



INDIGENOUS HOMELESSNESS IN AUSTRALIA; PARALLELS TO THE CANADIAN EXPERIENCE



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

Shannen Vallesi
Lisa Wood, Darja Kragt



**National Conference On Ending
Homelessness
Winnipeg Oct 25-27 2017**

OVERVIEW

- Homelessness in Australia
- Aboriginal and Torres Strait Islander history
- Indigenous homelessness in Australia – how does it compare to Canada
- Overview of findings from an evaluation of a housing first approach in Perth, Western Australia
- Challenges in Indigenous homelessness in Perth
- Lived experience examples
- Next steps



Homeless Healthcare GP clinic

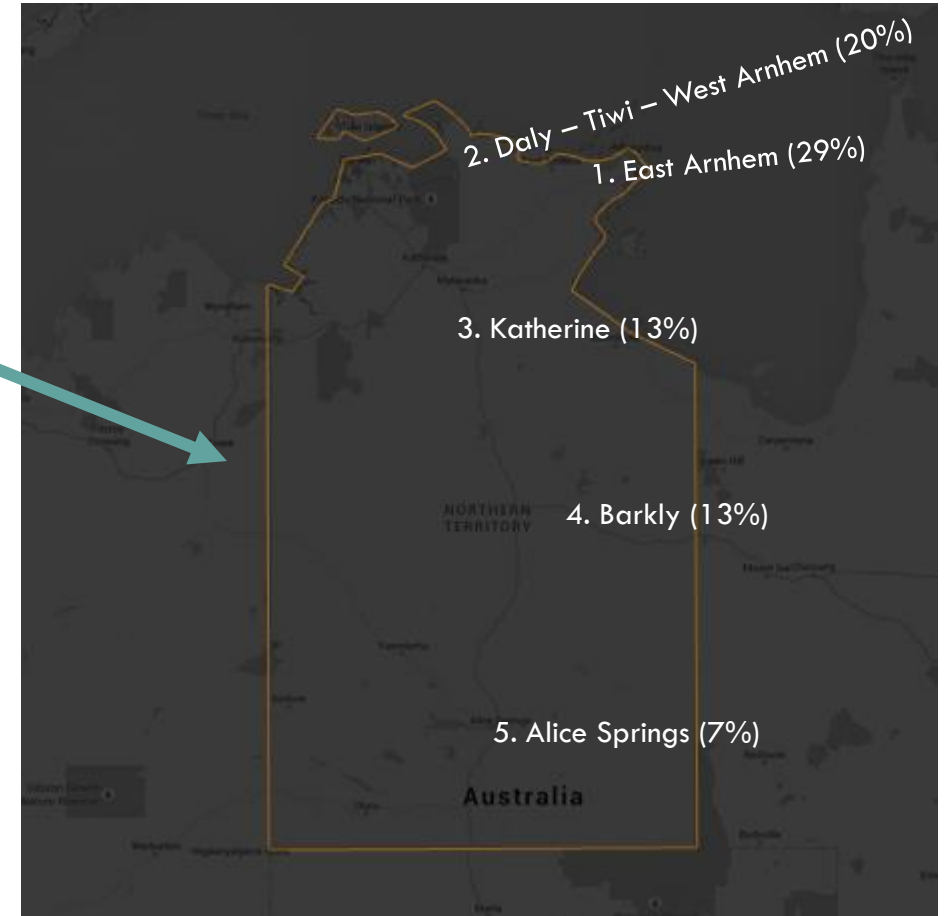
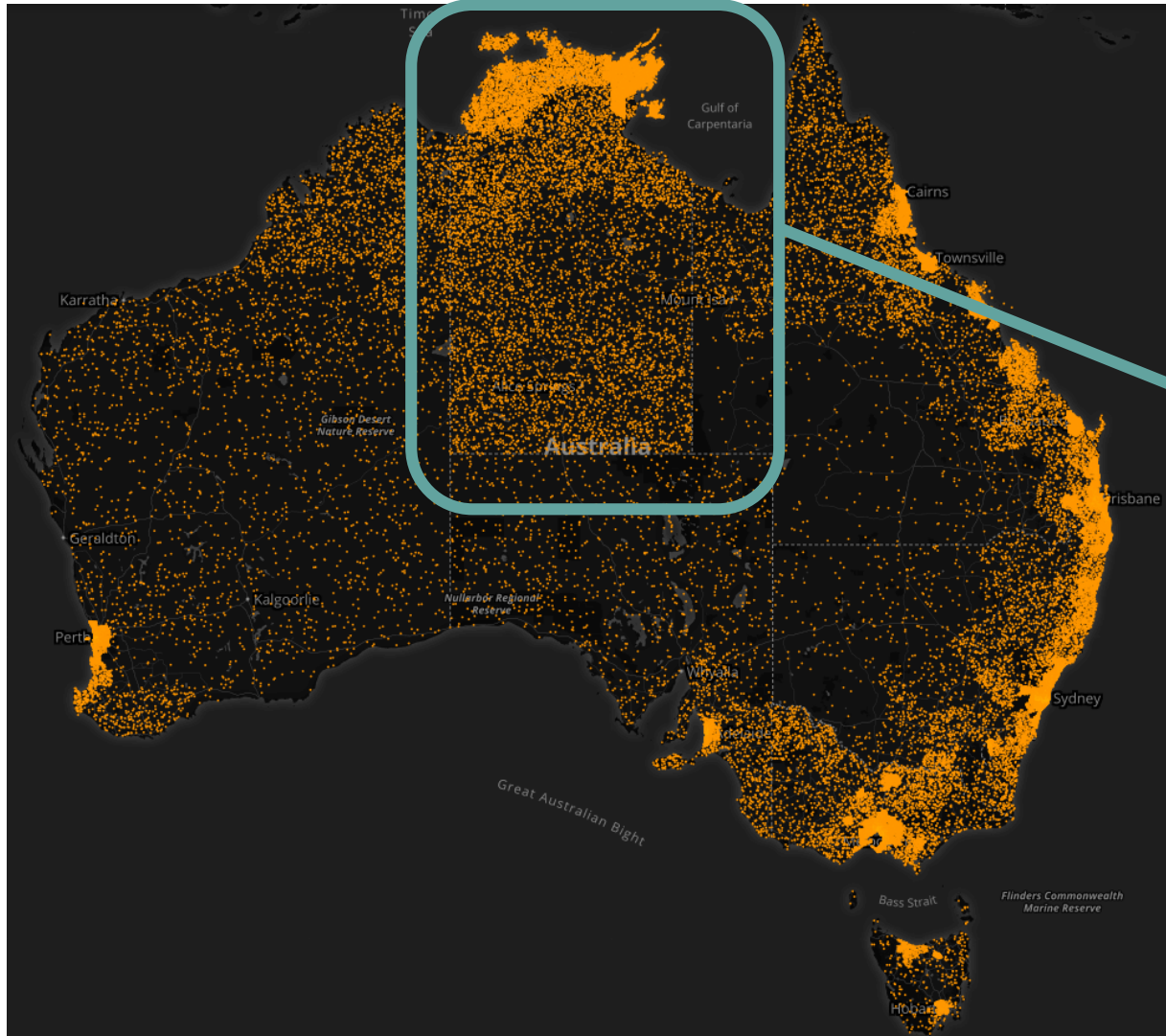
HOMELESSNESS IN AUSTRALIA

