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# ACCESS
## *to Affordable & Stable Housing*

# TARGETING SUSTAINABLE HOUSING

*by Adrian Pisarski* | *Chairperson, National Shelter*

Physicists speculate that a grand theory of everything may be possible but that its comprehension requires accepting that we live in a multiverse rather than a universe. From my perspective, it already seems like I live in a multiverse where the laws of my universe are completely different from the laws governing others.

It often seems to me to be the only explanation for the continuing silos of service and I sometimes wonder about cabinet discussions that seem to drop all difficult things between the edges of their different responsibilities. Perhaps government cabinets are microcosms of the multiverse.

Since the 1970s state housing authorities, homelessness services and community housing providers have increasingly housed people who previously might have been accommodated in asylums. The deinstitutionalisation of mental health facilities was big news,

a breakthrough in social policy, an end to stigmatisation and the demonisation of people suffering mental illness, heralding a new enlightened approach by incorporating people into the community.

It would have helped had we established the community-based facilities, housing options, and support services required to properly complement this illumination of 1960s and 70s thinking. Instead, far too many people have become homeless or, when housed, suffer isolation and concentration in housing units jammed with other tenants with very high need, without the walls and locked gates but with insufficient care and connection.
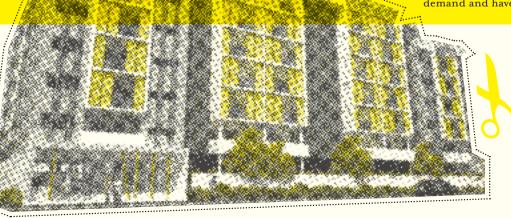
Forty years later, it is tempting to look back on the asylums fondly but that would be as wrong as the expectation we could end institutionalisation seamlessly without first building an alternative service system. Australia may not be alone in its follies but we should now be looking to repair some of the damage our optimism created.

In housing, we have struggled to keep up with the demand and have

even been losing some of our scant resources. The major decline in the Howard government's time in fact began during the Fraser, Hawke and Keating eras. In response to the economics then we increasingly targeted our spending on those in need, desperate for solutions beyond our limited means and justified by ensuring we were spending taxpayers' dollars frugally.

We were also laying the ground for an increasingly unsustainable housing system set for inevitable decline, though we had the best of intentions. Social housing uses a proportion of income (typically 25%) as a rent benchmark so that as we further target low-income households we also undermine the system's financial viability. By the 2010s, every public housing property represents a deficit to every state government.

By the time Brian Howe was the nation's housing minister, there was a realisation that we could never grow our social housing system large enough while targeting only those on low income and high need because the low rent paid could never meet the cost of the system. We were also increasingly seeing



*Example of new development by Brisbane Housing Company incorporate a mixed tenure model with public housing, NRAS and for sales on the market.*

# *le housing*

housing stress grow in the private rental market. The response was to develop Commonwealth Rent Assistance, an income-support supplement to help meet the costs of low-income households in the private rental market and to create a permanent payment to assist housing outcomes that could grow based on need.

It was a laudable goal though, in hindsight, it helped increase the concentration of people with very low incomes and high needs in social housing. It has helped many people secure and maintain their private rental property but residualised public housing for those with the lowest income and the highest needs. This has meant housing many more people with mental health histories, dual diagnosis and so on but has largely ignored the supports and connections people require to live their lives well.

Traditional public housing tenants are often pensioners unable to secure housing in the market. Public housing was once a low-cost housing alternative to home ownership for many different household types with a range of income which cross-subsidised the very low

income households within it. Many public tenants still come from that background and feel overwhelmed by the behaviours that are part of the combined deinstitutionalised and over- targeted new public housing world.

### Affordable housing

Since 2007 we have been building a new approach that has elements of the old approach but is trying to develop new tools and approaches to overcome the limitations of the thinking of the past 40 years.

The National Affordable Housing Agreement replaced the previous Commonwealth State Housing Agreement in 2008. It is a more broadly framed agreement in theory, if not in funding, which is complemented by National Partnership Agreements on Remote Indigenous Housing, Homelessness (NPAH) and Social Housing. It has been supplemented by the National Rental Affordability Agreement (NRAS) and the Social Housing Initiative as part of the nation building stimulus response to the global financial crisis.

In all, these programs have added billions of new dollars

in funding to the base program and have begun to repair some of the decline in social and affordable housing. In addition we are also moving, with variations between states, significant amounts of previous public housing across to the community housing sector to help broaden the base of social and affordable housing (using NRAS, for example) and improve its financial viability. The end game of this is to regrow our supply of high-need, low-income housing but within a system that has lower concentrations of disadvantage and better connections to social, health, employment, training and other systems required.

