

Submission

National Housing and Homelessness Strategy



Acknowledgments

About Neami National

Neami is a values-based, national not-for-profit organisation providing community and clinical mental health, homelessness and suicide prevention services. We have more than 1200 staff working in metro, regional and rural communities, supporting more than 32,000 Australians a year to make positive changes to their mental health and well-being.

Acknowledgment of Country

The Neami Group acknowledges the Traditional Owners of all lands on which we carry out our work and we pay our respects to their Elders, past and present. We recognise the unique position of Aboriginal and Torres Strait Islander Peoples as the first sovereign nations of the Australian continent, that sovereignty has never been ceded, and that no treaty has been realised.

Acknowledgement of Lived Experience

This submission is indebted to the contributions of people who access and deliver Neami services. We thank them deeply for the expertise and time they shared with us.

A Word on Language

Throughout this submission, we use the term *mental health challenges* which is the preferred terminology for the majority of people with lived experience of mental ill-health surveyed by Neami in preparation for this and other Neami policy submissions. We may use the term mental ill-health depending on the context.



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Contents

Acknowledgments	2
About Neami National	2
Acknowledgment of Country	2
Acknowledgement of Lived Experience	2
A Word on Language	2
Contents	3
We are Neami	4
Our Submission	4
Background	5
Build or develop more social housing and demarcate accommodation for people that experience serious and persistent mental health challenges	8
Invest in programs to sustain tenancies at risk and prevent people becoming homeless	14
Invest in what works: effective and evidence-based models for homelessness prevention for people living with mental health challenges	16
Fund homelessness services adequately to build a robust, mature sector equip to end homelessness	23
Conclusion	25
More information	26

We are Neami

Neami National (Neami) was established in 1986 and is a specialist community mental health provider supporting people to improve their wellbeing, live independently and pursue a life based on their strengths, values and goals.

We support over 32,000 individuals nationally across services spanning community and residential mental health, suicide prevention, and housing and homelessness. We work in collaboration with the community, social housing providers and transitional services to deliver a range of wraparound housing programs that build the capacity, resilience and connection between communities and community members to improve mental health outcomes, secure and maintain sustainable housing, and support individuals to live as full members of their communities.

Neami believes that housing is a human right and we welcome the opportunity to share our expertise, and the expertise of our workforce and consumers, towards the development of the National Housing and Homelessness Strategy. Our submission draws from previous policy work that we have done to advocate for the people who use our services; consultations with our homelessness workforce; and people with a lived experience of homelessness.

Our Submission

The 10 Year Housing and Homelessness Strategy must deliver a priority response to people that experience **serious and persistent mental ill health**.

People living with mental health challenges are **overrepresented in homelessness data** and are more likely to experience poorer health, higher rates of poverty and unemployment, lesser engagement in education and they are more likely to experience loneliness, isolation and social disconnection.

Our submission focusses on **four key strategies** to reduce the number of people who have serious and persistent mental ill health that are living in unsafe and unsustainable housing towards creating a foundation for recovery and improving opportunities for social and economic participation.



Background

Housing is the Foundation for Recovery¹

Australia is experiencing a housing crisis exacerbated by cost of living outpacing income support and wages; the decline in the safety net of social and affordable housing; and increasing rates of poverty and economic insecurity. Some cohorts are disproportionately affected by these conditions; at present, there are at least 31,000 Australians living with a mental health condition who are residing in unsafe and unsustainable housing, or who are at risk of homelessness.² Mental illness remains a key driver of homelessness and conversely, the state of being homeless or residing in precarious housing exacerbates mental ill health.³

People who experience debilitating mental health challenges can experience conditions that put their accommodation at risk. As a result of impairments related to mental ill health, individuals can find it difficult to engage in the open rental market or upkeep housing payments putting them at risk of homelessness. Mental health challenges can affect a person's capacity to maintain activities of daily living including maintaining secure employment, paying rent and bills on time, or managing communications and self-advocacy during periods of crisis or conflict. Further, people living with mental health challenges continue to experience stigma and discrimination in all areas of public life including the housing and homelessness sector.⁴

People living with mental health challenges may experience co-occurring disorders such as substance misuse or other disabilities, factors that may limit their housing options or in some cases act as a barrier to engaging in housing programs. In consultations with staff and consumers, we have been told of examples where homelessness programs will not accept people with active substance use disorders. We have also heard that housing providers have turned consumers away because the service is not adequately skilled or resourced to support people with complex mental health support needs.

Being homeless or residing in conditions that are unsafe and insecure creates significant barriers to individuals' ability to source and engage in mental health support and impacts other areas of the person's life including health, employment and community engagement. At the 2023 Australian Housing Urban Research Institute (AHURI) National Housing Conference, Minister for Housing, Julie Collins, described homelessness as a situation where people's lives 'are on hold', unable to progress as a result of the instability and uncertainty caused by being without a safe and secure home.

¹ Brackertz, N., Borrowman, L., Roggenbuck, C., Pollock, S & David, E. 2020. Trajectories: The interplay between housing and mental health pathways. AHURI & Mind. <https://www.ahuri.edu.au/housing/trajectories>

² Mind. 2023. How can the Housing and Homelessness Plan meet the needs of people experiencing significant mental illness' webinar hosted by Mind and AHURI. 4 September 2023.

³ 31% of Specialist Housing Service consumers have a current mental health issue: Australian Institute of Health and Welfare (AIHW). 2021. Mental Health. <https://www.aihw.gov.au/mental-health/topic-areas/specialist-homelessness-services>

⁴ Human Rights & Equal Opportunity Commission. 2008. Homelessness is a Human Rights Issue. <https://humanrights.gov.au/our-work/rights-and-freedoms/publications/homelessness-human-rights-issue>

Karadzhev⁵ describes the relationship between homelessness and mental health:

“As a multi-pronged ‘assault’ on individuals’ mental, social, psycho-emotional and existential well-being, homelessness, particularly chronic and repeat homelessness, can be suspected to severely undermine individuals’ capacities to engage in recovery”.

Thus, Neami recommends:

- Housing First as the key methodology to underpin Australia’s 10 Year Housing and Homelessness Strategy (the Strategy).
- That the Strategy delivers a targeted and evidence-based response to addressing the homelessness of people who are living with serious and/or persistent mental health challenges.

Four strategies to end homelessness for people living with serious and/or persistent mental health challenges

Good mental health and safe and sustainable housing are mutually reinforcing protective factors. Neami delivers a range of homelessness support programs that are targeted to people who experience serious and/or persistent mental health challenges and that are designed to understand and respond to the relationship between homelessness and mental health.

