

Submission No. 76
(homelessness legislation)
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**Submission
to the
House of Representatives
Standing Committee on
Family, Community, Housing and Youth**

**Inquiry into
homelessness legislation**

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Submission Summary

- The relationship between homelessness, vulnerability to homelessness and disability, mental illness and substance abuse is well documented.
- This is a sub-group of the homeless population that has special needs.
- The private sector is providing quality, cost-effective supported accommodation for these people now.
- The private sector can do even more with some extra government support.
- Homelessness legislation should reflect this fact.
- That means ensuring official definitions of homelessness reflect the legitimate and realistic needs and aspirations of these people and not some unrealistic community standard that applies to people without significant disability issues.
- Homelessness legislation should also avoid creating an atmosphere of “unrealistic ambition”, as “unrealistic ambition” for this client group risks diverting large amounts of funding into projects and services that have limited chance of success.
- It is also inequitable to provide costly options for small groups, which cannot be extended generally.
- Federal legislation and funding programs should ensure the true contribution of supported accommodation providers is financially acknowledged and more private sector investment in facilities and support services is encouraged.
- A range of tax, charges and support payment reforms will improve the sector’s viability.
- The major issue that needs to be addressed is the limited and fixed income stream currently available to supported accommodation providers, because of the low-income, pension-dependent status of most residents or potential residents.
- This involves the urgent development of a resident subsidy system - for example, something similar to what operates in aged care and which is based on a formal assessment of individual resident need - which will allow providers to continue updating and modernising their facilities, improve staffing levels, increase staff training and skill levels, further improve the quality of care provided and also receive a fair return on their investment.
- Reform of the Carer Allowance Payment should also be considered so facilities, not just individuals, providing support can access it.

Introduction

The Federal Government's White Paper – *The Road Home* – acknowledges that many Australians who are homeless or at risk of homelessness have intellectual disability, chronic mental illness and/or substance abuse issues. In fact, many thousands of Australians are in this position.

The relationship between homelessness, vulnerability to homelessness and disability, mental illness and substance abuse is well documented in report after report on the issue done by governments, universities et al. This submission does not attempt to re-establish that relationship and is based on the premise that the Federal Government and this committee accept the relationship as established.

SAPA knows that privately-owned supported accommodation facilities play a vital role in overcoming homelessness amongst this group of Australians and that more needs to be and, at a reasonable cost, can be done for this group by private service operators.

This submission discusses ways in which this private affordable-accommodation and support model can be improved and expanded to provide stable, secure and safe accommodation for even more Australians who are homeless or at risk of homelessness because of disability, chronic mental illness or substance abuse issues.

Commonwealth legislation can help ensure this is done in a nationally-consistent way.

The Commonwealth can also ensure maximum value for money is achieved in homelessness programs, through funding initiatives that attract more private capital to the sector.

Important note: In 2002 the Queensland Government introduced significant reform in the sector, including legislative reform, aimed at improving the quality and safety of these services. In March 2006, the Queensland Department of Communities commissioned SGS Economics and Planning Pty Ltd (SGS) to undertake a final evaluation of these private residential services reforms. Its report (the *SGS report*) was released in March 2008. It is an important document for the committee to consider and is referred to in this submission. The SGS report and SAPA's response to it can be found at Appendix 1 of this submission

About SAPA Inc

The Supported Accommodation Providers' Association – SAPA Inc – is the peak industry body representing private-sector providers of Level 3 residential services in Queensland.

It was formed in 1995 to:

- represent the interests of members;
- improve industry viability;
- promote professionalism within the industry;
- lobby for resident services; and
- raise the supported accommodation industry's profile in the wider community.

SAPA has extensive experience in the supported accommodation sector and the needs, aspirations and rights of the residents it serves. It also has extensive experience in how government policy, legislation and programs impact on the sector, its residents and their families.

What are Level 3 PRSs in Queensland?

Level 3 private residential services (PRSs) are privately-owned or run facilities providing accommodation, a variety of personal care and food services – this is generally described as supported accommodation.

In 2007 there were 54 Level 3 PRSs across Queensland providing accommodation and support for a maximum of 1752 people (SGS report, p. 33).

