



# Positioning Paper

## **An evaluation of the nature and effectiveness of models of supportive housing**

authored by  
**Cameron Parsell and Ornella Moutou**

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## **ACRONYMS**

AHURI	Australian Housing and Urban Research Institute Limited
ACGA	Australian Common Ground Alliance
HASI	Housing and Support Initiative (New South Wales)
HASP	Housing and Support Program (Queensland)
NGOs	Non-Government Organisations
PHF	Pathways Housing First

## EXECUTIVE SUMMARY

This Positioning Paper represents the first output in a research project examining supportive housing in Australia. The current research focus on supportive housing builds on and complements a larger program of homelessness and related housing research conducted since 2008. In particular, the need to theoretically and empirically examine supportive housing has grown out of the emerging Australian evidence base that has explored assertive outreach as a response to rough sleeping and chronic homelessness (Phillips & Parsell 2012), the cost effectiveness of homelessness intervention and housing models (Flatau et al. 2008), Housing First as a 'new' policy and practice paradigm to homelessness in Australia (Johnson, Parkinson & Parsell 2012), and national research evaluating new approaches to reducing homelessness (Button & Baulderstone 2013; Johnson et al. 2012; Johnson & Chamberlain 2013, Parsell et al. 2013a, 2013b).

Extending the evidence base, the current supportive housing research will examine the nature of models of supportive housing for people who have exited homelessness and people at risk of entering homelessness. It will focus on two distinct models: the Common Ground model of congregated housing with onsite support and social services, and scattered-site supportive housing models where a various range of support services are provided by alliance organisations through outreach services. The two approaches represent contrasting models in terms of housing form, explicit focus on social mix, the manner in which support and social services are integrated within housing, and the model objectives and intended outcomes. The models also represent the dominant forms of supportive housing throughout Australia.

Supportive housing has come to represent an important component in contemporary efforts to reduce and prevent homelessness in Australia. In the context of nation-wide policy and program initiatives directed toward achieving targeted and measurable reductions in homelessness (Australian Government 2008), supportive housing is presented as one mechanism to meet the needs of people with health and social problems in addition to homelessness (see Parity 2008). The move toward supportive housing—put forward as a permanent and coordinated solution—represents the antithesis of Australia's former homelessness crisis system that was not resourced nor intended to provide permanent housing (Fopp 2002) or to work with the people who were deemed to have complex needs (Erebus Consulting Partners 2004). Recognising the limitations of crisis based responses, Parsell et al. (2013) show how advocates in the homeless sector hold hopes that new approaches to supportive housing will enable vulnerable people with chronic experiences of homelessness to exit homelessness and achieve positive housing outcomes.

In a policy context that requires effective supportive housing and the integration of housing and housing assistance/support services (Phillips 2013), a detailed examination of different forms of supportive housing and the experiences and perceptions of tenants residing in different models will provide generalisable empirical evidence about the effective provision and integration of housing and a range of support/social services.

The overall research project is guided by the following six questions:

1. What characterises different theoretical models of supportive housing, what are the underlying assumptions and what are the objectives and intended outcomes?
2. How are different models implemented and operationalised in practice, particularly in terms of the integration of support/social assistance and housing? And to what

extent are practices of supportive housing shaped by theoretical models and resourcing realities?

3. What housing, wellbeing and social connections/engagement outcomes do residents of different models experience, and for what types of households (e.g. family composition, support need) are the different forms of supportive housing effective?
4. What are the critical factors or program elements contributing to or mediating supportive housing success in terms of housing stock, tenancy management activities, and mode of support and social services delivery?
5. What types of housing do people prefer, how do they rate different types of supportive housing, and to what extent do people feel they are enabled choices in the housing and support they access?
6. How do tenants perceive that their individual behaviours and actions influence, both positively and negatively, their housing and non-housing outcomes?

The Positioning Paper provides a critical overview of supportive housing key debates, evidence, policy, practice and conceptual questions. It is informed by a review of scholarly literature, as well as grey literature. The latter review is primarily informed by Australian policy and practice, whereas the scholarly literature includes Australian and international research.

The research evidence is considered in Chapter 2. The chapter outlines a detailed examination of the key debates about the definitions and competing conceptualisations of supportive housing. Chapter 2 also discusses the ways that supportive housing is directed toward particular people, particularly mental health consumers and people experiencing homelessness. The latter half of the chapter presents an overview of the pertinent evidentiary basis for, and critiques of, supportive housing. Although highly successful in assisting people to exit homelessness, the research literature demonstrates that people sustaining their tenancies often face significant challenges in realising non-housing outcomes. Further, and of greater importance, in the context of supportive housing achieving positive housing retention outcomes, the research literature is not able to demonstrate what models, practices and critical elements of supportive housing contribute to and mediate successful outcomes. Scholars have argued that the provision of any type of affordable housing with any type of linked support constitute significant outcomes and life improvements for people exiting homelessness.

In Chapter 3 we provide an overview of contemporary Australian supportive housing policy and practices. Rather than an exhaustive and comprehensive list of all supportive housing in Australia, we describe major supportive housing initiatives that are, or have recently been, operating in Australia. Recognising the ambiguous and loosely defined nature of supportive housing (discussed in Chapter 2), our focus is directed toward policy and practice initiatives that involve the provision of affordable housing and the coordinated linking of support services.

The chapter critically examines the extent to which the key characteristics of supportive housing in Australia are consistent with, or differ from, the key features and central elements of supportive housing outlined in the peer reviewed research literature. Chapter 3 does not advocate for an ideal model of supportive housing, but rather it provides an overview of a diverse range of coordinated housing and support that can be considered supportive housing. In this respect, we present a typology of the four ways that affordable housing and coordinated support services are linked to achieve housing outcomes for people who are homeless or people deemed to be at risk of homelessness.

The four-model typology is presented to illustrate how different forms of housing and different forms of support are coordinated in practice to deliver different models of supportive housing. The typology puts forward what could be considered a broad and all-encompassing notion of supportive housing. The typology is not restricted to supportive housing in the congregate form with onsite support. We have included a broad range of practices in our supportive housing typology because we believe that they appear to represent the coordination of support services with affordable housing as deliberate means to assist people experiencing homelessness to access and sustain housing and or to assist people at risk of homelessness to sustain their housing.

In Chapter 4 we distil some of the key themes identified throughout the research literature and practice examples in Australia and highlight salient questions and gaps within the existing evidence base. The final chapter considers the key questions and gaps in the literature with reference to the empirical phases of the research project. This Positioning Paper acts as a platform for the subsequent stages of the research. In the context of growth in supportive housing as a response to homelessness and a means to achieve sustainable housing outcomes for vulnerable people experiencing homelessness, the data collection has been purposefully constructed to respond to a number of conceptual and practice questions pertinent to contemporary Australian policy and practice.

The subsequent phases of the research will involve empirical work with tenants, and with stakeholders involved in delivering and conceptualising supportive housing. The empirical work has three stages, and it will be disseminated in the Final Report.

The first stage of the empirical work involves a survey of supportive housing tenants. The tenant survey will examine tenant ratings on their housing, support, neighbourhood and wellbeing. The survey also seeks to identify tenant preference on the housing and support they would like. We have constructed the survey broadly to enable tenants to indicate a diverse range of support and services they would like their housing provider and others services to deliver, such as social activities, employment and education.

The second stage of the empirical research will involve qualitative interviews with tenants of supportive housing. In the qualitative interviews, we will explore with tenants what they perceive as contributing to, undermining and explaining their outcomes in supportive housing. As noted above, the literature has rarely considered what people in supportive housing do, and how their actions contribute to housing sustainability and success in housing. The qualitative interviews will prioritise tenant's firsthand accounts.

The third stage of the empirical research will consist of qualitative interviews with non-tenant stakeholders of supportive housing. The stakeholders include service providers such as tenancy managers, social and support service providers, and directors/managers involved in supportive housing. Stakeholder interviews serve three purposes:

1. To ascertain models and theories underpinning different forms of supportive housing.
2. To identify how models operate in practice.
3. To elicit the perspectives of service providers on what contributes to successful housing and other outcomes and to identify the barriers they face, and their views on how supportive housing could be improved.

# 1 INTRODUCTION

Permanent supportive housing has come to represent an important component in contemporary efforts to reduce and prevent homelessness in Australia. In the context of nation-wide policy and program initiatives directed toward achieving targeted and measurable reductions in homelessness (Australian Government 2008), supportive housing is presented as one mechanism to meet the needs of people with health and social problems in addition to homelessness (see Parity 2008). The move toward supportive housing—put forward as a permanent and coordinated solution—represents the antithesis of Australia’s former homelessness crisis system that was not resourced nor intended to provide permanent housing (Fopp 2002) or to work with the people who were deemed to have complex needs (Erebus Consulting Partners 2004). Recognising the limitations of crisis-based responses, Parsell, Fitzpatrick and Busch-Geertsema (2013) show how advocates in the homeless sector hold hopes that new approaches to supportive housing will enable vulnerable people with chronic experiences of homelessness to exit homelessness and achieve positive housing outcomes.

