



Healthy Communities – Better for Everyone
The Salvation Army, Victoria State Budget Submission 2017-18

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About The Salvation Army

The Salvation Army is an international Christian movement with a presence in 128 countries and a reputation built on 150 years of compassionate care and advocacy. In Australia, the Salvos are widely known and relied upon to deliver practical responses to individuals, families and communities in crisis. While we interact on a daily basis with people from all walks of life, we recognise a particular calling to those who might otherwise fall through the gaps of our social security nets, those who find themselves on the margins of our communities, and those who struggle to have their voices heard.

Today Salvation Army churches, community centres and social service networks provide more than 350 distinct social program activities in urban, regional and rural areas across the state. These activities range from frontline emergency support services and targeted interventions, through to more generalist responses.

Programs include:

- **Youth, adult and aged homelessness and housing services;**
- **Family violence support and accommodation services;**
- **Drug and alcohol support and treatment services;**
- **Material aid and emergency relief;**
- **Financial counselling and assistance, including Gamblers' Help;**
- **Community managed mental health services;**
- **Personal counselling and support;**
- **Aged care services;**
- **Youth and children's services, including out-of-home care;**
- **Education, training and employment services;**
- **Disaster response and recovery services;**
- **Chaplaincy and support services in courts and prisons; and**
- **Services for asylum seekers and refugees.**

This support for disadvantaged Australians is driven by our values: integrity, compassion, respect, diversity and collaboration. We share our community's belief in a 'fair go' for all, which grounds our commitment to social justice and a particular interest in the health and wellbeing of those who are most vulnerable in our society.

Healthy Communities Better for Everyone

This submission is based upon a series of consultations with Salvation Army services across Victoria held in the second half of 2016. These consultations confirmed previous findings – that there are key groups of people who, without adequate supports, are likely to remain in entrenched disadvantage over the long term. These groups include:

- **Rough sleepers with complex needs;**
- **Young people leaving state care; and**
- **People exiting prison.**

In each case, the vulnerability of these groups is increased because they sit beyond the boundaries of major systems. Rough sleepers not only exist outside our housing systems but are often beyond the capacity of homelessness services as well. Care leavers have exited a system that was previously responsible for all their needs and find themselves with little or no support beyond its walls. Similarly, people leaving the highly institutionalised prison environment often need more assistance than they get in order to transition back into the community.

In a healthy community, no one would get stuck facing long term disadvantage. All of us face challenges and experience life's 'ups' and 'downs' but for some people the 'downs' are much deeper and longer lasting. Early, intergenerational and locational disadvantages constrain opportunities and limit social mobility.

This isn't just bad luck for the people involved; we are all worse off when our social systems don't protect vulnerable people.

This is because the impacts of poverty and disadvantage do not just fall upon the individual but the gap between social groups has a major effect upon community health.¹ Research has shown that more unequal societies have greater problems with health, mental illness, addictions, crime and other social issues.² There is also a direct negative impact on local economic growth.³ However, it doesn't have to be this way.

This submission offers an alternative vision of healthy communities that grants our most disadvantaged citizens a fair go, allowing them to break out of cycles of disadvantage, which is ultimately better for everyone.

This submission explores the specific needs and challenges facing each group, as well as pointing the way to achievable, affordable practical solutions. The aim here is not to outline comprehensive, infallible program designs but rather to illustrate genuine policy options with sufficient evidence to prompt further investigation. While these solutions come at a cost, in each case the investment in dealing with them is more effective than doing nothing. Ignoring these social challenges only exacerbates and further entrenches disadvantage resulting in higher costs in tertiary systems.

A brief economic analysis is included in each of the three main sections of this submission, highlighting the benefits of targeted investments against higher and longer term costs. However, even more important are the social benefits that accrue as we build a fairer, more equitable Victoria for everyone.



Rough Sleepers Support Package

Action:

The Victorian Government should fund a Rough Sleepers Support Package to ensure people with complex needs get the help they need.

Case Study

Geoff is 48 years old and had been homeless since the age of 16. He had spent countless nights rough sleeping in and around the CBD. Geoff was always difficult to engage and would often run at the sight of approaching authorities, a fear that initially included homeless outreach workers. Geoff was continually in trouble with the police and majority of the support from The Salvation Army initially was around court and legal matters.

Over a period of three years, Salvation Army outreach workers engaged with Geoff, learning more about the reasons for his homelessness and the barriers that kept him from stable accommodation. During this time, Geoff disappeared on multiple occasions. It was later discovered that he had gone interstate. Geoff had been rough sleeping on and off for the past 32 years, including time in squats and 'camping' in rural areas. Geoff was a chronic alcoholic and also used other drugs when he could get them. Geoff's mental and physical health was also of significant concern.

During the time that Salvation Army staff were working with Geoff, he had received three housing offers. He refused the first because it was in an area that he had lived previously and where his partner had died of a drug overdose. The memories were too difficult for him to bear. Geoff hesitantly accepted the second offer but after six months, conflict with neighbours drove him back to the streets again. The third offer was a place at The Salvation Army's Foley House in Footscray, which provides supported accommodation for many people with similar histories to Geoff.

Once housed in a place that he felt safe and supported, Geoff's life began to change for the better. His drinking decreased significantly and he started to engage with mental health services. He is now looking to make contact with a sister that he hasn't seen in decades.

Details

Rough Sleepers Support Package

What's the Problem?

Once again, homelessness and housing affordability issues were the most common themes across all Salvation Army services in this year's consultation. A snapshot of 18 Access Points run by The Salvation Army across Victoria showed that nearly 25,000 people came to us for help because they were either homeless or at imminent risk of becoming homeless. The data from this snapshot also showed significant increases in people living temporarily in hotels/motels (+36%), sleeping in their car (+28%) and rough sleeping (+29%) compared to last year.