The residents of Level 3 facilities are people with some form of disability or mental illness and most are in the population group considered to be at a high risk of homelessness.

As the SGS report says (p. 6):

“The sector houses a diversity of residents, often vulnerable people on low incomes; in some cases with complex support needs including alcohol and drug, mental health and physical disabilities.”

Therefore, Level 3 private residential services play a key role in reducing homelessness in our society and providing vulnerable people with the support services they need to enjoy a reasonable quality of life.

Services provided include:

- meals;
- cleaning;
- linen;
- medication assistance;
- facilitation of medical support including doctors' visits, pathology, dental, optical, podiatry and other therapies;
- personal care including hygiene care;
- financial and secretarial management;
- transport assistance; and
- significant emotional support.

By dealing with the mental health issues of their residents Level 3 private residential services also play an important role in keeping the general public safe.

(Important note: In the past, facilities of this type have sometimes also been referred to as “hostels”. That term is used in some of the material attached to this submission.)

Other States and Territories

Similar facilities exist in other Australian States and Territories and a summary of their operation and legislative arrangements is included in the SGS Report at pages 130-132 (Appendix 1).

In terms of a national response to homelessness, the comments and comparisons made by SGS on the various legislative arrangements should be of interest to the committee.

A standard national approach, whether through each State and Territory adopting standard legislation and funding models or the national government taking over regulatory and funding responsibility for the sector, would be beneficial for this group of Australians and encourage greater private investment in the sector.

This approach should be based on a strong commitment to good quality accommodation and services and also a realistic understanding of each resident's needs and capabilities.

Official definitions of homelessness need updating

People living in Level 3 PRSs are not homeless.

In fact, Level 3 PRSs and, in most cases, their interstate equivalents provide good quality, secure, long-term accommodation and support to thousands of people who would otherwise be homeless.

However, outdated and poorly informed official, national definitions of homelessness and accommodation types leads many commentators, researchers and policy advisers to count these residents as living in marginal accommodation and the facilities to be a form of tertiary homelessness.

In 2009 this is inappropriate and needs urgent change if Australian governments are to genuinely address the problem of homelessness in an affordable and sustainable way and one which addresses the needs and capabilities of many Australians in a realistic way.

For example, the Commonwealth Department of Health and Ageing's 2002 National Survey of Mental Health and Wellbeing's Bulletin 5 - *Disability, homelessness and social relationships among people living with psychosis in Australia* – says:

Marginal accommodation: *This was defined as residential accommodation affordable on a pension and characterised by a lack of secure tenure, little privacy, and shared kitchen and bathroom facilities. This included living in a rooming house or boarding home. These are often characterised by lack of secure tenure, lack of privacy and poor living conditions (small dark rooms). Some provide meals for residents whereas others provide shared kitchen and bathroom facilities. Hostels were also included in our definition of marginal accommodation. Hostels tend to be larger than group homes and more institutional in nature. They usually house people with some sort of disability and are often privately run for profit. (Emphasis added)*

Then the Commonwealth Government's own data research agency, the Australian Institute of Health and Welfare (AIHW), in its **Counting the Homeless 2006** (Appendix 2), which was released in July 2009 continues to use the "primary", "secondary" and "tertiary" broadbanning that lacks flexibility and is based on generalised community expectations rather than individual need and capacity. This broadbanning is also used by the Australian Bureau of Statistics and is referred to as the "cultural definition". In *Counting the Homeless 2006* the AIHW states

Tertiary homelessness refers to people who live in boarding houses on a medium- to long-term basis, operationally defined as 13 weeks or longer. Residents of private boarding houses do not have separate bedrooms and living rooms; they do not have kitchen and bathroom facilities of their own; their accommodation is not self-contained; and they do not have security of tenure provided by a lease. They are homeless because their accommodation does not have the characteristics identified in the minimum community standard

However, the AIHW's "A MODEL OF HOMELESSNESS BASED ON SHARED COMMUNITY STANDARDS EMBODIED IN CURRENT HOUSING PRACTICES" does accept that there are "Culturally recognised exceptions: where it is inappropriate to apply the minimum standard, e.g. seminaries, gaols, student halls of residence".