- 105,000 people experiencing homelessness on any given night (2011, ABS)
 - 56% male
 - 17% under 12
 - 6% rough sleeping
- In 2014-15:
 - 250,000 people received support
 - Over 7 million nights of accommodation provided
- Main causes of homelessness:
 - FDV (24%)
 - Financial difficulties (20%) and
 - Housing crisis (16%)



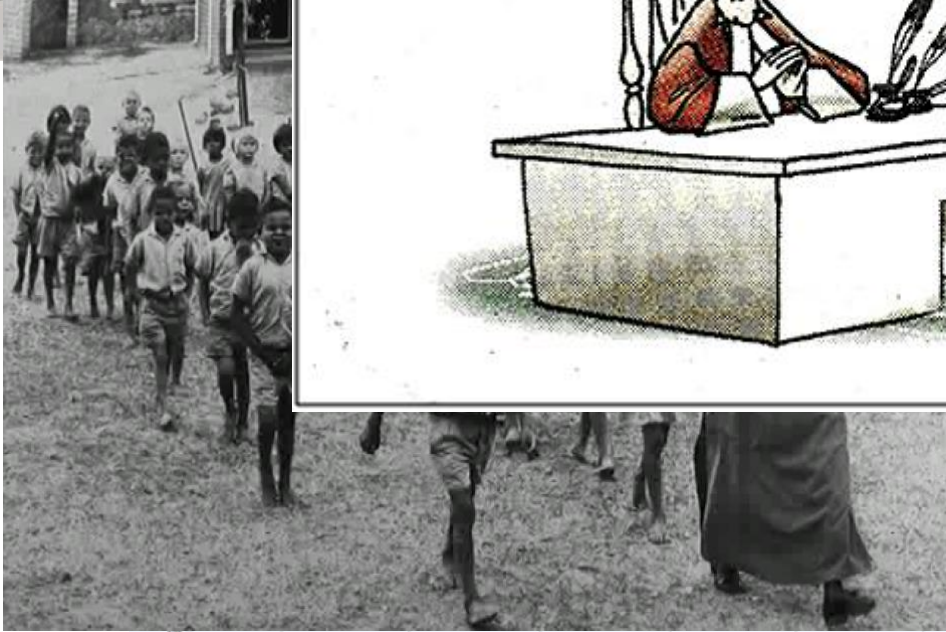
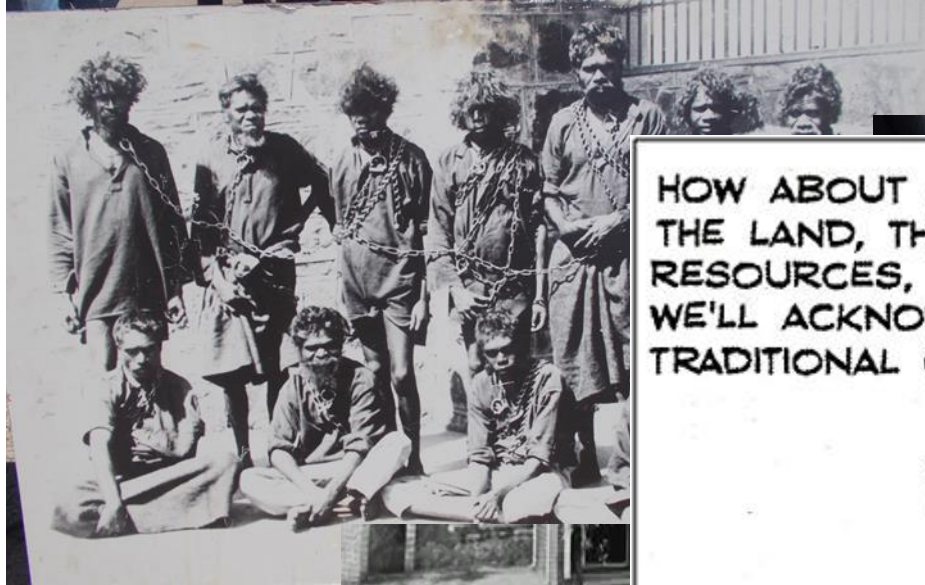
Rough sleeper in Melbourne CBD