Our homelessness programs:

- Are consumer-centred, with the consumer valued as the expert of their own lives.
- Evidence-based, drawing on what works, from both a consumer and research perspective.
- Demonstrate peer support representation by aiming to ensure our programs have an appropriate balance of staff with lived experience of mental health challenges and/or homelessness or housing insecurity.
- Are transdisciplinary, holistic and responsive to the complex and intersectional nature of homelessness acknowledging the impact of wider social and economic determinants on achieving housing stability.
- Are culturally appropriate and trauma-informed supporting consumers to live lives they desire and value through a practice approach that promotes consumer safety, choice and control.
- Are delivered through a partnership approach with relevant, complementary community-based providers including local health, homelessness, mental health and employment services.
- Have housing first as an underpinning methodology. We believe housing is a human right and a transformative protective factor; all people should have access to safe and secure accommodation.

⁵ Karadzhev, D. 2021. Personal recovery and socio-structural disadvantage: A critical conceptual review. *Health (London)*. 2023 Mar; 27(2):201-225. doi: 10.1177/13634593211014250. Epub 2021 May 7. PMID: 33962518; PMCID: PMC9923205.

Neami welcomes the Labor Government's commitment to working with the Australian community to develop a long-term vision to end homelessness and housing insecurity. Homelessness is a complex issue that will require significant investment and cooperation from all levels of government and from the housing and homelessness sectors.

We understand that the Strategy will attract unprecedented interest and thus we have elected to highlight four key areas we believe should be in focus in the new National Housing and Homelessness Strategy if we are to *end homelessness for people living with serious and/or persistent mental health challenges*:

1. Build or develop more social housing and demarcate accommodation for people who experience serious and persistent mental health challenges
2. Invest in programs to sustain tenancies at risk and prevent people from becoming homeless
3. Invest in what works: effective and evidence-based models for homelessness prevention for people living with mental health challenges
4. Fund homelessness services adequately to build a robust, mature sector equipped to end homelessness



Build or develop more social housing and demarcate accommodation for people who experience serious and persistent mental health challenges

- In allocating social housing, prioritise people who experience serious and persistent mental health challenges and those whose mental health has impacted their ability to secure and sustain a tenancy.
- Invest in affordable and social housing with embedded wraparound support for people living with mental health challenges and ensure support is available as a safety net during times of unwellness or crisis.
- Invest in program exits to permanent housing: individuals should not be required to move out of their home when the support duration ends.
- Housing must meet the unique needs of people who experience serious and persistent mental health challenges including safe access to services and amenities.

Rental accommodation is unaffordable and inaccessible to many people living with serious and/or persistent mental health challenges

In our submission, we argue for a housing strategy that is underpinned by a housing-first approach. Housing First is a human rights-based model that seeks to house people in safe and permanent housing (including social, affordable and rental accommodation) without preconditions or expectation of engagement in treatment or support.⁶ For people living with mental health challenges, housing first contributes—unlike traditional ‘continuum of care’ models—to consumers’ ‘sense of security, hopefulness, sense of empowerment and, ultimately, recovery’.⁷

Housing first is backed by evidence; AHURI’s synthesis of available evidence has found that the model is effective for people who have had a history of homelessness and who have complex needs and that people housed in a housing first program were more likely to retain their housing compared to those who receive ‘treatment as usual’.⁸ There is also growing evidence that housing first can reduce the costs associated with out-of-community care including hospitalisation, residential rehabilitation and custody, and improve long-term family outcomes through reduced incidences of homelessness.⁹ For people living with serious and persistent mental health

⁶ AHURI. 2018. What is the Housing First Model and how does it help those experiencing homelessness? 25 May 2018. <<https://www.ahuri.edu.au/analysis/brief/what-housing-first-model-and-how-does-it-help-those-experiencing-homelessness>>

⁷ Karadzhev, D. 2021. Personal recovery and socio-structural disadvantage: A critical conceptual review. Health (London). 7 May 2021.

⁸ Roggenbuck, C. (2022) Housing First: An evidence review of implementation, effectiveness and outcomes, report prepared by AHURI, AHURI, Melbourne.

⁹ Department of Housing and Urban Development (USA). 2023. Housing First. Office of Policy Development and Research. <<https://www.huduser.gov/portal/periodicals/em/spring-summer-23/highlight2.html>>

challenges, some studies have found housing first to be particularly effective in assisting individuals to secure and retain their accommodation for extended periods.¹⁰

In the current Australian context characterised by a shortage of social and affordable accommodation, it is extremely difficult to move to a housing-first approach because it is a model predicated on having available properties for people to move into. Subsequently, housing and homelessness organisations are having to prioritise prospective tenants in terms of likelihood of success, or level of vulnerability, meaning that factors such as substance use, rental history, family dynamic or current accommodation status, are used to assess and potentially prioritise or deprioritise cohorts.

The lack of appropriate rental housing stock has been a perennial problem for people using Neami's services, however our homelessness staff report that supporting our consumers into rental properties has grown more challenging in the past few years leading to consumers and their families and dependants spending longer time in unsafe and untenable accommodation including motels, boarding houses, and crowded dwellings.¹¹

COVID has had a significant impact on housing availability and affordability as has the impact of flooding and bushfires across large regions of Australia. This has contributed to the following:

- changes to people's employment conditions
- growing rates of poverty
- nationwide rent increases
- increasing rates of mental illness
- more people becoming homeless.^{12 13}

In many cities where Neami operates, the rental market is extremely competitive and the individuals we support are often unable to compete in an open market characterised by long lines of prospective tenants for each available property, use of rental property auctions,¹⁴ blacklist websites such as TICA, and tenant selection criteria that exclude people with poor rental histories or sporadic or insecure income.

Whilst rental property should be an achievable option for most people, including those living with mental health challenges, the lack of available and affordable rental properties, competitive and unstable housing market and pervading stigma and discrimination against people with mental illness means that people who experience serious and persistent mental ill health are becoming increasingly marginalised, excluded from housing that meets their needs or entrenched in a cycle of homelessness. Noting the impact that events such as COVID, flooding and bushfires have on the country's housing stock, Australia's current dearth of social and affordable housing presents a significant risk. Australia is in dire need of a Strategy backed by action, to put an end to the

¹⁰ Goering, PN & Streiner, DL. 2015. Putting Housing First: The Evidence and Impact. *Can J Psychiatry*. 2015 Nov; 60(11):465-6. doi: 10.1177/070674371506001101. PMID: 26720503; PMCID: PMC4679126.

