanthropies and is now being sustained by Government. In the last 10 years they have helped to facilitate change and improvements for over 8,500 people across disability, mental health, dementia and homelessness services.

Our current programmes in Ireland are reaching whole populations of need in disability, mental health and homelessness in Ireland, in many cases underpinning national reform programmes.

The Genio Trust was established in 2010 to receive and disburse innovation funds to support the reform of services in a personalised, cost-effective direction. The Genio Trust is a registered charity which is governed by the Board of the Genio Trust.

Role of Social Enterprises

The role of social enterprises can play a significant role where there are structural issues within the marketplace. For example, where market solutions are absent especially within the housing continuum at the affordable end. However, the reliance on such solutions must be underpinned by the capacity to provide a policy platform that allows them to emerge and operate on a sustainable footing. Anything short of this will result in short term and unsustainable responses. The evidence from homelessness clearly indicates that any short-term solutions that fail to end homelessness, keep people in temporary housing and fail to address their long-term needs of ending homelessness (<https://community.solutions/our-solutions/built-for-zero/>). Therefore, the advent of social enterprises to fill gaps within the market must ensure their viability and sustainability in providing long term options and solutions.

Lived experience stories from COVID-19

The voice of lived experience of homelessness is critical to changing the system and ensuring services and programs are designed by the users of the services to meet their needs.

Shelter WA undertook a series of interviews with people currently on the street during the COVID-19 pandemic, so that we can demonstrate the direct impacts. The interviews were conducted at two of the three day centres in Metro Perth – RUAH Day Centre and Tranby House by UnitingWA (formerly Uniting Care West). Below are the common themes that emerged from the 12 lived experience interviews are as follows. Appendix 1 contains the transcripts of each of the 12 interviews.

All twelve participants experienced long term homelessness. The majority prefer to rough sleep in and around the Perth Central Business District (CBD) where they could access RUAH Day Centre Day Centre and Tranby Day Centre, Uniting Care West for food, clothing, showers, and advocacy/support. This is because of the cost of public transport and access to unfamiliar squatting sites in other inner and outer suburbs of Perth is a barrier.

Several participants were forced into homelessness through incurring hefty debts for damages while in Department of Communities housing. It appears from the conversations that they were not offered any legal advocacy/support to challenge the validity/merit of the debt. One participant remained homeless and rough sleeping for the ten years it took him to repay the debt. Department of Communities (Housing) seem to have a restrictive policy where vulnerable people are excluded from the wait list if they have outstanding debt. In both cases, the lessees claim they were not personally responsible for the damages rather it was other people visiting/squatting in the property that were responsible.

Several participants assert that they had no accommodation to go to after being released from incarceration and they returned directly to the familiarity of the streets. It was mostly at Tranby where

the participants received information pertaining to the COVID-19 pandemic, social distancing legislation and hand hygiene practices.

The frontline staff at Tranby wore personal Protective Equipment (PPE- face masks, rubber gloves), took participants temperatures before they entered the building and enforced the 1.5 metre social distancing rule. It appears from the research that clients attending Tranby were only required to use hand sanitiser as opposed to washing their hands for 20 seconds with soap before entering Tranby lounge/dining hall and exiting. The participants state they had to social distance and during the pandemic and were only permitted to get their food and leave. They were not permitted to linger in and around the vicinity of Tranby where many rough sleepers usually congregate during the day.

Most participants were concerned about their immediate and long-term health status during the pandemic. The participants were able to articulate their health needs; I need to eat fresh fruit and vegetables every day; I need to manage my diabetes because my diabetes makes me vulnerable to COVID-19; I need to take my medication every day; I need access to my medication every day.

Most participants were aware that good personal hygiene; regular hand washing with soap; showering daily, having clean clothes is the best way to stay healthy and prevent contracting COVID-19. However other than the participant staying at the backpacker's hostel, most could not attend to their personal hygiene every day because they had limited access to showers, clean clothes, personal hygiene products.

Many of the participants had alcohol and other drug issues. A number of participants identified as long-term methamphetamine users. Due to the Federal Government enforcing biosecurity measures and travel restrictions during the pandemic, supply of methamphetamine into Western Australia decreased substantially, this meant that the price of meth was not relative to the quality and it is harder to source.

All participants who were affected by these phenomena asserted that this had been a good thing for them because they were able to have a break from their regular use. Many stated that they had been abstinent, and their overall health and wellbeing had improved significantly. Additionally, not only they were able to use the space to reflect on what mattered in their lives and to look at things objectively, but they were able to utilise the additional monies to find affordable accommodation, invest in their personal appearance, "to step up and step out of the street life into the land of the living". Some have reconnected with their family. For one participant it was about having 'respect for herself'.

