

Homeless require the intervention of real help, not ideology

CARLOS D'ABRERA

By **CARLOS D'ABRERA**

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It's more than a year since the infamous Martin Place tent city was dismantled in Sydney's CBD but we are no closer to addressing the real causes of genuine homelessness.

Assorted academics and charities protested against the removal of the pop-up shanty camp, in the name of protecting the rights of the homeless to live on the streets — while also claiming the real problem was lack of taxpayer spending on public housing.

Yet governments across Australia now spend more than \$10 billion a year of taxpayer money on public housing and homelessness services.

And despite the 29 per cent increase in funding (from \$634.2 million to \$817.4m) for homeless services alone between 2011 and 2016, the number of Australians sleeping rough increased by 20 per cent across that time.

An evening or early morning walk through any capital CBD reveals sleeping bags, cardboard shelters and possessions dotting the footpaths and doorways. Current approaches to solving homelessness clearly are failing.

Unfortunately, the debate about homelessness is being distorted by dubious official statistics that exaggerate the extent of the problem and obscure the urgent need for governments to implement the real solutions required to help genuinely homeless people exit the streets.

According to the Australian Bureau of Statistics, there are more than 100,000 officially homeless people. However, at the 2016 census only 7 per cent (8200) of them met the average Australian's understanding of the term: a person who sleeps rough, and usually on the streets. The ABS data is based on a flawed definition that includes the "housed homeless", such as people already living in supported accommodation.

It also counts groups who would not consider themselves homeless, such as recent migrants who for economic or cultural reasons choose to live in crowded dwellings in the major cities where rates of net overseas migration have been the highest.

The artificially inflated numbers allow academics and charities to call for so-called structural solutions such as even higher spending on social and affordable housing — even for the homeless to receive free houses based on programs in the US and Europe.

But more public housing will not address the individual characteristics, choices and behavioural factors that lead to genuine homelessness, given the high rates of major mental illness and substance abuse that afflict rough sleepers.

Homelessness services have proved unable to stem the rising numbers of rough sleepers because of a misplaced fear of violating the "rights" of the rough sleepers and disrupting the homeless "culture". Ideology is trumping reality.

To expect the most severely homeless to seek help if left to their own devices ignores our duty of care to help the most vulnerable in society who cannot look after themselves. Without help, they will continue to suffer extreme — and eventually fatal — ill-health, disease, mental disorders and debilitating addictions.

The reality is — because of their mental illness or substance abuse problems — some rough sleepers choose homelessness over treatment for drug and alcohol addiction. Unfortunately, the anti-social and criminal behaviours related to mental illness, alcoholism and drug abuse (especially ice) also lead to evictions from public housing.

But while treatment and counselling are available to help maintain tenancies, participation in support programs is optional — and those most in need of help are the least likely to access it voluntarily.

If we truly want to reduce genuine homelessness — and prevent the wide range of

health, social and physical harms rough sleepers experience — we must be prepared to intervene with real help.. Governments must appoint public guardians to help make - decisions for rough sleepers, and outreach programs for rough sleepers must include a non-opt-out referral process to ensure the mentally ill receive appropriate treatment.

Mandatory drug treatment also must be expanded for the homeless, and for those at high risk of homelessness, to assist with maintaining stable accommodation and avoid evictions from public housing.

We also need to reconsider the impact of deinstitutionalisation across the past 30 years.

The asylums were shut for good reasons, given some of the abuses that occurred in the past. However, trying to care for the mentally ill in the community has produced mixed results. While it has been successful for some, for others it simply has resulted in an inability to meet their basic living needs and treatment requirements.

Long-term care facilities offering high levels of support would benefit the chronically homeless and gravely ill people who will otherwise continue to live and die on the streets “with their rights on”.

Carlos d’Abrera is a psychiatrist and research associate at the Centre for Independent Studies. His report, [Dying with their Rights On: The Myths and Realities of Ending Homelessness in Australia](#), is released this week.