As problems with housing affordability have increased, the range of people at risk of homelessness has also widened. Last year, almost 8,000 periods of support were provided to people who came seeking assistance with no source of income, while over 1,000 support periods went to people whose primary income came from a job. The image of the homeless older man is still strong in the public eye, but nearly 40 per cent of those who sought help from The Salvation Army were between 18 and 34 years old and the proportion of women in this age group has been increasing over the past three years. The visibility of rough sleepers, which has been highlighted in the media recently, also demonstrates this variation in the homeless population.

The diversity of people experiencing homelessness underscores the need for more varied and targeted responses. For those with less support needs, rapid rehousing may be the best solution. Others may require greater levels of support across the short or medium term before they are able to maintain housing independently. Those with the most complex needs may have experienced many stints of homelessness, some for long periods of time, as well as dealing with mental health problems, addictions and other issues. Although all of these groups desperately

need a greater level of housing assistance than is currently available, the group with the most complex needs, who often experience extended bouts of rough sleeping, are the key focus for this package because they most consistently fall through the gaps of our social support systems.

Most of our social services are not designed for people that have multiple and complex needs. Single-problem oriented services aim to provide targeted, efficient assistance to the greatest number of people in the shortest time possible. While this kind of system can work for many, it can also exacerbate the disadvantage and marginalisation of those it fails.

Many rough sleepers with complex needs have existed on the fringes of society for much of their lives and their experience of our service systems, including as wards of the state and institutionalisation, has created a profound distrust. As a result, they avoid using social and community services until they are in crisis and end up in the hospital emergency department or are picked up by police. Consequently, they are grossly over represented in institutions like prisons, clinical mental health wards and emergency departments.

Much hope has been placed in the NDIS as a solution to the needs of people with disabilities, including mental illness, which is common amongst rough sleepers. However, an evaluation of the NDIS trial in the Barwon area confirmed that people with complex needs could not access these services.⁴ Some people appeared to be eligible for the NDIS but because it didn't suit their specific and complex needs they had either declined or withdrawn from the service. Others had received mental health support under previous systems but no longer qualified for support under the NDIS.⁵ More recently, cutbacks to the Personal Helpers and Mentors Scheme (PHaMS) in this area have reaffirmed the presence of a highly vulnerable group who



are either not ready or unable to access the services they need from the NDIS. Sometimes the complexity of overlapping issues in a person's life means that they never receive a formal diagnosis despite demonstrating clear symptoms of severe mental illness. This group are frequently overlooked by clinical services and often fall into homelessness.

How Can the Problem be Fixed?

Currently there are a range of services across Victoria with varying funding sources, program models and capacities trying to meet the needs of this high-needs client group, who have fallen through the gaps of our other systems. These programs, which have different levels and lengths of intensive case management and case coordination, range from the HACC Community Connections outreach programs, the Breaking the Cycle: Reducing Homelessness initiative, and the Intensive Case Management Initiative (ICMI), to specialist homelessness services such as Melbourne Street to Home (MS2H) and Journey to Social Inclusion (J2SI), and the Multiple and Complex Needs Initiative (MACNI). Despite this array of programs, it seems clear that the needs still vastly outweigh the resources currently available to meet them.

The state has yet to adequately fund the services required by this target group throughout Victoria – programs that can both meet demand and provide longitudinal support. That is why we are asking the Victorian Government to fund a Rough Sleepers Support Package across the state for people with complex needs – including chronic disease,

untreated medical conditions, mental illness, ABI, substance abuse issues and intellectual disability – who are at high risk of long term homelessness. This package will build on existing programs and increase case workers' capacity to work with people like Geoff over a long period of time to build effective, trusting relationships and engage them with the parts of the wider service system to which they need access. Priority access to social housing will enable case workers to house the people they are working with and support will help them to maintain their housing regardless of the challenges and interruptions common to this client group. The goal of this package will be to reduce the institutionalisation of people with complex needs, help them live in the community and, where possible, help them to engage with other mainstream services and support systems.

The Salvation Army's experience and the broader academic literature affirms that the best outcomes for this group come from programs with low caseloads, flexible brokerage funds, extended support periods and priority access to permanent housing.

Because of the complexity of interactions between problems in multiple domains of a person's life, access to support should not be limited by a single criterion, such as the clinical diagnosis of a mental illness. There are enough examples of effective programs to demonstrate that good outcomes can be achieved even with the most complex rough sleepers. The challenge before us is to ensure that these kinds of programs are sufficiently resourced to operate on a scale big enough to service the client group, who are consistently underestimated.



Package Components

There are three components to the proposed package of support for this client group:

1. Assertive outreach workers

2. A 'step up' option to intensive case management from assertive outreach according to need

3. Priority access to social housing to fast track individuals into safe and stable accommodation

1. Assertive Outreach Workers

It can be difficult for rough sleepers with complex needs to access services for help. Instead of expecting people to come to us to get help, we need assertive outreach workers to go to them.

TABLE 1
Funding breakdown of Assertive Outreach Workers

No of Participants	500
Assertive Outreach Worker Ratio	15
No of Assertive Outreach Workers	33
Cost of Case Management per Participant	\$5,500
Brokerage per Participant	\$1,000
Total cost per Participant	\$6,500
State-wide Cost	\$3,250,000

Table 1 - Notes and Assumptions

- Initial scope for this package is 500 people across the state. Because so many people with complex needs avoid the service system and are difficult to engage, the full level of demand for this program is currently unknown. This package should be reviewed on an annual basis to assess demand and adjust funding accordingly.
- The cost of case management support and brokerage is calculated based on current DHHS funding levels per target for similar programs run by The Salvation Army.

2. Intensive Case Management Support

After initial engagement with an assertive outreach worker it may become apparent that some individuals need more intensive support to stabilise their lives. To support these people there should be an intensive case management option to be ‘stepped up’ into until these people are stabilised and support can be lessened.