Those participants who received the additional COVID-19 payments from Centrelink used the money to access affordable short-term accommodation. One participant used the additional \$550 per fortnight to source accommodation at a Backpackers hostel. This participant disclosed that several rough sleepers were using their additional payments to stay in the same accommodation. "They felt so lucky to be out of the cold, to wash, shower and use the laundry". It was not usual for rough sleepers to access backpackers (short stay accommodation) because of the cost however because there were no international patrons contributing to the sustainability of the business, the homeless were advantaged as well as the business.

Most of the participants concede there was not much to do during the pandemic isolation, but they felt relieved from the usual aggression often encountered from other rough sleepers.

The majority of rough sleepers interviewed were not directly offered a place at a hotel (hotels that participated in the Hotels with Hearts initiative) during isolation. Rather, it appeared you had to be in the right place at the right time. Those who did secure temporary accommodation in the program did not have a choice where they wanted to go. One participant was taken from the street directly to the Pan Pacific Hotel. This participant disclosed that he lasted 7 hours because he felt like he was in jail, his movements were restricted and he didn't have choice and control over his life. Another participant was taken to Ocean View Lodge but left there shortly after because "I found it too isolated, too locked up. I didn't have any freedom. So many rules! Some of the tenants weren't nice. I had to keep myself to myself and only talk to people I knew".

There is an overarching consensus that the participants would have liked easy access to additional information regarding the COVID-19 pandemic and the restrictions that were imposed on all Western Australians. A number of participants were unaware of the laws relevant to them during the period of isolation. One participant said that he was worried he would be breaking the law, but he didn't know what the 'law' was.

Although only 20 rough sleepers had access to the Pan Pacific Hotel during isolation, many felt this program was too restrictive and it felt like being in prison. There didn't appear to be a set format of criteria for selecting rough sleepers for participating in the Hotel with Hearts program. Rather you just had to be in the right place at the right time. None of the participants indicated that they had been offered information about the Hotels with Hearts program from any front-line service worker at either RUAH Day Centre or Tranby. It appears that even if they had been given an invitation to go to the participating hotels/lodges, most would not want to participate because of the restrictive practices which many felt undermined their basic human right to move 'freely in society without restrictions'. Freedom to move around at will without restrictions was an absolute priority for all participants.

Recommendation 12

The voices of people with lived experience of homelessness are made central to all discussions, deliberations and solutions to end homelessness

Mental health and connectedness

COVID-19 has highlighted how important social determinants are to mental health and wellbeing. The safety and security that stable housing provides, and the importance of an adequate and stable income, are closely linked to mental health.

Stable housing is a foundation for mental wellbeing and key element to recovery. As identified in the MHC strategic policy Mental Health 2020, having a stable form of accommodation is widely recognised as one of the most significant factors in achieving recovery for a person with a mental health problem and/or mental illness.¹⁸

¹⁸ Government of Western Australia. Mental Health Commission. 'Mental Health Outcomes Statements'. <https://www.mhc.wa.gov.au/media/2788/mental-health-outcomes-statements-1-1.pdf>

Some people with mental health challenges need support to maintain their housing or may need to live in a supported accommodation option to support their recovery.¹⁹

Homelessness and a gap in supported accommodation services are some of the most significant issues impacting the mental health system in WA.²⁰

Essentially, COVID-19 has shown the clear gaps in the system for people experiencing homelessness to manage their mental ill health and it is evident that mental ill health can place people at risk of homelessness. Without adequate housing provision and complementary supports this will continue to be an issue in our community.

New investment in social housing as outlined in recommendation 7 needs to occur and incorporate mental health in that mix. There also needs to be a pathway of services and supports for people who are experiencing and at risk of homelessness.

It is now more important than ever that as a society we support people to maintain their housing, and to secure new or stable employment, to prevent the increase in mental health issues and associated homelessness expected as a result of COVID-19 economic impacts.

Case study - St Patrick's Community Support Centre - Connectedness

One client who is pregnant was housed in transitional housing with her partner just prior to COVID. They are first time parents and have been quite effected by anxiety about the virus, they became very concerned and felt the need to self-isolate for their protection, however this at times led to them feeling very alone. It has also meant that the dad had not been able to attend ultrasound appointments etc and there is a question as to whether he will be able to attend the birth. This as you can imagine has all been very stressful.