SAPA contends that, given the client group using Level 3 PRSs, they should, at the very least, also be listed as a "culturally recognised exception" if not a fully acceptable community standard for people with particular capacity restrictions caused by disability or chronic ill-health.

It should be noted that the Commonwealth *Supported Accommodation Assistance Act 1994* has a more flexible definition of homelessness:

4 Definition of *homeless*

When a person is homeless

- (1) For the purposes of this Act, a person is homeless if, and only if, he or she has inadequate access to safe and secure housing.

Inadequate access to safe and secure housing

- (2) For the purposes of this Act, a person is taken to have inadequate access to safe and secure housing if the only housing to which the person has access:
 - (a) damages, or is likely to damage, the person's health; or
 - (b) threatens the person's safety; or
 - (c) marginalises the person through failing to provide access to:
 - (i) adequate personal amenities; or
 - (ii) the economic and social supports that a home normally affords; or
 - (d) places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing.

However, SAPA is concerned that much of the research and practice in this area is still being excessively influenced by the inflexible and unrealistic "cultural definition" described above.

Residents of Level 3 PRSs do have safe and secure housing and, in Queensland, do have security of tenure through “Standard Residential Service Agreements” overseen by Queensland’s Residential Tenancies Authority and the State Office of Fair Trading (see Appendix 3 for a copy of one of these agreements).

If there is a concern about security of tenure in this type of housing then the Commonwealth could ensure that a legislative regime like Queensland’s is in place nationally.

Any remaining issues regarding quality and access to private amenities and support services are a function of income and/or funding for the sector. As with aged care facilities, these issues can be addressed through building certification and facility accreditation standards. However, as with aged care, a suitable system of funding this client group needs to be developed, which ensures these standards can be met at the best value to the taxpayer. SAPA believes the private sector can provide that value better than any other group. This will be addressed later in this submission.

It is also worth noting that the Commonwealth *Disability Services Act 1986* recognises the long-term support needs of people with a disability:

8 Target group etc.

- (1) The target group for the purposes of this Part consists of persons with a disability that:
 - (a) is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments;
 - (b) is permanent or likely to be permanent; and
 - (c) results in:
 - (i) a substantially reduced capacity of the person for communication, learning or mobility; and
 - (ii) the need for ongoing support services.

Through this Act the Commonwealth also recognises that people with a disability also often need long-term accommodation support:

In this Act, unless the contrary intention appears:

accommodation support services means services to assist persons with disabilities to develop or maintain suitable residential arrangements in the community and, without limiting the generality of the foregoing, includes attendant care services, namely, services to persons with disabilities to assist them with personal administration, transport, mobility, transfers, personal hygiene, bathing, grooming, dressing, eating and drinking, and similar personal activities.

Level 3 PRSs provide these accommodation support services for thousands of people who might otherwise be homeless and they do so without any government funding – for these purposes a resident’s pension is not defined as government funding for this sector, even though a proportion of the pension is usually charged as rent.

The client group

The overwhelming majority of residents of Level 3 facilities have significant disability issues and impairment, which means overly ambitious independent living and employment programs are inappropriate.

These residents require safe, secure, quality accommodation backed up with meals and other support to ensure they are living a safe, dignified life in keeping with the reality of their capabilities.

Appendix 4 contains resident profiles from two Queensland facilities – one rural and one inner city – which outlines the clinical status of each person, their prognosis and assessed care needs.

The profiles also indicate the length of time each resident has been at the facility. These figures, which show that most residents have been in each facility for many years, highlight the absurdity of continuing to refer to these people as homeless. They are clearly not homeless and have been benefiting from a safe, supported environment for many years.

These two facilities are representative of other such facilities across Queensland.

Avoiding “unrealistic ambition”

For about 30 years now service, employment and accommodation models for the disabled and mentally ill have moved away from institutional models of care and focused on, to quote from the objects of the *Disability Services Act 1986*, such things as:

Achieving positive outcomes, such as increased independence, employment opportunities and integration in the community.

SAPA supports this policy shift, but believes it is time to take stock of just what it really means and how it is applied to the wide range of circumstances and impairments found across the community.