In addition, for many rough sleepers with complex needs and histories of trauma, recovery from this trauma is not linear. Having a ‘step-up, step-down’ model of support means that case workers increase the level of support according to people’s needs if they experience a crisis and need increased support for a shorter period of time before they get back on their feet. After the crisis subsides, the support can again be ‘stepped-down.’

TABLE 2
Funding breakdown of Intensive Case Management Support

No of Participants	125
Intensive Case Management Worker Ratio	7
No of Intensive Case Management Workers	18
Cost of Case Management per Participant	\$12,583
Brokerage per Participant	\$2,000
Total cost per Participant	\$14,583
State-wide Cost	\$1,822,875

Table 2 - Notes and Assumptions:

- Based on The Salvation Army’s experience, the number of participants needing intensive case management is estimated to be one quarter of those needing assertive outreach. This number should be reviewed on an annual basis to ensure funding levels continue to reflect demand.
- The cost of case management support and brokerage is calculated based on current DHHS funding levels per target for similar programs run by The Salvation Army.

3. Priority Access to Social Housing

Having a safe place to live is a basic human need. Without a safe and secure place to live, it is impossible for people to find the stability they need to address other issues in their life.

Unfortunately, the high costs of housing in Victoria mean that many low income individuals are denied this basic necessity. No one solution will fix the housing affordability crisis. We need a combination of planning and structural incentives to encourage private investment into affordable housing such as inclusionary zoning and land tax reform, as well as increased investment in, and more efficient use of, public and social housing. Flexible and innovative approaches like head leasing, private rental brokerage and other innovative and pragmatic solutions also need to be utilised to their full potential.

At the time that this submission was written, the Victorian Government’s affordable housing strategy had not been released. This limits the specific options currently available for consideration, although we hope that when the strategy is released that these options are expanded.

However, at this point in time we do know that the private rental market tends to be both unaffordable and unsustainable for people with complex needs and that, their only viable long term option is social housing. To maximise the benefit of the support package outlined above, priority access to public housing needs to be given to participants of this program.

Funding Summary of Rough Sleepers Support Package

No of Participants	500
Cost of Assertive Outreach Workers	\$3,250,000
Cost of Intensive Case Management	\$1,822,875
Total	\$5,072,875

Economic Benefits

Research into the costs of homelessness and institutionalisation of vulnerable people over a life time found that people with complex needs, including those with mental health disorders and cognitive disabilities who were homeless and had involvement with the criminal justice system, cost between \$1-\$5 million per person over the course of their lifetime.⁶ The variation in this range reflects the difficulties inherent in assessing the exact cost of services to this client group. However, there is every indication that investment in this type of initiative has the capacity to generate millions of dollars' worth of savings to the Victorian community for each person successfully reached and supported, especially in the areas of health and justice.⁷

A 2016 study by AHURI in Western Australia found that providing stable housing and support to homeless people, including those with complex needs reflected in this submission, generated costs savings in the health system of \$13,273 per person per year.⁸ Even without considering any additional costs that might be associated with the justice system, these estimated savings are higher than the cost of delivering the expanded outreach and intensive support service outlined here. Based on an average cost of around \$10,000 per person per annum over 10 years, our Rough Sleepers Support Package can be seen to deliver over \$1.8 million in net economic benefits with a benefit cost ratio of 1.05.⁹

Conclusion

As issues with homelessness and housing affordability have been increasing, those people with the most complex needs are in greater danger of missing out because those whose problems are easier to solve invariably get prioritised. The current system is not meeting the needs of this target group and we need to develop a different way of working with them. The Victorian Government has the opportunity to do this by implementing a Rough Sleepers Support Package that meets people where they are at and works with them to build relationships and increase their capacity to live in the community.



Continuing Care Package

Action:

The Victorian Government should act to prevent homelessness among care leavers by funding a Continuing Care Package that guarantees stable housing until they turn 25 and offers support through to 21.

Case Study

Sarah entered out of home care when she was 15 and her parents couldn't manage her any longer. She had been engaging in significant high risk behaviours including injecting drug use, which had also exposed her to sexual exploitation. Sometimes she disappeared from home for three or four days at time. On two occasions, she was returned by the police after being charged with minor crimes.

After a year of unsuccessful placements in foster care, Sarah found herself in one of The Salvation Army's residential units in the western suburbs of Melbourne. During her time in the unit, it also became clear that Sarah was showing early signs of developing mental illness. Although many of Sarah's challenging behaviours initially persisted, her engagement with a therapeutic program helped to stabilise her over time.

When she turned 18, Sarah was much better than when she had first entered the system but still far from ready for independent living. She moved into a property that was part of a lead tenant program and continued to be supported by Salvation Army case workers, who ensured that she kept up her engagement with mental health professionals. In this environment, Sarah was able to give up her drug usage entirely and successfully completed a few short courses.

Last year, she moved back to her parents' home in regional Victoria to take on full time study at TAFE. Both Sarah and her parents still have access to support from The Salvation Army, which has helped sustain them through some difficult patches. However, their relationship is better than it has been in years, her mental health is stable and she is looking forward to a promising career in horticulture.

Continuing Care Package

What's the Problem?