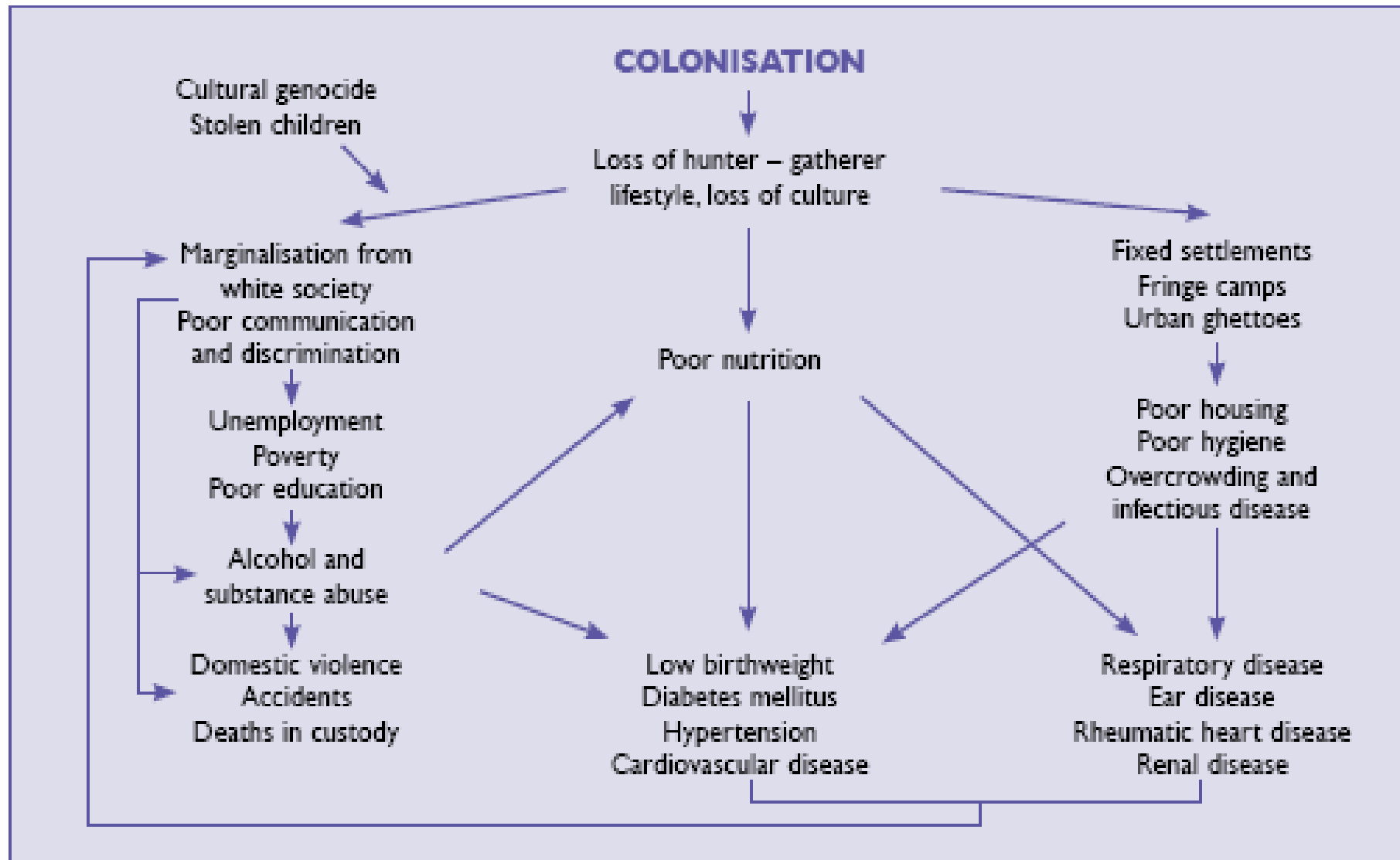
HOMELESSNESS IN AUSTRALIA





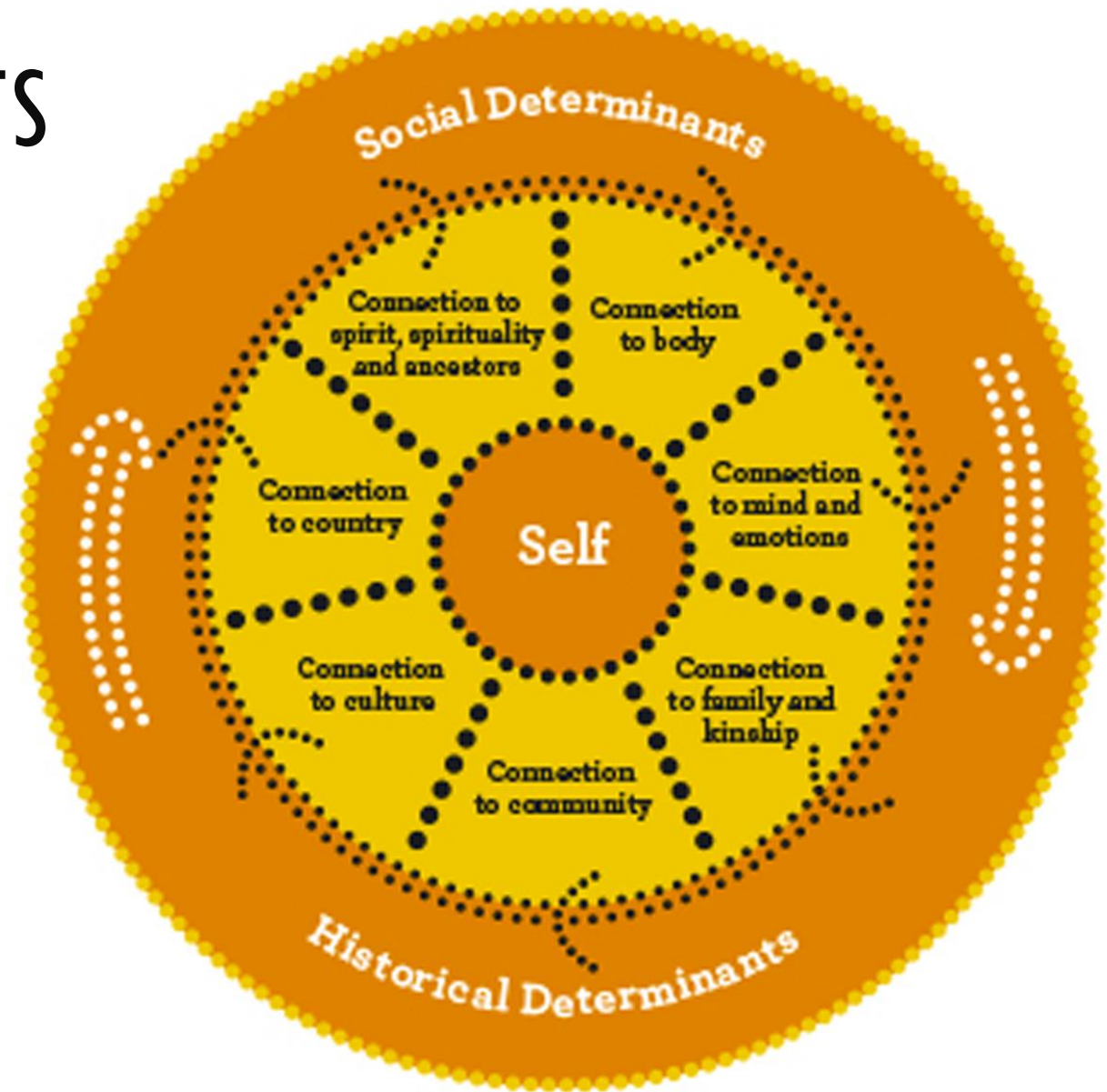
INDIGENOUS AUSTRALIAN





IMPACT OF SOCIAL & HISTORICAL DETERMINANTS

I was brought to Perth in 2010 with my then 1 year old. Not knowing anyone here, coming out of a D.V. marriage & in hiding, I was extremely worried & panicked. I was placed in an Aboriginal refuge as that was the only vacancy then after many months I felt I was going crazy



WHAT IS INDIGENOUS HOMELESSNESS?

