



**Community Housing**  
INDUSTRY ASSOCIATION

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# Submission

## Royal Commission into Defence and Veteran Suicide

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## Introduction

**The Community Housing Industry Association (CHIA) is the peak body representing not for profit community housing organisations (CHOs) across Australia. Our 150+ members manage a \$40 billion-plus portfolio of more than 115,000 homes, housing people on low and moderate incomes who find it hard to access affordable and appropriate homes in the private market either to buy or rent.**

Thank you for the opportunity to make a submission to the Royal Commission (Commission). Our organisation does not claim to have specific expertise about the *'risk factors, trends, and evidence-based prevention strategies and interventions that could address defence and veteran suicides'*. However, participation in a workshop to consider the findings from an Australian Housing Urban Research Institute (AHURI) project on veterans' homelessness in August 2019, led to CHIA being commissioned by the Department of Veterans' Affairs (DVA) to enhance assistance provided to ex-services personnel by community housing organisations. It is the relevant lessons from this work, together with the conversations and interactions with ex service organisations (ESOs) and DVA personnel providing support to veterans that CHIA wishes to share with the Commission.

As an organisation representing agencies that accommodate some of Australia's most vulnerable groups, we are highly aware of the fundamental importance of secure, appropriate affordable housing to general wellbeing. This is explicitly acknowledged by DVA in its Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023<sup>1</sup>. However, that plan contains not one example of service or support offered to veterans to assist those experiencing or at risk of homelessness or in housing stress.

## KEY POINTS

There is considerable evidence demonstrating the link between housing stress and suicide risk.

Recent peer reviewed Australian research estimates that over 5500 contemporary veterans experience homelessness in any one year

Housing assistance specifically designed and available for veterans is limited and has been driven by non-government actors.

However, there is a growing recognition (incl. from the Interim National Commissioner for Defence and Veteran Suicide Prevention) that a more strategic approach to addressing housing stress is needed.

Solutions include Federal government investment in housing for the most vulnerable veterans, policy and practice improvements, and a cross sector taskforce to implement change.

The good news is that there are project examples to build on and their cost is relatively small.

<sup>1</sup> [Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023 \(dva.gov.au\)](https://www.dva.gov.au/veteran-mental-health-and-wellbeing-strategy-and-national-action-plan-2020-2023)

In this short submission we identify the research that explains the relationship between homelessness / housing stress and the risk of suicide amongst veterans and, also highlight more general research that demonstrates the positive role that housing assistance can play in preventing suicide or, as part of a response to a mental health condition.

We then touch on what is known about veterans' housing circumstances in Australia before explaining the current opportunities for those individuals who are unable to secure housing to buy or rent via the market.

We also explain the 'Housing First' approach and why we believe it should be adopted by the Australian Government as a response to veterans' homelessness.

We then consider lessons from our DVA-funded project and identify actions to improve veterans' housing outcome at relatively little cost. These include small scale administrative measures, data collection enhancements and improving connections between housing and veterans support services.

In this submission we use the term housing stress to refer to homelessness, precarious housing circumstances likely to lead to homelessness or unsuitable housing detrimental to health or wellbeing. Our concern is that the impairment to veterans wellbeing<sup>2</sup> that can result from housing stress is not accorded due priority or resources. We recognise that DVA is constrained by the limitations on its responsibilities in terms of accommodation provision. However, this does not prevent it collaborating with the Department of Social Services (DSS), State and Territory governments, and not for profit organisations to develop a response to veterans homelessness as part of its aforementioned National Plan.

## About Community Housing

Community housing organisations (CHOs) are charitable ACNC registered entities that own and/or manage low rent accommodation for vulnerable Australians. Nationally, there are over 350 CHOs, although around 100 manage 96% of the total community housing dwellings. These larger CHOs are diverse in size and scope of activities, ranging in size from over 11,000 homes under management to fewer than 100. They provide social housing which is typically targeted at households in the bottom income quintile. Rents are set at a proportion of income (25-30%) and, unsurprisingly, to develop and maintain this housing requires significant subsidy from the Commonwealth and/or state/territory governments. Some CHOs also provide affordable rental housing. This is usually but not exclusively targeted at low waged households (sometimes referred to as key workers) in the second income quintile. Rents are set at a discount to market rents, usually 74.9% or below.

CHOs must be registered in one of three community housing regulatory schemes – the National, Victorian or WA schemes. This means the organisations must meet service delivery, governance and financial viability standards. For the larger CHOs their performance against these standards is assessed annually and except in WA the outcome is published.

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<sup>2</sup> Note that while homelessness is often examined as a predictor of suicide risk, housing stress more generally can increase risk [National suicide prevention adviser - Compassion first final advice \(health.gov.au\)](https://www.health.gov.au/resources/publications/national-suicide-prevention-adviser-compassion-first-final-advice)

Some CHOs specialise in providing housing to particular population groups – people with disability, older people, single women or the formerly street homeless. All need to demonstrate they can manage tenancies occupied by people with complex conditions and are expected under the regulatory regimes to have systems in place to procure and work with specialist support providers.