The contemporary growth in supportive housing has been enabled in many ways. State and territory governments have created additional social housing stock with linked support services specifically for people on priority waitlists through the Place to Call Home Program (Government of Victoria 2011a; Western Australian Auditor General’s Report 2012). Moving beyond the traditional state-funded domain of social housing provision, the Common Ground model of supportive housing has been established in Australia with unprecedented levels of support and funding from non-government sources. Parsell, Fitzpatrick and Busch-Geertsema (2013) have demonstrated the significant philanthropy and private donations that have contributed to the development of Common Ground. This includes a major construction company building three large supportive housing developments on a not-for-profit basis. The recent move toward and growth in supportive housing as a response to homelessness in Australia is notable, especially in terms of community involvement and capital investment. The wide ranging support for creating additional supportive housing in Australia has taken place despite a recent Tasmanian example where opposition to the construction of supportive housing was challenged (unsuccessfully) in the appeals tribunal (Richards 2011). The opposition to supportive housing in Tasmania mirrors ‘not in my backyard’ responses to supportive housing which are also evident internationally (see Tsemberis 2010).

Despite the limited opposition, the advocacy and policy discourse is couched in terms of the evidence base underpinning supportive housing. When identifying the establishment of an inner city supportive housing model based on existing evidence, the New South Wales Homelessness Action Plan asserts:

Permanent supportive housing has greater benefits than transitional accommodation for people who are homeless. (New South Wales Government 2009, p.19)

The Victorian Government’s Homelessness Action Plan, likewise, asserts that supportive housing is required for the small portion of people who have experienced long-term homelessness (Government of Victoria 2011b). The establishment of various models of supportive housing in South Australia is referred to as innovation and investment required to reform the homelessness sector (Government of South Australia 2011). Indeed, South Australia has adopted one of Australia’s only formal supportive housing policies whereby supportive housing is expected to reduce rough sleeping and overall homelessness, and increase tenancy sustainability among

vulnerable individuals (Government of South Australia 2012). The recent Australian focus on supportive housing and the growing number of supportive housing models and programs established to achieve homelessness reduction objectives reflects a similar policy position in the United States. Referring to the increased funding toward supportive housing, the Annual Homeless Assessment Report to Congress states:

The picture of this country's progress toward ending homelessness cannot be complete without knowing about permanent supportive housing and the formerly homeless people who call it home. (United States Housing and Urban Development 2011, p.39)

In New York City, the growth of state funded supportive housing has been closely tied to the reported dramatic decrease in crisis accommodation service usage (Hannigan & Wagner 2003). In light of the figures, the US investment in permanent supportive housing has occurred alongside the state's reluctance to fund additional crisis and transitional accommodation facilities. Although Australia's move toward supportive housing is not on the scale experienced in the US, in both countries supportive housing is firmly embedded within a policy and practice framework of targeting people deemed most vulnerable in the homeless population and achieving permanent housing and support solutions. Advocates and formal policy statements position models of supportive housing in two ways. One is a normative approach about what is right and which individuals are most in need (Parsell et al. 2013), and the other is about cost effectiveness (Johnson, Parkinson & Parsell 2012).

The interest in supportive housing is also closely linked to the national agenda of achieving coordination in all government and community responses to homelessness. In an extensive national program of research, Phillips (2013) has shown how policy-makers across Australia unanimously accept the importance of service integration and collaboration among specialist homelessness services and mainstream institutions. Despite the way that service integration and collaboration are positioned as best practice, Phillips' (2013) analysis illustrates some of the fundamental ideological and practice based difficulties.

As will be illustrated in Chapter 2, calls for the development and growth in supportive housing can indeed be substantiated on a sophisticated body of evidence demonstrating the effectiveness of supportive housing in enabling people to exit chronic homelessness and to sustain housing. The impressive and influential evidence, however, is based largely on practices in the United States. Moreover, while the evidence does point to important housing retention outcomes achieved by people exiting homelessness into supportive housing, there is far less understanding about what models of supportive housing work best; the individuals that supportive housing works best for; and little is known about the practice, support and housing elements that mediate successful outcomes. Of further importance to the contemporary policy focus on supportive housing is the contested and ambiguous nature of what actually constitutes supportive housing. Should we think about supportive housing as encompassing any type of affordable housing with linked support? Or should we define supportive housing more narrowly to focus on only discrete models that are tightly integrated whereby support is provided onsite and the housing is congregated? It is difficult to identify and disentangle the specific model elements and features of supportive housing that contribute to success. In turn, it is difficult to make generalisations about the 'supportive housing' evidence to all types and forms of supportive housing. It is these issues and questions about the practices and form of supportive housing, the outcomes attributed to different models, together with tenant's experiences, perceptions and preferences, that are considered in this research project.

## 1.1 Aim of the research

The research will examine the nature of models of supportive housing for people who have exited homelessness and people at risk of entering homelessness. It will focus on two distinct models: the Common Ground model of congregated housing with onsite support and social services, and scattered-site supportive housing models where a various range of support services are provided by alliance organisations through outreach services. The two approaches represent contrasting models in terms of housing form, explicit focus on social mix, the manner in which support and social services are integrated within housing, and the model objectives and intended outcomes. The models also represent the dominant forms of supportive housing throughout Australia. Scattered-site housing with outreach services providing supports is Australia's prevalent model of supportive housing. Since 2008, however, nine Common Ground developments have been completed in five states, and there is a further one under construction in Canberra. In a policy context that requires effective supportive housing and the integration of housing and housing assistance/support services, a detailed examination of different forms of supportive housing and the experiences and perceptions of tenants residing in different models will provide generalisable empirical evidence about the effective provision and integration of housing and a range of support/social services.

As will be explained in the subsequent chapters, supportive housing can be conceptualised in numerous ways, designed to meet different objectives, and established for people with different needs and at different stages of the lifecycle. The study's focus on supportive housing as a response to homelessness means that we are not examining models of supportive housing that have been developed specifically for people with physical and intellectual disability. Also, we are not focused on the broader older people's supportive housing space (see Australian Capital Territory Government 2009 as an example). Two more points about our focus on supportive housing as a response to homelessness are required.

First, we have excluded the diverse and large number of models of service provision that couple support and crisis, temporary or transitional housing. The research is deliberately focused on 'permanent' supportive housing, whereby tenants have the security that is afforded with an independent tenancy lease. Second, while focusing on supportive housing in the context of homelessness, the evidence in the subsequent chapter demonstrates the significant overlap and intersectionality between homelessness and mental illness. Thus our focus on supportive housing to meet the needs of people who are homeless or at risk of homelessness often involves consideration of research and practices of supportive housing that has been established to primarily meet the recovery and housing needs of people with psychiatric disabilities.

### 1.1.1 Research questions

The overall research project is guided by six questions:

1. What characterises different theoretical models of supportive housing, what are the underlying assumptions and what are the objectives and intended outcomes?
2. How are different models implemented and operationalised in practice, particularly in terms of the integration of support/social assistance and housing? And to what extent are practices of supportive housing shaped by theoretical models and resourcing realities?
3. What housing, wellbeing and social connections/engagement outcomes do residents of different models experience, and for what types of households (e.g.

family composition, support need) are the different forms of supportive housing effective?

4. What are the critical factors or program elements contributing to or mediating supportive housing success in terms of housing stock, tenancy management activities, and mode of support and social services delivery?
5. What types of housing do people prefer, how do they rate different types of supportive housing, and to what extent do people feel they are enabled choices in the housing and support they access?
6. How do tenants perceive that their individual behaviours and actions influence, both positively and negatively, their housing and non-housing outcomes?

The Positioning Paper provides a critical overview of supportive housing key debates, evidence, policy, practice and conceptual questions. It is informed by a review of scholarly literature, as well as grey literature. The latter review is primarily informed by Australian policy and practice, whereas the scholarly literature includes Australian and international research.

The research evidence is considered in Chapter 2 and examines central debates about how supportive housing is conceptualised. Chapter 2 also outlines an overview of the salient evidentiary basis for, and critiques of, supportive housing.

In Chapter 3 we outline a brief overview of contemporary Australian supportive housing policy and practices. Rather than an exhaustive and comprehensive list of all supportive housing in Australia, we describe major supportive housing initiatives that are, or have recently been, operating in Australia.

Drawing on a summary of key themes examined in Chapters 2 and 3, Chapter 4 identifies the evidence for supportive housing and presents a number of important limitations in the knowledge base. The current limitations and gaps in the evidence are used as a platform for the concluding description of the subsequent empirical phases that will be conducted in the research project and presented in the Final Report.

## 2 SUPPORTIVE HOUSING: A CRITICAL REVIEW OF THE LITERATURE

### 2.1 Introduction

In this chapter we provide a critical overview of the empirical, theoretical and peer reviewed published literature examining various forms of supportive housing. We first canvass some of the key debates about the definitions and competing conceptualisations of supportive housing. Next the chapter discusses the ways that supportive housing is directed toward particular people, particularly mental health consumers and people experiencing homelessness. Following this, the objectives of supportive housing and the historical context are examined. The latter half of the chapter presents an overview of the relevant evidentiary basis for, and critiques of, supportive housing.

In presenting a definition of supportive housing and a critical review of the evidence base, three central themes from the literature are worth initially emphasising. First, the literature is most often embedded within and speaks to psychiatric domains. In the United States, and indeed Canadian context (Kirsh et al. 2009), supportive housing is clearly located in the mental health contexts. A large body of literature refers to supportive housing as a response to people with severe mental illnesses. Burt (2006, p.4) points out that having a disability is a requirement of accessing permanent supportive housing in the US. This mental health focus is centrally important, as it has shaped the supportive housing practice and research agenda toward questions and issues relevant to the mental health fields. For instance, a large body of the evidence considers the appropriateness and nature of supportive housing vis-à-vis mental health institutions, involuntary patients and more generally issues and problems pertinent to mental health consumers. In this respect, the supportive housing literature is often presented and examined in contrast to other types of interventions that mental health consumers receive (especially involuntary services and institutions).