For others the simple things like being able to meet friends at St Pat's and sit in the courtyard for coffee together plays an important part in the lives of many client either homeless or marginalised in other ways- not being able to do this at the moment has definitely taken its toll on those whose main social outlet is via St Pat's

Family and domestic violence

It is well evidenced that family and domestic violence is a leading cause of homelessness in Australia and Western Australia (see earlier section on data). The Women's Council on Domestic and Family Violence WA has provided the below case study to demonstrate the broader issues with homelessness risks for women experiencing family and domestic violence. There is also a case study from Southern Aboriginal Corporation on the increase of family and domestic violence during the COVID-19 pandemic.

Case Study: Southern Aboriginal Corporation - Family and domestic violence

¹⁹ Government of Western Australia. Mental health Commission. Mental health Outcomes Statements. <https://www.mhc.wa.gov.au/media/2788/mental-health-outcomes-statements-1-1.pdf>

²⁰ WAAMH comment based on 'A Safe Place. A Western Australian strategy to provide safe and stable accommodation, and support for people experiencing mental health, alcohol and other drug issues 2020 – 2025.

Southern Aboriginal Corporation is an Aboriginal community housing and service provider based in Albany.

Due to the COVID-19 it was reported that there was an increase of FDV in the Great Southern region and the majority impacted are aboriginal women according to the statistics.

Southern Aboriginal Corporation's (SAC's), Family Violence Prevention Legal Service (FVPLS) program gained knowledge from the Noongar community, many incidents were not reported to the authorities due to fear of not being heard (lack of culturally informed trauma practice) and provided the care and support needed in a point of emotional crisis. The lack of understanding in the way some victims may not be passive and broken in their presentation (flight response) but present in an aggressive uncontrolled state (fight response). The behaviours are often misunderstood, and doors have been closed as the staff have not been trained in the appropriate culturally informed trauma approach to a person experiencing the peak of emotional traumatic crisis. Aboriginal women felt unsafe to access the current communal living women's refuge and had to stay with the perpetrators or had to look for extended families to support them. This created overcrowding issues in some Aboriginal families. A few women were threatened by perpetrators and women felt helpless to go anywhere. It was brought into attention of SAC FVPLS after a week.

The lack of communication between services providers in regard to accommodation that was made available for vulnerable women and children was not shared, along with lack of referrals to FVPLS. This lack of collaboration during the COVID-19 pandemic left many aboriginal women and children left in risk environments.

As we continue to move through these uncertain times it is of paramount that the FVPLS is supported with sincere collaboration from other service providers to achieve the best outcome for the aboriginal communities. There is urgent need to culturally appropriate refuge in great southern region.

SAC made effort to contact Aboriginal TRG through the department of communities but there was no response received to our request. SAC and regional organisations in Great Southern are of the opinion that the COVID response committees were formed with metro centric approach and not inclusive of regional areas

Case study: Family and domestic violence and homelessness (pre-COVID-19)

Prior to meeting my ex-partner, I was a successful woman. I was working as a Senior Child Protection Worker with Child First, a joint DCP/Police Specialist Child Interview Unit (investigating cases of severe neglect, physical, emotional and sexual abuse). I had a mortgage on a 2 bedroom unit in Hamilton Hill and I was paying it off and living a, "normal" life.

I met my ex-partner in June 2008 at my brother's birthday party. He moved in with me soon after we met, and as the relationship progressed, he became more controlling, more menacing and more violent. I made many attempts to end the relationship, however he would wait in the dark shadows outside of my flat for me to return and would regularly break into the flat. His large extended family (Maoris) lived close-by, and despite numerous attempts to end the relationship, he would not take No for an answer. DCP became involved because the neighbours heard me screaming in pain during the many assaults, he perpetrated against me. I lost my job and my reputation. I lost my income. I lost my friends; I lost the life I had worked and studied so hard for many years to establish.

After we had been together for about 18 months, we had a child named Chloe. When Chloe was 4 months old, he assaulted me whilst I was holding her. I knew at that moment I could no longer live in my home. I gave my flat to my brother and his wife as they were also struggling financially. I kept paying the mortgage via the sole parent payment, and I went to live with my mother in an attempt to be safe.

My ex-partner broke into my mother's house, smashed in the windows and the front door, stole our precious things and left numerous death threats on my phone for leaving him. I went into hiding and accessed refuge accommodation at the Ruah Refuge. DCP advised me they were going to apprehend my daughter due to my ex-partner's persistent violence towards myself, and my family.