There have been many interesting developments in homelessness as well as improving the linkages and responsibilities of different players in our systems. An example is the development of the Health Homelessness Outreach Teams in Queensland. Initially part of the Beattie government's Responding to Homelessness Package, these services have been enhanced through the NPAH to cover more areas. They deliberately target people ending a stay in hospital, who may have previously been exited into,

or back into, homelessness. They provide a housing response via the health system to ensure a housing outcome after treatment.

They have been universally welcomed by the homelessness sector and provide an example of how in future we need to build the service systems we did not build when deinstitutionalisation began.

Another example is the development of various common ground approaches. These provide housing with on-site supports, also using mixed tenure to ensure they are not over-concentrated but are housing people characterised as chronically homeless and making sure the supports they may call on are in the same facility. They tolerate relapses and behaviours, which many services struggle to cope with, to target the previously chronically homeless and build success and resilience.

I am hoping that in future we can begin to unify our theories and practice around housing, homelessness and mental health and begin to build a new theory of everything so we are not consigned to the multiverse within which I sometimes fear I live.

# HOMELESS PEOPLE NEED STABLE HOUSING TO HELP RECOVERY

*by* / Nicole Lawder
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& / Travis Gilbert
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ON CENSUS NIGHT 2011, HOMELESS SERVICES HELPED OVER 105,000 PEOPLE AS PART OF THEIR DAILY SUPPORT FOR PEOPLE WHO PRESENT IN CRISIS. THE EXPERIENCE OF HOMELESSNESS CAN HAVE A DEVASTATING IMPACT ON INDIVIDUALS AND FAMILIES, EMOTIONALLY, MENTALLY AND PHYSICALLY.

Specialist homelessness services deal with large numbers of clients who have high levels of psychological distress and/or symptoms of mental illness but who cannot secure access to mental health services. This is often due to factors such as inequitable access to systems, lengthy waiting lists, clinical diagnostic criteria or cost. There are services specifically to provide accommodation, housing and support to people with both histories of homelessness and complex mental health needs, and severe and persistent psychiatric illness, such as MIND Australia/ The Richmond Fellowship. Many other services are not designed to accommodate and support people with complex needs and this places them under significant strain.

## The new institutions?

Boarding houses and homelessness services appear to have become default accommodation options for significant numbers of people who 50 years ago may have been institutionalised in asylums. A 2011 report commissioned by Baptist Community Services found that one third of residents in unlicensed boarding houses had a mental health disorder, the majority (55%) also having high levels of psychological distress (7-9).

People without strong family and social support networks are often unable to access or sustain housing and require frequent stays in psychiatric settings before being discharged into tenuous accommodation. They end up in the homelessness service system that is often inadequately resourced to address complex psychiatric and psychological care needs.

## Not unwell enough for hospital?

While it is preferable to have people treated in the community, homelessness services are dealing with significant numbers of people in crisis at any one time. Specialist homelessness services make an assessment of a person's health, social circumstances and wellbeing. Increasingly this requires staff to assess a person's mental state and their level of psychological distress and its impact on social functioning.

Having done this, they then have to seek referrals to external services that cannot be fully provided by staff on-site. Yet when they do so, they find their clients are not unwell enough to be accepted by mental health services, in particular providers of in-patient care.

This group of clients are too unwell to be fully supported by specialist homelessness services but are not unwell enough to be accepted for referral to specialist mental health services.

## What comes first?

People with mental illness are at greater risk of homelessness for several reasons: the requirements of personal care, social isolation, family breakdown, stigma, discrimination and a breakdown in housing tenure due to hospital admissions.

People in insecure housing or who are living in unstable accommodation are more likely to have higher levels of psychological distress or symptoms of anxiety and depression than people with security of tenure.

Being homeless is stressful and even short periods of homelessness can trigger anxiety and despair. If homelessness recurs, it is even more likely to trigger an anxiety disorder or depression.

People who have spent more time in homelessness settings, boarding houses or sleeping rough are significantly more likely to develop severe and persistent disorders such as affective disorders and schizophrenia (MHCA: 2009, 10-12).

## Homelessness, trauma and violence

Recent studies by Sacred Heart Mission and Mission Australia have documented a strong correlation between exposure to trauma and long-term homelessness. Both studies found that a majority of participants had been exposed to traumatic events, such as witnessing a murder or attempted murder, repeated assault, regular exposure to violence and kidnapping or deprivation of liberty (Mission Australia: 2011, 5-6, 9; Sacred Heart Mission: 2012). Exposure to trauma, either a severe single event or recurrent exposure to violence or sexual abuse, is correlated with the development of post-traumatic stress disorder, multiple-personality disorder and/ or schizoid-type disorders (American Psychiatry Association: 2008, 774-776).