Indigenous homelessness not necessarily defined as a lack of accommodation but losing one's sense of control over, or legitimacy in, the place where one lives. (1)

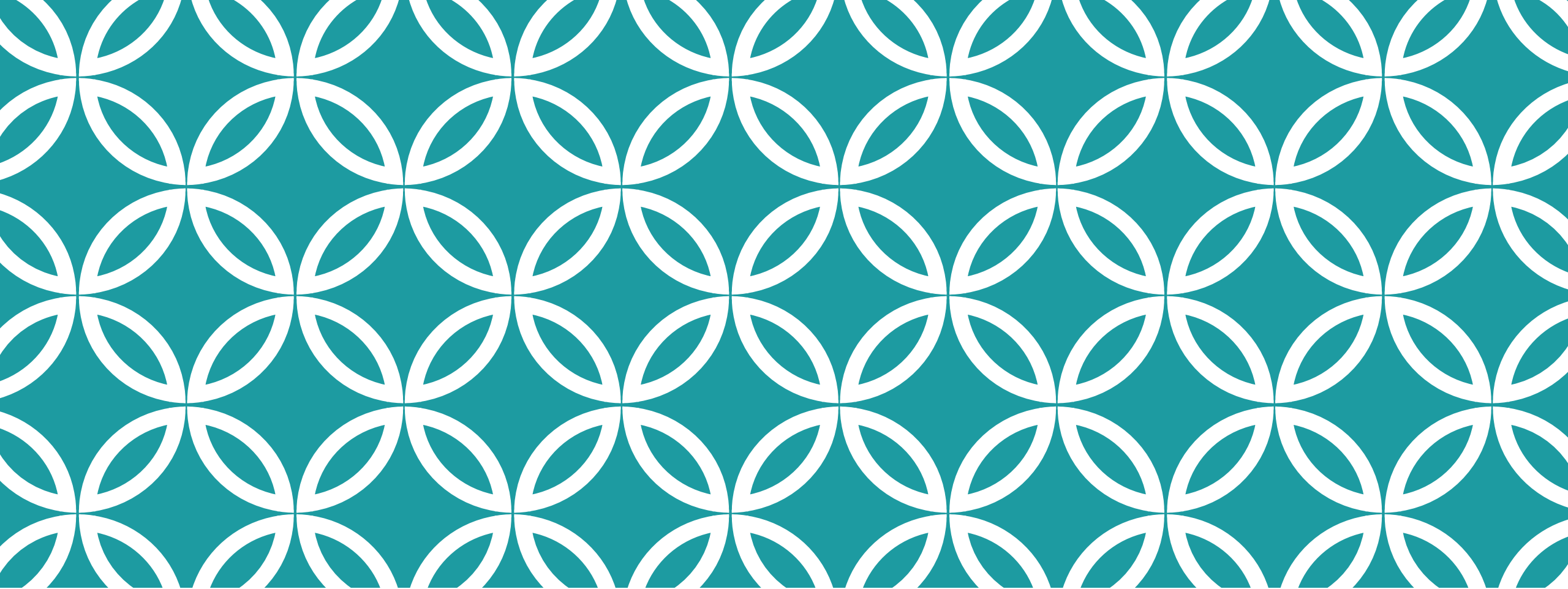
the inability of an Indigenous person to access appropriate housing that caters for their particular complex social and cultural needs. (2)



Refugees in their own land: how Indigenous people are still homeless in modern Australia