¹¹ King, E & Thomas, M. n.d. Housing Market Interventions. Parliament of Australia. Accessed 2 July 2023. <https://www.aph.gov.au/About_Parliament/Parliamentary_departments/Parliamentary_Library/pubs/BriefingBook47p/HousingMarketInterventions>

¹² Everybody's Home. 2022. Everybody's Home budget position paper: A plan to fix Australia's Housing Crisis. <<https://everybodyshome.com.au/federal-election-2020-what-we-are-calling-for/?>>

¹³ World Health Organisation. 2022. The impact of Covid-19 on mental health cannot be made light of. <<https://www.who.int/news-room/feature-stories/detail/the-impact-of-covid-19-on-mental-health-cannot-be-made-light-of>>

¹⁴ Some states including Victoria have either banned or have indicated they will ban the practice of rental auctions (also known as rental bidding).

growing pressure on the housing and homelessness sector, and break the cycle of homelessness for our most at-risk community members.

People living with serious and persistent mental ill health experience economic disparity

People living with mental health challenges, particularly where this has been a pronounced or enduring part of their lives, experience systemic barriers including economic inequality resulting from the ongoing and historical exclusion of people living with mental health challenges from the open workforce. This is particularly evidenced in cohorts that experience severe mental health challenges.¹⁵

The rising cost of living is being heavily felt by Neami's consumers with the cost of food, utilities, and goods and services increasing, whilst government payments such as Youth Allowance and Jobseeker see minor increases that do not reflect the true cost of living and certainly do not enable people to secure a rental property in the current competitive market. These factors mean that individuals living with mental health challenges are finding it difficult to secure a property, even when they are being assisted by homelessness services because there are simply too few affordable properties available to people in receipt of government income.

For Neami consumers who rely on government payments, it is extremely difficult to find any affordable accommodation. According to Anglicare's Rental Affordability Snapshot 2023, in the 45,000 rental listings surveyed across Australia, only four rental properties were considered affordable¹⁶ to a person on the Jobseeker allowance whilst for people on the Youth Allowance, not one property was considered affordable.¹⁷ Even with the increases to Jobseeker and Youth Allowance, and the 15% increase to the Commonwealth Rent Assistance, the National Vacancy Rate is continuing to hover around the 1% mark indicating that there are very few vacant properties in the market.¹⁸

Although COVID has led to significant changes in the way Australians work, many forms of employment maintain traditional workforce practises such as the requirement to attend the office or workplace without work from home option, the expectation of traditional workplace hours (i.e. 9-5 pm), and inflexible working hours and days. This can make it difficult for people who are managing mental health challenges whilst balancing work and other health obligations. Whilst some sectors or businesses may offer workplace flexibility, evidence demonstrates that some groups (e.g. women with mental health issues, young people and those in low-income geographic areas) tend to be less likely to be able to access workplace flexibility and that this exacerbates inequalities in health.¹⁹

¹⁵ Gühne, U., Pabst, A., Löbner, M. et al. 2021. Employment status and desire for work in severe mental illness: results from an observational, cross-sectional study. *Soc Psychiatry and Psychiatr Epidemiol* 56, 1657–1667. <<https://doi.org/10.1007/s00127-021-02088-8>>

¹⁶ Anglicare defines affordability as rent that costs no more than 30 per cent of a household budget. Anglicare Australia. 2023. 2023: Rental Affordability Snapshot.

¹⁷ Anglicare Australia. 2023. 2023: Rental Affordability Snapshot. <<https://www.anglicare.asn.au/publications/2023-rental-affordability-snapshot/>>

¹⁸ National figure is 1.1% as at September 2023,

¹⁹ Moss, C., Munford, L.A & Sutton, M. 2022. Associations between inflexible job conditions, health and healthcare utilisation in England: retrospective cross-sectional study. *BMJ Open*. 5; 12(12). <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9723827/>>

Young people with mental health challenges who cannot live at home due to family violence and relationship breakdown experience a unique set of barriers to accessing housing and the inability to secure appropriate employment is a major contributor to this. Consumers in our Youth Residential Rehabilitation Service (YRRS) told us that they experienced great difficulties finding work that was safe and appropriate for those who had anxiety disorders. The two main forms of work targeted to young people—hospitality and retail work—were overstimulating environments where young people found it difficult to ‘process information quickly’ and in these environments, it is difficult to walk away from the role at short notice to self-manage mental health symptoms.²⁰

‘You really need to be able to have an income (to get a tenancy) but it’s just too hard (for young people)’

—YRRS tenant

Young people experiencing mental health challenges are significantly impacted by the housing crisis; in addition to the shortage of housing and limited job opportunities, young people are discriminated against in the rental market due to their lack of rental history, limited or insecure income and lack of assets. With share house accommodation being the only affordable option for many, young people are being exposed to sexual and physical violence and being forced to accept accommodation that is undesirable and unsafe.^{21 22}

The housing affordability crisis means that many people who face mental health challenges find themselves moving between short-term and insecure housing such as boarding houses, caravan parks and improvised dwellings such as sleeping in their car, exposing them to the risk of harm from other people and the elements. Neami supports a number of people sleeping rough in Victoria and New South Wales; in previous consultations, people sleeping rough have shared with us that they have been victims of crime, physical and verbal violence and sexual assault whilst sleeping on the street and in boarding homes.²³ Young people in our YRRS have reported that they have experienced abuse whilst living in shared rental accommodation. Experiencing fear, insecurity and violence can both perpetuate poor mental and physical health and exacerbate it. These experiences can compound previous experiences of trauma, family violence and sexual assault and can lead to increased hospital and emergency department presentations. AHURI reports that programs that integrate housing and mental health supports deliver significant cost savings to the government, especially through improved health leading to reduced hospital admissions and stays.^{24 25}

²⁰ Consumer consultation 1. Youth Residential Rehabilitation Service. 27 June 2023.

²¹ Consumer consultation. Youth Residential Rehabilitation Service. 27 June 2023. Multiple consumers share this experience.

²² Wilkinson, E & Ortega-Alcázar, I. 2019. Stranger danger? The intersectional impacts of shared housing on young people’s health and wellbeing. Health & Place.

<https://www.sciencedirect.com/science/article/pii/S135382921830902X>

²³ Consultation with Alastair Vick, Neami Service Manager of Towards Home+ and Geelong Zero Project. 2023.

²⁴ Brackertz, N., Wilkinson, A & Davison, J. 2018. Housing, homelessness and mental health: Towards systems of change. November 2018. AHURI.

²⁵ Council to Homeless Persons. 2022. A Plan to End Homelessness in Victoria.