Second, the overwhelming majority of published research comes from North America, and primarily from the US. The North American focus is important for understanding how the evidence base does—and ought to—inform Australian ideas and practices of supportive housing. As noted above, supportive housing in the US is firmly embedded within a mental health context and as a response to the historic legacy of how psychiatric patients have been responded to by the state. Thus the health, historic, legislative and policy context of supportive housing and mental health service provision as reported in the peer reviewed literature is profoundly different to how housing and health services are conceptualised and delivered in Australia. Pointing out this difference is not the basis for arguing that the North American evidence is of no value to Australia. Rather it will be demonstrated that the logic and evidence for supportive housing in the US needs to be critically considered and applied within Australia's diverse housing (and health) contexts.

The third striking feature of the supportive housing literature is the multiple and inconsistently used definitions of supportive housing. While there is a broad body of literature about both *supportive housing* and *supported housing* as different concepts, independent researchers and practitioners frequently refer to and present the two types of housing and support interchangeably (Kirsh et al. 2009; Tabol et al. 2010). The manner in which supportive housing and supported housing are defined will be considered in more depth below. Inconsistently applying definitions and concepts in the literature make clear policy recommendations and decisions (based on the literature) challenging.

## 2.2 What is supportive housing?

The Corporation for Supportive Housing from the US defines supportive housing in straightforward and broad terms. Supportive housing 'combines affordable housing and services that help people who face the most complex challenges to live with stability, autonomy and dignity' (Corporation for Supportive Housing n.d.). Not only does the Corporation for Supportive Housing illustrate the central premise of combining housing and support services, it also makes the important point that supportive housing is an endeavour directed toward people with needs in addition to housing access alone. The target population for supportive housing is of central concern because it provides an indication of its nature and purposes. The way that different conceptualisations of supportive housing are tied to different target groups and purposes will be discussed in the sections below.

Consistent with the observation that supportive housing is an amorphous concept, Farrell et al. (2010) note that there is no singular definition, but they suggest that supportive housing—differing from transitional housing—tends to be long term and permanent. Indeed, the contemporary literature from the US positions the permanency of supportive housing as central. Henwood et al.'s (2013) recent review of supportive housing in the US—consistent with US Federal Government policy (United States Housing and Urban Development 2012)—deliberatively refers to 'permanent supportive housing' to clearly illustrate the permanency and to distinguish permanent supportive housing from shelters and other forms of non-permanent homeless accommodation. Permanent supportive housing includes programs 'that provide access to affordable community-based housing along with flexible support services intended to meet a broad array of health and psychosocial needs' (Henwood et al. 2013).

Hannigan and Wagner (2003, p.1) note that supportive housing involves the combination of affordable and accessible services, the latter services determined by the individual tenants. They also argue that supportive housing projects foster community building efforts 'among tenants and are often engaged with the surrounding neighbourhoods as well'. In an overview of supportive housing in the US, Hannigan and Wagner (2003, pp.4–5) identify the following core principles that have guided the development and effectiveness of supportive housing:

1. Permanence and affordability; a key priority is to increase the supply of affordable housing. Affordability is typically defined with rents not exceeding 30 per cent of income. Affordability is often enabled through subsidy programs, such as through Section 8 vouchers.
2. Safety and comfort; tenants should feel safe and comfortable in their homes. Supportive housing buildings must at a minimum comply with building codes, and every effort must be made to provide security measures to meet tenants' needs, including the promotion of tenants taking collective control over their environment.
3. Support services are accessible and flexible, and target housing stability; support services not only cater for tenants' diverse needs, but also retain flexibility to cater for changing needs over time. Tenant sustainment is fundamental.
4. Empowerment and independence; supportive housing is purposefully designed to promote tenants' empowerment and to foster tenant independence. Tenants are in their homes and service providers are there to be supportive.

The principles identified by Hannigan and Wagner (2003) share many similarities with a review of international and Australian literature informed by the views of people with mental illness about their housing preferences and needs to live independently

(O'Brien et al. 2002). The O'Brien et al. (2002) review of housing characteristics (not explicitly supportive housing) identified as important to people with mental illness included:

1. independence and choice
2. convenient location
3. safety and comfort
4. affordability
5. privacy
6. social opportunities.

The Australian Common Ground Alliance (ACGA) has put forward Common Ground as one model of supportive housing. The Australian Common Ground approach to supportive housing emphasises the importance of Housing First in terms of housing stability, permanence, and voluntary engagement with services and treatment (Australian Common Ground Alliance n.d.). Similarly, they advocate for a model of supportive housing that includes congregate style apartment living, with a range of supportive services that are delivered onsite (Australian Common Ground Alliance n.d.).

Scholars writing in the North American context have defined 'supportive housing' and sought to give the concept more specificity with reference to how it differs from 'supported housing'. Lipton et al. (2000) describe supportive housing as housing programs linked to some form of support services that include community mainstreaming, empowerment and support flexibility. This definition of supportive housing is contrasted with 'supported housing'. The latter, comparatively, they argue is a more choice based, independent and permanent type of housing (Lipton et al. 2000).

Parkinson, Nelson and Horgan (1999) also distinguish between supportive housing and supported housing. They state that supportive housing focuses on rehabilitation and resident identity, whereas supported housing focuses on empowerment, community integration and citizen identity. Further, they suggest that supportive housing is short term, and consists of group homes and clustered apartments, and features in-house staff. While Parkinson, Nelson and Horgan's (1999) definition contrasts with the aforementioned notion of supportive housing as 'permanent' (Henwood et al. 2013; United States Housing and Urban Development 2012), both Parkinson et al. (1999) and Lipton et al. (2000) present supportive housing as less normalised and more restricted than supported housing. Indeed, Lipton et al. (2000, p.480) say that 'treatment-orientated supportive housing constitute the remainder of the residential continuum, including group homes, supportive apartments, community residences and halfway houses where housing and services are generally integrally related'.

### *2.2.1 Supported housing*

Recognising that supportive housing and supported housing are concepts that are often used interchangeably, there have been several attempts to present concrete criteria for supported housing. In what Fakhoury et al. (2002) describes as too broad to classify program characteristics, in 1987 the American National Institute of Mental Health defined supported housing as 'an approach that focuses on client goals and preferences, uses an individualised and flexible rehabilitation process, and has strong emphasis on normal housing, work, and social networks' (cited in Fakhoury et al. 2002, p.308). This early definition of supported housing—consistent with subsequent

definitions since then—has prioritised the capacities of individuals (consumers, patients, clients) to make choices over how they live.

Kirsh et al. (2009) adopt the common supported housing definition as outlined by Parkinson, Nelson and Horgan (1999). For Kirsh et al. (2009, p.13), supported housing is:

... based on the underlying values of empowerment and community integration. Resident/survivors are viewed as tenants/citizens and staff are considered to be facilitators. It is a strength-focused approach that provides considerable choice to residents over housing, living companions, and daily activities. Receiving treatment is not a requirement and the role of the landlord and the support provider are separated or 'de-linked'. However, supports and rehabilitative services are often accessed as desired by individuals to help them stay in their home and participate in their communities.

Nelson, Aubry and Lafrance (2007, p.351) likewise draw on Parkinson et al. (1999) to define supported housing as having 'support staff who are external to the housing rather than onsite, have the support process controlled by the tenant, are oriented toward empowerment and recovery, and use apartments as independent living settings, provide rent vouchers, and provide permanent housing'. The priority given to autonomy, normality and choice in supported housing underscores the way that the model of housing and support is located within the mental health paradigm in North America. The emphasis on individual choice in both supported housing and supportive housing can only be meaningfully understood in a context whereby the consumer is a patient of mental health services and the delivery of services is intended to be consumer directed. As explained below, supported housing and supportive housing represent a response and contrast to in-patient hospital settings and involuntary patients.

Sharing many similarities to the definitions outlined above, the Centre for Mental Health Services in the US identified eight characteristics of the ideal model of supported housing. According to the Centre for Mental Health Services' model, supported housing should have the following characteristics:

1. Owned by the tenant or rented through a formal lease held in the tenants' name.
2. A legal and functional separation between the landlord and the support provider.
3. Housing that is integrated into the community/neighbourhood.
4. Affordability.
5. The availability of voluntary services.
6. Resident choice in terms of housing and services.
7. Community-based services with no live in staff.
8. Crisis services available 24 hours a day, seven days per week (cited in Rog 2004, p.340).

Tabol et al. (2010) conducted a systematic analysis of the peer reviewed literature published between 1987 and 2008 on both supportive housing and supported housing. They focused on housing interventions for homeless populations with serious mental illnesses and/or substance use disorders. On the basis of their systematic review, 38 studies were found. It is interesting to note that only one of their 38 studies was conducted outside of North America. Tabol et al. (2010) identified five overarching criteria of supported housing:

1. Normal housing; affordable; integrated with non-consumers; long-term/potentially permanent; normal tenancy agreement; appearance of tenancy fits neighbourhood norm; privacy over access to unit.
2. Flexible supports; individualised and flexible services; crisis services available; resources in close proximity.
3. Separation of housing and services; absence of requirements as condition of stay; housing and service agencies legally and functionally separate; no live-in regular housing staff.
4. Choice; in housing options and shared decision-making.
5. Immediate placement; not preparatory settings.