For example, just how applicable, in practice in every circumstance, is the *Disability Services Act's* other stated objective of ensuring these Australians:

...receive services necessary to enable them to work towards full (emphasis added) participation as members of the community...

SAPA believes creating an atmosphere of “unrealistic ambition” should be avoided, as it risks diverting large amounts of funding into projects and services that have limited chance of success.

The client group exemplars described above indicate there are many Australians with significant permanent impairment, which restricts their capacity for “full” participation as members of the community.

Many homeless Australians, as defined in the Supported Accommodation Assistance Act 1994, are within this client group.

Full participation in society implies maximum or high levels of freedom to manage your own affairs. Such maximum freedom is fine if you have a fully functioning nervous system. Most people in this client group have significantly and permanently impaired nervous systems.

As the 2003 *Financial Analysis of Supported Residential Facilities in South Australia* (SA Department of Human Services; see Appendix 5, p. 60) points out:

Current policy initiatives in Mental Health prioritise funding for prevention, early stage intervention and rehabilitation. SRF residents are in general well beyond these early stages and require permanent care, which means that they have been unlikely to benefit from the initiatives. Little priority has been given to funding for accommodation and support for the SRF resident group since the process of de-institutionalisation was commenced over 30 years ago.

Language, including legislative language, and funding should reflect the reality of this client group and encourage maximum participation according to capacity rather than use language that creates “unrealistic ambition” and leads to the squandering of scarce public resources on programs destined to fail.

Safe, secure, quality, affordable accommodation

The streets are no place to live. Neither is a prison or hospital if you can avoid it.

Yet many Australians, including many in the client group that is the subject of this submission, do live on the street, in expensive prison cells or costly hospital beds because of a lack of safe, secure, quality, affordable accommodation such as that provided in Level 3 PRSs.

A major reason for this is the lack of government support provided to this accommodation sector and an overemphasis on unrealistic and costly independent-living housing options for this client group.

As the 2003 *Financial Analysis of Supported Residential Facilities in South Australia* (SA Department of Human Services; see Appendix 5, p. 78) found:

Some alternative (to Supported Residential Facilities or PRSs) accommodation funding options have very substantial cost implications for government. While the value judgements about what clients ‘deserve’ are controversial, there is a need for careful consideration of the affordability of options if applied to the whole population of pension-only SRFs and part of the boarding house population. It is inequitable to provide options for small groups that cannot be extended generally (emphasis added)

That is, large amounts of money are being spent on a few, while many others miss out on improved accommodation and services.

In this respect, David Renfrey’s 1998 report for the Queensland Government – *Costs of Accommodation and Care Alternatives for People with Intellectual or Psychiatric Disabilities* (Appendix 6) – is as relevant today as it was at the time of its publication.

After an extensive study of all the housing options and their relative cost Renfrey (p.5) said:

...evidence within this report suggests the Government should seek to encourage the various supported accommodation alternatives available which are more loosely regarded as community-based. This would include the group home model, in addition to other private and not-for-profit supported accommodation models.

Any incentives the Government might implement should be directed to those community-based options due to the relatively high benefits of these to residents. In addition any funding provided should be linked to outcomes in order to provide the opportunity for both private and not-for-profit sectors to access funds and provide competitively priced accommodation and care.

Both Renfrey and the SA report commented that, at the time, the standard of care (as opposed to accommodation) can be lower in for-profit facilities because of the inequitable distribution of government funding between the for-profit and not-for-profit sectors. As the SA report (p. 77) said, and it was also true of Queensland at the time:

SRFs in general receive substantial criticism and little practical support from government. The criticism appears in part to be based on SRFs' lower standards of care, in part based on outdated information and lack of involvement in current SRFs and in part to reflect in-principle opposition to private sector involvement in this type of community service. While there is clearly a need to raise standards of physical premises and operational care, the criticism is unfairly based in view of the fact that "good" government facilities are receiving a subsidy that is up to ten times the amount of the total income per resident of a SRF.

The standards that are actually achieved in most SRFs are higher than could be expected because operators and landlords accept low rates of return. The lack of practical support provided by government agencies should be addressed because SRF residents suffer from it as well as SRF operators.