Every year, about 800 young Victorians leave the care of the state when they turn 18.¹⁰ Thirty to fifty per cent of this group become homeless within two years of leaving care.¹¹

A 2009 survey of young people who had left care conducted by the CREATE Foundation found that 35 per cent of young people reported having experienced homelessness within the first year of leaving.¹² Moreover, the 2015 Costs of Youth Homelessness report identified that nearly two thirds of the sample of 298 homeless youth surveyed had previously been in out-of-home care.¹³ These young people are also more likely to experience homelessness throughout the rest of their life. Approximately 25 per cent of care leavers who became homeless after leaving care were still homeless seven years later.¹⁴ Because of this, care leavers are disproportionately present amongst homeless populations. One Australian study of nearly 1,700 people in contact with homelessness services revealed that 42 per cent had previously been in state care.¹⁵

At the point of leaving care, which may be as young as 16, many within this group of young people have emotional, social and developmental delays because of the trauma and abuse they have experienced.¹⁶ In wider society today, few young people are prepared for independent living at 18 years of age, including even those who have had the advantages of growing up in stable and supportive family environments. Around Australia, about half of the young people between 18 and 24 stay living in their family home¹⁷ and those who do leave often come back. Expecting a young person who has experienced trauma, abuse and neglect and as a result may be developmentally delayed to live on their own, with no supports, is unrealistic and setting them up to fail.

Those most likely to become homeless after leaving care include:

- Aboriginal young people, who are also 15 times more likely to be in out-of-home care in the first place;
- Young people who have had higher numbers of care placements; and
- Young people who leave care early (from 15 years old onwards).¹⁸

Some young people stay with their foster families after turning 18, while others return to their biological families, regardless of whether the risks that led to them being put in care persist.¹⁹ Young people who cannot live in a family home find it difficult to secure private rental or access social housing. Without support many of these living arrangements will break down within the first 12 months, resulting in the young person becoming homeless.

Many out-of-home care providers, including The Salvation Army, try to support the young people leaving their care with post care support. However, these programs are either under-funded or not funded at all and agencies struggle to provide the level of support that young people need. Even young people who are supported through Targeted Care Packages remain vulnerable to homelessness when these packages cease.

The proposed Continuing Care Package provides critical housing stability, mitigating the risk of homelessness and associated risks, and creates a firm foundation upon which future success can be built. Alongside secure housing, support will be provided that recognises and addresses each young person's individual barriers to independent living, builds upon their capabilities and strengths, and supports their engagement with vocational education and training. This level of extended care is vital to breaking the cycle of lifetime disadvantage that traps too many of our young people.



How Can the Problem be Fixed?

A 2016 report by Deloitte Access Economics that looks internationally at jurisdictions that have extended support for young people beyond the age of 18 found the following broad categories of benefits:

- A higher level of engagement with education and improved employment prospects;
- Improved housing stability and lower long-term reliance on public housing programs;
- Improved physical and mental health outcomes driven by improved access to care and early intervention;
- Reduced incidence of alcohol and drug dependency;
- Reduced interaction with the justice system including a reduced likelihood of incarceration;
- Improved levels of civic participation and social integration.²⁰

These findings support our experience in the out-of-home care and transitional care systems: that young people need a safe, affordable and stable place to live. They need people in their life to support them, to help them build independent living skills and social support networks. Both elements are included in our proposed Continuing Care Package.

The Salvation Army is an active member of the Home Stretch campaign, which has been advocating for the extension of care through to 21. This would be a vast improvement on the current system but, in our experience with homeless young people, still does not go far enough. A recent international report confirms our own evidence base that there are strong social and economic reasons for extending some form of support through to 25 years of age.²¹ In this submission, we suggest that the minimum form of support from 21 to 25 should be a Housing Guarantee, which would at least substantially mitigate the numbers of young people leaving care into homelessness.



Package Components

There are two components to the proposed package of support for this client group:

1. A Housing Guarantee that subsidises housing costs until the young person turns 25
2. Caseworkers to support each young person to develop independent living skills and engage with education and training until they turn 21

1. Housing Guarantee

The Housing Guarantee helps these at-risk young people by paying the shortfall between an affordable proportion of their income (25 per cent) and private rental market rates.

See **TABLE 3**

2. Caseworker Support

Having secure and affordable housing is essential for young people to transition to independence without becoming homeless. However, housing alone is not enough.

Many young people in state care don't have the skills to live independently by the age of 18. Therefore dedicated caseworkers are needed to support young people in continuing care to build the skills they need, get involved in education and training, and transition into independence.

See **TABLE 4**

TABLE 3
Funding Breakdown of Housing Guarantee

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Rent	\$126	\$129	\$132	\$135	\$137	\$140	\$144
Youth Allowance	\$216	\$216	\$216	\$216	\$216	\$216	\$216
Contribution Rate	25%	25%	25%	25%	25%	30%	35%
Participant Rent Contribution	\$54	\$54	\$54	\$54	\$54	\$65	\$76
Victorian Housing Subsidy	\$72	\$75	\$78	\$81	\$83	\$76	\$68
Annual Subsidy Cost	\$3,744	\$3,888	\$4,035	\$4,186	\$4,340	\$3,936	\$3,535
No of New Participants	400	400	400	400	400	400	400
Total No of Participants	400	770	1112	1429	1722	1993	2243
Total State-wide Cost	\$1,497,600	\$2,993,871	\$4,488,439	\$5,981,109	\$7,471,843	\$8,774,240	\$9,908,154

Table 3 - Notes and assumptions:

- Rent costs are based on the median weekly rental costs for a shared 3 bedroom house in Metropolitan Melbourne or a shared 2 bedroom house in Regional Victoria.²² Rental increases have been budgeted at 2.2 per cent annually. Actual rental costs will vary.
- The Housing Guarantee is set to ensure that the participant only pays 25 per cent of their income in rent for the first five years of their Continuing Care Package, regardless of their income amount. To estimate the cost of this policy, the Housing Guarantee is calculated based on a participant's sole income being Youth Allowance. This amount could vary if a participant's income changes, for example after they have gained employment. Participants' contribution rate increases in the last two years of the Continuing Care Package to prepare them for independence.
- Approximately 800 young people exit state care in Victoria every year.²³ Of this group, it is estimated that about half exit to independent living.²⁴ The actual number of young people to enter the scheme will vary from year to year based on the needs of young people which are identified by their transition from care plans. The number is adjusted each year to allow for a 7.5 per cent drop out rate.