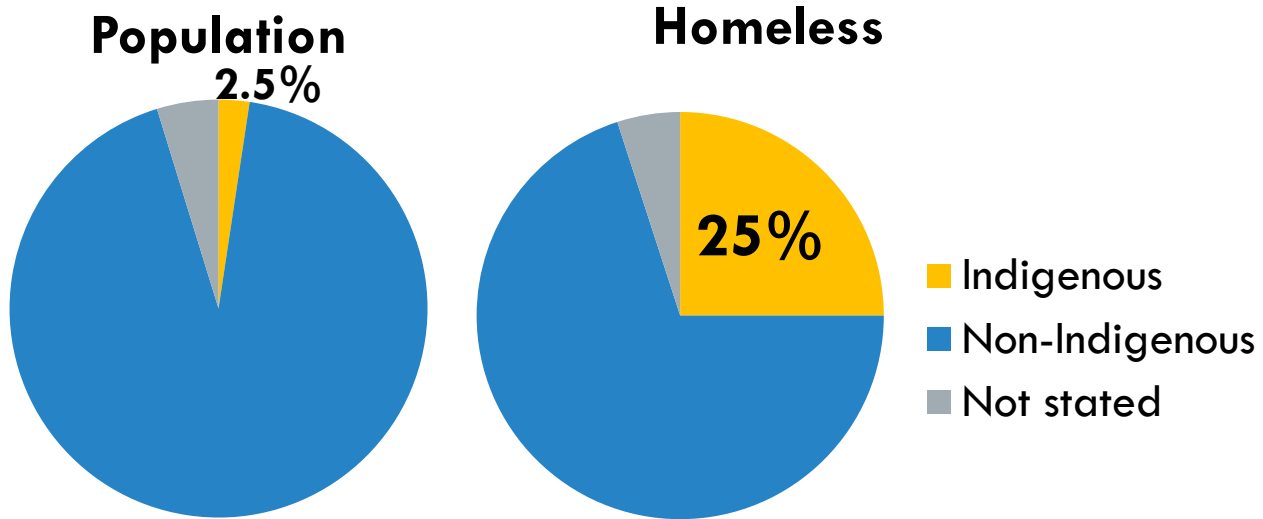
(1) Memmott P, Long S, Chambers C, Spring F. Re-thinking Indigenous homelessness. AHURI Research and Policy Bulletin. 2004 May 1(42):1-6.

(2) Birdsall-Jones C, Shaw W. Indigenous homelessness: place, house and home. AHURI Positioning Paper. 2008;107:1-39.

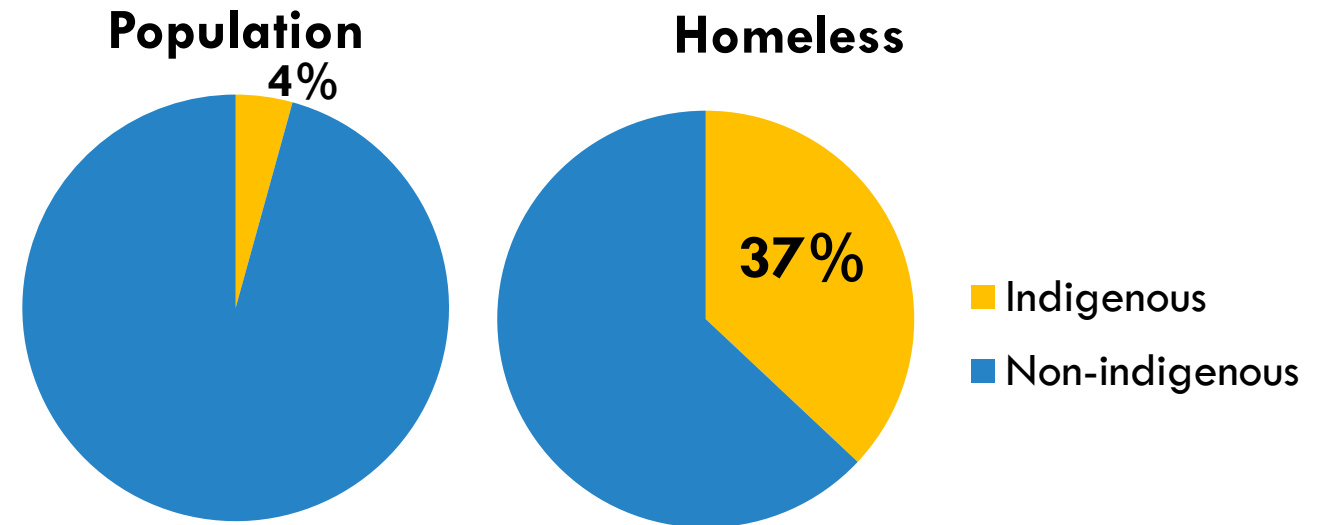


**PARALLELS BETWEEN AUSTRALIA
AND CANADA** |

AUSTRALIA



CANADA



Statistics Canada (2017). Homelessness Partnering Strategy: Highlights – 2016 Coordinated Point-in-Time Count of Homelessness in Canadian Communities, Statistics Canada.

Australian Bureau of Statistics (2011). Census of Population and Housing: Estimating Homelessness. Cat no: 2049.0. Canberra, Australia.

AUSTRALIA VS CANADA

	Australia	Canada
Population	2.5%	4.3%
Homeless population	25%	37%
Prison population	27%	24.6% (35% for women)
Children in Foster Care	7 times more likely	Twice as likely
High School Diploma/Yr 12 Completion	26%	22.7%
Overcrowding	18%	11.4%
Home in need of major repair	28%	21.7%

Australian Bureau of Statistics (2016). National Aboriginal and Torres Strait Islander Social Survey, 2014-15

Australian Bureau of Statistics (2016). Prisoners in Australia, 2016, Australian Bureau of Statistics,

Statistics, A. B. O. (2008). The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008 Australian Bureau of Statistics.

