

Submission to the *Homelessness 2020* strategy



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Introduction

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. We are a non government organisation with most of our funding coming from various parts of the Victorian Department of Human Services. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work at Women's Health Victoria is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Women's Health Victoria's vision is for a society that takes a proactive approach to health and wellbeing, is empowering and respectful of women and girls and takes into account the diversity of their life circumstances.

Women's Health Victoria's ways of working are guided by four principles:

- We work from a feminist framework that incorporates a rights based approach.
- We acknowledge the critical importance of an understanding of all of the determinants of health and of illness to achieving better health outcomes.
- We understand that the complexities involved in achieving better health outcomes for women require well-considered, forward thinking, multi-faceted and sustainable solutions.
- We commit to 'doing our work well'; we understand that trust and credibility result from transparent and accountable behaviours.

General comments

Women's Health Victoria welcomes the release of the *Homelessness 2020* strategy Discussion Paper. It is a comprehensive document that recognises and acknowledges the complexity of homelessness in Victoria, both in terms of the policy context and approaches to addressing homelessness. There are four key themes identified in the discussion paper:

1. Placing homelessness within a social inclusion framework;
2. Improving prevention and early intervention;
3. Integrating whole-of-government approaches; and
4. Focusing policy and service delivery on the individual.

These have the potential to tackle the causes and determinants of homelessness and the way in which services are provided. These themes also have the capacity to incorporate issues of gender. This is vital as the experience of homelessness differs for women and men. Women make up 44% of the homeless population in Australia.¹ Their experience of homelessness, and their reasons for experiencing homelessness, are characterised by abuse, violence and mental illness.

In 2003-04, it was estimated that 33% of all clients accessing the Supported Accommodation Assistance Program (SAAP) were women escaping domestic violence. In addition, 66% of accompanying children in SAAP were children who accompanied a female parent or guardian escaping domestic violence.² Family violence is the main reason that people present to SAAP.³ Research also shows that gender-based violence is underreported and that homeless women are also less inclined to report violence and abuse than other women⁴.

In 2006, the United Nations Special Rapporteur on Adequate Housing, Miloon Kothari, noted in his report on his visit to Australia:

The lack of affordable housing, lack of timely access to public housing, and inadequate government provisions for long-term safe housing, particularly in rural areas, forces many women to either remain or return to situations of domestic violence, and continue to live in inadequate housing where they risk their safety and that of their children.⁵

These are critical issues. The determinants of homelessness must be addressed by the *Homelessness 2020* strategy. Furthermore, any mechanisms that are developed to measure the reduction in homelessness in Victoria must be disaggregated by sex in order to provide an accurate picture of how homelessness affects women and men differently. This system of data collection and research should be centralised and should focus on both short-term and long-term impacts.

Homelessness and social inclusion

Social inclusion aims to reduce disadvantage, increase social, civic and economic participation and 'develop a greater voice, combined with greater responsibility'⁶. This will require a whole-of-government approach and sufficient resources to implement programs in different sectors and at different levels. It also requires a long-term vision. *Homelessness 2020* provides a good foundation for this to occur.

A social inclusion approach must incorporate strategies to understand and address the determinants of homelessness – what causes homelessness, what creates the conditions in which homelessness takes place, how can these factors be addressed?

Education and awareness raising campaigns about the determinants and impact of homelessness is needed. This will encompass how the experience of homelessness differs for women and men.

The discussion paper notes the involvement of other sectors such as the philanthropic community, business, research and the wider community. This is important to a social inclusion approach, however this requires greater awareness and understanding in the community of the causes and impact of homelessness, particularly on women and children. Campaigns, training and education should form part of this process to ensure there is a culture shift in attitudes towards homelessness in Victoria.

A human rights approach to homelessness is not integrated into *Homelessness 2020* despite the existence of the Victorian *Charter of Human Rights and Responsibilities*. The Charter can provide a powerful way of addressing homelessness across a range of government bodies and should be integrated into this strategy. Human rights should be used as a guide for service delivery and should act as the grounding for homelessness legislation and policy. The human rights of people who experience homelessness are frequently violated, with the right to adequate housing – to access to safe and secure housing – the most obvious example. Others include violations of rights relating to health, personal safety, privacy, education, voting, work and non-discrimination. Social inclusion should be integrated into a human rights framework.

Prevention and early intervention

A gendered approach must be taken in relation to prevention and early intervention. For women, the primary cause of homelessness is family violence⁷. Women's Health Victoria advocates for a holistic approach to homelessness that considers the impact of gender on the causes, experiences and outcomes of homelessness for women. This would see government and non-government services, including crisis services, health, justice, education and employment services, adopt gender sensitive policies, strategies and programs. These would recognise differences in women's and men's experiences of homelessness, their related support-seeking behaviours, healthcare needs, employment and educational requirements, and disparities in their social and economic currency.