TABLE 4
Funding Breakdown of Caseworker Support

	Year 1	Year 2	Year 3
No of New Participants	400	400	400
Total No of Participants	400	770	1112
Caseworker Ratio	10	10	10
No of Caseworkers	40	77	111
Total Caseworker Cost	\$3,055,382	\$5,999,243	\$8,665,790

Table 4 - Notes and assumptions:

- The caseworker to participant ratio is based on a continuing care model run by The Salvation Army.
- Caseworker costs are based on SCHADS award 5.1 plus 20 per cent on costs and indexed at 2 per cent per annum.

Funding Summary of Continuing Care Package

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Housing Guarantee	\$1,497,600	\$2,993,871	\$4,488,439	\$5,981,109	\$7,471,843	\$8,774,240	\$9,908,154
Case Workers	\$3,055,382	\$5,999,243	\$8,665,790	\$8,839,106	\$9,015,888	\$9,196,206	\$9,380,130
Total	\$4,552,982	\$8,993,114	\$13,154,230	\$14,820,215	\$16,487,731	\$17,970,446	\$19,288,284

Economic Benefits

An analysis of three Salvation Army youth crisis accommodation facilities across Victoria showed that the median cost of youth homelessness to Government was \$18,513 per young person per annum.²⁵ Because the cost of running each facility is also subsidised by Salvation Army fundraising, the total median cost per person was higher at \$28,609. These costs can be avoided by providing much cheaper rental subsidies and support that stabilise at-risk young people at critical times in their life.

In addition to the costs of homelessness, a report into young people leaving care showed that half had been involved with the police or justice system and 12 per cent ended up in a youth detention facility within 12 months.²⁶ At a daily cost of \$1,278 per person, even a small proportion of young people ending up in the youth justice system is way too high a price to pay compared to the relatively low cost of providing stable housing and support.

Preliminary projections over the next decade show this Continuing Care Package delivering almost \$278 million in net economic benefits with a benefit cost ratio of 3.3.²⁷ This does not include the social benefits of enabling each young person a real opportunity to engage in education and employment and avoid becoming trapped in welfare dependency and poverty.

Conclusion

The expectation that young people under state care are ready to survive on their own at 18 years of age has been repeatedly proven false. In the end, this group of vulnerable young people are the ones who bear the greatest costs of these failed policies for the rest of their lives. However, we all share in the wider costs, not only because the economic price is higher, but because the health of our community is compromised when we do not protect vulnerable young people from entrenched disadvantage.

The Deloitte Access Economics research into the benefits of continuing care concluded that “investing in the health and wellbeing of young people not only affects their immediate quality of life and productivity, but also shapes the future health of the whole population and, in a broader social sense, the health of society”.²⁸ If we want to live in a healthier society, we must invest in the future of our young people today.



Reducing Recidivism Package

Action:

The Victorian Government should fund a broad based housing and support package for people leaving prison to help them integrate into the community and reduce recidivism.

Case Study

Justin's first time in prison shook him up badly. He knew it had been a long time coming. He'd thought about it the morning after many of his drug binges but as it turned out, the thought of prison wasn't as strong as his addiction.

When he got out, after the longest 6 months of his life, Justin swore he'd never go back. Because he'd burned his bridges with family long ago, the only place Justin could afford to live was a dodgy rooming house in St Kilda. He figured if he locked his door at night, it couldn't be any worse than prison. On the second night, there was a brawl in which one of the other residents was stabbed in the stomach and taken to hospital.

In his first month, Justin spent most of his time looking for alternative, affordable accommodation. Almost all private rental was out of his price range and he couldn't compete for the few properties that were left, given his recent incarceration and lack of previous rental history. He tried applying to share a property but after the first dozen attempts, it was clear that no one saw Justin as the ideal housemate.

He was successful in finding some part-time employment with a mechanic that he used to know. Justin figured that with a bit of extra cash, his accommodation options might eventually open up. However, a couple of months later, Justin came home to find that his room had been trashed and everything of value had been stolen. Devastated, he went to an old mate's place to escape but this led to them using drugs together, something he hadn't done since he'd been released.

When Justin didn't turn up to work the next day, he figured he'd probably lost his job anyway, so instead he started thinking about how he'd get his next hit. If Justin had been able to access more suitable and stable accommodation, this story would have been entirely different. Furthermore, the availability of an experienced social worker who could have provided support when challenges arose would have given Justin alternative pathways to those that are more likely to see him return to prison.

Reducing Recidivism Package

What's the Problem?

Unstable housing is one of the surest paths back to prison.

Access to sustainable housing is one of the most important determinative factors for recidivism. Research into the relationship between recidivism and accommodation found that people were most likely to return to prison if they were homeless or transient – specifically if they moved more than twice in a three month period, immediately after release.²⁹

Unfortunately, homelessness is a common experience for people leaving prison. A report by the Australian Institute of Health and Welfare noted that 43 per cent of exiting prisoners expected to be homeless once released.³⁰ In 2013-14, the Department of Justice and Regulation recorded 5,877 people exited from prison.³¹ That equals around 2,350 people potentially exiting into homelessness.

The current housing affordability crisis in Australia is contributing to this homelessness rate. Stable and affordable housing is nearly impossible for people leaving prison to access. Private rental is unaffordable and breaks in rental history, as well as prejudices against ex-prisoners, tend to lock this group out of the market. Social housing options are also very limited and waiting lists are untenably long.

