



RESEARCH REPORT SNAPSHOT



Dying with their Rights On: The Myths and Realities of Ending Homelessness in Australia

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A growing problem or a misplaced definition?

If you were to ask the average Australian what they understand by the term 'homeless', the most common answer would be 'a person who sleeps rough, and usually on the streets'.

Despite this common perception, only 7% (8200) of the 116,427 homeless persons counted nationally on census night 2016 met this definition of homelessness. This percentage is unchanged from 2011, although the numbers of people sleeping rough increased by approximately 2000 persons nationally between 2011 and 2016.

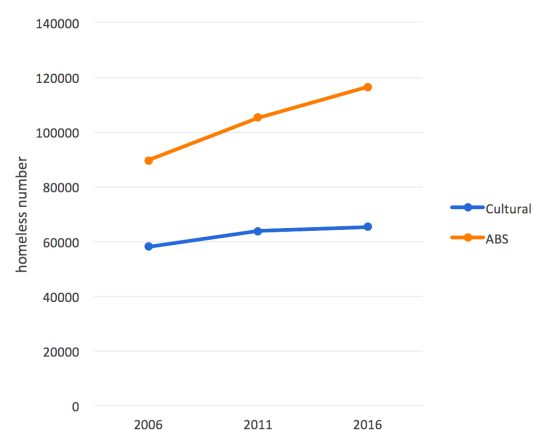
This is despite governmental spending on homelessness exceeding \$817.4 million in 2016-17, an increase of 29% from \$634.2 million in 2012-13.

Australian Bureau of Statistics (ABS) data indicates that the total number of homeless persons has grown from 89,728 in 2006 to 116,427 in 2016 — an increase of 30% over the decade.

These inflated figures are based on a questionable official definition of homelessness adopted by the ABS in 2012 that includes the 'housed homeless' (such as those living in supported accommodation) and people living in overcrowded accommodation.

Prior to this, a so-called 'cultural' definition of homelessness was used. The revised 'ABS definition' worsened the apparent extent of the homelessness problem overnight. (Figure 1)

Figure 1: Numbers of homeless depending on definitions



Source: ABS, 2016. 20490D0001_2016 Census of Population and Housing: Estimating Homelessness, 2016 Table 1.1.

Rise in official homelessness is due to population growth

People living in severely overcrowded accommodation represent both the largest and most rapidly growing proportion of the officially homeless. (Figure 2) Homeless rates in the other categories have remained largely unchanged over the past decade.

According to the ABS Census data, people living in severely overcrowded dwellings rose from 31,531 in 2006 to 51,088 in 2016.

Most of the increase over that period is in NSW — where the jump has been from 27% to 45% of the total homeless population in that state. Overcrowding has increased most in the cities of Sydney and Melbourne where rates of net overseas migration have been the highest

For some groups, such as recent migrants, living in crowded dwellings is a rational economic decision, while for others it may reflect cultural preferences for shared living spaces of people who would never consider themselves homeless.

'Homelessness industry' obscures the small subset of those most in need

It is in the interest of the 'homelessness industry' — the academics, charities and NGOs that undertake research, conduct advocacy, and lobby government for more taxpayer-funded spending on the alleged problems and solutions — for the numbers of homeless to be artificially high.

The orthodox understanding of the causes of homelessness promoted by the industry overemphasises the role of economic and social structures (structuralism). Solutions based on structuralist explanations — such as increasingly the supply of affordable social housing — are insufficient to reduce genuine homelessness.

Such approaches dilute out those most at risk and most in need; chronic rough sleepers. They also minimise the role of, and fail to address, the individual characteristics, choices, and behaviours — especially the high rates of mental illness and drug abuse — that afflict rough sleepers.

Structural 'solutions' with respect to current public housing policy also exacerbate the problems they are designed to solve by maintaining people on the margins of homelessness.

Breakdowns in social housing tenancies are often related to the antisocial behaviours and criminal activities associated with drug use (especially methamphetamines). While tenancy support provides an opportunity for vulnerable individuals with complex needs to maintain housing, there is too much scope for such persons to refuse support and to potentially face eviction.

Policy Recommendations: Benign and enlightened paternalism

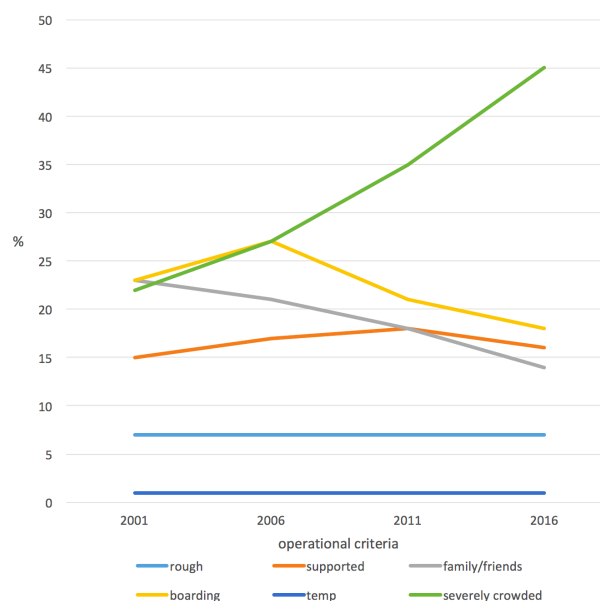
An inverse moral panic — an ideological fear of being perceived to support 'moralistic' policies that violate the autonomy of rough sleepers — has paralysed our treatment of the most severely homeless in recent decades.

Homelessness services have proved unable to reduce the numbers of rough sleepers because of an unwillingness to implement the necessarily assertive strategies that are required to help the most vulnerable exit the streets.

Author

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Figure 2: Percentage of homeless by operational criteria NSW



Source: ABS, 2016. 20490DO001_2016 Census of Population and Housing: Estimating Homelessness, 2016 Table 1.4.

A truly compassionate community should not fail to intervene to stop the poor choices and wide range of health, social, and physical harms that are linked to the cognitive impairments — such as mental illness and substance abuse problems — that lead to rough sleeping.

To effectively reduce genuine homelessness and stop those who sleep rough on our streets from 'dying with their rights on', the following benign and enlightened paternalistic policies should be implemented:

- Underpinning assertive outreach programs for rough sleepers with a non-opt-out triage process to reduce non-participation and ensure those who mentally ill are referred to mental health services and treated assertively.
- Appointing public guardians to help make decisions on behalf of rough sleepers who lack decision-making capacity.
- Expanding mandatory drug treatment for individuals who are homeless or at high risk of homelessness to improve the chances of maintaining stable accommodation.
- Requiring occupants of public housing referred to mental health services to accept mandatory psychosocial support as a condition of ongoing tenancy (consistent with the principle of mutual obligation).
- Re-establishing long term institutional care facilities for that proportion of chronically homeless people, particularly those with mental illness and complex needs who would benefit from high levels of support.