My brother and his wife left my flat and abandoned me; blamed me for my ex-partner's violence and said they couldn't be in contact with me anymore because they didn't want to have to deal with him anymore. I had to go into hiding to keep my daughter with me. I rented my place out and fled over East. I stayed in a number of hotels and hostels, even at a homeless shared home which was full of men, with myself and my daughter being the only females there, it was terrifying, however I was safer there than I was in Perth. I was on the other side of Australia, completely alone, in massive debt, with a tiny baby.

I ran out of money and struggled to keep my mortgage going because tenants kept coming and going from the unit. It was incredibly stressful. When my ex-partner was finally located and imprisoned for breaches of VRO's and Breaching a CBO and other matters, I was able to come back to Perth. DCP however stipulated I could not live with my mother, and I could not live in my own home due to the ongoing risk posed to me by my ex-partner's large Maori family.

I lived with a friend for a short time but she needed her space so I was then lucky enough to be able to move into the Patricia Giles Centre where I was able to stay for about 7 months with my daughter. This was such a relief as I was in so much debt by then and crippled by stress, anxiety and the loss of everything I had once known.

I had to sell my unit at a loss as I couldn't keep the mortgage going, and I couldn't stay with my mother.

I eventually found a place to house sit for 3 weeks, got Another loan and accessed a private rental where I stayed for about a year, however when I couldn't afford to keep the rental going, with the additional cost of childcare, I went to stay with my mother.

I am still living at my mother's house because my mother worked full time and couldn't look after my daughter. I worked part time, three to four days per week, and after the cost of before and after school childcare, I have never been able to afford to get back into the housing market.

Hence, I have been "homeless", since 2011 after losing my home and moving between hotels, hostels, refuges, a brief stay at a rental property and then living at my mother's place. Now the Corona Virus has hit, it will be very hard to obtain a job, because I need to stay home to look after my daughter, so the situation is looking even more bleak.

Domestic violence destroyed my life on numerous levels; I lost my financial security, I lost my beautiful home, my professional identity and I lost my self-esteem. People in the community are

very judgemental of single mothers who cannot afford their own accommodation and have no understanding of the anxiety, and the mental exhaustion that occurs when you are homeless.

I am eternally grateful for the help and the safe accommodation provided to me by the Patricia Giles Centre for that seven months which was an Oasis in a time of great suffering and fear for me. Sharing a unit with strangers was very stressful, but at least we had a safe place to stay. I found it hard sharing with women who had mental health issues, and whom had very different parenting styles to me. Some of the kids were aggressive towards my daughter which was awful, I guess they were just re-enacting their trauma.

Support for Children

The experience and impact of homelessness is significant on children. "...for some people their vulnerability to homelessness begins before birth. Evidence suggests that if an individual's parents have been homeless it is more likely that the person will experience homelessness themselves. Also, childhood experiences of homelessness translate to an increased likelihood of chronic homelessness as an adult. In this sense homelessness can be 'passed through' generations"²¹

This highlights the impact of homelessness on children and the need to 'break the cycle' through the delivery of support services targeted to children who experience homelessness. Therefore, while homelessness services provide a critical response to people's lack of housing, further consideration needs to be given to providing support to children experiencing homelessness to prevent this ongoing cycle. For example, targeted counselling services, school support services can all help prevent this ongoing cycle.

Supporting organisations

Kedy Kristal

A/CEO Women's Council for Domestic and Family Violence Services

Taryn Harvey

CEO WA Association for Mental Health

²¹ Kalevald, Seivwright, Box, Callis and Flatau 2018 Homelessness in WA: A Review of the Research and Statistical Evidence.

Appendix 1 – Transcript of lived experience interviews

Participant 1 Dwayne (permission to use name)

I've been rough sleeping for 3-4 years. Before COVID-19 pandemic I had been sleeping rough mainly in the southern suburbs. I had a sleeping bag, rug and thin mattress. I slept outside a church mainly because there was cover from the wind and it was quiet! I washed myself under a hose. I've tried to stay away from the city because of trouble. Some homeless people can be a bit rowdy because of drugs and alcohol. Because I come from a good family and because of my children I keep on struggling through hard times because getting a place of my own is how I can support my family, get a job and be a good role model.