While the literature on supported housing and supportive housing defines these two models separately, it is arguably the case that the two models are often conflated and used interchangeably because they share very similar if not identical philosophical premises. Housing affordability, tenant control and choice, and normality are all key features of both supported housing and supportive housing outlined in the literature. Even though some scholars have positioned supported housing as more normalised and less restrictive than supportive housing, it is also clear that others define supportive housing in ways that give priority to normality and tenant control over both their housing and their engagement with support (Henwood et al. 2013). Further, although there are clear criteria and features of supported housing and supportive housing, the literature does not indicate that the principles and features are consistently adhered to or operationalised in practice (Tabol et al. 2010). There is a developed body of literature explaining what supportive housing and supported housing 'ought' to be, but it is much less clear whether these normative ideas are realised in practice.

Setting to one side the differences and similarities between supported housing and supportive housing models, it is important to emphasise once again that much of the peer reviewed literature in which these debates and definitions are played out are not based on Australian research. In the Australian context, it is worth examining whether supported housing and supportive housing are based on different philosophical premises (more or less autonomy, normality), and whether they are directed toward different groups of people. In the remainder of this report, we will use the term 'supportive housing' to encompass both supported and supportive housing. In cases where literature is specifically cited, we will use the exact term from the original source.

### **2.3 Who is supportive housing for?**

As noted at the beginning of this chapter, supportive housing in the US is often directed toward people with mental illness. This focus is both explicitly stated in funding eligibility terms (Burt 2006), and it is also evident in the aims and core principles of supportive housing as a mechanism for *consumers* to achieve community integration, normality, autonomy and empowerment (Tabol et al. 2010). Supportive housing, in the North American context at least, has been developed to meet the needs of people living with or recovering from psychiatric illness. Indeed, some scholars have conducted research on supported housing for people with psychiatric disabilities and excluded other groups such as people suffering from drug and alcohol use (Fakhoury et al. 2002).

Recognising that the practice and research focus has been focused on supportive housing as a response to people with mental illness, particularly in the US, Hannigan and Wagner (2003) point out that supportive housing is also directed toward 'people

living with HIV, older adults, individuals with physical disabilities, the formerly homeless, low income working people, and more recently, families'. Henwood et al. (2013) also recognise that supportive housing in the US has been synonymous with mental health, but they argue that supportive housing is increasingly being directed toward vulnerable groups and medically frail people regardless of mental health diagnosis.

The focus on delivering supportive housing to people with psychiatric illness in the US has been enabled through funding and legislative requirements to meet the housing and support needs of people with diagnosable mental illness. Notwithstanding the more recent focus of delivering supportive housing to groups of people without diagnosable mental illness, the focus on mental illness is closely associated with homelessness. The considerable and often robust evidence on supportive housing outlined in Section 2.6 below, has primarily been concerned with populations of people with both mental illness and experiences of homelessness. Indeed, the US Government states that 'permanent supportive housing programs are designed to serve people who were homeless with disabling conditions that interfere with their ability to maintain housing on their own' (United States Housing and Urban Development 2012, p.68). In the years 2010 to 2011, 82.1 per cent (N=181 876 people) of adult tenants residing in permanent supportive housing had a disability (United States Housing and Urban Development 2012).

In Australia, the ACGA directs their supportive housing advocacy toward 'the most vulnerable chronically homeless in the community' (Australian Common Ground Alliance n.d.). In addition to long-term or multiple episodes of homelessness, vulnerable homeless status is taken to mean 'people with disabilities, mental illness or substance misuse disorders' (Australian Common Ground Alliance n.d.).

As the focus on vulnerability in terms of homelessness, disability and mental illness makes clear, when thinking about the individuals that supportive housing is directed toward it is important not to artificially place people into discrete categories: either homeless or mental health consumers. People with mental illness may also be homeless. While supportive housing is often purposefully and successfully directed toward people with mental illness, because people with mental illness are overrepresented in the homeless population, the mental health consumers (supportive housing tenants) often report experiences of homelessness.

In this respect, supportive housing as a mental health intervention also functions as a means to enable people to exit homelessness and sustain housing. Similarly, these groups that are offered supportive housing on the basis of mental illness diagnosis or histories of homelessness may also be defined on the basis of other objectively ascribed criteria or category, such as families, people with disabilities, or older or young people. Further, and as is now increasingly becoming understood, tenants of supportive housing may also have significant physical health problems that supportive housing intervention is well placed to address. Understanding the intersectionality of people's problems and identified status is central to understanding the way that supportive housing can and should respond to a diverse range of people in housing need.

## **2.4 The aims of supportive housing**

The aims and objectives of supportive housing are consistent with the primary focus of the intervention directed toward mental health consumers who often also report experiences of homelessness. Kirsh et al. (2009) said that when supported housing is successful it enables residents to take stock of their lives and to imagine future lives. They frame supported housing as an intervention to help people to recover from

mental illness. In turn, when supported housing is successful it is a means for residents to return to work, school, volunteering, and reconnecting with family and other social circles (Kirsh et al. 2009). Likewise, Tabol et al. (2010) place supported housing directly in the mental health field by noting that it aims to meet the housing and support needs of individuals with psychiatric disabilities and is rooted in the principles of consumer empowerment and community integration. Supported housing was conceptualised in the psychiatric rehabilitation paradigm of 'choose-get-keep', whereby consumers obtain their desired living situation first, and then they receive services to develop skills to stay there (Tabol et al. 2010, p.447).

Cohen et al. (2004) note the importance of supportive housing as a model to enable people with experiences of homelessness to live independently. Independence is coupled with permanence; Cohen et al. (2004) argue that the major goal of supportive housing is to prevent recurrence of homelessness. The ACGA (n.d.) specifically frames the Common Ground model of supportive housing as a mechanism to achieve housing outcomes for people experiencing homelessness. They state that:

Common Ground supportive housing aims to successfully end chronic homelessness through housing the most vulnerable in our communities.

In South Australia, Australia's only jurisdiction with an official supportive housing policy, supportive housing is likewise an initiative linked to homelessness objectives. The South Australian 'Homelessness Supportive Housing Program Policy' (Government of South Australia 2012) identifies expected outcomes that include fewer people becoming homeless and resorting to rough sleeping, together with broader macro objectives of reducing the incidence of overall homelessness.

## **2.5 History of supportive housing**

As the aims of supportive housing as a mental health intervention directed toward people with diagnosable illnesses and often histories of homelessness would suggest, supportive housing has emerged out of a historic response to the previously dominant mental health paradigm. Both Fakhoury et al. (2002) and Wood (2004) locate the increasing need for supportive housing in the context of hospital closures following the deinstitutionalisation movement. In this historic context, supportive housing was one mechanism to provide people with psychiatric disabilities with normal housing following major hospital closures.<sup>1</sup>

Also as a psychiatric legacy, Rog (2004) identifies the emergence of supported housing in the 1980s as a response to a residential continuum model, whereby people with psychiatric illness progressed along a staircase of support and accommodation options until finally graduating into housing. Despite damning critiques (Sahlin 2005; Tsemberis 1999), the staircase model of support and then housing remains in practice in many jurisdictions, but the supportive housing approach constitutes a successful response. Tabol et al. (2010) points to the literature identifying the limitations and impracticalities of the continuum model in achieving positive housing and support outcomes. Similarly, Tabol et al. (2010, p.446) cite Tanzman's (1993) earlier work as key evidence bringing about and bolstering the movement toward supported housing. Supported housing was theoretically and empirically justified on the basis of mental health consumer's preferences to live in independent and 'normal' housing with the provision of outreach, rather than live-in, support staff (Tanzman 1993).

In addition to the historical changes in mental health provision that have shaped the nature of contemporary supportive housing (in the US), and notwithstanding the

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<sup>1</sup> This is also true of deinstitutionalisation in the physical and intellectual disability sectors.

recognition that people with mental illnesses in supportive housing often have histories of homelessness, the supportive housing movement has origins in homelessness in major cities of the US. Hannigan and Wagner (2003) locate the emergence of supportive housing beginning in the 1960s as a means to assist people living in private forms of accommodation, such as single room-occupancy hotels. They argue that the supportive housing movement started to develop as not-for-profit organisations began to acquire and redevelop their own forms of single room-occupancies as a response to the emerging problem of homelessness.

Henwood et al. (2013) suggests that policy-makers in the US have made a considerable shift toward addressing long-term homelessness through permanent supportive housing rather than relying on shelter and transitional housing. They argue that the contemporary focus on permanent supportive housing is embedded within the evidence that demonstrates the significant health problems associated with homelessness, together with the understanding that the provision of housing is an important part of health care service delivery, is cost effective, and is consistent with basic human rights (Henwood et al. 2013).

Running alongside normative ideas about supportive housing as economically efficient and a socially just way to respond to the needs of people experiencing homelessness with or without a psychiatric disability, funding and policy streams in the US have been profoundly influential. Referring to US legislation for more than 25 years, Hannigan and Wagner (2003, p.4) explain the growth in supportive housing in terms of:

Financial support from a wide variety of sources contributed to the nationwide expansion of supportive housing development. The passage of the federal Low Income Housing Tax Credit legislation in 1986, for example, provided the opportunity for private investors to receive tax credits in exchange for direct investments in low-income housing. Similarly, the federal government made a major commitment to housing homeless individuals with the authorization of funding streams sponsored under the Stewart B. *McKinney Act* of 1987.