The SA report, which also did an extensive study of the relative costs of each housing option (see summary on p. 78), concluded:

From this analysis it is apparent that maintaining the existing stock of SRFs is the most cost effective option with significant room to implement accreditation linked support to the sector to raise the quality of care and living standards for residents.

Some alternative accommodation funding options have very substantial cost implications for government. While the value judgements about what clients 'deserve' are controversial, there is a need for careful consideration of the affordability of options if applied to the whole population of pension-only SRFs and part of the boarding house population. It is inequitable to provide options for small groups that cannot be extended generally (emphasis added)

The Queensland SGS report (p. 4) also concluded the viability of the sector is marginal at best, due to low or non-existent government support and:

The fact that the revenue side of the operations is based on low or fixed income per resident, and therefore cannot be altered without changing the profile of residents or changing the operational costs. It is noted that there have been considerable cost increases in recent years associated with insurance costs, council rates and costs of living in general. ... The levels of care required for vulnerable residents contributes to the high cost structure.

However, the committee should also note the SGS report (p. 4) concluded:

Nonetheless, the sector is resilient and given the likely marginal viability, many of the current operators interviewed indicated they are dedicated to their residents and the principles of providing care for the vulnerable sector. Given the marginal returns, the quality of care and service provided can be considered to be very high (emphasis added).

In developing a national response to homelessness, legislative reforms should provide more support for this committed and hard-working sector. As the SGS report recommended, governments should “consider and investigate the advantages and disadvantages of instigating a range of mechanisms to support overall viability”.

Examples include tax relief and government funding, because all the evidence indicates the Government will get “more bang for its buck” from the for-profit supported accommodation sector, when developing its response for the many thousands of Australians who are homeless or at risk of homelessness because of intellectual disability, chronic mental illness and/or substance abuse issues.

1. Tax and other costs relief for the sector

Various reforms to the Tax Act also have a role to play in overcoming homelessness.

The Commonwealth Government already recognises the contribution of supported accommodation facilities through its Goods and Services Tax rules (Appendix 7)

Under the **GST-free Supply (Care) Determination 2000**, made by the Minister for Aged Care under the Commonwealth *Aged Care Act (2007)*, residents of Queensland’s Level 3 supported accommodation facilities fit the description of a “targeted person” and as such the provider is making a GST-free supply to that person.

Other recommended areas of tax reform to encourage investment, through facility upgrades and the building of new housing facilities, in the sector include, but are not limited to:

- accelerated depreciation for such things as building, furniture, fittings and vehicles for resident transport;
- salary packaging for staff; and
- capital gains tax reductions.

The Commonwealth can also use its funding leverage to secure reductions in various State and local government taxes and charges imposed on the sector. SAPA is already lobbying the Queensland Government for consistency of treatment with the aged care sector for Land Tax purposes (Appendix 7).

2. Income support and funding for the sector

a. Grants and support packages

In 2002 SAPA published a document - PROPOSED MODEL FOR GOVERNMENT SUPPORT FOR PRIVATE SECTOR SUPPORTED ACCOMMODATION FACILITIES TO HELP COMBAT HOMELESSNESS – to assist the Queensland Government see the relative costs of various accommodation and support models and propose various ways of better assisting the efficient and cost-effective private sector to remain viable.

This document has been up-dated for the purposes of this submission to the House of Representatives, to include certain costings at 2009 figures. The full document can be found at Appendix 8.

The funding models proposed in this document include capital works grants and better-targeted support packages. They are also recommended to the Federal Parliament and Federal Government for their consideration. Some States already offer some of this type of funding. Through funding agreements with the States such initiatives could be easily introduced and nationally-consistent funding standards established.

b. Daily bed subsidy

In the previous section we have outlined a range of tax, charges and support payment reforms that will improve the sector's viability.

However, the major issue that needs to be addressed is the limited and fixed income stream currently available to supported accommodation providers, because of the low-income, pension-dependent status of most residents.

SAPA believes this involves the urgent development of a resident subsidy system - for example, something similar to what operates in aged care and which is based on a formal assessment of individual resident need - which will allow providers to continue updating and modernising their facilities, improve staffing levels, increase staff training and skill levels, further improve the quality of care provided and also receive a fair return on their investment.