Social housing offers a safety net to people who live with serious and persistent mental health challenges

Social housing is a key solution to reduce the number of people with serious and persistent mental health challenges living in unsafe and untenable accommodation or sleeping rough in our communities. Last year, as housing and homelessness experts came together in Canberra during Homelessness Week to explore solutions to growing national homelessness, Homelessness Australia launched its major report, *A Plan to End Homelessness*,²⁶ calling on the government to build 25,000 social housing properties per annum against a publicly reported national deficit of 671,000 by 2032.²⁷ Echoing this, AHURI reported that their modelling found Australia will require more than 700,000 new social housing properties over the next twenty years to meet demand²⁸ yet the data tells us that despite a national population increase of 35% since 1994, the amount of social housing has declined (from 6% to almost 4%) with levels ‘chronically’ low at the start of the pandemic.²⁹ ³⁰ According to the Grattan Institute, of developed countries, Australia has experienced the second-greatest decline in housing stock relative to the adult population over the past 20 years.³¹

Social housing provides a safety net to people for whom experiences of mental ill-health impact their ability to maintain a home or tenancy, secure employment, or stay abreast of daily living needs. However, the waitlist for social housing is excessive and the way that it is administered disadvantages people who experience persistent or enduring mental health challenges. While public reports state that the waitlist is between 1-2 years,³² this does not reflect the service users’ experience. Many of Neami’s consumers often experience periods of crisis and re-occurring homelessness cycling between motels, boarding houses, caravan parks and rough sleeping. During these periods of crisis, consumers may ‘drop off’ the housing register if they become uncontactable for a period of time; in most states, the onus is on the individuals to ensure they remain in the register. Consumers we have spoken to have told us that when they are experiencing a mental health crisis, it is extremely difficult to stay abreast of requirements such as notifying the relevant Department of their change of address. This means that consumers may need to reapply putting them effectively to the back of the register. Similarly, people who enter into custody can be taken off the housing list despite being some of the nation’s most vulnerable and disenfranchised individuals. This contributes to the high number of justice-impacted persons being released into homelessness.³³ For many of our consumers, it feels as though they have been on the housing

²⁶ Homelessness Australia. 2022. A plan to end homelessness. <<https://homelessnessaustralia.org.au/wp-content/uploads/2022/08/Homelessness-Australia-A-plan-to-end-homelessness.pdf>>

²⁷ Karp. P. 2022. 9 Aug 2022. Labor plan to ease housing crisis will create just 3% of dwellings needed, Greens warn. <<https://www.theguardian.com/australia-news/2022/aug/09/labor-plan-to-ease-housing-crisis-will-create-just-3-of-dwellings-needed-greens-warn>>

²⁸ Rowley, S., Leishman, C., Baker, E., Bentley, R. and Lester, L. 2017. Modelling housing need in Australia to 2025, AHURI Final Report 287, AHURI, Melbourne. <<http://www.ahuri.edu.au/research/final-reports/287>, doi: 10.18408/ahuri-8106901.>

²⁹ AHURI. 2020. Examining housing policy responses to COVID-19: Policy evidence summary. November 2020. <<https://www.ahuri.edu.au/sites/default/files/migration/documents/PES-FR343-Policy-coordination-and-housing-outcomes-during-COVID-19.pdf>>

³⁰ Everybody’s Home. 2022. Everybody’s home budget position paper: A plan to fix Australia’s Housing Crisis. <<https://everybodyshome.com.au/federal-election-2020-what-we-are-calling-for/>>

³¹ Coates, B & Moloney, J. 2022. The major parties ignore the real cause of our housing pain. Grattan Institute. <<https://grattan.edu.au/news/the-major-parties-ignore-the-real-cause-of-our-housing-pain/>>

³² Riordan, R. 2023. Victoria’s public housing waiting list hits record high. Liberal Victoria. Accessed 4 July 2023 <<https://vic.liberal.org.au/news/2023-04-16-riordan-victorias-public-housing-waiting-list-hits-record-high>>

³³ Victorian Alcohol and Drug Association. 2020. Inquiry into Homelessness in Victoria. 31 May 2022. Accessed 6 July 2023.

register for years or even decades which does nothing to instil hope for the future and leads many to drop off the register.³⁴

It's also important to note that young people are rarely represented as the main tenancy holder on social housing properties.³⁵ When we spoke to young people living in our YRRS, they told us that they 'didn't have a hope' of getting into a social housing property and were equally concerned about their chances of securing a private rental property when they were typically unable to demonstrate adequate income or rental history. They were also critically aware that if they were able to afford any property it was likely to be in an area that was far away from their supports, friends and educational opportunities, and in areas where they would feel unsafe and disconnected from the community.³⁶ Some of the young people we spoke to shared that they had moved into shared accommodation to share costs and had been exposed to the theft of belongings and of their bond (as a result of not being on the lease) and had been subjected to sexual assault and harassment.³⁷

Thus, the lack of affordable housing whether rental or social housing is the **main challenge in addressing chronic and repeated homelessness**, particularly for people who are living with serious and persistent mental health challenges. We hope that in developing the National Housing and Homelessness Strategy, a commitment to ending homelessness for people who experience serious and persistent mental ill health and mental health challenges that impact their ability to secure and retain a home, are prioritised.

³⁴ Pawson, H. 2022. Australia's social housing system is critically stressed. Many eligible applicants simply give up. The Conversation. 26 May 2022. <<https://theconversation.com/australias-social-housing-system-is-critically-stressed-many-eligible-applicants-simply-give-up-183530>>

³⁵ MacKenzie, D., Hand, T & Dean, A. 2020. Early intervention strategies to prevent youth homelessness. <aifs.gov.au>

³⁶ Consumer consultation. 27 June 2023.

³⁷ Ibid

Invest in programs to sustain tenancies at risk and prevent people from becoming homeless

- End homelessness by preventing people from becoming homeless.
- Fund programs to support people living with mental health challenges to sustain their tenancy during times of unwellness and crisis.
- Acknowledge that some people will require long periods of support and replace arbitrary time-limited models of support with flexible models able to be tailored up and down depending on need.
- Fund programs so that they can offer holistic, flexible and responsive support models that meet the diverse needs of people who are homeless.

Homelessness is the result of the interplay between economic, social and health-related factors and can be impacted by biological factors, past trauma, disadvantage, family violence and physical health.³⁸ People living with mental health challenges, particularly where their experience is persistent, intermittent or enduring, may experience a crisis or other conditions that put their tenancy at risk. When people are in crisis, they can find it difficult to maintain activities of daily living including maintaining a stable tenancy, maintaining employment or remaining engaged with supports or community.