Homelessness itself, particularly rough sleeping and being on a cycle between crisis services and rough sleeping, increases the likelihood of exposure to violence or trauma, which may trigger mental illness or exacerbate an existing condition. Further research has found that people sleeping rough or staying in crisis services are 13 times more likely to be victims of aggravated assault or assault involving a weapon than people who were stably housed prior to arrest (Australian Institute of Criminology: Homeless People, Their Risk of Victimisation, Crime Reduction Bulletin no.66, 15 April 2008).

The trauma of repeated exposure to domestic violence in the family home may have a link to the development of mental illness for children, as demonstrated by the findings of a United Kingdom study of children's exposure to and/ or involvement in domestic violence that found:

*'...while only 13 per cent qualified for a full PTSD (post-traumatic stress disorder) diagnosis, larger numbers suffered from traumatic symptoms which included intrusive and unwanted remembering of the traumatic events (52 per cent); traumatic avoidance (19 per cent); and traumatic arousal symptoms (42 per cent)...'* (Laing: 2009, 10).

In addition, we know that many women who experience domestic and family violence require intensive counselling and support after leaving the violence to support their transition to life without that threat. This will often include the need for referral to mental health services. For example:

*'... Domestic violence can lead to other common emotional traumas such as depression, anxiety, panic attacks, substance abuse and posttraumatic stress disorder. Abuse can trigger suicide attempts, psychotic episodes, homelessness and slow recovery from mental illness...'* (American Psychiatric Association).

## Getting in early

Rates of mental illness in Australia are highest among people aged 18 to 24, a problem amplified by the inclusion of substance use disorders given that the rate of drug use is generally higher for this group than it is for other demographics (AIHW: 2011, 96, 150-153.)

Youth homelessness services frequently provide accommodation and support to young people who are showing signs of mental illness. Sometimes workers are able to identify a need for access to youth mental services at early onset, while other young people reach youth homelessness services in crisis.

The onset of mental illness in adolescence and young adulthood can be devastating and immensely disruptive to the life of the young person and their family who will usually shoulder most of the care burden. The impact of mental illness during high school years can disrupt education and can result in some young people being excluded and becoming economically disadvantaged.

## Older Australians

Given our ageing population and in recognition that homeless, older people often present to services in crisis with high and complex needs, older Australians are a group that need greater consideration by both the homelessness and mental healthcare sectors.

For older Australians whose psychosocial functioning is such that they are able to live independently, care at home and assistance managing their medication may be enough. We also need increased access to the aged care system for older Australians with limited means.

## Conclusion

We know that many people develop symptoms of anxiety and depression following the loss of housing. We know that mental illness is a contributing, if not causal, factor that can lead to the loss of housing and contact with the homelessness service system.

We know from mental health providers and consumer/ carer networks that families are bearing a heavy burden of the costs, both personal and economic, of mental healthcare. Mental illness often leads to family breakdown, which we know is a common trigger of homelessness, particularly for young people. Early intervention could have prevented family breakdown many times if families, carers and people living with mental illness had been given support in the early onset of mental illness and, quite simply, if they had known where to go to get help.

We need to ensure strong linkages between the homelessness and mental health sectors and expand those services that join up the delivery of both.

The inability to access stable housing in conjunction with support services necessary to sustain tenancies and participate in the life of communities has again emerged as the preferred solution. The lack of affordable housing is well documented and must be addressed as part of the solution.

We can, and must, do better for people living with mental illness and those who are at risk of becoming homeless. We need to ensure system access and housing supply with appropriate support services across the continuum of care to break this cycle and promote and support recovery, housing security, health and wellbeing and community participation.

*by Arthur Papakotsias*

*Chief Executive Officer, Neami National*

# MORE T

**THREE YEARS AGO WHEN NEAMI NATIONAL, A SPECIALIST MENTAL HEALTH SUPPORT SERVICE, TOOK ON RESPONSIBILITY FOR ONE OF SYDNEY'S HIGHEST PROFILE HOMELESSNESS INITIATIVES, THE WAY2HOME PROGRAM, IT RAISED A FEW EYEBROWS.**

## 39
### INDIVIDUALS SURVEYED

### DEMOGRAPHICS

| | | |
|---|---|---|
| Male / Female | 87% / 13% | |
| Mean Age / Range | 49 / 24-85 | |
| Australian born | 79% | |
| English as first language | 87% | |
| Indigenous | 13% | |
| Unemployed (formally) | 100% | |
| Disability support pension | 72% | |

### HOMELESSNESS

| | | |
|---|---|---|
| Slept rough for more than 5 years total | 74% | |
| Slept rough prior to age 18 | 34% | |
| Contact with the juvenile/adult justice system or police | 74% | |

### HEALTH

| | | |
|---|---|---|
| Diagnosed or undiagnosed mental illness | 79% | |
| Acute distress from diagnosed or undiagnosed mental illness | 61% | |
| Presentation to emergency department in last 12 months | 67% | |
| Used ambulance services once or more in previous 12 months | 38% | |
| Smoking daily | 95% | |

Was this an organisation straying from its core business or was this new positive step towards breaking down the silos between deeply connected but functionally separate service systems like homelessness, mental health, primary health, disability, education and employment?