Developing a resident assessment tool would not be that difficult and the aged care ACAT system is worth considering. The assessment processes for a Disability Support Pension, including the Job Capacity Assessment, are also a good starting point for such a tool. However, the tool would also need to have a mechanism for assessing a person's support needs.

Residents could then be categorised according to impairment severity and support need and a daily bed subsidy established for each category.

Note: One significant difference from the aged care system is the capacity to impose things such as accommodation bonds. If they were not living in a Level 3 PRSs most of these people would be homeless and their income and assets are extremely limited.

c. Reform of Carer Allowance Payment

Another option worth considering, which is possibly simpler all round, is reform of the Commonwealth Carer Allowance Payment.

A person can currently receive a Carer Allowance Payment if they:

- are looking after a person over 16 who has a disability, medical condition or who is frail aged and needs a lot of care and attention on a daily basis, and
- provide the care for that person in either your home or the home of that person.

The operators of Level 3 PRSs are clearly fulfilling the two criteria in that are looking after people with disabilities, etc, who need a lot of care and attention on a daily basis and they are doing so in “the home of that person”, which is the facility.

At the current rate of \$105.10 per fortnight, extending eligibility for this payment to Level 3 PRSs, would significantly enhance their viability and allow them to improve staffing levels and in-house support services.

This reform would need to be done in conjunction with a quality monitoring system, which ensured the money did lead to accommodation and support improvements.

This simple yet significant reform could be done at the annual cost of about \$5.5 million for every 2000 residents of these facilities. Compare that with the \$40 million in Commonwealth funding recently given to the not-for-profit Common Ground project in Queensland, just to build an accommodation facility for only about 150 people.

Conclusion

SAPA supports the need for a regulated and properly-monitored, supported-accommodation sector. Any reform of Commonwealth homelessness legislation should aim to achieve this, with strong national standards set.

Reform of Commonwealth homelessness legislation should also aim to achieve maximum value for money. In fact, one cannot effectively be done, and should not be done, without the other. That means giving the for-profit sector greater opportunity to access government funding.

The Queensland Government’s reforms of the private residential services (PRS) sector have done a lot to improve resident safety and services. They should be studied as a basis for any national reform.

However, regulation and monitoring do come at a cost. There is no doubt the reforms, especially the new regulations, have also increased costs in the sector and probably led to the closure of a number of Level 3 facilities and stalled new investment in the sector.

This in turn has led to increased homelessness amongst people with disabilities and mental health problems.

SAPA believes that the regulatory reforms now need to be matched by reform of the sector's funding arrangements so that the true contribution of supported accommodation providers is financially acknowledged and more private sector investment in Level 3 facilities is encouraged.

Such action is vital to tackling homelessness and providing a better quality of life, in a cost effective way, for those in our community most in need of personal care support.

People living in Level 3 facilities, and their interstate equivalents, are not homeless. For many thousands of impaired Australians these facilities are the solution to homelessness and they need to be funded accordingly so they can do more to alleviate homelessness amongst this client group

Reform of the sector's funding arrangements will involve some increased costs for governments at all levels, but will also involve more efficient and productive use of current funding. All the evidence indicates that the private sector is more cost effective than the not-for-profit and government sectors.

However, this sector still must be viable and offer some return on investment. To achieve this SAPA supports a range of tax, charges and support payment reforms that will improve the sector's viability.

However, the major issue that needs to be addressed is the limited and fixed income stream currently available to supported accommodation providers, because of the low-income, pension-dependent status of most residents and potential residents.

SAPA believes this involves the urgent development of a resident subsidy system - for example, something similar to what operates in aged care and which is based on a formal assessment of individual resident need - which will allow providers to continue updating and modernising their facilities, improve staffing levels, increase staff training and skill levels, further improve the quality of care provided and also receive a fair return on their investment.

Reform of the Carer Allowance Payment should also be considered so facilities, not just individuals, providing support can access it.

Funding and accountability reforms along the lines proposed will attract increased private investment in this vital sector, which has so much to offer in terms of reducing Australia's tragic homelessness rates.