Loss of a tenancy comes at great economic, social and other cost to the tenant, the landlord and the community. The Tenant's Union of NSW estimates that the financial cost to a tenant during an involuntary move (usually an eviction) in NSW is likely to cost a household \$4,075 and a landlord up to \$1,400 in reletting costs.³⁹ The true or indirect cost of an eviction is harder to quantify but may include:

- the costs of disruption to employment and education
- the emotional and social costs associated with disconnection from the community
- emotional costs related to shame and stigma associated with an eviction
- the costs associated with homelessness support and use of welfare services
- the longitudinal costs from the intergenerational impact of homelessness on children who experience housing upheaval.⁴⁰

³⁸ World Health Organization. (2022). Mental Health: Key Facts. <<https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>>

³⁹ Tenants Union of NSW. 2022. Eviction, Hardship and the Housing Crisis. Special Report. <<https://files.tenants.org.au/policy/2022-Eviction-Hardship-and-the-Housing-Crisis-TUNSW.pdf>>

⁴⁰ Shelter Scotland. 2021. Understanding the true cost of evictions in Scotland. Professor Alexander Lord and Dr Yiquan Gu.

<https://assets.ctfassets.net/6sqqr11sfj/3ZG9xUBsS10nDQ5C3CVbqg/0c1d1281ffb266ee9c3356e70bc707b5/Final_cost_of_evictions_report.pdf>

Sustaining tenancies programs use housing management policies and practices to support social housing tenants to manage their tenancy and achieve improvements in broader areas of their lives.⁴¹ Some programs that sustain tenancies work to support people who have secured a property in the private rental market. Some traditional homelessness programs are funded to support people until they are housed, or for a short period after ‘move-in’ date. Sustaining tenancies programs provide support beyond ‘move-in’ date, acknowledging that many people require support to maintain their accommodation or to develop the skills and capability to meet their tenancy obligations over the long term. Further, some cohorts, particularly those that have been in out-of-community settings such as residential rehabilitation or custody, or who have been sleeping rough or in precarious housing for long periods, may require support to maintain a home including learning or relearning tenancy and daily living skills

The people who engage in these services are often the most vulnerable in the community and have needs or risk factors that extend beyond traditional housing concerns (e.g. alcohol and drug misuse, chronic health concerns, unemployment). For people whose housing insecurity is related to mental ill health, sustaining tenancies may form part of a psychosocial support program such as those delivered by Neami and other community-managed mental health or disability services. These services meet a gap in the homelessness support sector by ensuring homelessness support that understands how mental ill health or disability and trauma impact housing stability and vice versa. For example, in NSW, our homelessness team supports people in public housing to avoid eviction due to rental arrears, property damage or behaviours perceived to be ‘nuisance’ or ‘anti-social behaviour’. In many cases, these factors are related to periods of mental ill health and/or relationship or communication breakdown. The tenant may also be subject to discrimination and stigma including racial discrimination, discrimination on the basis of a criminal history or discrimination based on how the person presents.

Neami’s *Sustaining Tenancies in Social Housing Program* located in Inner Sydney, works closely with the Department of Communities and Justice to support consumers to access housing and improve overall wellbeing. The program delivers wraparound psychosocial support and uses brokerage, advocacy and a shared-care approach to keep people housed. A key feature of these programs is that support is tailored to people’s needs, with the intensity of support increasing or decreasing to respond to the changes in people’s lives. This model is strengths-focused, targeting support where it is required. The program empowers individuals to use and build on their current capabilities which means staff and other homelessness sector resources can be directed where needed most.

Homelessness services that are funded to support people to sustain their tenancy are critical to breaking the cycle of homelessness and assisting people to overcome discrimination and hardship. According to AHURI, programs that keep people with high-risk tenancies in their social housing accommodation, save the government an estimated \$8,814 per eviction (figures are representative of the value of savings in 2016). Further, AHURI found that the most successful sustaining tenancies programs were those that delivered “well-developed relationships between support workers and clients, and ‘wrap-around flexible support’”. However, AHURI reported that a key limitation to program success is the lack of affordable housing and long wait lists for community supports such as mental health support.⁴²

⁴¹ AHURI. 2007. How can demanding behaviour in public housing be managed effectively? AHURI Research and Policy Bulletin.

⁴² AHURI. 2016. The economic benefits of providing public housing and support to formerly homeless people. Iss. 215. November 2016.

<https://www.ahuri.edu.au/sites/default/files/migration/documents/AHURI_RAP_Issue_215_The-economic-benefits-of-providing-public-housing-and-support-to-formerly-homeless-people.pdf>

Invest in what works: effective and evidence-based models for homelessness prevention for people living with mental health challenges

- Identify housing programs that are delivering positive outcomes and invest in their expansion.
- Fund early intervention and prevention models including rapid rehousing, light-touch interventions and brokerage.
- Invest in and recognise the value of psychosocial support in keeping people housed and connected to their communities.
- Invest in innovative housing programs such as head leasing models to bridge the gap in the rental market for affordable and available homes.

A key criticism of funded homelessness programs within the sector is that there is ample evidence that many Australian homelessness programs are delivering quality outcomes for consumers but are increasingly stymied by the lack of available housing. Homelessness staff are spending more time seeking accommodation and supporting people as they move between temporary or short-term accommodation, often in varying levels of crisis.⁴³ A further criticism is that despite a wealth of evidence-based programs at the ready, the sector continues to invest in pilots or short-term programs that deliver short-term outcomes. This approach can prevent homelessness programs from maturing and limit program innovation.

The following section outlines several promising models that are delivering positive outcomes including helping people to secure and retain their accommodation, supporting people to engage with their community and develop a network of supports, improving health and wellbeing and increasing economic and community participation.

Housing Accommodation and Support Initiative

In NSW, the Housing Accommodation and Support Initiative (HASI) is delivering positive outcomes for people who are living with 'severe mental illness' by providing psychosocial support to assist the person to build their independence and work towards their personal recovery. The program integrates mental health knowledge with practical housing and homelessness support and skill building, offering a trauma-informed, culturally appropriate response.