The rationale for Neami's interest in Way2Home comes from our mission to 'improve the mental health and wellbeing of local communities' and our focus on working with the members of our community who have the most complex needs.

This was a chance to apply our experience in mental health recovery and complex case management services, build on the foundation that stable housing provides and creates significant change in people's lives.

## About Way2Home

Neami National is a community-based recovery and rehabilitation service supporting people with mental illness and psychiatric disability to improve their health and live a meaningful life in line with their own strengths, values and goals.

Way2Home is a partnership between Neami National, St Vincent's Health's Outreach Team, The City of Sydney's Homelessness Unit, Platform 70 and Housing NSW. It comprises two teams, working in collaboration with shared clients, one made up of community rehabilitation support workers who conduct assertive outreach, the other of clinical staff working in hospital and outpost settings.

Way2Home is based on the Street to Home model, which is a Housing First approach to ending homelessness for people with long histories of primary homelessness and/ or sleeping rough and whose severe health problems place them at greatest risk of death without intervention.

Housing First models provide immediate access to housing followed by support services to help sustain that housing. This is in contrast to other services that require people to be housing-ready by meeting certain goals before they can enter housing.

Way2Home uses a tool known as the Vulnerability Index and outreach-based surveys of known rough-sleeping locations to identify and prioritise individuals for support.

Street to Home-based programs are also running in Adelaide, Brisbane, Fremantle and Melbourne funded under the Federal Government's White Paper on Homelessness and the National Partnership Agreement.

Neami's approach is unique in Australian Street to Home programs in its use of a team-based case management model developed initially for mental health support and integration of peer workers with a lived experience of homelessness into our assertive outreach team.

We have also benefitted from the support of Platform 70, a philanthropic housing initiative that involves headleasing of private properties. Headleasing in this context means that a community housing provider

leases a property from the landlord, takes responsibility for rent and tenancy issues, and then sub-leases it to an individual or family.

Platform 70, together with Housing NSW, have provided most of the permanent housing that has made successful outcomes possible. Without housing, there can be no Housing First.

## Service users

The University of Queensland's Institute for Social Science research report, Service users: a baseline report on Sydney's Way2Home Program (2013), has confirmed the deep connections between homelessness and serious and complex physical and mental health conditions.

## Three years later

In just three years, Way2Home and our partners have supported 183 of Sydney's longest-term homeless individuals into permanent housing and a further 8 are currently in transitional housing awaiting permanent options. More than that, we have been able to provide mental health support for those who need it to make that housing sustainable using our existing case management model.

Of those surveyed, 85% reported an improvement in their quality of life since engaging with Way2Home with housing the primary area remarked on. Many participants also commented on the other positive life changes such physical and mental health, safety, social connections and wellbeing that were enabled as a result of having a safe, secure and affordable place to call home and ongoing support for their mental health recovery.

Way2Home was then invited to deliver Sydney's Aboriginal Intensive Assertive Outreach Service and to a successful tender for the Victorian Indigenous homelessness program, Breaking the Cycle.

As the University of Queensland research reveals, long-term primary homelessness and mental illness are highly correlated. This means we need multidisciplinary experts working together in teams, a greater use of secondary consulting arrangements and more work to break down the largely artificial administrative barriers that can prevent effective responses.

The bottom line is that no service or system can ever hope to meet the holistic needs of the most complex and disadvantaged members of our community — and significantly improve the quality of their life — without genuinely holistic service responses.

## Finding a home

Amal is 66 and was born in Lebanon, coming to Australia when he was 17. During his life he has raised a family of seven children, owned and operated a fruit store and worked as a builder. Due to divorce and relationship's breakdown he lost all contact with his ex-wife and children.

When Way2Home's outreach workers first met Amal he had been sleeping rough in Sydney and Melbourne on and off for about 10 years. He had been diagnosed with diabetes, emphysema, heart disease, kidney disease, schizophrenia and depression. He used alcohol and cannabis daily and occasionally had run-ins with the police for anti-social behaviour.

After meeting him in Sydney's Woolloomooloo a number of times during early morning outreach trips, we were able to establish trust and refer him in to the Way2Home clinical team at St Vincent's Hospital.

After securing transitional housing through Housing NSW, Amal was assisted to look at his permanent housing options and underwent an Aged Care Assessment Team assessment. He then secured community housing in February this year and has continued to receive daily outreach support.

Speaking to Amal it is clear he wants to build on his now stable mental health and to begin to address his poor physical health and his alcohol and drug use issues, which he acknowledges are impacting negatively on his life.

Way2Home will continue to support Amal in his housing and on his recovery until he is able to transition to live independently and rely on his own support networks.

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