

HOMELESSNESS AND COVID-19

CSI Response

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The COVID-19 crisis will disproportionately affect those that are currently homeless or at risk of homelessness with respect to increased risk of exposure and greater likelihood of severe cases and mortality. The economic impact of COVID-19 and responses to it places an enormous number of Australians at risk of homelessness, paving the way for a vicious cycle if policy levers across a broad range of domains are not fully utilised. The Centre for Social Impact (www.csi.edu.au) homelessness policy response to COVID-19 is quite simple: Prevent, House, and Support.

PREVENT, HOUSE, SUPPORT

Homelessness in Australia Before COVID-19

A key component in the fight against COVID-19 is requiring people to stay at home and self-isolate. But how does one self-isolate if one does not have a home? Or, how do you self-isolate if you have a home but there is severe overcrowding at home, or you are living in supported accommodation or boarding houses where you do not have separate bathrooms and toilets or living areas? In this CSI COVID-19 Response we address the issues that COVID-19 poses for homelessness and put forward an appropriate homelessness response. We commit to working across Australia with the homelessness sector to minimize the adverse effect of COVID-19 on people's lives and on homelessness outcomes.

Homelessness is not simply defined as 'rooflessness' but encompasses those forms of housing which are below a minimum community standard. The Australian Bureau of Statistics definition of homelessness incorporates three key elements: adequacy of the dwelling; security of tenure in the dwelling; and control of, and access to space for social relations. More specifically, the ABS definition of homelessness includes the following categories all of which speak to a lack of space, privacy, and security required to effectively reduce exposure to COVID-19:

- Living in improvised dwellings, tents, or sleeping out ('rough sleeping')
- Living in supported accommodation for the homeless
- Staying temporarily with other households ('couch surfing')
- Living in boarding houses
- Living in temporary lodgings with no tenure and often no control or access to space and privacy
- Persons living in 'severely' crowded dwellings.

Those with co-occurring health conditions are at the highest risk of developing severe cases of COVID-19. In our research over the last 15 years, we have illustrated time and time again the link between homelessness and health. In our report The State of Homelessness in Australia's Cities: A Health and Social Cost Too High we found the prevalence of chronic health conditions among the homeless population rough sleeping or in supported accommodation was well above the general Australian population. More than 8 years (2010-2017) of data was collected using the Vulnerability Index Service Prioritisation Decision Assistance Tool (VI SPDAT). Around two-thirds reported at least one chronic health condition, 16-22% reported that they have a heart condition, 7-9% cancer, 7-18% emphysema, and 24-35% asthma. Due to the chronic comorbidities already impacting the health of many of those experiencing homelessness, a new insult to their system with this novel virus would compound their morbidity, increasing their susceptibility to poorer health outcomes, including death, from COVID-19.

In addition to the elevated rates of mortality and chronic illnesses, homelessness for both young and old is associated with higher rates of psychological distress, depression, post-traumatic stress disorder, and anxiety. Our research on youth homelessness reveals very high rates of attempted suicide and self-harm in the youth homeless group. COVID-19 and the necessary social distancing and self-isolation policies act to heighten the adverse impacts from these mental health issues. Little or no immediate family support and much reduced or over-stretched formal support mechanisms mean that adverse impacts will not be adequately addressed.

In this CSI Homelessness and COVID-19 Response, we present policy and practice responses that would significantly reduce the impact of COVID-19 with respect to health, homelessness, and economic impacts. Some actions have already been undertaken while others have yet to be taken. We group these into three categories: **Prevent**, which is focused on identifying key cohorts at risk of homelessness and means by which their entry into homelessness could be avoided; **House**, centred on obtaining and sustaining appropriate housing for those currently homeless or at risk of homelessness; and **Support**, focused on increasing support to those who are homeless and funding homelessness and related services to provide this support.

PREVENT

1. Employment

Economists are now projecting that the unemployment rate in Australia will increase to well over 10% as a result of COVID-19; this puts Australia in a position as bad, but more likely worse, than the 1991 recession in Australia. One million Australians in total are projected to become unemployed within the next few months. Measures are already being taken in Commonwealth and State/Territory stimulus packages to support those becoming unemployed, prevent unemployment rising as much as possible, and keeping businesses, not-for-profit organisations and social enterprises as ongoing concerns. CSI supports action currently being taken by governments, the Reserve Bank and the financial sector to provide:

- Tax relief for businesses and social enterprises.
- One-off grants to NFPs, businesses and social enterprises.
- Increased access to (secured and unsecured) finance.
- Liquidity in money markets and historically low interest rates
- Increased income support to pensioners and beneficiaries (we applaud the recent increase in the Job Seeker Payment).