Funded by NSW state government, HASI goes beyond daily living support or housing outcomes, providing scalable support to assist recipients in achieving their personally determined goals including but not limited to, developing independent living skills, accessing health services, developing connections to community and community activities, engaging with education or employment and finding and retaining accommodation. A key element of the program is that it

⁴³ Feedback from Neami's NSW and Victorian homelessness staff.

champions consumer-led support and unites housing providers, psychosocial support services and clinical supports (if appropriate) together to deliver on consumer-identified outcomes.⁴⁴

The HASI program has been supporting people with mental health issues since 2002 and has delivered consistently positive outcomes over its 20 year history. In the recent HASI evaluation analysing data from 2015-2019, results showed that the program delivered positive outcomes across health, mental health and social inclusion for many people and that consumers of HASI were less likely to require community mental health support. Notably, consumers were less likely to use clinical services the longer they stayed with the program (i.e. more than one year). Similarly, hospital and custodial engagement also reduced whilst people were in the HASI program.⁴⁵

In surveying our HASI staff and other staff working to support people with mental health challenges into long-term accommodation, a key unanimous recommendation is that the programs must integrate homelessness support with a mental health skillset and that the program duration (i.e. the length of time a person can be in the program) should be able to extend beyond 1 year for people with serious and persistent mental health challenges. In our experience supporting people living with mental health challenges, achieving genuine outcomes relies on the support team and consumer developing a trusting and therapeutic relationship. For some people, particularly those who have been let down by previous services or authorities or who have experienced trauma or family violence, it can take many months to move to the point where a person is ready to work towards their goals.

The program is also highly cost-effective; according to the Social Policy Research Centre, the HASI model is estimated to generate a net saving of \$86,000 per person over five years with much of this saving derived through reduced inpatient costs.⁴⁶

Doorway Program

The **Doorway Program** is a Victorian model that extends on the housing first methodology to support people experiencing serious and persistent mental ill health out of precarious housing and into long term accommodation. Doorway participants are supported to source and secure rental accommodation through rental subsidies and brokerage support. Like HASI, the program has seen positive results with participants remaining housed for longer and with a positive impact on participants' health and wellbeing including reducing the duration of acute and community hospital admissions.⁴⁷ In an evaluation of Doorway, between 2015-2018, the program housed 89 (out of 157) people living with serious and persistent mental illnesses receiving care within Victoria's public mental health system and who were residing in precarious housing and at risk of homelessness. The Doorway model demonstrated a positive effect on participants' health and

⁴⁴ Purcal, C., O'Shea, P. Giuntoli, G., Zmudzki, F & Fisher, K.R. 2022. Evaluation of NSW Community-based Mental Health Programs: Community Living Supports and Housing and Accommodation Support Initiative. CLS-HASI Evaluation Report. Sydney: UNSW Social Policy Research Centre.

⁴⁵ Ibid

⁴⁶ Mental Health Coordinating Council. 2022. Shifting the Balance: Investment Priorities for Mental Health NSW. <<https://mhcc.org.au/publication/shifting-the-balance/>>

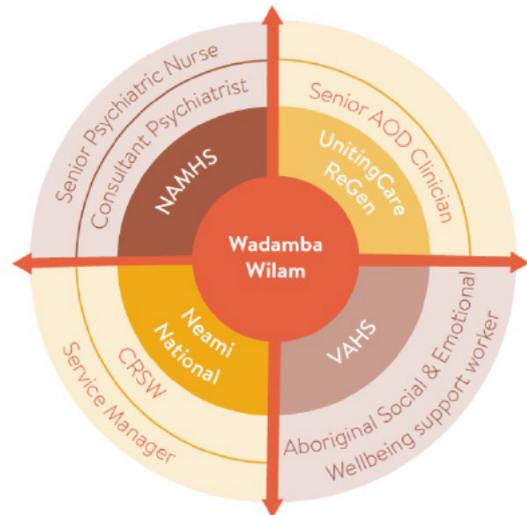
⁴⁷ Dunt DR, Day SE, Collister L, et al. Evaluation of a Housing First programme for people from the public mental health sector with severe and persistent mental illnesses and precarious housing: Housing, health and service use outcomes. *Australian & New Zealand Journal of Psychiatry*. 2022;56(3):281-291. doi:10.1177/00048674211011702

‘significantly reduced’ participants’ length of stay in acute and community hospital settings. Doorway is delivered by Wellways.⁴⁸

Wadamba Wilam⁴⁹

Wadamba Wilam is a Victorian support program for Aboriginal and Torres Strait Islander people experiencing mental illness, poor emotional and social wellbeing and a history of homelessness. Neami works closely with the Victorian Aboriginal Health Service, Northern Area Mental Health Service and Uniting Care Regen with each service sharing its unique expertise and forming a multidisciplinary support team approach comprising Aboriginal Social & Emotional Wellbeing Support Worker, Community Residential Support Worker, AOD clinician and with access to clinical mental health. Since 2013, the program has supported individuals to improve their health and mental health and secure long term accommodation.

The Wadamba Wilam practice approach has delivered positive outcomes for First Nations people by integrating trauma-informed practice with Aboriginal mental health and social and emotional wellbeing principles. As well as a history of homelessness and poor mental health and wellbeing, participants of Wadamba Wilam often have complex histories of trauma and neglect and demonstrate mistrust of the service system which has historically been disjointed and discriminatory.



“Wadamba Wilam’s approach has sought to address these needs in a holistic and integrated manner. This approach brings the service to where people are located, both physically and to whatever stage they are on in their healing journey. Throughout this process, the strength and resilience of Aboriginal and Torres Strait Islander people has been apparent, as the consumers of this service continue to move forward in their healing journeys with an unwavering desire to improve the lives of themselves, their families and communities.”

Wadamba Wilam’s approach builds on the National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing 2017–2023. In doing so,

⁴⁸ Dunt D.R, Day S.E, Collister L, et al. Evaluation of a Housing First programme for people from the public mental health sector with severe and persistent mental illnesses and precarious housing: Housing, health and service use outcomes. Australian & New Zealand Journal of Psychiatry. 2022;56(3):281-291. doi:10.1177/00048674211011702

⁴⁹ Chiera, J., Burns, A., Lovatt, M., Kennedy, A., Raudys, J. & Waring, J. 2021. Wadamba Wilam: Practice approach. Neami National: Melbourne. <<https://www.neaminational.org.au/what-we-do/social-innovation/wadamba-wilam-practice-approach-report-2/>>

Wadamba Wilam has created a service that seeks to meet the holistic needs of consumers, within their community.

Wadamba Wilam program has delivered positive outcomes for consumers; between June 2016-June 2020:

- 81% of consumers were housed in sustainable tenancies.
- 69% of consumers sustained their tenancies for over 12 months.
- There was a 61% decrease in the number of inpatient psychiatric admissions post-referral.
- 67% of consumers experienced an increase in their meaningful activity, shifting from 73% of consumers engaging in survival activities only at service entry.
- 72% of consumers have reduced both their use of alcohol and ice, whilst 67% of consumers reduced their use of opioids

Further, Wadamba Wilam supported participants to develop connections and engage in community supports including physical health services and family violence supports. Cultural and family connection was strengthened for many participants.