The number of veterans currently living in community housing is unknown due to the absence of data discussed later in the submission, and arguably because veterans’ housing needs have not been prioritised. Two CHOs – Westside Housing in Adelaide and Housing Choices Australia (HCA) in its Melbourne arm – have developed housing specifically for veterans. This has come about through relationships established by Westside and HCA with ex service organisations (ESOs) Through the project CHIA has undertaken for DVA other CHOs have also started to explore what housing options they can offer. Clearly what - particularly how much - is offered will depend on the resources the Commonwealth Government in particular, provides to help develop new housing for veterans.

The mainstream community housing sector has more than doubled in size over the past decade and now represents close to 25% per cent of the social housing sector and four per cent of all rental housing stock. This has enhanced supplier competition and increased choice for low income tenants. Through leveraging its own capital and via public housing transfers, the sector has shown it can manage large-scale financing arrangements and undertake significant property development in partnership with private finance providers.

CHOs are eligible for a range of tax concessions (on for example land tax and GST) that apply to both their procurement and operating costs and thus reduce cost of housing development. The not for profit business model also retains any surplus in the business for use on additional services or further development.

## Housing Circumstances and Mental Health

### Evidence linking Veterans’ Mental Well Being to Poor Housing Circumstances

The preliminary report<sup>3</sup> from the Interim National Commissioner for Defence and Veteran Suicide Prevention highlighted the relationship between homelessness and poor mental health and, the potential risk of suicide. This was informed by evidence from both academic research and roundtables held with mental health professionals, support organisations.

The Commissioner drew on a literature review<sup>4</sup> prepared by Phoenix Australia for the Australian Commission on Safety and Quality in Health Care, to examine and assess ‘*current research and grey literature available on the risk factors, trends, and evidence-based prevention strategies and interventions related to Defence Force and veteran suicides.*’

Amongst its findings the Review noted that recently transitioned ADF members were at increased risk of suicidality ‘*where financial strain or housing instability are present*’. Hilferty et al., 2019 who examined the

<sup>3</sup> [Preliminary Interim Report: Executive Summary \(nationalcommissionerdvsp.gov.au\)](http://nationalcommissionerdvsp.gov.au)

<sup>4</sup> Jones, K., Varker, T., Stone, C., Agathos, J., O’Donnell, M., Forbes, D., Lawrence-Wood, E. & Sadler, N. (2020). Defence Force and Veteran suicides: Literature review. Report prepared for the Australian Commission on Safety and Quality in Health Care. Phoenix Australia – Centre for Posttraumatic Mental Health: Melbourne. (<sup>4</sup> [Defence and Veteran Suicides Literature Review \(nationalcommissionerdvsp.gov.au\)](http://nationalcommissionerdvsp.gov.au))

experiences reported by ex-ADF members found that those who *'had become homeless within the past year were significantly more likely to report experiencing at least one form of suicidality (in the form of suicidal thoughts, suicide plans and attempts) in the past twelve months (66.7%) than those who had not experienced homelessness within the past year (27.8%)'*<sup>5</sup>. The same study also identified the factors that placed veterans at risk of homelessness - these included having experienced high levels of psychological distress during service, as well as relationship breakdown and unemployment following transition to civilian life. While it is true that some of these factors are present in all homeless populations, there are significant differences that call for a specialist response.

US veterans research supports these findings with economic factors such as housing instability and financial stress being key predictors of suicide ideation in ex-serving members. Specifically, Tsai, Trevisan, Huang, & Pietrzak, 2018<sup>6</sup> found that *'any lifetime homelessness was also associated with higher rates of suicide ideation in the past two weeks (19.8% vs. 7.4%), suicide attempts in the past two years (6.9% vs. 1.2%), and lifetime suicide ideation and attempts (44.6% vs. 17.0%) compared to veterans who had never experienced homelessness among US veterans.'*

In previous Australian studies and Inquiries including Hilferty et al 2019, stresses associated with the transition period from service have been found to potentially lead to a greater risk of suicide. Housing instability is one of the factors associated with increased suicidality.

That housing stress is associated with suicide risk is unsurprising. As the authors of the Phoenix Australia literature review note the *'risk factors for suicide, self-harm and problematic transitioning back into civilian life mirror some of the well documented risk factors for homelessness, including trauma, post-traumatic stress disorder (PTSD), untreated mental health conditions, and alcohol and other drug use'*.

The research findings are echoed by both participants in the roundtables held by the Interim National Commissioner and the experience of agencies working with homeless veterans. Participants in the mental health professionals round table<sup>7</sup> identified housing issues among various factors that can contribute to ex ADF members *'experiencing mental health issues or succumbing to alcohol and drug addiction'*. RSL Care SA which operates the Andrew Russell Veterans Living Project - ARVL (accommodation for veterans experiencing or at risk of homelessness) and with whom CHIA have collaborated have recorded that amongst those individuals they have assisted in emergency accommodation approximately 50% have reported suicide ideation and 16% have attempted suicide<sup>8</sup>.