I had to go to Tranby's every day for feed, weekends as well. I didn't know much about the lockdown. I got dribs and drabs of information about Covid-19. I asked the police if there was a curfew, if I was breaking the law as I was unsure of what was going on. During isolation (iso) I wandered around trying to get help with accommodation. I didn't know how serious it was. I missed out on going to the Hotel with Hearts Pan Pacific Hotel during iso because maybe personally I didn't come into town. At Tranby's we weren't allowed back inside, just get your feed and move on. Most of the mob that was living in town hangs around Tranby's.

The best thing that came out of Covid-19 for me was that there were no drugs around. The drugs dried up and I've been clean for 6 weeks. I'm coming well again. I didn't think I would last a year I was depressed, underweight and not managing my diabetes. Now I'm in a better place mentally, physically, spiritually. I finally got my own place through Gumtree. I got a HomesWest bond with my partner. We are very motivated to get back on our feet, back on track. If I could go back and change something, I would have liked access to information regarding Covid-19 isolation and where to access affordable accommodation, so I wasn't on the street.

Participant 2 Lynette 45 yrs. (permission to use name)

I was homeless right through the COVID-19 pandemic. I've been rough sleeping for 2 years. I heard about the pandemic at Tranby's on the news. I looked it up on the internet and saw that it was scattered all over Australia. I shared a lot on Facebook. I wanted everyone to know. I have children and grandchildren. I was concerned for my health and that of my family. I educated myself about it and I would like to think that I was able to educate my friends and others in the community about COVID-19. It's very deadly and we need to take it seriously. We need to keep ourselves safe and clean as well as taking our medication.

I have a group of friends. We sleep close together for safety there is a kindred connection from others who are homeless like me. The police rangers and security have been very strict with me with social distancing, camping on private property and begging. No sitting on the ground! They give us move on notices and we are not allowed in the CBD area. But they don't give us options where we can go. I recently stayed at the Ocean View Lodge through Hotels with Hearts, but I found that too isolated, too locked up. I didn't have freedom. So many rules! Some of the tenants weren't nice. I had to keep to myself and only talk to people that I knew.

Because of the pandemic I had to get new underwear, clothing and blankets every fortnight. I like to be modest! I've got 3-4 different spots around the Perth CBD. I keep them nice and clean. I pack my

stuff up every morning. I love art, drawing pictures. I use Tranby's every morning EVERY MORNING! We had to sanitise our hands. Tranby had sanitiser available and took our temperature. I didn't mind. Having access to my medication is a priority. I keep it with me all the time.

I'm still sleeping rough but I'm having a great time. I don't feel that I'm at threat of contracting the virus. I still have my friends although I had to separate from my friends through social distancing. I did quit smoking and I'm not using Chronic and I only smoke a bit of marijuana. If I could change something about Covid 19 I would I change the law. I think all frontline staff should be swab tested to be on the safe side.

Participant 3 Aaron 51 yrs. (permission to use name)

I was a rough sleeper 10 years around Perth CBD. I used to go out to Gosnells. I would usually squat in a vacant house where it's warm. Me and mum were in a HomesWest house. When mum died in 2002, they put it into my name. People I know came knocking for somewhere to stay and I let them in. They trashed the house. Not only was I evicted but I incurred a \$10,000 bill for damages. The Department of Housing wouldn't help me until I paid the debt off. It took me 10 year. They've been good to me now. I'm not in debt. I've got everything set up through Centrepay.

I've got my own one-bedroom unit, been in this for 12 months. I get taken advantage of a bit. I'm too nice sometimes. I'm on a disability Centrelink for arthritis even when I was on the street, I had lots of pain. Sleeping rough really exacerbated my pain.

Covid-19 didn't really affect me. I've been alright with it. Every Thursday night Jay and Martine from RUAH provide me support after hours before the pandemic they used to come into my house and have a talk but now they stand outside my unit wearing face masks. I do feel isolated at times. But good things come out of it. I've been a methamphetamine user for 36 years. Because of the boarder closures everything has doubled in price and I don't spend my money on a little thing that has such a big impact on my life. Even my friends have noticed a sparkle in my eyes. You look great! I'm smiling and I'm really happy. I don't think about it anymore. I'm at RUAH getting a NILS loan to get a new TV. It's doing my head in!

Participant 4 Danny 59 yrs. (permission to use name)

I've been rough sleeping for 5 years this is my fifth year. Been living on the street all my life. I've got no family. I'm on a disability pension. I was in Community Housing, but I left on my own accord. I've been sleeping at Legacy in Hay Street in the car park since January 2020. I felt safe cos they know I'm there. The rangers have been around but as long as I keep the place clean and I move on they leave me alone.