Wadamba Wilam is particularly important as a model because it specifically addresses the known barriers that prevent First Nations Australians from seeking support including:

- The lack of culturally specific support for mental health challenges; Wadamba Wilam is a model that understands and applies the principles of social and emotional wellbeing.
- Addressing mistrust by working towards building trust and rapport, through a program that centres cultural safety.
- Reducing program drop-out by maintaining a person-led, flexible model of support without rigid program conditions.

HASI, Doorway and Wadamba Wilam represent effective programs for supporting people with complex support needs around homelessness and health and wellbeing. The programs offer longer-term support with participants able to develop robust therapeutic and supportive relationships with their support team, leading to greater trust and better outcomes. These programs are designed to be flexible to participants' support needs and able to respond to emerging or elevating needs. Homelessness programs are, however, vulnerable to Australia's lack of social and affordable accommodation and if accommodation is not available as part of the program, consumers can find themselves receiving support for longer periods and cycling through short-term accommodation such as transitional housing, caravan parks and boarding houses.

STEP-Link

STEP-Link was a homelessness support program operating across the South-Western Sydney, Western Sydney and Nepean and Blue Mountains districts. It was delivered by Neami National and funded by the NSW Government Department of Communities and Justice and offered a 'light-touch' homelessness support option for people experiencing homelessness and who were living in temporary accommodation as a result of the COVID-19 pandemic. STEP-Link supported people to obtain permanent, safe, and affordable housing.

The STEP-Link program has been highly effective in housing participants. Between July 2021 and June 2022, STEP-Link supported housing outcomes for almost 60% of referrals (433 consumers), equating to 36 housing outcomes per month. Almost 30% of housing outcomes were in social housing whilst 23.7% were in private rental accommodation. The program was also successful in linking people to a range of services including mental health and alcohol and other drug supports, the National Disability Insurance Scheme

and aged care providers, as well as specialist cultural supports, financial and legal assistance and family and domestic violence supports.

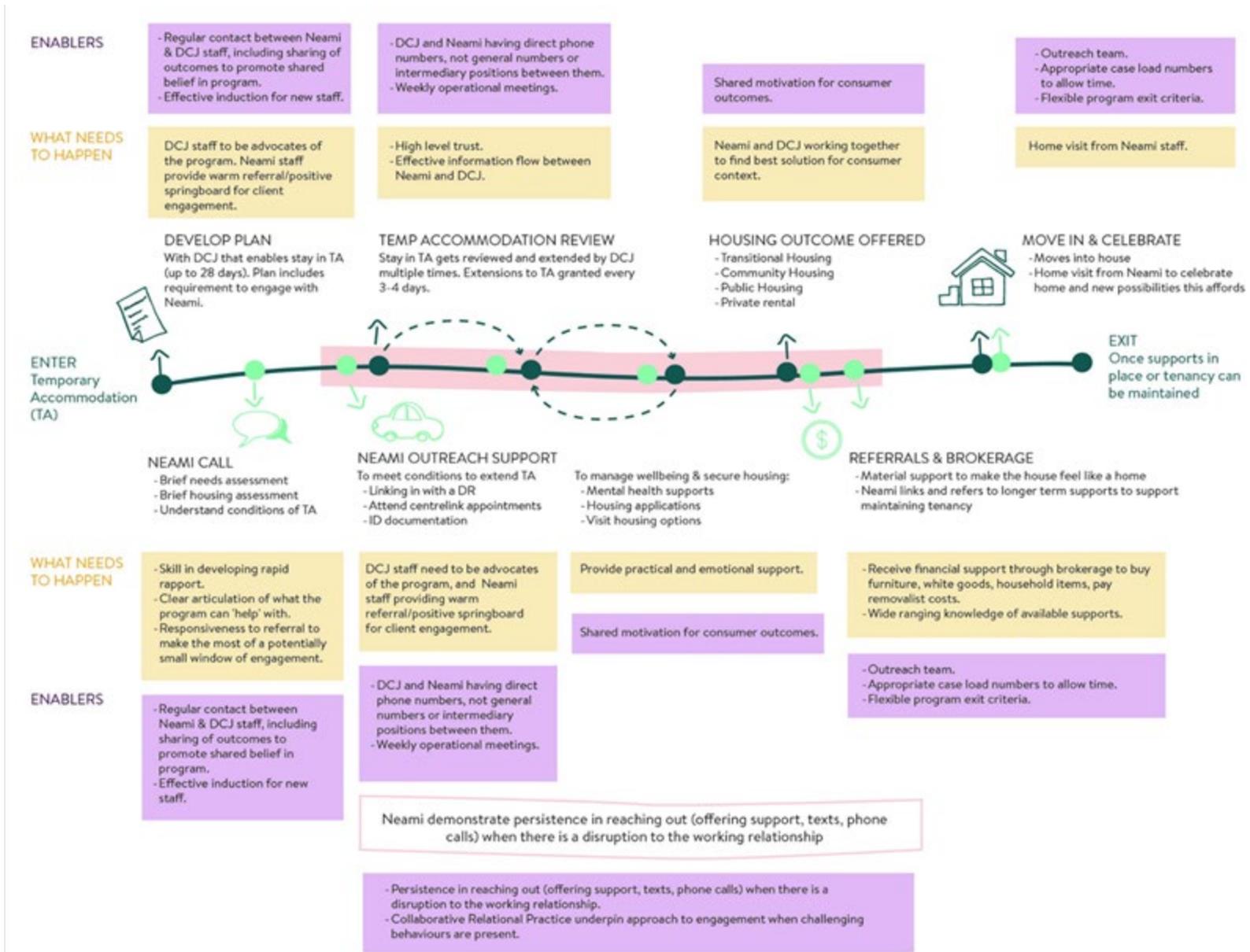
The STEP-Link program underwent evaluation in 2023 resulting in a range of key learnings. In delivering STEP-Link, Neami found that having remote and distributed teams increased the program's ability to be flexible and responsive to consumer needs. Further, working closely and collaboratively with the contracting agency led to better consumer and program outcomes but this is not necessarily a feature in other homelessness programs. Another factor, and one that we are seeing more often as the disparity between income and cost of living deepens, is the importance of brokerage in supporting tenancy outcomes and fostering consumer engagement.

Program participants reported that they valued the non-judgemental and caring approach by program staff and that the program's responsiveness was highly valued. For many consumers maintaining relationships was difficult and part of the program work was around building healthy and resilient relationships, skills that would be useful beyond the program.