Because of the link between women's homelessness and family violence, any consideration of the prevention of homelessness is therefore also about the prevention of violence against women. *Homelessness 2020* must address the impact of family violence on housing and homelessness for women. It must intersect with the goals that are set out in *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010-2020* (not currently included in the discussion paper). This policy must be included in *Homelessness 2020*. Safe, adequate and affordable housing for women and children should be the minimum standard. The benefits of this in the short-term are clear, and in the long-term may break the cycle of homelessness. With satisfactory support structures in place, young people will not be exposed to the damaging impact of homelessness and violence in their formative years. This is critical to prevention.

As noted in the discussion paper, a whole-of-government approach is needed when addressing prevention and early intervention. This approach must be gender sensitive. Policy and legislative reform should be broad enough to ensure that the different services that women experiencing homelessness may connect with are linked and work together for a shared outcome for women and their children. This is vital to effective prevention and early intervention measures.

Education and training is needed for any mainstream services that are required to address homelessness. This will ensure there is a comprehensive understanding of the determinants and impact of homelessness. This should be gender sensitive to highlight the way in which homelessness is experienced differently by women and men. Such education will also help to facilitate effective communication between specific homelessness services and mainstream services.

Whole-of-government approach

Women's Health Victoria welcomes the commitment to a whole-of-government approach to homelessness that is evident in the discussion paper. This approach is vital to addressing the context of homelessness. A whole-of-government approach is complex and requires transparency and open channels of communication. It is important that sufficient funding and resources are allocated to adjusting to this way of working and ensuring that the approach is efficient and effective.

Homelessness intersects with so many different government responsibilities that a whole-of-government approach is imperative. For example, there are a number of disparate laws and policies that impact disproportionately on people experiencing homelessness. These must be addressed. They include laws relating to tenancy, the use of public space, begging, voting and discrimination:

- Anti-discrimination laws could be amended to include homelessness as an additional ground for discrimination.
- A review of residential tenancy laws by state and territory governments to ensure compliance with international human rights standards, particularly with respect to guaranteeing minimum acceptable accommodation standards, and prohibition on forced evictions.⁸
- Onerous proof of identity requirements frequently have a discriminatory impact on people experiencing homelessness who are unable to provide the necessary documents. This is particularly evident in relating to social security, voting and healthcare.⁹

This clearly demonstrates the need for a whole-of-government approach and the commitment to this that is demonstrated in *Homelessness 2020* is welcome.

A lens with which to view this wider context and impact of homelessness is needed. Such a lens would act as a framework or structure across different government departments and sectors to ensure a consistent approach. In the UK Department of Health, for example, an Equality Impact Assessment is carried out to show how policies and services are addressing inequality¹⁰. A tool that considers the impact of a policy or law on housing and homelessness could be implemented here. Such a tool could be based on the requirements set out in the *Charter of Human Rights and Responsibilities*. It must also have the capacity to consider gender. Victoria already has such a tool in place. The application of the Department of Human Services Gender and Diversity Lens is one way of ensuring that this can occur in a systematic and consistent way. The Gender and Diversity Lens considers:

- the promotion of gender analysis and principles of diversity in program, project and policy design;

- the potential impact that a program, project and policy may have on the targeted area by taking into account the cultural and gender issues; and
- the needed adjustments in the program, project and policy components to make it culturally relevant and meet gender equity objectives for all targeted groups.¹¹

This tool could enhance the effectiveness of homelessness policy and service provision by ensuring that gender (and diversity) is at the forefront of policy design and program delivery. It also allows for a greater understanding of the reasons that people may experience homelessness, which, in turn, makes for more effective services and improved outcomes for women and men. It also enhances people-centred practice, as described in the section below.

Focus on the individual

Women's Health Victoria welcomes person-centred practice and a focus on the individual, provided the individual is situated within a wider social and economic context. Any 'focus on the individual' must be underpinned by a clear understanding of the social determinants of homelessness. Such an approach would allow for the structural barriers and inequalities that contribute to homelessness to be addressed as wider factors can be incorporated, not just whether the individual meets or does not meet outcomes.

As noted above, the way in which the experience of homelessness differs for women and men means that women should form a separate target group. This acknowledges how family violence is a dominant cause of homelessness. A gender analysis of homelessness and the implementation of gender sensitive policies and programs is therefore needed. The Department of Human Services Gender and Diversity Lens¹² incorporates an outcome focused approach and should be applied to policies and programs.

Outcomes need to be meaningful and responsive to the different needs of women and men. For example, increasing the proportion of women and children in safe, long-term, affordable housing following family violence is an important outcome. Unregulated rooming houses do not meet this criteria. Safety must be prioritised. Leaving the family home is often the only way women can escape violence; returning to that home because of inadequate alternatives is not a satisfactory option. Even if the perpetrator of violence has been removed or has left, it is often unsafe for women and their children to remain at or return to an address where the perpetrator of violence can locate them. Furthermore, many women do not want to remain in a house where sustained violence has occurred. These are important considerations in assessing whether outcomes have been adequately met.

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