Community Service Organisations funded to provide transitional support to people leaving prison attempt to prevent prisoners from exiting into homelessness. However, too often the only housing solutions available are the kind of rooming houses mentioned in the case study. The Salvation Army's experience is that these accommodation options often break down within a matter of weeks. The Victorian Ombudsman's *Investigation into the rehabilitation and reintegration of prisoners in Victoria* supports our experience finding that 22 per cent of male prisoners and 44 per cent of female prisoners became homeless after a period of supported accommodation following release.³²

The nexus between homelessness, imprisonment and recidivism becomes an ongoing vicious circle. A report from the University of Melbourne showed that people who had been imprisoned were about twice as likely to become homeless (41.5 per cent compared to 20.9 per cent) and to remain homeless for longer periods.³³ We know that homelessness is the strongest predictor of recidivism and that as many as 35 per cent of Victorian prisoners reported being homeless prior to entering prison.³⁴ Victorian recidivism rates are now at an all-time high of 45 per cent³⁵ and half of all prisoners have served a sentence previously.³⁶

Research into recidivism has found that if a person is going to return to prison, they are most likely to do so within 12 months of release. Just under 40 per cent of all returning prisoners did so within six months and almost 70 per cent within only a year.³⁷

In a recent study of women exiting prison in Victoria, it was found that approximately 20 per cent of participants were impacted by unstable housing and that those within this group were more than four times as likely to return to prison.³⁸ By contrast, a UK post-release housing project that also connected participants with local support services, saw a 26 per cent reduction in reoffending rates for women.³⁹

The high volume of people in Victorian prisons who have been in prison before shows that our current efforts to rehabilitate and reintegrate offenders back into the community are failing. These failures are not only costly to the Victorian Government and taxpayers, but they also contribute to increasing community insecurity and are not effective in reducing crime. By giving people leaving prison an affordable, stable place to live for the first 12 months after release, we would avoid a major reason people return to prison.

Reintegration fails without good supports

People with multiple and complex needs are significantly over represented in prisons. In 2010, the Victorian Government estimated that 48.5 per cent of Victorian prisoners experienced two or more characteristics of serious disadvantage, including unemployment, homelessness, being addicted to alcohol or drugs, having an intellectual disability or psychiatric admission, and being of Aboriginal and Torres Strait Islander descent.⁴⁰ In 2015, the Victorian Ombudsman found as many as 35 per cent of Victorian prisoners were homeless four weeks before entering prison, 42 per cent of men and 33 per cent of women had an ABI, and 40 per cent of Victorian prisoners had a mental health condition.⁴¹

Such high concentrations of disadvantage inside Victorian prisons mean that a large proportion, likely as many as 40-50 per cent, of people exiting prison need intensive support to successfully reintegrate into society. These high rates of disadvantage among prisoner populations helps explain why, along with lacking safe and affordable housing, so many people leaving prison cannot get their lives back on track once they exit and end up re-offending. If we are going to reduce recidivism, we need to offer people safe and affordable places to live and give them the support they need to stabilise their lives, address their reasons for offending in the first place and be able to work towards a better future.

The programs that currently exist to support exiting prisoners can only work with a small fraction of those who need help to reintegrate back into the community and the level of support offered is not enough. The Ombudsman's report into prisoner rehabilitation and reintegration noted that the Corrections Victoria Reintegration Pathway is targeted

to assist just 1,000 prisoners (17 per cent) of those exiting prison, only a slight improvement on the 15 per cent that the program's predecessor assisted in 2013/14.⁴²

Less than 2 per cent of exiting prisoners were provided post-release housing through Corrections Victoria.⁴³

The Ombudsman's 2014 discussion paper found that many prisoners taking part in the Reintegration Pathway program received much less than 30 hours of support, including travel time, which is insufficient for a complex and high needs target group.

Each time a person does not get access to one of these programs or does not get the level of support they need for the time they need it, their chances of ending up back in prison are increased. Taking this problem seriously means significantly increasing the capacity of existing support services, so that all those who have done their time have a real chance of a better life.

How Can the Problem be Fixed?

While many of the problems of our criminal justice system are complex, some are relatively straightforward and can be tackled head on. There is clear evidence both that a lack of stable housing and support increases the likelihood that a person will end up back in prison and that the provision of these act as protective factors against recidivism.⁴⁴

Our proposed Reducing Recidivism Package has initially been scoped as a pilot program targeted at prisoners leaving the Melbourne Remand Centre and the two Victorian women's prisons, the Dame Phillis Frost Centre and Tarrengower. Implementing this package gives an opportunity to prove the efficacy of the solution and time to plan to scale it up across all Victorian prisons in the future.



Package Components

The three components of the package of support for this client group are:

1. 12 month Stable Housing Subsidy
2. Housing support workers to help establish and maintain tenancies
3. Increased intensive case management support for those with complex needs

1. Stable Housing Subsidy

Social housing, especially public housing, is the most stable housing option to establish a foundation for ex-prisoners' re-entry into the community. However, recognising the untenable gaps between supply and demand in social housing and current waiting lists, we have focused on private rental subsidies, which the Victorian Ombudsman cited as a possible option for exiting prisoners, as a pragmatic compromise.

TABLE 5
Funding Breakdown of Stable Housing Subsidy

Weekly Rent	\$280
Weekly Income (Newstart)	\$264
Contribution Rate	40%
Participant Rent Contribution	\$106
Stable Housing Subsidy	\$174
Annual Subsidy Cost	\$9,069
No of Participants	877
Total State-wide Housing Cost	\$7,952,612

Table 5 - Notes and Assumptions:

- The number of participants is calculated on the proportion of exiting prisoners reported to have become homeless in the Ombudsman's report (22% male, 44% female). These numbers have been applied to the total number of discharges from the Metropolitan Remand Centre, Dame Phillis Frost Centre and Tarrengower Prison in 2015-16. Actual numbers of participants will vary.
- Rent costs are based on the DHHS Rental Report March 2016 median rental costs for a one bedroom flat in Metropolitan Melbourne. Actual rental costs will vary.
- Finding appropriate housing at the volume required for this program will be a key challenge. For the purpose of costing, we use a one-bedroom flat, however these may not be available in all areas at the quantity or cost required. Private rooming houses, which figure highly in current exit scenarios, should be avoided as unsuitable housing increases the likelihood of return to prison.
- The Stable Housing Subsidy is set to ensure that the participant only pays 40 per cent of their income in rent. The cost of the Stable Housing Subsidy is calculated based on participants receiving Newstart allowance. This amount could vary if a participant's income changes, for example after they have gained employment.

