

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 in terms of increased risk of exposure, greater likelihood of severe health impacts and elevated mortality rates. The economic and social 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 of increased homelessness and increased longevity and severity of the COVID-19 pandemic if policy levers across a broad range of domains are not fully utilised.

PREVENT, HOUSE, SUPPORT

The Centre for Social Impact (www.csi.edu.au) homelessness policy response to the COVID-19 disease is based on three key strategies:

- **Prevent** homelessness and the dire health consequences for the homeless from COVID-19.
- **House** those presently without any shelter or in insecure housing arrangements.
- **Support** those experiencing homelessness and those at risk of homelessness.

In our first [CSI COVID-19 Homelessness Response \(Statement 1\)](#) published on 26 March 2020 we set out a broad range of responses that we believed were needed to address the significant homelessness consequence of the COVID-19 pandemic. Since then, the National Cabinet, the Australian Government and State and Territory governments have agreed to a set of significant measures that are consistent with recommendations in our original *CSI COVID-19 Homelessness Response* and which, we believe, will act to significantly prevent homelessness and support those currently homeless and at risk of homelessness.

But more still needs to be done. Together we can significantly reduce the adverse public health and social consequences of the COVID-19 pandemic.

The COVID-19 Pandemic and Public Health responses

COVID-19 is one of the most dramatic public health crises we have ever experienced. Its reach is worldwide; its health impact severe. Many of those who are homeless, particularly those who have been rough sleeping for long periods, are far more likely than the general population to experience chronic illnesses and mental health conditions. They are at high risk of severe health impacts and mortality from COVID-19 and will need significant medical support during this period.

The strict social distancing, self-isolation, stay-at-home and border control and quarantine guidelines introduced across Australia are essential to curbing the spread of COVID-19 and reducing the burden impact of the pandemic on our health system and our frontline hospital and health staff.

Staying at home and self-isolation are fundamental measures in the fight against COVID-19, but these particular measures bring to the fore the fact that the COVID-19 pandemic and measures to combat it have very different impacts on different groups within Australia. How does one self-isolate if one does not have a home? Moreover, 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 may not have separate bathrooms and toilets or living areas?

In this *CSI COVID-19 Homelessness Response* (Statement 2) we address the issues that COVID-19 poses for homelessness and put forward an appropriate homelessness response. We commit to working across Australia with those experiencing homelessness, the homelessness sector and related services, and with governments to minimize the adverse effect of COVID-19 on people's lives and on homelessness outcomes.



Homelessness in Australia and the health consequences for the homeless of COVID-19

Homelessness is not simply defined as ‘rooflessness’ but also 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.

From a public health perspective, the living situations outlined above are conducive to disease epidemics. Many homeless people live in congregate living spaces (in supported accommodation arrangements, boarding houses, couchsurfing and even rough sleeping) with limited access to hygiene supplies, hand-washing or showering facilities, augmenting the risk of transmission of COVID-19. The homeless population tends to be more transient and geographically mobile than the general population, creating additional obstacles to public health priorities of contact tracing, prevention and treatment of COVID-19.

The homeless population faces both an increased risk of exposure to the SARS-CoV-2 virus and a high susceptibility to adverse outcomes of COVID-19 illness. People experiencing homelessness have poorer health outcomes than the general population, higher substance abuse rates (including needle sharing), higher rates of smoking (a risk factor for negative progression of COVID-19) and face barriers to healthcare access.

Those with co-occurring health conditions are at the [highest risk](#) of developing severe cases of COVID-19 illness. 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](#) which covered the experiences of more than 8,000 people sleeping rough or in supported accommodation and other forms of homelessness, 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 of the following chronic health conditions: 32.9% reported that they had asthma; 18.7% reported that they have a heart condition (heart disease, arrhythmia, or irregular heartbeat); 21.9% Hepatitis C; 15.8% liver disease, cirrhosis, or end-stage liver disease; 10.2% emphysema; 10.0% Diabetes; and 7.6% Cancer. Due to the chronic comorbidities already impacting the health of many of those experiencing homelessness, a new insult to their system with this novel SARS-CoV-2 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 (see, for example, our research on the [Michael](#) 2007-2010 and [MISHA](#) 2010-2013 projects in Sydney with Mission Australia, the [Journey to Social Inclusion](#) 2016- project in Melbourne with Sacred Heart Mission and with the [50 Lives 50 Homes](#) project with Ruah Community Services in Perth). [Our research on youth homelessness across Australia](#) revealed 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 COVID-19 Homelessness Response* (Statement 2), we present policy and practice recommendations that would significantly reduce the impact of the COVID-19 pandemic with respect to health, homelessness, and economic impacts; and ask what progress has been made in a short period of time by governments, homelessness support agencies and the community to address the dire homelessness consequences arising from the COVID-19 pandemic. Some significant actions have already been undertaken; others have yet to be taken and we can see gaps in the response to date. We group our Response strategies into three categories:

- **Prevent** the adverse health impacts of COVID-19 on those experiencing homelessness with a high health risk and stop entry into homelessness in the first place by identifying key cohorts at risk of homelessness and the means by which their entry into homelessness could be avoided;
- **House** in appropriate accommodation those currently homeless or those in high-risk current inappropriate housing and maintain safe and secure housing for those at risk of homelessness; and,
- **Support** those who are homeless across the various health, social and financial needs they face and provide additional funding to homelessness and related support services including drug and alcohol, community mental health, family and domestic violence, legal aid, emergency relief, and financial counselling support services to provide the additional support required.

PREVENT

Our Homelessness *Prevent* strategy involves preventing the dire health consequences of COVID-19 for those currently experiencing homelessness and stopping new entry into homelessness for those currently housed.

1. *Prevent adverse health impacts for those at high health risk currently experiencing homelessness*

The research evidence points to very high COVID-19 health risk among the homeless, particularly those who have been rough sleeping or moving between supported accommodation, rough sleeping, boarding houses for some time.

CSI proposes that action be taken to:

- Immediately increase in funding to frontline specialist homeless healthcare services to meet the health needs of those sleeping rough and in supported accommodation.
- Immediately house, including in unused hotel and motel accommodation if necessary, those sleeping rough who have long-term chronic illnesses.

Since our first [CSI COVID-19 Homelessness Response \(Statement 1\)](#) published on 26 March 2020 we have seen significant responses by State and Territory governments.

An example of an implemented response: The [Western Australian Government](#) has begun a Hotels with Heart pilot in which about 20 people sleeping rough are being moved in to Perth's Pan Pacific hotel to reduce the health risks for people experiencing homelessness.

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:

- Support community mental health, AOD and other community services to be vigilant of homelessness risk among housed clients and refer appropriately as well as provide additional support to those already homeless whose mental health and well-being will be affected during the COVID-19 crisis.



2. The economy, employment and social security

Economists project 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 may 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 going concerns.

CSI proposes that action be taken to:

- Provide tax relief for businesses and social enterprises.
- Provide wage subsidies to maintain employment for those currently employed.
- Provide one-off grants to NFPs, businesses and social enterprises.
- Provide increased access to (secured and unsecured) finance.
- Ensure liquidity in money markets and historically low interest rates.
- Increase income support to pensioners and beneficiaries.
- 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 fund Centrelink telephone and web services (MyGov) to [meet the increased demand of people seeking access to unemployment benefits](#).

Policy actions taken by the National Cabinet to address the adverse economic and employment impacts over the last week has been significant and are fully supported by the CSI.

An example of an implemented response: On 12 March 2020, the Federal Government announced it will provide an Economic Support payment of \$750 to existing and eligible payment recipients. On 23rd March, the Federal Government announced a \$550 fortnightly increase to unemployment payments for six months, taking the maximum base rate to \$1115.70. This coronavirus supplement will be paid to both new and existing recipients of the JobSeeker Payment, Youth Allowance Jobseeker, Parenting Payment, Farm Household Allowance and Special Benefit.

On 30th March, the Federal Government announced the introduction of the JobKeeper payment at a cost of \$130 billion. The payment will be open to eligible businesses that receive a significant financial hit caused by the coronavirus (including NFP and charities).

In spite of the major preventative economic, employment and social security actions, there remain significant gaps in the current economic and employment response. For example, not all businesses will be eligible to apply for JobKeeper payments and not all those who lose their work will be eligible for the JobSeeker Payment.

An example of a gap that needs to be plugged: Businesses which do not meet the thresholds of a significant adverse financial impact from COVID-19 will not be able to provide JobKeeper payments to employees. Many casual employees have not been employed in the same job for a year and they will miss out on JobKeeper payments.

An example of a gap that need to be plugged: [There are approximately 1 million people in Australia](#) on temporary visas (including many international students) who are excluded from accessing the new range of supplementary income support payments. Particular vulnerable groups in this category include [refugees and people seeking asylum](#). They will require immediate emergency relief support which agencies are not in a position to provide without a significant boost in funding.



CSI proposes that action be taken to:

- Introduce an interim universal basic income or guaranteed minimum income payment during the period of COVID-19.

3. Housing

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 and social security support.