While links have been drawn between homelessness and veteran suicide risk, there has been less focus on how to relieve housing stress and, the positive impacts this could have in preventing future incidents, how it could form part of an early intervention response, or how the provision of safe and secure housing (where it is absent) would support (arguably is essential to successful) recovery programs.

The National Suicide Prevention Adviser to the Prime Minister, recommended in her final advice that there needed to be policy responses that improved security and safety. She deserves to be quoted in full, *'while*

<sup>5</sup> Hilferty, F., Katz, I., Zmudzki, F., Hooff, M., Lawrence-Wood, E., Searle, A., Evans, G., Challinor, B., and Talbot, A. (2019) *Homelessness amongst Australian veterans*, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/research-papers/homelessness-amongst-australian-veterans>

<sup>6</sup> [appi.ps.201700482 \(psychiatryonline.org\)](https://doi.org/10.1177/00004543201700482)

<sup>7</sup> [Combined Summary of Round Tables with Mental Health Organisations \(nationalcommissioner.gov.au\)](https://www.nationalcommissioner.gov.au/combined-summary-of-round-tables-with-mental-health-organisations)

<sup>8</sup> Unpublished program report

*each person's experience of suicidal distress is unique, the social, economic and physical environments in which we live also shape suicidal behaviours. The relevant factors are frequently in the social determinants of health and wellbeing and include economic, employment and housing security; safety from violence, abuse and discrimination; and social connection and participation in community life. An important component of suicide prevention therefore involves governments delivering on their core business by providing people with good access to basic supports, services and resources, addressing security and safety, and investing in programs that support wellbeing<sup>9</sup>.*

## Housing and Mental Health

The report<sup>10</sup> 'Trajectories: the interplay between housing and mental health pathways' a collaboration between AHURI and Mind Australia, is a comprehensive examination of how access to suitable housing impacts on mental wellbeing. While the research does not specifically consider suicide risk its findings are, we believe, clearly relevant to this Inquiry.

The research found that in the year following a diagnosis of poor mental health, the likelihood of forced moves – evictions or exclusions from an existing home increased by 39%. Over the same period the incidence of financial hardship, also increased by 89% hampering the ability to either secure or sustain a home. While the link between mental ill health and homelessness is well known, the research also indicates the degree to which homelessness can itself lead to mental health disorders. It found that *'31 per cent of homeless Australians experience a mental health issue, but that only 15 per cent had a mental health issue prior to becoming homeless.'*

The research found that *'safe, secure, appropriate and affordable housing'* is also necessary for recovery from mental ill-health. It identified that the *'ability to access housing with stable tenure allows people the capacity to focus their attention on mental health treatment and rehabilitation, which would previously have been directed toward finding a home'*.

These findings are supported by work done for CHIA to assess the benefits of providing social and affordable housing. Nygaard, 2019<sup>11</sup> reviewed the literature around housing/tenure stability and mental health and found *'considerable evidence of housing affordability and/or quality and various mental health related indicators is strong. One example quoted in the report' Brennan and Galvez (2017), found "'housing insults" (i.e. losing a home)..... strongly correlates with the incidence of clinical depression'*.

The AHURI and MIND Australia work also stresses the importance of security of tenure / occupation. They point out that people with mental ill-health often *'experience non-linear trajectories'* - i.e. that recovery is not necessarily a steady progressive process. Short term / time-limited housing programs may be useful in responding to a crisis, but these are not sufficient to support long term recovery.

<sup>9</sup> [national-suicide-prevention-adviser-final-advice-executive-summary.pdf \(health.gov.au\)](https://www.health.gov.au/national-suicide-prevention-adviser-final-advice-executive-summary.pdf)

<sup>10</sup> Brackertz, N., Borrowman, L., Roggenbuck, C., Pollock, S. and Davis, E. (2020) *Trajectories: the interplay between mental health and housing pathways*, AHURI Research Paper, Mind Australia, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/research-papers/trajectories-report>.

<sup>11</sup> [Social-and-affordable-housing-as-social-infrastructure-FINAL.pdf \(communityhousing.com.au\)](https://www.communityhousing.com.au/social-and-affordable-housing-as-social-infrastructure-FINAL.pdf)

## Veterans Housing Circumstances

CHIA acknowledges that the overwhelming majority of retiring Australian Defence Force (ADF) members successfully transition to civilian life and secure suitable accommodation. However, for some time there has been concern from advocates about the extent of homelessness and severe housing stress amongst the veteran community. This is part of a wider and well-recognised understanding that many forms of ‘institutional discharge’ create homelessness risk.