2. Housing Support Workers

Finding safe, affordable housing can be challenging at the best of times, but doing so from prison is particularly difficult. Housing workers are needed to help people plan for their exit from prison by helping them find a property and go through the necessary processes to apply and secure it. Once stable housing has been established, the housing workers' role shifts to supporting tenancies so they can be maintained over the long term.

Given the challenges in securing affordable private rental in the current market, the strategy of headleasing properties may be an important component of finding the necessary number of units. Not only would this significantly increase the range of properties available to ex-prisoners but it would also allow them to establish a rental history that could be used for future housing applications.

3. Intensive Case Management support

Because people experiencing multiple factors of disadvantage are over represented in the prison system, it is likely that those who leave will need more than housing to thrive in the community. These people need access to an intensive case management option that can help them address individual factors of disadvantage and link them in with appropriate supports in the broader service system and the community.

Our proposed model for intensive case management is based on 30 per cent of exiting prisoners requiring intensive case management, which is higher than current levels of support but still lower than the level of need suggested by prisoner demographics.

TABLE 6
Funding Breakdown of Housing Support Workers

No of Participants	877
Housing Worker Ratio	25
No of Housing Workers	35
Housing Worker Costs	\$2,679,326

Table 6 - Notes and Assumptions:

- Housing worker costs are based on SCHADS award 5.1 plus 20 per cent on costs.

TABLE 7
Funding Breakdown of Intensive Case Management Support

No of Participants	263
ICM Worker Ratio	10
No of ICM Workers	26
Case Management Cost per Participant	\$12,583
Case Management Cost	\$3,310,587
Brokerage per participant	\$2,000
Brokerage cost	\$526,200
Total Statewide ICM Costs	\$3,836,787

Table 7 - Notes and Assumptions:

- Prisoner population demographics suggest that between 40-50 per cent of prisoners need intensive case management support due to their complex needs. Costs for intensive case management here have been initially calculated at 30 per cent of the total number of participants (3,000) every year to offer this support to the most complex people exiting prison. Actual numbers of participants will vary. After initial implementation and evaluation of this intensive case management support initiative, case management capacity should be increased over time to meet the needs of all exiting prisoners with complex needs.
- The cost of case management support is calculated based on current funding levels for Salvation Army intensive case management programs with similar client groups.

Funding Summary of Reducing Recidivism Package

Stable Housing Subsidy	\$7,952,612
Housing Support Workers	\$2,679,326
ICM Support	\$3,836,787
Total	\$14,468,725

Economic Benefits

Research on exiting prisoners in Victoria and New South Wales showed that those in stable housing, such as public housing or assisted rental, were nearly 20 per cent less likely to return to prison than those in less stable forms of housing. Those prisoners who rated their own accommodation as 'unsuitable' were 31 per cent more likely to return to prison. Of those in stable housing, 66 per cent did not return to prison.⁴⁵ A reduction in overall recidivism rates of around 11 per cent within one year was also achieved by a UK post-release housing program.⁴⁶ These statistics show the effectiveness of providing secure, affordable housing as a mechanism to reduce recidivism. Each prisoner currently costs the Victorian tax payer \$332,099 over the course of an average three year sentence.⁴⁷ This means that if only 52 people a year, just six per cent of the target group, avoid recidivism due to this initiative, the program will be cost neutral.

Just assessing the costs of providing rental subsidies and housing workers against the benefits of avoided incarceration costs, the Reducing Recidivism Package has been initially evaluated to deliver a benefit cost ratio of 1.1 and a net present value of benefits of approximately \$16 million.⁴⁸ It is also important to note that this simplified cost-benefit assessment leaves out many other expected economic and social benefits, such as potentially greater workforce participation and a reduction in the negative social impact imposed on families when a close family member is incarcerated.

Conclusion

In September 2015, the Victorian Ombudsman noted the spiralling costs of our prison system, which have risen by 31 per cent since 2011 to over \$1 billion annually. This figure does not account for capital expenditure of a further \$670 million for the construction of the Ravenhall Prison or the associated \$1.6 billion in operational costs for that one prison alone over the next 25 years.⁴⁹

Despite all of this money, people continue to cycle in and out of prisons, no better off than when they began and most times worse, which impacts community safety and ultimately reduces people's confidence in the justice system. This proposal will reduce recidivism, increasing public safety and removing the need to spend billions of dollars on capital expansions. The burden of increasing capital and operational funds currently being directed at a failing prison system could then be freed up to invest in healthier communities where all have the opportunity to flourish and grow.



Additional Actions

The proposals outlined in this submission focus on the plight of some of Victoria's most disadvantaged and vulnerable citizens in the interest of building a healthy community for all. We have concentrated on these three areas because we believe that each one can have a significant positive impact on reducing lifelong and intergenerational disadvantage. They will also create flow on benefits to other parts of the community and reduce costs in tertiary systems.

However, these three proposals will not fix everything. In the past, The Salvation Army has made a number of recommendations to the Government about how to improve social policy outcomes in Victoria. Many of these recommendations have not been implemented and the problems out of which they arise continue to be reflected in the lives of those people who seek our help. They are listed here in recognition of their ongoing importance and a reminder that they need to continue to be on the Government's agenda.