I maintain my hygiene as best I can. Sometimes I access showers once a fortnight, maybe once a week depends where I am and what I'm doing. I used to shower daily then weekly but it's a hassle. I don't think I need a wash anyways so what's the difference. I do wash my hands with sanitiser.

During the height of the pandemic I heard that some of the homeless people had been put up in a four star hotel in the CBD. I didn't want to go into that hotel program and no one offered it to me anyway. My priority right now is to keep out of the cold. I wake up, I go to bed and I go to the homeless centres or the public library.

For me the lockdown caused by the pandemic has meant that I have less access to drugs like methamphetamine. It's still hard to get. This has affected me but I'm over it now. I'm over the pain and heartache of not having meth. I have to deal with my feelings.

Participant 5 Shirley 45 yrs. (permission to use name)

I've been rough sleeping since I was 13 around Perth's CBD. I've been in and out of jail a number of times. My family don't like me. I have no family support, but I have my friends, who like me, sleep on the streets. We share our money and rugs. We've got each other! I sleep wherever I can and access support whenever I can.

The pandemic didn't really affect me because I've been on the street t for so long. I know that good hygiene can help prevent the spread of the virus. I shower at Tranby once a day and access soap and water from public restrooms. Before lockdown I used to go and have a wash at a pub or nightclub.

I was not offered a place at the hotel during isolation. I did not hear about that program. I stayed on the streets with other rough sleepers. Social distancing doesn't bother us because s we don't come near each other. We carry hand sanitiser we get from the shop.

Participant 6 Richard 52 yrs. (permission to use name)

I've slept on the street s for 2 years. Before I lived in my own place for 14 months. I had a female friend move in. She didn't tell me she had a mental illness. After an altercation I ended up in jail. My nephew, then my daughters moved in. They wrecked my place and I'm still paying for the damages. I think it's about \$3000. Although it wasn't my fault and I wasn't there at the time, I wasn't offered any support to challenge this debt.

I'm back on the priority HomesWest list. When I got out of jail, I got a place with Outcare. I stayed there for about a month. They moved another bloke in with me. He was shooting up and drinking a lot. He came back with alcohol. You're not allowed to take alcohol back to the place that's the rules. He was hooting up in front of me. I'm straight and he's not. I decided that if I don't move out there's going to be fighting. So, I've been on the streets ever since. I sleep anywhere I can find that's a good spot sheltered from the elements. I go to Tranby's for showers, maybe twice a week

I heard about COVID- 19 through the news. It's a very dangerous disease. You need to do right for yourself and others! At the time no one had ever heard about the Covid virus. It was all new to us, coming from another country. It's scary. It's dangerous. You've got 50/50 chance of dying. Most people end up pulling through though. Police have been telling us to move on from certain hang out areas in the city but don't tell us where else to move on to. Just not there!

I only wore a face mask once when I ended up in hospital because I am a diabetic and my blood sugar level dropped. I sweat a lot and I start yawning. My eyes go a bit blurry. The other homeless people I was with got the ambulance. I ended up at Armadale hospital. They locked me in a room because of the virus before they took me to the ward. Then they made me wear a face masked. They swabbed my mouth. They explained to me that these precautions were due to the new Covid-19 isolation protocol. I had to wait for the tests to comeback before I was discharged.

I received no additional after care on discharge. I had to look for support myself. The right thing to do for my health was to wash my hands; keep clean and stick to the people who I know don't have the virus. Me being a diabetic, I won't last long if I get it.

Participant 7 Blondie 43yrs. (permission to use name)

I've been rough sleeping for a good part of 10 years. I grew up in the bush and the city. I've moved around a lot in life. I owned a house out in the country but when my health deteriorated, I couldn't manage the house, renovations and all the responsibilities that come with being a homeowner. Even though I don't technically own the home it's still in my name. This means that I'm excluded from accessing community and public housing because I'm still viewed as a 'homeowner'. I've been a drillers offsider, kitchen hand, worked in school canteens, pubs and I've been a short order cook in a roadhouse. I've done lots of stuff.

I haven't left the Perth CBD for 7 years. I've never stayed that long in one place. It must be good! I've met a lot of people on the streets who have come unstuck from loss or injury. I've encountered many Ex-service men and war veterans on the streets. Not many people know this but lots of elite people who had everything are now rough sleepers. People can fall from grace after losing a loved one. The grief is so overwhelming they can't continue with life!