The result of the financial support to enable the development and expansion of supportive housing in the US cannot be overstated. In 2010, there were 236 798 permanent supportive housing units, constituting one-third of all beds available to people who are homeless (United States Housing and Urban Development 2011). Once residing in permanent supportive housing, however, people are no longer defined as homeless (thus the 236 798 tenants in supportive housing are formerly homeless). The US government has stated an intention to expand the permanent supportive housing sector as a means to end homelessness. The 236 798 units of permanent supportive housing in 2010 represent a 59 968 unit of stock increase since 2006 (United States Housing and Urban Development 2011). The increase in permanent supportive housing in the US has been greater than the increase in shelter beds and stands in further contrast to the decrease in transitional housing. Along with government subsidies (including Section 8 Housing Vouchers) and tax incentives, the Corporation for Supportive Housing (n.d.) has played a significant role in contributing to the growth in supportive housing by providing predevelopment funds, bridging loans and technical assistance to enable community groups and organisations to develop supportive housing across the US.

There is far less of an historic legacy of supportive housing in Australia, and the local growth has similarly been less pronounced than in the US. In the homelessness sector, Common Ground and the Youth Foyer models constitute two significant and politically visible developments in contemporary Australian supportive housing history. In a move that created significant momentum, the Commonwealth Government

asserted that 'more supportive housing models, such as Foyer models, also need to be established to target young people who are homeless' (Australian Government 2008, p.50). This national recognition builds on the local practices of establishing Foyer models since the early 2000s in Victoria, New South Wales and South Australia (Steen & Mackenzie 2013) and has led to the more recent discussion of establishing this form of supportive housing in the ACT (Martin 2010). The Foyer model includes the combination of accommodation and support services, such as education and training. Young people are allocated a place in Foyer programs on the basis that they comply with mandatory conditions such as education, training or employment participation. As opposed to the ideal model of supportive housing as user-directed with voluntary services, the Foyer model explicitly positions accommodation as a contingent resource (Steen & Mackenzie 2013).

First established in Adelaide in 2008, the Common Ground model of supportive housing also represents a visible and politically important form of supportive housing in contemporary Australian policy. Subsequent to Adelaide's first Common Ground supportive housing building, other Common Ground initiatives have been developed in Melbourne, Sydney, Hobart, Brisbane, and in regional South Australia. Parsell, Fitzpatrick and Busch-Geertsema (2013) identified the political and advocacy processes that led to the implementation of Common Ground in Australia. Their work also challenged the notion that the Common Ground model of supportive housing is indeed based on rigorous evidence that its advocates claim. Despite the limited evidence base, they illustrated how the Common Ground model of supportive housing was enabled through significant government, private sector and philanthropic support. The recent implementation of Common Ground and significant investment in new capital works to construct Common Ground buildings has been advocated as necessary to achieve national homelessness reduction objectives and to enable people with chronic experiences of homelessness to sustain housing. The emergence of Australia's two main recent and most identifiable forms of supportive housing, Foyer and Common Ground, have occurred in the context of contemporary policy under the National Affordable Housing Agreement aimed at reducing homelessness.

## **2.6 What is the evidence for supportive housing?**

There is a large body of research evidence reporting on the outcomes attributed to supportive housing. In many respects, the outcomes evidence is methodologically robust. However, the inconsistent use of definitions by supportive housing programs, coupled with some research that provides limited information about what supportive housing actually entails, means that broad statements about what the body literature says are difficult to substantiate. What is clear from the research evidence, however, is that the provision of affordable housing with some form of voluntary support services is a successful means to enable people with experiences of homelessness and mental illnesses to sustain housing. In this section we review the evidence base about the outcomes of supportive housing. We focus primarily on housing outcomes, and where available, we report on data about non-housing outcomes, such as health, wellbeing, quality of life and improved socio and economic participation. This section concludes with a discussion on the limitations of supportive housing. As with the chapter thus far, this section draws heavily on international research, particularly from the US. We also consider the limited but emerging body of evidence from Australia.

### *2.6.1 Housing sustainment and homelessness exits*

Arguably the largest and most important evidence about supportive housing demonstrates housing sustainability and reduced rates of homelessness among people who enter supportive housing programs. The Housing First approach

developed by Sam Tsemberis in the early 1990s at Pathways to Housing (Pathways Housing First (PHF)), New York City, has been evaluated successfully by a number of important studies in the US. The PHF model of supportive housing consists of scattered-site and secure housing funded through the Federal Government Section 8 Housing Voucher. The housing is combined with a modified Assertive Community Treatment team. PHF provides community-based services, a service coordinator and the Assertive Community Treatment team includes psychiatrists, nurse, addiction and employment counsellors and peer support specialists (Tsemberis et al. 2012). In one review of the PHF supportive housing evidence, Johnson, Parkinson and Parsell (2012) demonstrated that the PHF model of supportive housing had consistently achieved housing retention rates of over 85 per cent for people with psychiatric disabilities and chronic experiences of homelessness. Moreover, the evidence shows that people are able to sustain their housing for up to five years (Tsemberis & Eisenberg 2000). In more recent research published after the Johnson, Parkinson and Parsell (2012) review, similar housing outcomes have been achieved by PHF supportive housing after two years (Tsemberis et al. 2012) and three years (Stefancic et al. 2013).

The Pathways to Housing approach of supportive housing is only one model, but it is worth noting that the US Government's plan to end homelessness cites the PHF model of supportive housing as an evidenced solution (United States Interagency Council on Homelessness 2010). The PHF model of supportive housing is primarily directed toward people with chronic experiences of homelessness, broadly defined in the US as long-term homelessness among individuals with a diagnosable mental illness (Parsell forthcoming).

Others have conducted systematic reviews on the nature and effectiveness of supportive housing that have included a range of different models, including PHF (Fakhoury et al. 2002; Rog 2004; Tabol et al. 2010). Based on a review of 15 studies examining supported housing for people with mental illnesses and people experiencing homelessness, Rog found that once in 'housing with supports, the majority of individuals with serious mental illnesses stay in housing, are less likely to become homeless, and are less likely to be hospitalised, regardless of the specific type of housing conditions'. That is to say, Rog concluded that 'housing with supports, regardless of the specific model, has a considerable impact on housing stability' (Rog 2004. p.338).

Fakhoury et al. (2002) examined supported housing primarily in the mental health context. Because their focus was mental health, rather than homelessness, the review did not examine housing sustainability and homelessness exit outcomes. They concluded that the outcomes for supported housing are mixed, yet:

... it seems that functioning can improve, social integration can be facilitated, and residents are generally more satisfied. (p.312)

Tabol et al. (2010) conducted a systematic analysis of 38 studies reporting on supported housing interventions for homeless individuals with serious mental illness and/or substance use disorders. The Tabol et al. (2010, p.454) review did not focus on outcomes; rather the authors provide 'an overview of the literature's attention to the supported housing model and adherence to this model among various programs'. Their review consisted of several studies and was included in Rog's review and the Johnson, Parkinson and Parsell (2012) review. These reviews primarily based on original research conducted in the US, together with other North American studies (Collins et al. 2013; Lipton et al. 1988; Mares & Rosenheck 2011; Newman et al. 1994; Shern et al. 1997), have all shown that people with serious mental illnesses and experiences of homelessness can sustain exits from homelessness in various forms

of supportive housing. Consistent with research on the PHF model of supportive housing, other studies (Johnson, Parkinson & Parsell 2012), Lipton et al. (2000) have found that homeless people with serious mental illness can remain stably housed for up to five years in supportive housing.

Closely linked to the evidence about housing outcomes is the highly influential research arguing for the cost effectiveness of supportive housing. The seminal research of Dennis Culhane and colleagues in the US provide the most compelling and robust evidence for supportive housing in terms of the cost savings of supported housing for people with mental illnesses compared to the costs of homelessness. In short, Culhane et al. (2002) found that people in supported housing achieved better outcomes (reduced hospital and shelter use and jail/prison time) than people in other forms of housing or people experiencing homelessness. Their research has shown that for people with serious mental illness that are also heavy users of crisis emergency services (in places where those services exist and are accessible), the costs of providing supportive housing are mitigated by the reduction in service utilisation. As Culhane (2008) has noted, however, the cost effectiveness arguments for supportive housing vary across regions, and importantly, these arguments are disproportionately based on the service usage of a small cohort of people with chronic experiences of homelessness and serious mental illness, that is, heavy service users. The caveats that Culhane notes about the cost effectiveness of supportive housing or the non-representative samples in other research are often overlooked by advocates calling for supportive housing on the basis of cost effectiveness (Johnson, Parkinson & Parsell 2012).

Compared to North America, there is nowhere near the number nor the level of detailed research examining models of supportive housing in Australia. In many respects, the limited Australian research in this area is a product of the limited supportive housing programs that have been established to address homelessness (until recently). The evidence cited above is largely drawn from the North American context (although the Fakhoury et al. 2002 review included the UK and Europe). Nevertheless, from the emerging Australian research similar findings can be identified from the evidence base. In a detailed evaluation of what is arguably Australia's largest supportive housing initiative, Bruce et al. (2012) report positive outcomes from the New South Wales 'Housing and Accommodation Support Initiative' (HASI).