Reliably estimating the extent of homelessness involving veterans has been difficult. The Census is the prime information source for measuring the incidence of homelessness in Australia. Unfortunately, until the 2021 Census (yet to report) there was no question asking whether an individual was or had served with the ADF. This absence of robust national data to estimate the magnitude, geographical footprint, and nature of veterans’ homelessness in Australia has arguably contributed to the invisibility and thus lack of action to tackle the issue.

Compounding the absence of data was (at least in the past) a misunderstanding in DVA about the definition of homelessness used by the ABS and all other government agencies. At the hearing of the 2016 Senate Foreign Affairs, Defence and Trade Committee, Inquiry into the Mental Health of Australian Defence Force members and veterans<sup>12</sup>, DVA explained that it had reduced its 2009 estimate of 3,000 homeless veterans, to 300 in 2015 because the first number was not exclusively composed of rough sleepers, including for example those couch surfing. In reality, the population sleeping rough on any given night is a subset of a much larger body of people without secure accommodation (including couch surfers), many of whom will experience rough sleeping on one or more occasions during any given time period (e.g. a month). Recognition of this reality is acknowledged in Australia’s official (ABS) definition of homelessness which encompasses situations of extreme housing stress and insecurity as well as street homelessness.

The 2016 Senate Inquiry report did, however, prompt DVA to commission the Australian Housing and Urban Research Institute (AHURI) in 2016 to ‘*develop a research study to that will lead to a clearer understanding of the scale, location and nature of veterans homelessness.*’<sup>13</sup>

Using the results from the DVA’s Transition and Wellbeing Program survey, (for those transitioned from the ADF between 2010 and 2014), Hilferty et al 2019<sup>14</sup> estimated that over a 12-month period, 5.3% or 5,767 of all recently transitioned (contemporary) ex-service men and women will experience homelessness. This compares to 1.9% in the general population.

Half of these individuals are estimated to be homeless for over four weeks in any one homeless ‘episode’. A quarter are described as chronically homeless defined as four or more months of homelessness in a 12-month period. Overall, the strongest risk factors for veteran homelessness were higher levels of psychological distress during service, relationship breakdown and unemployment following transition.

<sup>12</sup>[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Foreign\\_Affairs\\_Defence\\_and\\_Trade/ADF\\_Mental\\_Health\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/ADF_Mental_Health_Report)

<sup>13</sup>[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Foreign\\_Affairs\\_Defence\\_and\\_Trade/ADF\\_Mental\\_Health/Government\\_Response](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/ADF_Mental_Health/Government_Response)

<sup>14</sup> Hilferty, F., Katz, I., Van Hooff, M., Lawrence-Wood, E., Zmudzki, F., Searle, A., Evans, G. (2019) *Homelessness amongst Australian veterans*, AHURI Research Paper, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/research-papers/homelessness-amongst-australian-veterans> .

Veterans were also found to be less likely to access mainstream services - only 39% of recently transitioned ADF members who reported experiencing homelessness had sought assistance from mainstream specialist homelessness service organisations, citing a number of barriers to access. Those who had sought help reported high rates of dissatisfaction with the services provided. While the Specialist Homelessness Service (SHS) data collected by the AIHW 2019-20<sup>15</sup>, indicated that around 1,400 current or former ADF members were assisted by specialist homelessness service agencies in Australia is useful, this is an unreliable estimate of the numbers of homeless veterans because it will not capture homeless individuals who do not use these mainstream services.

The most compelling information source about veteran housing circumstances that provides a more granular insight into its nature comes from (primarily) ESOs that have set up accommodation programs to assist homeless veterans. CHIA has been given permission by RSL Care SA that has operated Andrew Russell Veterans Living (ARVL) since 2016 to quote from their latest unpublished program report.<sup>16</sup> They operate both short term emergency accommodation and longer term affordable housing. While the information is not claimed to be representative of the national circumstances in the absence of other data it can guide possible responses.

Focusing on the last two years, applicants for the emergency accommodation were as likely to be at risk of homelessness (defined as losing their accommodation within 28 days) as presently homeless. This 'at risk' category included not just imminent eviction, but discharge from institutions such as a health facility or prison. Those who were already homeless were more likely to be sleeping in a vehicle, couch surfing or staying in a motel than on the street. There were also a minority in unsuitable accommodation (in terms of its price, condition etc.) where there was a distinct risk that the situation might escalate and the veteran become homeless.

Confirming the AHURI research findings, very few referrals to ARVL came from mainstream homeless services – fewer than 5%. A quarter came from a specialist veteran mental health facility, and just under 20% were self- referrals typically after the individual had been told about the accommodation by someone familiar with ARVL. Indicating the possibility for system improvements was that in two cases, individuals had been released from prison into ARVL accommodation. 13% of ARVL's emergency accommodation applicants are women, a number having experienced sexual abuse during service.