2. Housing and Social Security

In order to prevent homelessness among the newly unemployed, the [24.4% of employed Australians](#) that do not have paid leave entitlements, and the one-third of people currently in the private rental market that have previously been identified as being in [housing stress](#), we need direct policy action in the housing market beyond fiscal and monetary policy stimulus. CSI proposes that action be taken to:

- Introduce nationally consistent regulation to protect tenants in private rental and community housing against rent rises.
- Introduce a [government-imposed moratorium on evictions](#) (in the private market as well as in social housing) for the duration of the crisis to stop new entry into homelessness. The CSI applauds the NSW Parliament in banning evictions for renters in the COVID-19 Legislation Amendment (Emergency Measures) Bill 2020
- Remove current gaps in income support and reductions in wait times to access payments and extend exemptions from mutual obligation activities for Centrelink payments until the end of the crisis.
- Further funding of Centrelink telephone and web services (MyGov) to [meet the increased demand of people seeking access to unemployment benefits](#).

3. Mental Health

The stress and anxiety that we are all feeling will particularly affect those with existing mental health issues, as well as those with alcohol and other drug (AOD) issues. Exacerbation of these issues may impede people's ability to maintain their employment and housing. CSI proposes that action be taken to:

- Ensure that mental health and AOD services are connected to wraparound supports, and are vigilant of homelessness risk among clients and refer appropriately.

HOUSE

1. Rough Sleepers and those in Homelessness Supported Accommodation

116,000 Australians were homeless on Census night 2016. This includes 8,200 rough sleeping, 21,235 staying in supported accommodation for the homeless, and 17,725 staying temporarily with other households (with no usual address), 17,503 in boarding houses, and 51,088 living in severely overcrowded dwellings. These people are unable to adequately self-isolate, reduce exposure, and ‘flatten the curve’.

Homelessness services prior to COVID-19 were already over-stretched and couldn’t meet demand for accommodation, with approximately 3 out of 5 people who are homeless and seeking assistance unable to be housed. CSI proposes that action be taken to:

- Provide immediate additional funding support to homelessness services across all cohorts (women and men services, youth services and women’s refuges) to meet projected increases in demand; rapidly transition those without shelter or in supported accommodation into permanent housing, particularly vulnerable rough sleepers with high health needs.
- Convert vacant accommodation, including rental housing, hotels, motels, unused student accommodation, and office space, into temporary housing for the new entrants to homelessness to self-isolate with support.

2. Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander peoples account for 20% of the homeless population, according to the Census. CSI proposes that action be taken by governments and services to:

- Work directly with Aboriginal and Torres Strait Islander stakeholders in order to ensure that a proportion of the newly acquired temporary accommodation is culturally appropriate.
- Allocate a proportion of the newly acquired accommodation to Aboriginal and Torres Strait Islander peoples experiencing homelessness.

3. Women Experiencing Domestic Violence & their Children

It is predicted that women and children will face increased risk of violence in the home. It is critical at this time we support services working with women in the home including specialist services. Women on temporary visas experiencing violence and their children, for example, are particularly vulnerable. While national estimates of the size of this population are not available, a voluntary service snapshot in August 2018 found at least 387 women on temporary visas with more than 351 children or dependents experiencing violence accessing support services in Australia. The visa status of women in this cohort preclude a woman’s ability to access Centrelink, Medicare and social housing- all essential in preventing homelessness and COVID-19. CSI proposes that action be taken by governments and services to:

- Expand the eligibility for temporary accommodation, crisis accommodation, rental assistance, income support and social housing for all those not currently eligible but particularly for women on temporary visas experiencing violence and their children and dependents.
- Significantly increase funding to services supporting women and children experiencing family and domestic violence including specialist family violence services, the safe-at-home program and women’s refuges.

4. Young People

Schools, and in particular school counsellors and psychologists working with youth homelessness services, are key points of intervention for young people at risk of homelessness. With school shutdowns and diversions of resources to managing the COVID-19 crisis, at-risk young people increasingly face the prospect of falling through the cracks and into homelessness. CSI proposes that action be taken to:

- Resource schools to enable school psychologists and counsellors (or other school representatives) and provide immediate support to youth homelessness services to maintain communication with at-risk

students throughout shut downs through means such as SMS services, phone calls, and smart phone apps. Equipping students that face an immediate safety risk in their homes with tools that help them to stay at home where appropriate to help to prevent entry into homelessness and increased exposure to COVID-19 and to provide immediate safe and appropriate housing where it is not safe for young people to stay at home.