Statistics Canada (2015). Aboriginal Peoples: Fact Sheet for Canada, Statistics Canada.



OVERVIEW OF FINDINGS IN PERTH



ABORIGINAL HOMELESS IN PERTH



VI-SPDAT data from Perth, Western Australia (2014-17):

- 1,209 unique responders (1,158 individuals, 51 families)
- 34% Aboriginal or Torres Strait Islander

Differences (ATSI / non-ATSI)

- More likely to sleep rough as usual location of homeless (65% v. 55%)
- More likely to have been in foster care as a child (46% v. 23%)
- Homeless for longer (4.7yrs v. 3.6yrs)
- Homeless on more occasions (12 v. 6.7)
- Contacts with Police (8.9 v. 5.4)

Similarities (ATSI / non-ATSI)

- Rates of disability (51% v. 53%)
- Attacked since being homeless (51%)
- Self-harmed (41% v. 45%)
- Experienced trauma (54% v. 56%)
- Presentations to ED (67% v. 63%)
- MH condition (82% v. 83%)

HOUSING FIRST IN WESTERN AUSTRALIA

50 Lives 50 Homes program:

- Housed 83 people in 62 homes; 90% retention rate
- Input from 47 services from 27 organisations in Perth (homelessness, MH, AOD and other sectors involved):
 - After Hours Support Service
 - Homeless team at Royal Perth Hospital
 - Homeless Healthcare GP Clinic

However considerable concern about how the needs of Aboriginal people are met and the capacity of existing services to meet these needs.



Homeless In-reach team at RPH with patient

THE LIVED EXPERIENCE... "CATHY"

"I didn't want to run into my partner again. I see his family on the streets, I was getting really paranoid of it. Anyway he found out and he was coming there and he was harassing me.

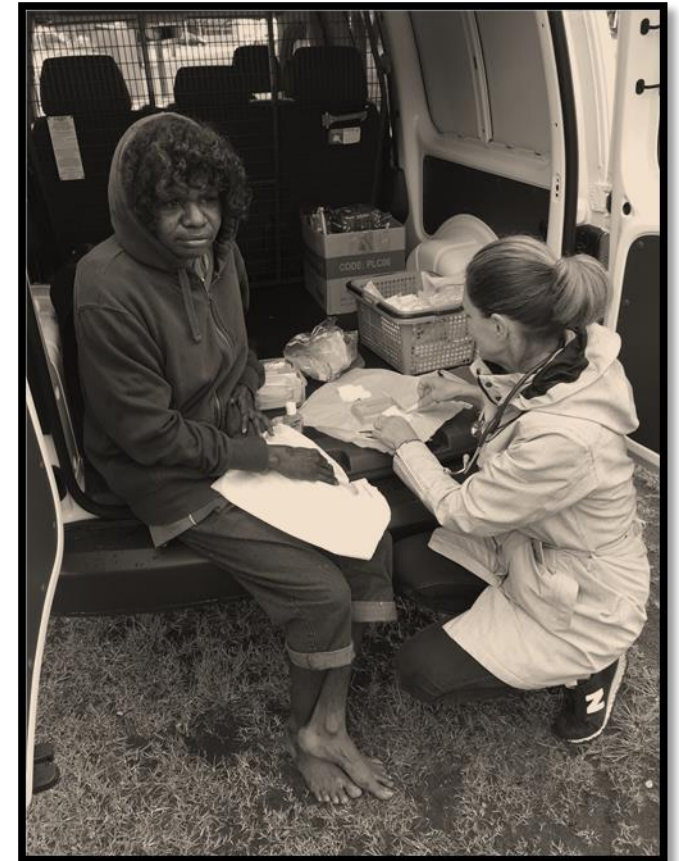
The women's refuge found out about it and I said I'm a bit worried. I was trying to push them to push for housing for me or get away in the suburbs where I could be safer.

They ended up kicking me out of the refuge.

I felt because I'm Indigenous and she was a white lady she didn't understand that our men, they don't brush the flies off, when they belt us they really physically abuse us. They put force into it.

I didn't really tell her, I should have told her but I didn't because I didn't want to offend her because to me I was offended because I'm thinking she's come to work with makeup, that much makeup on and looking like a Barbie doll in a women's refuge.

I didn't like her very much, how she was - what she was - her actions. Anyway, I got a tone in my voice, I raised my voice at her so that's why she threw me out."



Homeless Healthcare GP providing medical care in a Perth park

50 LIVES 50 HOMES



- 38% of 50 Lives clients are Aboriginal or Torres Strait Islander
- HOWEVER, only represent 20% of clients housed through 50 Lives
- While program has 90% retention rate of tenancy, a large proportion of ‘failures’ follow a clear pattern:

A single Aboriginal person allocated a 1 bedroom property and evicted for anti-social behaviour resulting from a large number of family/visitors living in the property.