Overwhelmingly (89%), of those housed by ARVL's emergency accommodation had been diagnosed with a mental health condition. Sixteen percent had attempted suicide in the past 12 months, and 52% admitted a history of substance misuse. Of the 46 veterans who left ARVL's emergency accommodation, most (39 or 85%) moved to secure long term accommodation. Of these, 23 moved into social or affordable rental housing, including community housing provided by Westside Housing<sup>17</sup> indicating that long term housing assistance as well as emergency programs are needed.

Westside Housing has been providing homes to veterans since the 1990s when it managed ten homes on behalf of the Poppy Day Trust. These homes were subsequently transferred to Westside through RSL Care SA to become the foundation for a larger veteran's housing program, with Westside acquiring a further 22

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<sup>15</sup>[Use of homelessness services by contemporary ex-serving Australian Defence Force members 2011–17, Summary of findings - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

<sup>16</sup> [RSL Care SA ARVL Housing | RSL Care SA](#)

<sup>17</sup> <https://westsidehousing.org.au/housing-for-veterans/>



units. As with ARVL, Westside Housing's referrals rarely come through traditional social housing / homelessness pathways. ARVL and Jamie Larcombe Centre for veteran's mental health are the major source of referrals.

Westside's accommodation program has been designed to respond to veterans' needs, one example being that individuals people can leave if they need to access more intensive services for a while, but with a commitment they can return when they are ready, without lengthy delays to familiar surroundings. Westside has relationships and support from AVRL, Open Arms and informal support from more settled veteran residents. They have also developed their own tailored tenancy management approach to make this model work.

They report a significant change is occurring in the community they are housing over the past three years. More have complex needs, and increasing numbers of younger veterans and women (40% of the total) are moving in.

ARVL also runs a long term housing program. It is notable that many residents are from an older generation - the average age is 63 and most do not move on into market housing.

## Calls for Action to Address Veterans Homelessness

There is a growing consensus that action to respond to veterans homelessness / housing stress is required. The 2016 Senate Committee into Veterans Mental Health was so impressed by the Homes for Heroes<sup>18</sup> program set up by RSL LifeCare in NSW – perhaps the first veteran specific housing service – they recommended that *'the Department of Veterans' Affairs work together with the Department of Human Services and RSL Lifecare to develop a program to address veteran homelessness based on the Homes for Heroes 'housing first approach' and focus on ongoing psychosocial support'*.

The Interim National Commissioner for Defence and Veteran Suicide Prevention devoted a chapter in her report to homelessness and made a series of practice and process improvement recommendations together with one to increase provision i.e. *'funding from the Australian Government and state and territory governments should be made available to support appropriate community projects that provide crisis, short-term and long-term housing for veterans and families so as to avoid veteran homelessness'*.

The House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into homelessness in Australia in its report<sup>19</sup> also identified that veterans homelessness was not receiving the attention it merited.

There has been no national plan to systematically tackle veterans' homelessness. Such a plan could address data needs; give recognition to the importance of secure housing to both prevent, and to assist in the recovery from, mental ill health; integrating housing providers into the veterans support services network and critically; increasing the number and range of housing options open and available to veterans in housing stress.

<sup>18</sup> [Homes for Heroes](#) | [Wesley Mission](#) | [RSL LifeCare](#)

<sup>19</sup> [Final report \(aph.gov.au\)](#)

We focus on additional housing first, as without more housing, success in tackling veterans' homelessness will be severely constrained. In addition, using the knowledge gathered during CHIA's work for DVA, we have also identified other opportunities to improve veterans' access to housing. While these opportunities cannot solve veterans' homelessness, they are necessary to ensure the additional housing provision makes a positive difference to veterans' wellbeing.

## Affordable Housing Options for Veterans

As most retiring ADF personnel are well-placed to secure suitable accommodation in the market, housing assistance has not been a priority for transition programs. DVA offers 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. While one or two State and Territory Governments have provided one-off support for a veterans' accommodation project or have provided 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. While there may be a few individuals in these circumstances who could afford market housing, the vast majority have incomes that mean they require subsidized housing, many for the long term.

There are a small number of housing projects specifically targeted at the veteran community in Australia. These projects have been initiated primarily by non-government veterans' services and / or community housing providers. Most projects have been designed to meet crisis or short-term needs (up to three months) through to medium-term accommodation of up to 18 months.

In addition to the Homes for Heroes program and ARVL / Westside Housing, the only other specialist accommodation we are aware that is currently operating<sup>20</sup>, is the Richmond Veterans Project<sup>21</sup>. The project which provides five units of transitional accommodation, was opened in 2015 by the community housing organisation, Housing Choices in partnership with RSL Victoria. Most participants have been ex-army servicemen between the ages of 31 and 50 with diagnosed mental health issues and addictions to one or more harmful substances. A recent unpublished independent evaluation found it had met many of its objectives and was much in demand.

All these projects have demonstrated the positive outcomes that can be achieved through the provision of supportive accommodation, including enhanced mental health and wellbeing and employment. They have also highlighted problems where longer term housing is lacking.