Regional and Rural Victoria

Throughout this submission, we have highlighted the idea that 'healthy communities are better for everyone' meaning that when one group of people is not doing well, we are all worse off. This concept can be applied to entire communities, so we can see that Victoria as a state suffers when our regional centres and rural communities are struggling.

Victorians living in regional and rural areas of the state face different challenges and have access to different resources than those who live in metropolitan Melbourne. As population numbers in our regional areas increase, there are greater needs for services including the essential infrastructure that many of us take for granted, such as public transport. In rural areas, these disadvantages are even further exacerbated than they are in the major regional centres of the state.

The geographic distance that programs are expected to cover is a particular challenge for services outside Melbourne. Most services are based in regional centres but expected to cover a much larger area. For services that are already struggling to cope with local demand, extending their capacity out to more distant communities requires significant additional resources. On the other hand, people that are more isolated and need assistance have very few ways to get to the help they require. Crisis accommodation, in particular, is severely lacking in country Victoria, which forces people to relocate hours away from their community and they are still likely to find themselves with very few permanent affordable housing options afterwards.

People often want to stay in these areas because they have long term connections that bind them to a place where they have a sense of belonging. Furthermore, these local communities have repeatedly proven their capacity to stick together and support one another through times of trouble, such as natural disasters. However, the increasing frequency of these disasters and the toll that they take are putting these communities' resilience to the test.

In addition, other issues like high unemployment and underemployment, the loss of key industries, increasing migrant populations and a lack of infrastructure to support people are all putting pressure on already stretched regional communities. The effects of these pressures are starting to show in Salvation Army services in Shepparton, Bendigo, Ballarat, Geelong and Leongatha as well as a number of other small social services across country Victoria, who are reporting increasing rates in, and severity of, substance abuse, mental health and violence. Social services need to be funded at a level that enables them to meet demand across the geographic region. In a healthy community, no one should be unable to access support because of where they live.

Some of the challenges in these areas also represent opportunities. The lack of affordable housing extends to regional and rural areas but there are also distinct possibilities for addressing this - distance is an issue but land is plentiful. Programs like Habitat for Humanity that use 'sweat equity' to give people a stake in their own future housing could also be the source of valuable vocational skills. Shared equity approaches,



such as Community Land Trusts, offer creative solutions to this critical problem that cannot afford to be ignored.

As Victoria's population grows, much of the state's resources will continue to be directed towards the most highly populated areas. However, regional and rural areas should be a part of that growth. With the right investments and some creative thinking that takes the distinctive characteristics of local communities into account, these regional and rural areas can continue to be vital, sustainable and flourishing communities.

Mental Health and AOD Services

The recommissioning of critical AOD and Community Managed Mental Health Services in 2011 caused significant disruption in these service areas, that hasn't yet been balanced by the realisation of new opportunities. A review of the state of these services following the recommissioning found that service provision to clients was severely disrupted as existing services lost their funding and new providers moved into the area. Partnerships, service integration and specialist knowledge and expertise among staff were lost. Complex intake and assessment processes, a reduced number of providers and lack of client choice resulted in many clients falling out of the services system.⁵⁰ Many of these problems still remain to be addressed.

In addition, the introduction of the NDIS offers great potential for some people with disabilities but has reduced the set of options available to others, particularly people who live with mental illness. Since the beginning of our involvement with the Barwon NDIS pilot, The Salvation Army has consistently raised concerns for those people that were most likely to fall through the gaps of the old and new mental health supports and advocated for a broad safety net that would continue to support those vulnerable people who don't get the service they need from the NDIS.

Throughout the three year duration of this pilot, it was increasingly clear that some people who were once supported by other community-based mental health programs were either ineligible for the NDIS or the NDIS did not have the right service mix they needed. The withdrawal of Commonwealth programs like the Personal Helpers and Mentors Scheme (PHaMS) is a key example of a program that met a previous gap in mental health services and for which there is no sufficient replacement.

Conclusion

This submission has focussed on addressing the critical needs of Victoria's most vulnerable and disadvantaged citizens: rough sleepers, young people leaving state care and people exiting prisons. This focus arises from the understanding that the health of our community is dependent on the welfare of those most at risk. At the time when they need our help the most, the services currently available to these groups are too few and too inadequately resourced. It is here that the gaps in our social safety nets are too large, where we have failed to live up to our own standards that give everyone in our community a fair go.

When we fail groups of people such as these, we are all worse off. The greater our social inequities, the more we will have to live with poorer rates of general and mental health, homelessness, addictions, crime and violence within our communities. As we have demonstrated throughout this submission, addressing these things not only makes us a better society but it also has significant economic benefits. Ignoring long-term social disadvantage creates higher costs in tertiary systems such as hospitals and prisons but attending to them proactively builds social cohesion and healthier communities for everyone.

These three initiatives will not fix all the problems in our state. But they are good first steps towards raising the living standards of people who need it most and will form a firm foundation for future change. Success in these kinds of endeavours helps to build community confidence, allowing for further targeted investments and continual improvement in outcomes.

The state budget is far more than numbers on a page. It's a statement of values, of vision and of leadership. We call on the Victorian Government to make bold change by funding the initiatives outlined in this submission and look forward to working together towards healthier communities where all can thrive.



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The Victoria Social Programme and Policy Unit (VSPPU) was established to support and resource Salvation Army services and leadership in Victoria by coordinating our response to state-wide policy issues and advocacy. Part of the VSPPU's role is to act as a central access point through which government departments, Ministers and other stakeholders are able to be directed to the appropriate people and services within The Salvation Army in Victoria. In addition, we actively participate in advocacy and policy development through written submission, social justice campaigns and collaboration with other CSO policy units and peak bodies.

For more information regarding the VSPPU or The Salvation Army in Victoria, please contact The Salvation Army Victoria Social Programme and Policy Unit (VSPPU) on 9353 5200.

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