- Link at-risk students with youth homelessness services that can work to ensure that young people have safe places to stay.

4. ***Older Australians***

Many older people are not able to access mainstream crisis accommodation due to occupational health and safety risks (e.g. falls risks). In addition, many older people who are currently housed face difficulty accessing healthcare and basic essentials such as groceries, which can render their current housing circumstances untenable. CSI proposes that action be taken to:

- Flag all elderly people accessing Specialist Homelessness Services as at high risk for COVID-19, and prioritise services accordingly.
- Continue current Medicare funding of telehealth services, and expand this funding to allied health services for the elderly and other vulnerable groups.
- Continue prioritization of the elderly and other vulnerable groups in mainstream grocery delivery systems, and fund outreach and delivery services for not-for-profit food services such as Foodbank.
- Provide additional income support for carers of the elderly.
- Increase funding for healthcare services that help the elderly to stay in their homes, such as Silver Chain.
- Set up a Centrelink helpline specifically for the elderly, many of whom will have difficulty navigating online systems.

SUPPORT

The specialist homelessness service system was already operating well-beyond capacity prior to COVID-19, with homelessness services forced to turn away 254 people seeking assistance every day. The number of people experiencing homelessness and in need of assistance is likely to considerably increase under the impacts of COVID-19.

COVID-19 will not only increase the number of people seeking support from homelessness service providers, it will dramatically reduce their ability to provide it. Reports from services indicate that pressures of needing staff to self-isolate, a reduction in the number of volunteers and an inability to access essential supplies (such as food, sanitary items and medications) are impacting upon their capacity to provide support.

COVID-19 has necessitated the closure of many services and public places that homeless people relied on for social connection, leaving an already vulnerable group even more socially isolated. Many of these now-closed services together with community facilities that have been closed also provided hygiene services, such as showers, toilets and laundry services. Hygiene is essential to preventing COVID-19 spread and infection. CSI proposes that action be taken by governments to:

- Immediate increase in funding to the specialist homelessness service system across all cohort groups and other related agencies (AOD services, mental health services, emergency relief, and financial counselling) providing support to those at risk of and experiencing homelessness.
- Immediate increase in funding to frontline specialist homeless healthcare services to meet the immediate health needs of those sleeping rough and in supported accommodation who have long-term chronic illnesses
- Ensure coordination between supermarkets, emergency relief and emergency food services and specialist homelessness service system to ensure access to essential supplies.
- Recognise and support the homelessness service workforce as frontline emergency service workers, and assign them the same rights and benefits as other emergency services workers so that they can do the work that is needed to support the homeless.

Family and domestic violence (FDV) is the major driver of homelessness among women and children, and thus a significant driver of demand for Specialist Homelessness Services. Further, there is evidence that incidence of FDV rises during natural disasters, and emerging evidence that this has occurred in other parts of the world as a result of COVID-19. While social distancing may be the most effective way of limiting exposure to the virus, it also creates situations in which victims are not physically able to escape from perpetrators. CSI proposes that action be taken by governments to:

- Adequately fund women's refuges and domestic violence services to meet the additional demands they will face in coming months.
- Support women's refuges and other family and domestic violence emergency accommodation to stay open.
- Allocate a proportion of new accommodation acquired by state governments for COVID-19 purposes to those experiencing family and domestic violence.
- Resource hotlines and other virtual support avenues for those experiencing FDV.

IN SUMMARY

The economic and health risks and impacts of COVID-19 are not evenly distributed. Those experiencing and at risk of experiencing homelessness – particularly young people, including those in out of home care; those experiencing family and domestic violence; Indigenous Australians; and migrants without rights to work and healthcare – are at greater risk of exposure and more likely to develop severe cases of COVID-19. Policies that provide economic support to individuals and the service system are necessary to prevent a vicious cycle of increased homelessness and increased longevity and severity of the COVID-19 pandemic. In addition, creative use of vacant capital infrastructure, such as hotels, motels, office space and rental accommodation, can stem both homelessness and COVID-19.

ABOUT CSI

The Centre for Social Impact (CSI) is a national research and education centre dedicated to catalysing social change for a better world. CSI is built on the foundation of three of Australia's leading universities: UNSW Sydney, The University of Western Australia, and Swinburne University of Technology. Our research develops and brings together knowledge to understand current social challenges and opportunities; our postgraduate and undergraduate education develops social impact leaders; and we aim to catalyse change by drawing on these foundations and translating knowledge, creating leaders, developing usable resources, and reaching across traditional divides to facilitate collaborations.

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