Mainstream social and affordable rental housing in Australia is in very short supply. The independent review<sup>22</sup> for the Commonwealth Government, of the National Housing Finance and Investment Corporation (NHFC) estimated that Australia required an additional 897,000 social and affordable homes by 2040, circa 45,000 per annum. As acknowledged in that report, this will require all levels of government to collaborate to achieve change. While State and Territory governments have the prime responsibility for commissioning of social and affordable programs, the Commonwealth Government has (because of its superior revenue raising powers) historically provided substantial funding to enable additional new supply.

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<sup>20</sup> ARVL in Perth, WA is due to open emergency accommodation in February 2022

<sup>21</sup> [New Housing Choices Support for Veterans](#)

<sup>22</sup> <https://treasury.gov.au/publication/p2021-217760>

Over the last year a number of state governments have announced substantial (if short term) social and affordable housing investment programs, notably in Victoria and also Queensland, Western Australia and Tasmania. Drawing on previously unpublished data the recent report *COVID-19: Rental housing and homelessness impacts in Australia*<sup>23</sup> the City Futures Research Centre estimates the additional units (after accounting for demolition and sales) that will be added to the current social and affordable housing numbers is around 5,500 pa for the next three years.

Social housing tenancies are generally allocated to households drawn from State and Territory waiting lists. Each jurisdiction has its own waiting list eligibility and allocation criteria. However, due to the mismatch between supply and demand for social housing, all prioritise applications largely on the basis need. As the Interim National Commissioner for Defence and Veteran Suicide noted in her preliminary report, no State or Territory prioritises homeless veterans, though individuals might 'qualify' on other grounds – extreme old age, severe health issues or as a person with dependents escaping domestic and family violence. How many veterans are on waiting lists, have received priority status or been housed is unknown as no State or Territory asks the question 'have you served' on its waiting list application forms.

As 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 or because they have received a lump sum payment that (perhaps temporarily) takes them above the liquid asset threshold. In South Australia, for example recent changes to the income and asset tests, for social housing could now exclude many very vulnerable veterans with a TPI payment.

For affordable housing, allocations are not centrally documented except for homes funded through the National Rental Affordability Scheme (NRAS) a Commonwealth Government program that originally aimed to provide 50,000 homes, at affordable rents for ten years. It was discontinued in 2013/14 but at its peak funded 36,000 homes. Other affordable rental housing has been secured through other State, Territory and Commonwealth programs and via planning concessions. Eligibility for affordable housing varies by program and jurisdiction. There are no centralised waiting lists. As for social housing records of allocations to veterans are absent.

## Taking a Housing First Approach

The Housing First approach recommended by the 2016 Senate Committee is a concept that 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 (as opposed to making housing assistance conditional on having already participated in such programs, where appropriate). 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, 2016 AHURI research<sup>24</sup>

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<sup>23</sup> <https://povertyandinequality.acoss.org.au/covid-19-rental-housing-and-homelessness-impacts-2/>

<sup>24</sup> [What are the health, social and economic benefits of providing public housing and support to formerly homeless people? | AHURI](#)

demonstrated that providing housing for 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)<sup>25</sup>.

Research<sup>26</sup> for CHIA shows that there are savings to governments from investing in social housing. For example, it is estimated that 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.

Housing First is also 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<sup>27</sup>.

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

Building on this research CHIA has collaborated with ESOs to develop a Housing First approach (VITAL) that the Commonwealth Government could establish 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.<sup>28</sup> It is relatively small scale, potentially facilitating around 150 units to supplement the existing options. The program design is based on successful procurement initiatives - including the Commonwealth Government's Safe Places Program<sup>29</sup> and the NSW Government Community Housing Innovation Fund which in its first two rounds had a combined value of '\$170 million with CHPs contributing around \$93 million'<sup>30</sup>. We have also suggested that ongoing program evaluation is built in.

## Process and Practice Opportunities to Tackle Veterans Homelessness

Subsequent to the publication of the 2019 AHURI report on veterans homelessness, DVA have explored ways they could help facilitate access to housing. This led to CHIA being commissioned by DVA to develop a veteran specific toolkit and training materials to be made available to all CHOs, as well as veteran industry standards by which our members can measure their performance. The veteran industry standards are intended for use as a self-assessment tool only. These resources should be launched in February 2022.

As part of this project, CHIA facilitated a series of pilot initiatives to test the resources. We were conscious that the community housing industry, with the exceptions mentioned earlier in our submission are unfamiliar with the veteran support service sector. While the COVID-19 pandemic constrained the original intention it allowed the CHO participants to establish relations with ESOs and, in particular, Open Arms.