In one case, the local housing authority issued three strikes and moved to an eviction within a three month period.

WHAT IS THE SOLUTION??

Myself and my 4 children were living in my sisters house, sharing one room with mattresses on the floor. It wasn't very comfortable and my kids were so unhappy about our living arrangements at the time but they knew we had no choice as we had no where else to go.

- Overcrowding = not the primary issue
- Key reasons for large number of visitors = family members homelessness, visitors from country for health/cultural reasons, escaping FDV, needing an address for parole
- Often family members returning the favour to someone who have previously housed them when they were homeless

As a result, approaches encouraging tenants to be secretive about their address or refusing to shelter family members are insensitive and ineffective.

WHAT IS THE SOLUTION??

- Need to address underlying issues
- Need to have a whole family response:
 - Work with whole household to identify needs
 - Work with Elders to establish inter-relationships and preferred living arrangements
 - Family to family basis not housing a single individual (i.e. whole inter-connected family around the same time)
 - Take into account the obligation to house family members who are homeless

If my son comes back then they can put me into one of the family housing. But they didn't give him back to me. In the meantime, my case worker got me this place.

The after-hours support they're good ... They come out here, the outreach. They come here and see if I'm okay, even if it's for a chat sometimes because I'd get very upset when I went to court for [my son].

OTHER CHALLENGES; UNDERLYING COMPLEXITIES

- Trauma
- Stolen generation
- Racism (discrimination in employment and housing market)
- Complex health conditions
 - higher rates of FASD, diabetes, tuberculosis and other circulatory, respiratory and digestive illnesses, also infant mortality and chronic illnesses
 - Biomedical approach alienates Indigenous people (practitioner-patient relationship, differences in understandings about healing)
- Family obligations
- Addiction
- Intergenerational homelessness

It was hard when I was a child we lived in tents and tin built camps my father built

OTHER CHALLENGES

- Remote Communities
 - On-reserve housing shortage and unacceptable housing conditions
 - low employment and income rates, remoteness causing high transport and building costs
 - Problems causing increasing migration to urban cities where lack of family/social support and disconnection from land/tradition also increases chance of homelessness
- Core group of park dwelling Aboriginal people who have been perceived by some services and housing providers as “too complex”
- Disproportionate number of Aboriginal clients affected by Further Assistance Reviews

When I became homeless I really needed to look for something that was important to me back home, something that I learnt that is going to help me down here... one of the most fascinating stories I learnt when I was a child is about the emu, the emu dreaming... I went to the library to find out what does emu mean down here? When I found out, I thought oh wow, they are totally different!

I think one thing what people should realise that when you go into a different country, the first thing you should do is learn what's important to them, and most important their culture.

Because that way you can - you learn from it and you can adapt to it. Slowly but surely you will feel at home.

THE LIVED EXPERIENCE... “GRACE”

- Born to a remote town and speaks little English
- Tri-morbid with mental health issues, AoD and diabetes
- Frequent user of hospital services until homeless team intervention
- Street health and other homelessness services have reduced emergency appearances dramatically

“Grace” is a good story - lip ulcer picked up by street health and lots of work by community to get her to a biopsy which showed cancer and then a complicated set of investigations, all done as an outpatient and spread over three hospitals to get worked up for surgery.

The operation was done as a single procedure rather than multiple because the cancer was detected and treated early enough.

She has had a beautiful result from the surgery - the usual situation is that these cancers are picked up late and require either extensive, invasive and unpleasant treatment or are just palliated as it's too late.

- ED Consultant Royal Perth Hospital

THE LIVED EXPERIENCE... “GRACE”

- Housed through 50 Lives
- Her and her partner from different background
- Differing family commitments became apparent
- Drinking and assault increased
- Lost housing due to 3 strike policy
- Housed in emergency accommodation throughout period of surgery
- Returned to remote community after surgery
- Has since returned back to Perth due to family humbugging her for money



Homeless Healthcare GP providing medical care in a Perth park

WHERE TO NEXT?

- Do we need more targeted, specific programs around indigenous homelessness? Or more attention to cultural and other needs of aboriginal people in mainstream programs?
- Are different types of housing and models of housing people needed?
- How to influence practice on other sectors that may take a punitive approach (for example 3 strikes re housing, police move on notices)
- Indigenous people and groups are not homogenous – how do we have best practice principles that still allow for cultural or geographical differences?

What else can we learn from Canadian experience re Indigenous homelessness?

I have been through a lot, over the past few years and I have been fighting to try and get back my children into my care, and I have realised I have lost the only people in my life who means the world to me, and now I am determined to keep my house and make it a safe environment in order for my children to come back to a safe and happy home.

