

## Ending Homelessness for Veterans - VITAL

This paper proposes that the Commonwealth establish a new grant program Veterans in Transition - Affordable Living (VITAL) to pilot the housing first approach to ending chronic homelessness for veterans.

### Why a focus on veterans?

Firstly, we acknowledge that the overwhelming majority of retiring Australian Defence Force (ADF) members successfully transition to civilian life. However, for some time there has been concern about the extent of homelessness amongst the veteran community. In the absence of robust information, the Department of Veterans' Affairs (DVA), commissioned AHURI to examine the extent and nature of homelessness amongst former ADF members.

The research using information from DVA and Defence-funded administrative and survey sources, clearly demonstrates that for some veterans, a successful transition process would be enabled by targeted accommodation linked to specialist support services.

- **Veterans are at higher risk of homelessness** - 5.3% of recently transitioned ADF population (equating to 5767 individuals) experienced homelessness in a 12-month period. This compares to 1.9 per cent in the general population.
- **Veterans are more likely to be homeless for longer** - Half are estimated to be homeless for over four weeks in any one homeless 'episode'. Of these approximately 1440 or a quarter are described as chronically homeless.
- **Veterans are less likely to access mainstream services** - only 39% of recently transitioned ADF members who reported experiencing homelessness had sought assistance from mainstream homelessness service organisations, citing a number of barriers to access. Those who had sought help reported high rates of dissatisfaction with the services provided.
- **Different factors place veterans at risk of homelessness** - veterans are at higher risk of homelessness where there has been higher levels of psychological distress during service, relationship breakdown and unemployment following transition. These factors differ to other homeless populations and require a specialist response.

While the research is unable to provide a geographical breakdown for veterans' homelessness, more detailed analysis will be available through the 2021 Census, which will include a question on whether an individual is or has served with the ADF.

More recently the preliminary [report](#) from the Interim National Commissioner for Defence and Veteran Suicide Prevention has highlighted the correlation between veteran homelessness and veteran suicide. VITAL is consistent with that report's recommendation 9.4 to increase veterans' housing options.

## Suitable accommodation options for homeless veterans are in short supply

As most retiring ADF personnel are well-placed to secure suitable accommodation, housing assistance has not been a priority for transition programs. DVA offer a wide range of support and health services to veterans in need, however, they are not responsible for the provision of safe, secure and affordable housing. Apart from one off support for a veterans' accommodation project or time limited rental assistance, there has been no concerted attempt to tackle the housing needs of veterans who are homeless or at risk of becoming homeless.

Most of the few housing projects specifically targeted at the veteran community have been initiated primarily by non-government veterans' services and / or community housing organisations (CHOs). The majority have been designed to meet crisis or short-term needs (up to three months) through to medium-term accommodation of up to 18 months. These projects have demonstrated the positive outcomes to be achieved through the provision of supportive accommodation, including enhanced mental health and wellbeing and employment. They have also highlighted problems where longer term move on housing is lacking.

Affordable rental housing in Australia is in short supply. The independent [review](#) of the National Housing Finance and Investment Corporation (NHFIC) is the latest report to quantify the considerable shortfall. Social housing waiting lists are lengthy. Single veterans are unlikely to be eligible for social housing and if they are, they are unlikely to be prioritised for housing due to their higher level of income support.

While CHOs have expressed interest in providing accommodation, they are generally unfamiliar with veterans' needs and few have the formal links with DVA services and support needed to ensure positive outcomes.

## Towards a Housing First approach

Housing First originated in the United States as a program to end homelessness for chronic rough sleepers. The distinguishing feature of the Housing First approach starts with the provision of permanent housing linked to treatment and support services. For Housing First to work, permanent housing is complemented by the provision of services to assist each individual to sustain their housing and work towards recovery and reintegration into the community.

Housing First proponents also argue that the approach leads to broader savings in the health and justice service systems and this has been proven in Australian studies. For example, [AHURI research published in 2016](#) clearly demonstrated that providing housing or homeless people in Western Australia saved the health system \$4,846 per person per year, mainly through people spending fewer days in hospitals and psychiatric care. Supported accommodation programs for people experiencing homelessness also led to an average of [\\$2,397 in reduced costs for the justice system](#) (e.g. reduced prison time and engagement with police).

Housing First is the fundamental platform for the US Government's response to veteran homelessness. From 2009 to 2019, veteran homelessness in the US [decreased by 50 percent](#) as a direct result of funding for housing first programs.

[Research](#) for CHIA shows that there are savings to governments from investing in housing. For example, the report author estimates there are savings to health budgets equivalent to half the cost of supplying an affordable housing unit, where a homeless person is accommodated with support services.

Positively, DVA already provide a wide range of specialist support services through Open Doors and the Client Support and Engagement Division. These services are not necessarily time limited. Therefore, a fundamental component of the housing first model – wrap around services is already available.