As explained in the next chapter, HASI is a state government program that aims to provide people with mental illness with access to stable housing, clinical mental health services and accommodation support (Bruce et al. 2012). HASI is a mental health intervention. Consumers of HASI must meet the eligibility criteria of having a diagnosed mental illness. Despite the focus on diagnosable illness rather than homelessness/housing status, 43 per cent of HASI consumers were defined as homeless when they entered the program (Bruce et al. 2012). The evaluative research demonstrates positive housing and non-housing outcomes for HASI consumers. Bruce et al. (2012, p.83) report that 90 per cent of consumers (N=806) sustained their tenancy since joining the program. Similarly positive housing outcomes were identified in terms of minimal rental arrears, minimal engagement with the tenancy tribunal and high rates of tenancy satisfaction. The evaluation also found that most HASI consumers reported improved quality of life and better clinical outcomes (Bruce et al. 2012). In an evaluation of Victoria's Housing and Support Program for people with psychiatric disabilities, Robson (1995) found that people's housing stability improved, and there were likewise improvements identified in terms of community connections, social networks and reduced hospital use.

Recent research on Australia's new Street to Home initiatives also adds to the evidence base on local supportive housing. In Commonwealth Government funded evaluations in Melbourne (Johnson & Chamberlain 2013), Brisbane and Sydney (Parsell et al. 2013a, 2013b), the research clearly demonstrates that Street to Home programs can assist people with long experiences of homelessness and rough sleeping to exit homelessness and sustain housing after 12 months. For a similar cohort of people with long-term experiences of homelessness and rough sleeping, Melbourne's Journey to Social Inclusion program has achieved excellent housing outcomes over a 24-month period (Johnson et al. 2012).

### *2.6.2 Elements and mediators of success*

The evidence base on supportive housing is clear: supportive housing is a successful means to enable people with chronic experiences of homelessness and a diagnosable mental illness to sustain housing. In light of this widely accepted finding, many have asked, what are the elements and factors of supportive housing that mediate successful outcomes? In a review of international literature specifically in the mental health field, Fakhoury et al. (2002, p.312) argue that there is:

... hardly any evidence about the effects of differences in clinical practice. The question is not just what structure is most suitable for the delivery of quality supported housing care, but also what practices and interventions undertaken in these places are likely to lead to the most positive patient outcomes.

The limited evidence about the effective clinical practices notwithstanding, several scholars have pointed to the importance of coupling affordable housing with user directed services. Farrell et al. (2010) studied families in supportive housing in the US and concluded that 'housing vouchers combined with individualised support appear to be an effective form of assistance for families'. Similarly identifying the importance of affordability in promoting positive tenant outcomes, Hurlburt, Wood and Hough (1996) found that people in receipt of Section 8 Vouchers—irrespective of the nature of the support they received—had a greater likelihood of accessing secure housing. They found that the model of support was not important, but rather the subsidy was associated with housing outcomes. Nelson, Aubry and Lafrance (2007a, p.358) ask the question that, in light of housing and support clearly achieving positive housing outcomes for people with mental illness and experiences of homelessness, which approaches are most successful in improving outcomes? They answered their own question by pointing out that the provision of permanent housing to homeless mentally ill people produces significant positive effects on their housing outcomes.

In research with people with mental illnesses who had experienced homelessness, Clark and Rich (2003), Hurlburt Wood and Hough (1996), and Rosenheck et al. (2003) found that individuals receiving housing plus case management achieved better housing (and less hospitalisation) outcomes than individuals receiving only case management.

Nelson, Aubry and Lafrance (2007) reviewed 16 studies that examined housing and a range of housing and support interventions, such as Assertive Community Treatment and intensive case management. They found that these supportive housing models were able to reduce homelessness and hospitalisation for people with mental illnesses. They concluded by asserting that 'in terms of the most effective approach in reducing homelessness, it appears that providing permanent housing and support is the most successful approach' (Nelson, Aubry & Lafrance 2007, p.358).

In an Australian study (Victorian), O'Brien et al. (2002) engaged people who had experienced a psychiatric disorder who lived in social or private housing without formally linked support. The study sought to identify what the individuals saw as most

helpful and important in supporting them to stay housed. Their study found that supports from case workers, mental health professionals and friends were all key features that people saw as enhancing their capacities to stay housed.

The supportive housing evidence base presented thus far about housing outcomes for people with chronic experiences of homelessness and serious mental illness illustrates that affordable and permanent housing with associated support services are the primary elements that mediate success. These findings are consistent with the outcomes research presented in the section above, whereby the positive housing outcomes have been achieved by a diverse range of supportive housing models. Indeed, in a study of families exiting homelessness into various forms of supportive housing, Nolan et al. (2005, p.v) concluded that:

No single program model appears to be significantly better than any other at helping tenants achieve the primary goal of housing stability, as long as the model succeeds in creating an environment of respect and trust among tenants and staff and is able to provide the resources that tenants need.

Kirsh et al.'s (2009) analysis of the literature also endorses the proposition that permanency in housing is central to the outcomes achieved by supportive housing, but with Greenwood et al. (2005) and Nelson, Sylvestre and Aubry (2007), they argue that consumer choice over housing and support are critical factors to the success of supportive housing. Consumer choice is arguably the defining trait of the PHF model of supportive housing (Johnson, Parkinson & Parsell 2012), but Stefancic and Tsemberis (2007) extend this by asserting that a key element of supportive housing for the promotion of recovery is that the housing is indistinguishable. This assertion about the indistinguishable type of housing stock in the PHF supportive housing model is in contrast to the models of supportive housing that are congregate and have onsite support services, such as the Common Ground model (Parsell et al. 2013). The indistinguishable nature of housing that the PHF model advocates is a response to institutionalised and segregated forms of psychiatric accommodation: according to PHF, indistinguishable housing consists of housing in the form of apartments that are scattered throughout buildings and neighbourhoods and the provision of support by outreach providers (as opposed to onsite). The PHF model of supportive housing accesses housing through head-leasing stock in the private rental market. In order to ensure that housing is indistinguishable, the program has a requirement that no more than 20 per cent of dwellings in an apartment building can be rented to PHF supportive housing consumers (Tsemberis 2010). It is this indistinguishable nature of housing whereby tenants feel at home and independent that the PHF model of supportive housing sees as critical in the success achieved (Stefancic & Tsemberis 2007).

## **2.7 Critique of supportive housing**

The discussion thus far has portrayed supportive housing in an exclusively positive and unproblematic light. Under numerous different models and arrangements, the combination of affordable and permanent housing with voluntary support services enables people with chronic experiences of homelessness and serious mental illness to sustain housing. What critical questions could be raised at a seemingly simple premise that achieves what would almost universally be accepted as positive outcomes?

The first critique of supportive housing seeks to highlight what supportive housing often does not achieve. In a clear context of supportive housing achieving such positive homelessness exits and housing retention outcomes, scholars have drawn attention to the limited evidence that shows supportive housing functioning as a

platform for tenants to realise broader life changes and improvements. That is to say, supportive housing promotes tenant sustainability, but what else does it do, and what comes next? There is little evidence that the intended life improvements that exiting homelessness and accessing housing are achieved. For people that sustain housing in supportive housing, there is an absence or only modest improvements in terms of social integration, social participation and reduced alcohol and substance use (Mares & Rosenheck 2010, 2011; Pearson et al. 2009; Tsai et al. 2012).

Tsemberis reflected upon the body of supportive housing evidence and argued that:

Housing and other supportive housing interventions may end homelessness but do not cure psychiatric disability, addiction, or poverty. These programs, it might be said, help individuals graduate from the trauma of homelessness into the normal everyday misery of extreme poverty, stigma, and unemployment. (Tsemberis 2010, p.52)

The comments of Tsemberis are particularly powerful, as his reflection includes a critique of the PHF model of supportive housing that he had developed. He brings to light pertinent questions about the specific form and practices that supportive housing 'ought' to assume. In a critical review, Hopper (2012) evokes the challenges and limitations of supported housing in terms of tenants being confined to the social margins even while embedded in the urban centres. He argues that containment, not sanctuary, is the purpose of supported housing. In his terms, supported housing 'warehouses redundant individuals' and leaves the 'bulk of the work of reintegration to individual initiative' (p.462).

Without critiquing the function of supportive housing like Hopper, the research literature raises difficult questions about what is realistic for supportive housing to achieve. For instance, recent Australian practices of reducing rough sleeping with Street to Home and some Common Ground models have purposefully focused on people sleeping rough who have been assessed by the programs to be the most vulnerable. Without engaging in debates about the positioning of the chronic homeless and people sleeping rough as the most morally deserving (Parsell forthcoming), if supportive housing is directed toward people with the most problems we must be cautious about the life transformation they will achieve. Cognisant of the limitations, Deborah Padgett (2012) offers a powerfully insightful and provocative analysis of supported housing. She says:

To be sure, supported housing is not a panacea, but its limitations lie more in the larger context than in its *raison d'être*. This recalls the oft-told parable of the drunken man looking for his keys under the lamppost 'because that's where the light is' when he had actually dropped them in the vast dark area around him. Hopper and others who are seeking to broaden the conversation beyond individual agency are spot on. But looking for the keys (to social inclusion) under the street light (of supported housing) puts the emphasis in the wrong place and narrows the focus to the least problematic of what is a complex and troubling reality. (p.720)

Padgett's work on supportive housing is far-reaching. Based on a systematic program of research, she clearly understands some of the limitations of supportive housing. Without glossing over the limitations, and in contrast to suggestions that supportive housing is an additional layer of marginalisation (see Hopper 2012), she argues that supported housing which offers 'consumers their own apartment on the basis of their preferences, is a form of personal liberation' (p.720).