I sleep wherever I feel safe. The pandemic might have killed a lot of people around the world, but it saved a lot of us. The COVID payments mean that many homeless people have the money to spend on accommodation, food, clothes because of that one-off payment \$750 and the extra \$550 per fortnight. I've been in backpacker accommodation for 5 weeks but I'm losing that today. It's been nice. There are lots of homeless people in this particular place. I'm not sure how they came to pay for it. We weeded out the troublemakers. We have a pretty good crew there. It was challenging for the hostel to enforce rules as it was equally hard for the homeless to abide by the rules you know "to leave their shit at the door!". We felt so lucky that we could get out of the cold, wash, shower laundry, pretty much the bare basics which most of us had nothing to do with before isolation.

I'm here at RUAH hoping they will pay for an extra week. I was paying one week in advance. I can't find anyone to give the break between this week and next week I get paid. If I was allowed to pay for two I would but that wasn't the rules. It was like this rule was put in place so the hostel could get rid of the troublemakers. This advantaged the hostels because the homeless could pay and there were no backpackers to support their business. So, it was a win-win situation.

I think the pandemic created a learning curve for people stepping out of the street in many ways because of lockdown and isolation laws. Some have 'stepped up and stepped out of the street life into the land of the living. Some have even stopped using drugs after being on them for a life times the price of drugs have gone right up and the quality has decreased so people have worked out for themselves that this just isn't rational. Some have reconnected with their own family. For me it was about having more respect for you.

I've been investing the COVID money into paying rent. I've still got some left over so I can buy food. I've helped others pay for their rooms. I'm worried if the COVID money stops I will be back on the street. If this does happen, I will probably busy myself with everyone's problems so I don't have to deal with my own. Seven years have just gone. A bad day on the streets is better than a miserable one in an unhappy environment.

Participant 8 Kevin 74 yrs. (permission to use name)

I was born in Holdem Hospital in Lancashire England. I came to Australia in 1952 with my family when Australia was beautiful. I'm the black sheep of the family. I used to work the oil fields in Barrow Island. I had a Mercedes. I've been rough sleeping on and off since I was 22 usually in the bush. I learnt survival skills from my time in the Australian Army. I saw many dead people in Vietnam while serving my country.

In my day there was always a job. You could start walking to Northam and someone on the road would invite you in for a meal a cuppa and give you a job. Soon as the drugs came into the country it screwed up Australia. I remember the days when we could leave money out for the milk man and no one would pinch your money. Last two years I've been on the street about 10 times. I can find a place, but it doesn't last long. I feel safer in a war zone in Vietnam than on the streets in Perth.

Covid 19 didn't affect me at all. I said it was bullshit! It's a concern for the old people and babies the young people will get over it. I'm susceptible to the virus because of my age. I heard about the pandemic from my friend from overseas who is a professor. We were hypothesising how COVID started. Maybe it was purposely done. Maybe it was a conspiracy. Even if I had been offered a stay in the hotel I wouldn't go. I don't like being told when to come and go. I do what is right but don't tell me what I can and can't do.

I always carry a handkerchief with me at all times. As kids we grew up with manners! Cough into the hankie and after the toilet we must wash our hands. We had respect for water. I try and shower at Tranby every three days. Every other day I Pommie wash under the arms and my bits with a flannel. I remember back in England we bathed once a week. We never stank. We need to get the old values back. For me lock down has been for the better because I made connections with people through conversations about COVID-19.

Participant 9 Paul 1952 (permission to use name)

I've been rough sleeping for a year and a half. I don't sleep in the city, but I hang out in the CBD during the day. I've got a small tent and a few sleeping bags. I go to Tranby's every day for a feed. I don't shower very often maybe twice a week.

I heard about COVID from one of the Tranby workers. They gave me a number to call if I got sick or had symptoms of COVID-19. I was also given hand sanitiser to use. I was not offered a stay in the hotel during isolation. I heard about other rough sleepers going to the hotel during lock down. I would have gone if I had an opportunity but like I said I was not offered.

Participant 10 Mark 54yrs. (permission to use name)

I've been rough sleeping for a couple of years. Any here and everywhere. I don't normally stay too long in one place. I come to Tranby's a couple of times a week. I used to come here more but now because of the dramas I stay away. People are always yelling and screaming. They steal everything that's not locked down. It's a less complicated life on the streets. You can come and go as you please your money's your own. I received the extra COVID payments. I bought a bike with the extra payment. I only had it a couple of weeks before it was stolen. The police know about it. I lent some money out but never got it back. This payment is in the bank.