## The response - VITAL - a new housing first grant program for veterans

### Who Vital Could Assist?

**Resident K** is an indigenous woman from WA, who served in the Navy and deployed on Operation Resolute.

Resident K has a chronic history of drug use, Resident K became homeless after being temporarily evicted from a DVA funded residential drug and rehabilitation program,

RSL Care SA agreed to provide accommodation through ARVL to enable her to stabilise and address issues. While not entirely straightforward Resident K did return to VR and successfully completed the entire 90-day program.

On completion of the VR residential phase Resident K returned to ARVL where she remains in the homeless veteran accommodation. Having a home has provided the stability that has contributed to her wellbeing and she has been clean of drugs for the past 7 months.

She will remain with the ARVL program until such time as a community housing tenancy home becomes available in Adelaide.

We are proposing that the Commonwealth Government establishes a new ***\$30M grant pilot program to support innovative housing first accommodation options for veterans*** who are homeless or at imminent risk of becoming homeless.

The pilot program would:

**Drive innovation** – VITAL would serve as a demonstration initiative testing the housing first model as a response to veterans’ homelessness – a first of its kind for the country. The implementation and outcomes from the program will be subject to ongoing independent assessment and this will help to build the evidence base for housing first programs across Australia.

**Deliver targeted housing supply** – Like the successful DSS Safe Places DFV initiative and the NSW [Community Housing Innovation Fund \(CHIF\)](#) an upfront capital grant would be provided to support the development of affordable housing for veterans. VITAL will encourage flexibility in the provision of permanent accommodation either in scattered sites or through a specific development, to test different housing models and outcomes. The program will be structured to deliver a pilot in each State and Territory to test outcomes across the country.

**Incentivise co-contributions** – The program would be designed to incentivise contributions from State and Territory governments, local government and philanthropic sources. Co contributions to the CHIF for example represented 62% of the total project funding. By directing funding through registered CHOs, the initiative can leverage financing vehicles (specifically the NHFIC) available to the sector to maximise housing delivered.

**Build on local partnerships and existing programs** – The funding will be directed to initiatives that link new

affordable housing delivered by community housing providers with services designed to support

veterans. VITAL will enhance partnerships between veterans, in-reach programs, DVA, and community housing organisations. Proposals will actively involve DVA's specialist support provision to enable wrap around and in-reach service provision. Importantly the pilot will maximize the benefit of existing programs that support veterans, by providing the accommodation stability necessary to enable these programs to be delivered to best effect.

**Improve sector capacity to respond to veteran's homelessness** – We will require that participating community housing providers are signed up to achieving accreditation against the veteran's housing standard currently being developed by CHIA.

**Test the evidence base** --An evaluation, based on assessing the cost effectiveness of the housing first model for veterans will be established. The implementation and outcomes from the program will be subject to ongoing independent assessment and this will help to build the evidence base for housing first programs across Australia.

## Conclusion

The pilot would be the first of its kind for Australia. It would support CHOs to acquire the knowledge and develop the skills to effectively respond to veterans in their role as landlords. It would leverage community housing expertise in property development and their access to NHFIC funding. Importantly it will build and strengthen local partnerships between community housing providers and veteran's services to improve housing outcomes and end homelessness for veterans.

By including a project monitor the implementation and outcomes as the program is delivered, there will be scope to learn from experience and adjust both VITAL and associated support and health services to deliver outcomes. Lessons can also be used to inform Housing First initiatives for other homeless populations.

## Contact

Wendy Hayhurst, CEO CHIA  
[Wendy.hayhurst@communityhousing.com.au](mailto:Wendy.hayhurst@communityhousing.com.au)

## Who Vital Could Assist?

**Resident B** served in the Navy deploying on Op Render Safe. He found employment after the ADF but an undiagnosed PTS disorder, contributed to a conviction for serious assault. In the last months of imprisonment his mental health condition led to him being accommodated in a high dependency unit. On release he was under an Extended Supervision Order. With no accommodation to go to it was the intervention of RSL Care SA who worked closely with SA Corrections to address this issue, through providing ARVL accommodation. During the weeks leading up to his release and continuing at ARVL, Resident B has been closely supported by DVA's *Open Arms* through their Assertive In-Reach Program, which has also enabled Pop Up Community Care to get involved in supporting Resident B from a community health and wellbeing perspective. A number of other ex-service organisations are also actively involved in supporting Resident B while he is living at ARVL, demonstrating just how effective the 'housing first' solution is in then enabling different veteran-based organisations to maximise the impact they can generate through their existing programs.

Nathan Klinge, CEO RSL Care SA  
[Nathan Klinge <nklinge@rslcaresa.com.au>](mailto:Nathan.Klinge@rslcaresa.com.au)