An important study from Lipton et al. (2000) identifies the limitations of supportive housing vis-à-vis the individuals that supportive housing is less effective or ineffective

for. Balanced against their findings that homeless people with serious mental illness can remain in stable housing for up to five years, Lipton et al. (2000) identified the first four months of housing access as the period in which tenants were most vulnerable to moving into unstable living arrangements. They proposed that the transition into housing for people with significant levels of functional impairment may strain already tenuous survival skills. Of further importance, they found that people with a mental illness achieved better housing outcomes than people with mental illnesses and co-occurring substance abuse problems. Further, older age was associated with longer housing tenure.

The evidence does suggest that there are limitations to what supportive housing can realistically achieve. Further, even when highly effective, the effectiveness of supportive housing will vary among different individuals.

### *2.7.1 Scatter site or congregate living*

The form of the housing stock and the mode of service provision constitute a further area of debate about supportive housing. There are ongoing questions about whether scattered site housing with an outreach model of support (as used by the PHF model) is more effective and preferred than congregate forms of housing with onsite support services (as used by Common Ground). The predominant model of supportive housing as a response to homelessness in contemporary Europe is delivered through scattered site dwellings with person-centred rather than place centre support (Busch-Geertsema 2013). Volker Busch-Geertsema (2013) clearly associates the scattered site form of supportive housing as a fundamental mechanism to realise normalisation of living conditions.

The debate becomes further complex because there are a range of forms of congregate supportive housing. The Common Ground model of congregate supportive housing, for example, consists of independent units/apartments in the one unit/apartment building, with the provision of onsite service providers. Other congregate models of supportive housing do not have independent units, but rather some shared facilities, especially shared cooking facilities. Congregate models (also scattered site models) can also vary in terms of whether people have a lease over their property (as opposed to a boarding house), or whether they are program participants whereby accommodation is made contingent on participation in certain activities (i.e. group homes, or the Foyer model). Thus when interpreting the debates about the appropriateness of congregate models of supportive housing over scattered site housing it is important to understand that a number of different practices can be considered congregate supportive housing.

With a recognition that congregate supportive housing assumes many forms, a number of researchers have consistently found that people with psychiatric illnesses prefer their own housing rather than sharing with other people with mental illness (Fakhoury et al. 2002; Hannigan & Wagner 2003; Nelson et al. 2003). Despite this identified preference for independent housing, other researchers have shown that housing outcomes, as well as quality of life improvements vary across both congregate and scattered housing (Goldfinger et al. 1999; Lipton et al. 2000; Weiner et al. 2010). There is not a consensus view about whether scattered site or congregate models of supportive housing lead to the most effective outcomes. Adding further complexity to debates about the most appropriate form of supportive housing, people's preference for independent housing may lead to isolation and loneliness (Fakhoury et al. 2002; Lam & Rosenheck 1999), whereas others suggest that it may improve quality of life and feelings of connection (Hansson et al. 2002).

In research drawing on both the scholarly literature and the interviews with tenants and providers of supportive housing, Kirsh et al. (2009) insightfully illustrate the often overlooked complexities about the debates and evidence for congregate and scattered site housing. They understand that some individuals prefer the support and company that congregate housing may offer, but they suggest that the associated stigma is of greater concern than the tenants need for support. Offering a nuanced account, they contend that:

Most residents prefer scatter-site housing despite the loneliness that may accompany it. This 'trade-off' is one that requires careful consideration on the individual level, as well as active anti-stigma action on the broader level, in order that individuals may live in their environments of choice. The tension between independence and isolation is another issue that calls for careful consideration of levels and nature of support that are embedded in supported housing programs; clearly, the desire and need for support and intervention varies across individuals and contexts. (pp.72–3)

In addition to the valid questions raised about the desirability of congregate supportive housing over scattered site, it is worth noting that nearly the entire peer reviewed and published literature about these debates is based on international research. Similarly, the research does not always make clear what types of congregate housing are referred to. It is not clear whether some forms of congregate housing can indeed be perceived as normal and a means to express autonomy by tenants. Lipton et al. (2000, p.486) take this further by observing that 'although some individuals will initially benefit from normalised housing, others may require various degrees of structure, interpersonal intensity and support. Various types of housing are needed to meet the heterogeneous needs of a diverse consumer group'.

In the contemporary Australian climate, questions about the various types of supportive housing, especially congregate Common Ground buildings, are salient. It is important to know the preferences of people living in supportive housing. Are congregate models of supportive housing perceived as desirable and, if so, under what conditions, that is, with security, a concierge, if they are close to amenity and high quality housing stock? In a comment reflecting the recent Australian experience of developing Common Ground congregate housing (Parsell et al. 2013), Padgett (2012, p.720) eloquently notes that 'philanthropic donations and government funding have overwhelmingly favoured visible edifices over the smaller scale and invisibility of scatter-site living (an ironic commentary on the greater presumed potential for social integration associated with such edifices)'.

## **2.8 Conclusion**

We set out in this chapter to provide a critical and selective examination of the published literature examining supportive housing. The centrally important debates about how supportive housing is conceptualised have been highlighted. Although without an agreed definition, the literature broadly conceptualises supportive housing as affordable housing with the linking of a range of support services. There is wide agreement that support services should be voluntary, and that supportive housing is a means for people to achieve autonomy and self-determination.

It is in the prevailing context of supportive housing associated with normative claims about autonomy and volition that the literature positions supportive housing as an intervention directed toward people with serious mental illness. Indeed, the support services combined with supportive housing often assume a mental health focus, and are conceptualised as voluntary and normal as opposed to the mandatory and

stigmatised nature of traditional mental health service provision (including psychiatric inpatients).

The focus on mental health consumers together with the contemporary Australian policy agenda illustrated the interaction of mental illness and homelessness. In addition to supportive housing directed toward people with experiences of homelessness on the basis of their diagnosable mental illness, current policy has explicitly developed supportive housing as a mechanism to respond to homelessness policy objectives. The chapter analysed a range of published research that has unambiguously demonstrated that supportive housing is an effective means to assist people with chronic experiences of homelessness and serious mental illness to sustain housing. Moreover, there are a diverse range of supportive housing models that have been demonstrated to be effective.

The chapter concluded with a brief overview of some of the debates and critiques of supportive housing. Although highly successful in assisting people to exit homelessness, the research literature demonstrates that people sustaining their tenancies often face significant challenges in realising non-housing outcomes. Finally the ongoing debates about the appropriateness of congregate over scattered site supportive housing were canvassed. These questions will be returned to in the final chapter.

## **3 SUPPORTIVE HOUSING IN AUSTRALIA: POLICY AND PRACTICE**

### **3.1 Introduction**

This chapter aims to provide an overview of contemporary Australian supportive housing policy and practices. Rather than an exhaustive and comprehensive list of all supportive housing in Australia, we describe major supportive housing initiatives that are, or that have recently been, operating in Australia. Recognising the ambiguous and loosely defined nature of supportive housing, our focus is directed toward policy and practice initiatives that involve the provision of affordable housing and the coordinated linking of support services. In the latter part of the chapter we provide a critical overview of the key characteristics of supportive housing in Australia, and examine the extent to which they are consistent with, or differ from, the key features and salient elements of supportive housing outlined in the previous chapter. Our intentions are descriptive rather than normative; thus we do not advocate for a best practice or ideal model of supportive housing in Australia (in the Final Report we will present evidence from our empirical work). We do, however, provide an overview of some of the common practices of providing time-limited and often minimal support to people in housing to illustrate some of the diversity that constitutes Australia's broad supportive housing paradigm. In this respect, we present a typology of the four ways that affordable housing and coordinated support services are linked to achieve housing outcomes for people who are homeless or people deemed to be at risk of homelessness.

Across Australia's six states and two territories, supportive housing has predominantly been located within a mental health paradigm. As canvassed in Chapter 1, recent policy and practices have contributed toward a growth in supportive housing as a movement to respond to homelessness. In line with the objectives of the research project, this chapter focuses on supportive housing as a response to homelessness and housing insecurity. In recognition of the close links between and overlap within the homelessness and mental health domains, the chapter commences with a brief overview of supportive housing initiatives funded and implemented as part of mental health interventions.

#### *3.1.1 Supportive housing as part of a mental health intervention*

The largest and most established form of supportive housing in Australia is supportive housing as part of a mental health intervention. As a mental health intervention, supportive housing is directed toward people with psychiatric disabilities. In this domain, supportive housing primarily consists of large initiatives funded and organised through state governments. Notable among these large existing or recent state government initiatives are the New South Wales Housing and Support Intervention; the Victorian Doorway Housing and Support Program; the Western Australian Independent Living Program; the Queensland Housing and Support Program, and the South Australian Housing and Accommodation Support Partnership. There are also a range of similar supportive housing programs initiated and operated by NGOs that work on a smaller scale (Carter 2008; Richmond Fellowship Tasmania n.d.; The Haven Foundation n.d.). As a mental health intervention, a precondition of accessing supportive housing is having a diagnosable psychiatric disability. Some programs, but not all, require that in addition to a psychiatric disability people enter supportive housing only after discharging from psychiatric hospitals (Carter 2008).