I was offered a place in the Pan Pacific hotel, but I lasted after 7 hours. Someone from Tom Fisher, St Vincent de Paul picked me up off the street and took me to a side entrance. There were a number of bouncers. They were there to tell you not to leave your room. I was not in jail so I should be able to leave when I want. Freedom is really important to me. I was not allowed to take my own clothes with me. We had to dress in what looked like prison clothes. All done on the cheap! They wanted us off the street but there was no one on the street at the time. All the street people were in hotels. I would have used the COVID payments to stay at a backpacker hostel, but I don't have ID. I use hand sanitiser regularly now because you have to. Everywhere you go now you have to use hand sanitiser!

Participant 11 Kate 36 yrs. (permission to use name)

I ended up straight on the street again in January 2020 after leaving jail. I wasn't sure what I was going to do. My grandma lives here Perth, but she didn't want me staying there. As long as I've got blankets, I don't mind staying out.

I get run down because I've got asthma. Sometimes I sleep near Tranby. Even though people might look through your stuff, I've got people around me. It's usual for security to tell us to move on but they're nice to us. I like to sleep near the needle exchange as there have not been so many people around during COVID or under the bridge. Sometimes I squat with other rough sleepers in squats around the CBD and Northbridge. The sleeping bags are average and not waterproof. It's about finding a nice dry place to sleep. I was nice and warm near the hospital. My mate got stabbed last night after he left the group after a disagreement. He was taken to Royal Perth Hospital. I don't think he's dead.

One day I forgot I had to get money out for something, and I couldn't get the money because the banks shut at lunch time. I got an extra COVID payment last week. I felt like I was rich for a whole month. I really lived it up. We didn't get our own accommodation because we stayed with mates. I bought myself a few things, clothes, shoes. I pick up lots of rubbish up and down the city streets every other day when I'm not socialising or shopping. One good thing about the COVID-19 pandemic was that it was harder to get meth. COVID was a good time for a break. Usually people throw meth in your face. Because the borders were shut people weren't pushing it as much. Life had slowed down. This gave me time to reflect on my use and make better choices. I used to waste my time. I needed to look after myself, so I don't get sick. I felt very distant from my family. I want to reconnect with my kids and family.

Participant 12 Denise 55 yrs. (permission to use name)

I've been rough sleeping for 2 years or more because of circumstances and family situation. I was renting privately then things went pair shaped and I felt I had no other option to go on the streets. I didn't access Tranby at first. I learnt to cope and manage on my own. I came from London to nothing. When I was a teenager my family migrated to Australia without me. I have tried to reconnect with my family. They make me feel like in nothing. I try to block out the past.

I have had a hard time in England. I felt like the black sheep. I didn't have an education. If I had an education in England, I could have been something. I go to the library. I try to read more. I don't have any skills. If I could go back in time, I would have loved to be an artist, a Doctor or a pilot. I don't ask for help as much as I should. I don't know why maybe it's my fear of rejection. There are good people out there.

I've got a tent. I've got used to being hypervigilant about my safety. There are times I get down and I recently bought myself a beautiful charm bangle from an op shop for \$2.00. COVID-19 has affected me psychologically because I started to think the worst. At first, I thought it was a joke. Then I saw the 'shut' signs in the shop window. I noticed there was nobody on the trains. I was worried that I wouldn't be able to talk to anyone, I would become isolated. I felt like I was in the movie Hunger Games.

When I came to Tranby everyone was rushing to get food. All the op shops were closed so I couldn't get second-hand clothes. I saw people out here getting upset when they were told to stand in the cue and to stand apart. They were told not to touch anything and to put hand sanitiser on. I've started to feel better now that things are starting to open. I accessed hand sanitiser at Tranby. They took my temperature, so I knew I was healthy every day almost. I didn't shower every day. Maybe once a week because I thought we had to rush in and rush out. I didn't want to bother anyone. I was shocked that I even approached Tranby. I didn't bother with the Hotel with Hearts program. What would it be like being locked up? I would have felt a bit trapped. I wanted to look at the birds. It fascinates me how birds interact with each other. Animals are not like humans!

I had nothing to do so I walked around the park. I was the only one on the train. In the park I found solitude. I began to enjoy the park, looking at the birds. The birds were enjoying the slower pace. I listened to the frogs. It felt so beautiful. I started to see things I hadn't noticed before in nature. I don't know when I'll get a home. I've accepted my predicament whatever it is. I went to the Department of Communities (Housing) and the man told me there was a 10-year waiting list and I had no hope! I've lost my self-esteem I don't even know what that is. No one really cares!