A key feature of the model was robust and intentional governance; Neami provided program data to the governance group (comprising the Commissioning and Planning Department, Housing Service representatives and Neami) in order to maintain clear oversight of who was using the STEP-Link service, what outcomes were being achieved and what barriers affected throughput and consumer success. The governance group worked together to mitigate any emerging issues.

See the following page for an overview of the typical consumer journey through the STEP-Link program as well as an overview of key enablers of the model.

STEP-Link typical consumer journey and system enablers



Head leasing, brokerage and tenancy skills programs

Head leasing is a model that enables people who are shut out of the private rental market, to get a foot in the door. As stated earlier, for people living with mental health challenges, the combination of competitive rental market and economic disparity can create insurmountable barriers to securing a home. This may be because the home is unaffordable (particularly as renting a home also includes bond, rent in advance and costs associated with moving), or because they lack an adequate rental history making it difficult to compete against other renters.

Head leasing enables a tenant to develop the capacity to take on a lease over time, to learn new skills relevant to living in the community and in private rental, and to build a rental history and secure a reference. It is an integral support option for young people and women leaving family violence who may not have an adequate rental history or who have had their rental history blemished. It is a valuable tool in addressing homelessness and a model of support that can build capability and drive tenant empowerment. For people living with mental health challenges, it can be the entry point to housing and the first step in the journey to recovery. Linking head lease models to sustaining tenancies support for clients with serious and persistent mental health challenges will see more people living safely in their communities and living lives they value.

Brokerage is also an important tool and has been shown to be integral to preventing people from becoming homeless or experiencing crisis. Where brokerage is part of a funded contract, it has been used by staff in Neami's homelessness programs to prevent participants from becoming homeless. Brokerage is used to address rent in arrears, pay for damage or organise short-term or emergency accommodation. For example, a Neami worker was able to use brokerage to put a person with a history of rough sleeping into short-term accommodation because the person's social housing had become unsafe due to another person moving into it against the tenancy holder's wishes. Without flexible brokerage, the tenant may have returned to street sleeping.

Ideally, brokerage should be accessible to people who are homeless or at risk of becoming homeless without conditions. Whilst it is important that brokerage is not used to fund supports or items already funded under different programs or funding streams, brokerage should be flexible and not difficult to access; provision of brokerage should be dependent on the person's needs and circumstance, for example, funding so that a person can buy appropriate clothes to attend a job interview or to purchase furniture to establish a tenancy

Fund homelessness services adequately to build a robust, mature sector equip to end homelessness

Homelessness services that support people with complex support needs including serious and/or persistent mental health challenges, play a vital role in supporting people to achieve access and equity in housing and to achieve lives that they want and value. Over many years, increasing pressure has been placed on these services due to decreasing resources including housing stock, funding and program cuts, and increasing rates of poverty and social and emotional distress in our communities. More people are presenting to homelessness services including Neami, with increasingly complex needs and they are feeling the impact of the disparity between cost of living and income support and wages.

Many homelessness services are reacting by either stretching their resources and utilising their reserves or turning people away. According to the Australian Institute of Health and Welfare (AIHW) in 2021-2022, there were almost 300 people who sought support from a specialist homelessness service who were turned away. According to the report, more females were turned away than male participants and the agency's most common reason for turning a person away was that there was no accommodation available.⁵⁰

Community-managed organisations such as Neami are operating on increasingly thin margins and with limited reserves, having to engage in highly competitive tendering, often for programs with short-term or limited tenure.⁵¹ Programs that are funded for short periods (i.e. less than three years) without an assurance of ongoing funding are highly disruptive to organisations and their workforce. It means that organisations struggle to recruit staff if they are unable to offer ongoing or longer-term employment contracts. When contracts end with short notice (i.e. programs set up during the pandemic or to address specific, emerging housing needs) organisations that have employees still on contract are left scrambling to deploy staff to other programs creating workforce stress and extra staffing administration which reflects time that could be spent on service provision.

A further cost born by the homelessness sector is that of recruiting high-quality, multiskilled staff. As pressure has increased on our industry and the complexity of needs increased and diversified, homelessness has become a field of work that requires specialist skills and abilities. Staff supporting people living with mental health challenges need to understand the relationship between health and well-being and homelessness at a minimum. But more often than not, the people we support have other intersecting needs including disabilities, alcohol and/or drug-related dependencies, experiences of trauma and abuse and poverty. We want our workforce to be trauma-informed, to genuinely understand and employ inclusive and diversity-aware practice and to be able to deliver culturally safe and appropriate support. These are central tenets of Neami's practice approach⁵² but achieving this relies on committing funding and other resources to training, professional development and practice supervision and reflection. Further, organisations

⁵⁰ AIHW. 2022. Specialist homelessness services annual report 2021-22, AIHW, Australian Government, accessed 19 October 2023.

⁵¹ Social Ventures Australia and the Centre for Social Impact. 2022. Paying what it takes: funding indirect cost to create long-term impact. Social Ventures Australia.

⁵² For more information about Neami's evidence-based practice framework, Collaborative Relational Practice, please contact research@neaminational.org.au.

are subject to increasingly complex regulatory compliance (and we expect to see this escalate as a result of new and pending national and state housing policies) which means upskilling staff, changing systems or practices and implementing new programs with costs unlikely to be adequately covered by current corporate overhead funding which is significantly less than the more accurate 33% (average) corporate overhead required by community managed organisations as outlined in the *Pay What it Takes report* (p.3).⁵³

⁵³ Social Ventures Australia and the Centre for Social Impact. 2022. Paying what it takes: funding indirect cost to create long-term impact. Social Ventures Australia.

Conclusion

Neami thanks the Department of Social Services for the opportunity to share what we believe are critical housing priorities for people in our services who are living with serious and/or persistent mental health challenges and who are residing in unsafe, insecure and unsustainable accommodation.

We believe that the housing and homelessness context has reached a critical juncture in Australia and whilst the experience of many Australians is dire, we can see that ending homelessness is achievable and that the National Housing and Homelessness Strategy can become the impetus for uniting all levels of government, private industry and the community sector towards the common cause of ensuring every person has a safe and sustainable home.

As we have aimed to communicate in this submission, and as has been echoed at the recent AHURI National Housing Conference 2023, ending homelessness requires diverse and evidence-based solutions to respond to the great diversity of drivers of homelessness. We hope that the Department is able to ensure a targeted housing and homelessness response that is cognisant of the unique needs of people living with serious and persistent mental ill health.

If the Department requires any further information about our homelessness practice or is interested in speaking to some of our homelessness experts or consumers, please contact our Policy and Advocacy Team and we will endeavour to assist.

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