<sup>25</sup> [The cost of homelessness and the net benefit of homelessness programs: a national study | AHURI](#)

<sup>26</sup> [Social-and-affordable-housing-as-social-infrastructure-FINAL.pdf \(communityhousing.com.au\)](#)

<sup>27</sup> [2019 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S. - HUD Exchange](#)

<sup>28</sup> [Veterans-Homelessness-Housing-First-Proposal-November-2021.pdf \(communityhousing.com.au\)](#)

<sup>29</sup> [Safe Places Emergency Accommodation Program \(Safe Places\) | Department of Social Services, Australian Government \(dss.gov.au\)](#)

<sup>30</sup> [Community Housing Innovation Fund \(CHIF\) | Family & Community Services \(nsw.gov.au\)](#)

Towards the end of the project, we reflected on what had been learnt and have identified opportunities for government and others that might improve the scope for the community housing industry to respond to veteran housing needs. We accept that they are not a comprehensive list of ways in which homelessness or housing stress could be tackled. Our focus was on the role CHOs could play.

The suggestions we have made reflect our experience from many years working in the housing, homeless and support sector. These service systems have undergone some reform to better support vulnerable individuals to prevent, where possible, homelessness from occurring. Recent research sets out proposals for future service design – the fundamentals of which are applicable to any group<sup>31</sup>.

## Data and Information

One of the recurring themes throughout our project has been the absence of comprehensive information about veterans' housing needs to allow both strategic planning and service responses. These are possibilities to fill some of the gaps.

- a) Across all pilot sites Community Housing Organisations (CHOs) identified that veterans were not identified as a key target group in their government designed social housing application process. This required them to create a separate data system to capture applicants who identified as a veteran when asked if they had ever been part of the Australian Defence Force. It also requires CHOs to be vigilant in ensuring that staff ask the question as part of routine housing assessment practice. Lack of a question built into the standard social housing application process reduces the visibility of veterans who are seeking housing assistance. The Department of Veterans' Affairs (DVA) might advocate (perhaps in conjunction with colleagues in DSS) through the National Cabinet process, the AIHW led data improvement program, or the forthcoming negotiations for the 2023 National Housing and Homeless Agreement, for this to be included in social housing application processes. A precedent has been set with the specialist homelessness services.
- b) Consideration could be given to how DVA the Joint Transition Authority (JTA), and contracted services such as the wellbeing services currently capture and record information and data on the housing need of individuals transitioning from service and veterans with whom they are working. Agreeing a standard data set (that could be adopted by other agencies – including CHOs too) would over time build up a picture of homelessness and housing stress in the veteran community.
- c) Housing providers should also be able to identify their tenants who have served – in part to enable them to report on tenancy sustainment success, move on reasons etc. During the pilot it emerged that (possibly most) housing management systems are not sufficiently flexible to allow veteran status to be recorded in a field that can be used to report on. Two of the CHOs have collected data on veteran tenants utilising a spreadsheet. Again, there is scope for common data and information to be agreed between CHOs but also with other housing providers. Clearly this needs to be consistent with those we suggested DVA and the JTF could adopt.

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<sup>31</sup> Spinney, A., Beer, A., MacKenzie, D., McNelis, S., Meltzer, A., Muir, K., Peters, A. and valentine, k. (2020) Ending homelessness in Australia: A redesigned homelessness service system, AHURI Final Report No. 347, Australian Housing and Urban Research Institute Limited, Melbourne

- d) Over the longer term and assuming that at least a core set of data is standardised among organisations, perhaps the AIHW or other organisation could devise a system to collect and report nationally on homelessness and housing stress and the responses made. This could align with and complement the information already collected by specialist homelessness services the use of which by veterans and be built up gradually with agencies opting in over time.
- e) Housing First has secured advocates because evidence has shown it reduces expenditure in other public sector budgets such as health, police and corrections, and has positive wellbeing impacts too. DVA with DSS could consider research to examine the potential social benefits (including savings to other public sector (primarily but not exclusively DVA) budgets of providing stable housing to veterans who are homeless or at risk of homelessness. This might inform consideration of investment in housing options for veterans.

### Options to strengthen the service response

#### Homelessness Prevention and Early Intervention Responses

- a) Using / enhancing indicators of vulnerability to predict risk of homelessness amongst transitioning ADF personnel to enable targeting of housing advice / assistance
- b) Integrating a consideration of housing circumstances into the broader assessment of a veterans support / health needs undertaken by both DVA / Open Arms.
- c) The pilots have been useful in establishing relationships between Open Arms and CHOs. It might be worth considering how DVA services build on these connections to establish working relationships and exchange of knowledge with housing and homelessness services and services working with veterans. This could include:
  - Examining the potential for key staff (including peer support staff) in the veterans services, wellbeing centres and JTF to be provided with the training and tools to be housing navigators – essentially acting as the focal point for both veterans and housing providers to explore housing options / seek housing advice.
  - Similarly examine the potential for supporting a national CHO / housing provider network that could be the first point of contact for veterans / veterans services seeking housing assistance – potentially facilitating connections or referrals to other organisations, providing advice and information and where possible accommodation. These may be CHOs that commit to working towards the veterans housing standard.
  - During the project there was some interest from parts of DVA in exploring how the newly established veterans' wellbeing centre could provide housing advice and assistance. We put together an option to facilitate one centre to develop the expertise and then support its implementation. The timing was not then prescient but we believe it remains relevant.