CSI proposes that action be taken to:

- Introduce nationally consistent regulation to protect tenants in private rental and community housing against rent rises and support through rent reductions those facing financial hardship as a result of COVID-19 related outcomes.
- Protect mortgagees from foreclosure remedies by lenders for those facing financial hardship as a result of COVID-19 related outcomes.
- 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.

We have seen a significant policy response taken by the National Cabinet in relation to a government-imposed moratorium on evictions which is fully supported by the CSI as well as state and territory support measures for renters. The moratorium on evictions is not watertight and so there will be a need for legal aid centres to support those evicted because they can no longer pay their rent but who are provided with a false reason for eviction.

Case example of an implemented response: On 29th March, National Cabinet agreed to a moratorium on evictions over the next six months for residential tenancies in financial distress who are unable to meet their commitments due to the impact of COVID-19. This is a significant and welcomed commitment. However, the announcement appears to only cover tenancies in financial distress due to the impact of coronavirus. During this crisis, any evictions run the risk of tenants being pushed into homelessness and thus increasing risks of obtaining COVID-19. The NSW Parliament banned evictions for renters in the COVID-19 Legislation Amendment (Emergency Measures) Bill 2020.

Case example of an implemented response: The Victorian government has announced an increase to Housing Establishment Fund (HEF) and Private Rental Assistance Program (PRAP) funds. These programs provide funds to private and social housing tenants to assist in covering the cost of rent.

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'.

There is also concern that rough sleepers may be targeted for infringements [for failing to comply with public health orders](#) being adopted to enforce social isolation.



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 as much as is possible, 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 provide housing with support.
- Ensure rough sleepers receive exemption from public health orders and ensure enforcement officers are made aware of this exemption.

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 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.

An example of a gap that needs to be plugged: There has been no national plan announced to provide specific culturally safe and appropriate housing and support options for Indigenous people.

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 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.



Case example of an implemented response: On 29 March, the Federal Government announced \$150 million will be provided to support Australians experiencing domestic, family and sexual violence due to the fallout from coronavirus. The funding will boost programs under the National Plan to reduce Violence against Women and their Children. COAG Women's Safety Council will discuss with the states and territories how to best deliver this funding to support local responses to this issue.

4. Children and Young People

At the time of the [2016 Census](#), young people aged 12 to 24 years comprised nearly one-quarter of those in supported accommodation for the homeless and 16% of persons staying temporarily in other households or couch surfing (an estimate the Australian Bureau of Statistics accepts is likely to significantly underestimate the true level). The vast majority of young people who are homeless are not on the city streets but out in the suburbs and are often invisible to the general community and policy makers. The youth and children homelessness cohort is currently being under-represented in discussions of a COVID-19 homelessness response.

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:

- Develop a national COVID-19 youth homelessness response to meet the needs of young people homeless and at risk of homelessness.
- 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.

An example of a gap that needs to be plugged: There has been no national plan announced to support school students who are currently couch surfing and sleeping rough or more generally a youth homelessness strategy in relation to COVID-19.

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. Additionally, ensure that these groups have access to the technology that is required to receive telehealth services.
- 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 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.
- Recognise the very different needs of those experiencing homelessness in different settings and cohorts so that specific programs and policies are developed for the youth homelessness sector, women's refuges and support services, and men's and women's supported accommodation.
- Ensure coordination between supermarkets, emergency relief and emergency food services and specialist homelessness service system to ensure access to essential supplies.
- Support legal aid and justice connect to meet the needs of those currently homeless and those at-risk of homelessness particularly around the maintenance of housing.
- Recognise and support the homelessness service workforce as frontline essential and 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.



Case example of an implemented response: On March 25, the Queensland Government announced investment in a \$24.7 million 8-point housing and homelessness plan in response to COVID-19. It includes funds to ensure safe accommodation for vulnerable and homeless Queenslanders needing to self-isolate, brokerage funds for specialist homelessness services to provide crisis accommodation, increased outreach capacity for homelessness service providers, funding to cover replacement staff, cleaning of shelters and funds for the purchase of cleaning equipment and PPE, enhancing the Home Assist Secure program to provide support for older Queenslanders and people with a disability who need essential supplies and services and expanding access to private market support products for people who face economic hardship from coronavirus.

Case example of an implemented response: The Victorian Government has set aside \$6 million state-wide, to provide additional resources to find temporary housing and funding towards private rental brokerage for people at risk of becoming homeless. Some rough sleepers have been moved into motels and plans are made to quarantine those suffering from COVID-19 already

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 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 increased funding to homelessness and related 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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