- Review the effectiveness of the crisis and crisis accommodation payments in alleviating housing stress / preventing homelessness over the short and medium term to understand if the funding could be deployed in different ways – including supporting existing state or NGO services.

### **Longer Term Housing and Tenancy Sustainment**

Evidence shows that tenancy support services are effective at supporting formerly homeless households clients to maintain a social housing (or other) tenancy. Cost savings to government from avoiding eviction are significant. A finding of high rates of tenancy sustainability and low rates of eviction of tenants supports the economic case for such programs.<sup>32</sup> In the short term, extending the DVA assertive outreach response piloted with RSL Care SA to other providers and locations would be one mechanism to explore how tenancy support might be delivered to vulnerable veterans.

DVA with DSS may also want to explore relationships /agreements with public housing authorities and / or CHOs to secure nomination rights to accommodation. One model to possibly consider is the Independent Living Program funded by the Mental Health Commission and managed by Housing Choices WA with the WA Government approval<sup>33</sup>.

### **Communication and Stakeholder Engagement**

There is scope to improve the currency, range and accessibility of housing advice and information available on the DVA website and provided to veterans and peer support groups. Involving veterans in the design of material should be considered.

Throughout this pilot, it has been clear that a commitment is required to consolidate the working partnerships commenced, to look at how they can be further developed across Australia. CHIA is committed to continue to develop the housing response to vulnerable veterans who have an identified housing need. One way to do this could be achieved by the establishment of a Veteran Housing Working group that meets quarterly. This meeting could provide an opportunity for CHOs to identify practice responses they have developed in responding to veterans. It would provide an opportunity to share and explore emerging housing practice approaches and help build an increasing awareness of good housing practice in responding to veterans. This could also provide a mechanism for collaboration with veteran services that could further consolidate effective partnerships and collaborative approaches for vulnerable veterans.

### **Strategy and Planning**

Whilst it is acknowledged that DVA is not a housing provider, the Veteran Mental Health and Wellbeing Strategy identifies housing as a key component of the veteran mental health landscape. It is well understood across civilian service responses that access to safe and secure housing is a key foundation of mental health and wellbeing.

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<sup>32</sup> Zaretsky, K. and Flatau, P. (2015) The cost effectiveness of Australian tenancy support programs for formerly homeless people, AHURI Final Report No.252. Melbourne: Australian Housing and Urban Research Institute Limited, Melbourne

<sup>33</sup> <https://www.housingchoices.org.au/files/ILP-Referral-Guide.pdf?mtime=20210610150117&focal=none>

Perhaps in collaboration with DSS and Defence there is scope to consult on and prepare a joint strategy to tackle homelessness and housing stress. This would be an effective means to bring together existing and new initiatives to deliver a co-ordinated response. The strategy could be structured around the themes already mentioned.

The National Housing and Homelessness Agreement is being reviewed by the Productivity Commission this current financial year and its findings will influence the new agreements with States and Territories which will take effect from July 2023. This process may offer an opportunity to incorporate joint initiatives to address veterans homelessness.

There are international examples as noted earlier to draw upon. While recognising the scale and nature of veterans' homelessness in the US is markedly different from Australia there are still lessons from the US Government's response to veteran homelessness. The [National Center on Homelessness among Veterans](#) has initiated a Housing First type. In Canada, where there are more similarities with Australia, the national housing strategy recognizes veterans as a priority group for action.

## Conclusion

In conclusion, CHIA urges the Commission to give due attention to impact of homelessness and housing stress in their considerations and include recommendations to address this.

There is a growing consensus that action to respond to veterans homelessness / housing stress is required and a series of previous inquiries into veterans mental health and suicide have repeatedly identified it as an issue that should be tackled.

Back at the 2016 Senate Inquiry, Geoff Evans who set up the Homes for Heroes *'asserted that there are two crucial and mutually reinforcing aspects to ending homeless (1) the provision of safe, secure, and stable housing; and (2) ongoing case management'*. He went onto explain, *'the primary need is to obtain stable housing, and that other issues, such as mental ill-health and substance abuse and that may affect them can and should be addressed once housing has been obtained'*.

CHIA is not claiming that all veterans at risk of suicide have housing needs. However, the evidence from organisations working with homeless veterans is clear, many have reported suicide ideation and a significant number have attempted suicide.

Having completed the work with DVA to provide resources to our member organisations to enable them to support veterans, CHIA has identified some resource to initiate a cross sector group to assist implementation and we hope take forward some of the engagement initiatives identified above. Positively both the JTF and Open Arms have responded to offers of training on housing.

Critically, though, there needs to be government investment in housing options. We hope the Royal Commission will recognise this need.