One of Australia's largest supportive housing programs is the New South Wales 'Housing and Support Initiative' (HASI). HASI is directed toward assisting people in

their recovery from mental illness, specifically, it 'aims to provide stable housing, clinical mental health services and accommodation support to people with mental illness' (Bruce et al. 2012).

HASI is a partnership program between Housing NSW, NSW Health, NGO accommodation support providers and community housing providers. Housing is provided by Housing NSW and community housing providers. NSW Health delivers ongoing clinical services and also funds NGOs to provide support services.

The Queensland Government's 'Housing and Support Program' (HASP) originated from Project 300, which aimed to relocate 300 high-functioning patients from expensive mental health institutions into public housing, with varying levels of clinical and mental health support. Project 300 was superseded by HASP and both client groups merged into HASP. Both projects are funded and managed by Queensland Health, with partnerships with the Department of Housing, and over 50 NGOs in Queensland. Like HASI, consumers must have a psychiatric disability to be eligible for HASP. Another eligibility criterion of HASP is the requirement to 'accept the provision of non-clinical supports' (Queensland Government n.d.a).

The South Australian Government has a similar supportive housing model for people with psychiatric disabilities: the Housing and Accommodation Support Partnership. Like HASI and the Queensland HASP, the South Australian example is based on a collaborative partnership between the state health authority, social housing providers and a range of support providers and community members.

The large supportive housing initiatives for people with psychiatric disabilities canvassed above predominantly rely on the social housing sector. Housing is made available through social housing providers partnering with NGOs and state government health authorities to form the supportive housing programs. Victoria's Doorway Housing and Support Program, on the other hand, is a demonstration project that accesses secure housing from the private rental market.

All of the above major supportive housing interventions identify with a broad aim of enabling people with psychiatric disabilities to live in the community. In some cases, supportive housing initiatives were established to respond to needs of people who were staying in inpatient facilities simply because no other accessible housing options were available. Supportive housing in this context is presented as a fundamental part of the recovery process, and the formal initiatives identify with practices consistent with a 'recovery approach' and 'rehabilitation framework' to mental illness (Government of South Australia 2010; Tasmanian Government 2008).

### *3.1.2 Supportive housing as a response to homelessness*

In addition to supportive housing as a means to enable people with psychiatric disabilities to live independently in the community, there is an increasing number of models and approaches to supportive housing in Australia that have been developed to respond to homelessness. The increase in supportive housing has received impetus from contemporary policy that has set targets to permanently reduce the incidence of homelessness (Parsell et al. 2013), together with the homelessness sector that has positioned supportive housing as an important component of service delivery (Parry 2008). In this respect, supportive housing can be seen as a practice mechanism to overcome limitations identified in Australia's former crisis based system that was not deemed successful in meeting the long-term housing needs of people, particularly those described as having 'complex needs' (Erebus Consulting Partners 2004; Fopp 2002).

In the remainder of this chapter we examine the policies and practices of supportive housing in Australia that are tied to homelessness reduction and housing access and sustainability outcomes. As discussed in the previous chapter's review of supportive housing literature, we recognise that it is not meaningful to conceptualise supportive housing as a response to homelessness as entirely distinct from supportive housing in the mental health context. The literature has long demonstrated the interaction between the two. Indeed, in the Australian practice context, the aforementioned supportive housing interventions for people with psychiatric disabilities also work with people experiencing or at risk of homelessness (Bruce et al. 2012; Government of South Australia 2010; Mental Illness Fellowship Victoria n.d.; Queensland Government n.d.a).

Taking as a fundamental premise the interaction between homelessness and mental illness for some, although not all, people experiencing homelessness, we distinguish between supportive housing as a response to homelessness and supportive housing as a response to people with a mental illness. The latter supportive housing can be distinguished from the former because it has a specific requirement to target people with a diagnosable psychiatric illness (at times people exiting psychiatric hospitals). Conversely, supportive housing as a response to homelessness is purposefully directed toward meeting homelessness reduction and sustainable housing outcomes. Thus, while supportive housing directed toward housing and homelessness objectives will invariably address the needs of people with mental illness, having a diagnosable mental illness is not a requirement of accessing supportive housing services to address homelessness.

Based on a review of formal policies and program characteristics of models of housing and coordinated support for people who are homeless or at risk of homelessness in Australia, we have identified the following four different conceptualisations or typologies of supportive housing:

1. Supportive housing where homelessness status or experience is a requirement of access, and housing and support are coupled into a specific program with dedicated housing and onsite support services.
2. Supportive housing where homelessness status or experience is a requirement of access, and housing and support are coupled into a specific program or integrated approach without onsite support and often relying on dispersed rather than congregate housing.
3. Supportive housing where formal support is linked to housing access and provision, but where the housing and support services are not managed by or explicitly linked to a 'supportive housing' program.
4. Supportive housing where formal support is initiated and established after housing has been accessed and in the absence of the linked support being envisaged in the tenancy allocation process. Often this form of supportive housing is a means to assist people to sustain tenancies and thus avoid entry (or re-entry) into homelessness.

These four models are elaborated upon below with reference to examples from Australian policy and practice.

The first model of supportive housing has been developed as an explicit option for people who are homeless to access secure housing. In this model, while housing providers and support providers are ordinarily separate entities as recommended in the literature (Rog 2004; Tabol et al. 2010), the provision of the two are formally and deliberately integrated to form a supportive housing program. This is the most clear and easily identifiable model. As already noted, the Common Ground approach to

supportive housing is a visible and high profile example of this type of model that is closely integrated and purposefully directed toward homelessness reduction and sustainable housing outcomes. The The Australian Common Ground Alliance (ACGA) says that Common Ground provides people with a permanent home and the support services to stay housed and to improve their lives (ACGA n.d.).

The Victorian Wintringham program is another example of an integrated model of supportive housing with onsite supports. Wintringham focuses on people who are homeless or at risk of homelessness aged over fifty years. Because of the age of tenants, the service provider is able to access supports funded through Commonwealth Government aged care initiatives (Wintringham n.d.). At the other end of the life course, the Foyer model<sup>2</sup> provides supportive housing to young people experiencing homelessness or at risk of homelessness. Foyer links affordable accommodation with onsite services, mentoring and facilitated access to education, training and employment (Steen & MacKenzie 2013). Foyer, Wintringham and Common Ground provide housing in congregate forms. Also, they use an onsite model of support provision. There is diversity in what constitutes 'onsite service' provision. In the Common Ground model, for example, onsite service provision includes concierge, 24-hour security, and support workers. Support workers provide onsite interventions to respond to immediate issues experienced by tenants. They also act as 'case coordinators, who assist in the coordination of services that are delivered to tenants (sometimes onsite) by 'mainstream' organisations.

Despite the diversity and forms in which 'onsite support' is delivered, it is the onsite service provision and especially the congregate form that identifies the first model's characteristics. . Indeed, Padgett (2012) comments that it is this congregate and observable form of housing that is associated with government, industry and philanthropy's willingness to support and provide funding. In addition to congregate housing and onsite support service provision, the specific and purposeful allocation of tenancies is characteristic of the first model. As noted, Foyer specifically targets young people and Wintringham older people. Common Ground has a specific focus on 'the most vulnerable chronically homeless in the community' (ACGA n.d.). As a consequence of directing Common Ground supportive housing toward what are deemed to be the most vulnerable of the homeless population, people sleeping rough are the primary target group. The focus on vulnerable people sleeping rough and the commitment to assist people to exit from homelessness provides an indication of the synergy between supportive housing and assertive street outreach (Phillips & Parsell 2012). Assertive street outreach is linked to supportive housing because it is the mechanism needed to identify and direct services toward a target population.

The second model of supportive housing is similar to the first in that homelessness status or experience is a requirement of access, and housing and support are coupled into a specific program or model. However, in the second model the housing is often, although not exclusively, dispersed throughout neighbourhoods. As a consequence of the dispersed housing form, residential support is not onsite. Street to Home programs operating in a number of Australian capital cities illustrate this form of supportive housing (Johnson & Chamberlain 2013; Parsell et al. 2013a, 2013b), as is the Western Sydney Project 40 Supportive Housing initiative (Wentworth Community Housing n.d.), Melbourne's Journeys to Social Inclusion pilot program (Johnson et al.

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<sup>2</sup> We recognise that the Foyer model explicitly intends for residents to move on after late adolescence or early adulthood. Thus it cannot be considered permanent. Also, residents of Foyer models often do not have an independent lease, but rather rely on 'lead tenant leases'. Residents are also required to be 'earning or learning', thus the program is deliberately conditional (see Steen & MacKenzie 2013). While the Foyer model does not meet the criteria of security and independence that we apply to other forms of supportive housing, elements of this model are appropriate for these young people.

2012), or Eastern and Inner Western Sydney's Port Jackson Supported Housing Program (New South Wales Government 2012). Like the stated focus of Common Ground, these programs prioritise and target intervention toward people sleeping rough and experiencing chronic homelessness that are deemed to be the most vulnerable, often drawing on a vulnerable index tool to inform assessment<sup>3</sup> (Johnson & Chamberlain 2013; Parsell et al. 2013a, 2013b). The programs identify with a Housing First approach, and have been funded to enable people to make permanent exits from homelessness and other life changes. Housing is primarily accessed through the social housing sector. The Sydney Way2Home program, however, accesses some private rental dwellings through partnering with the Platform 70 initiative (see Parsell et al. 2013b). In this model ongoing support is funded and provided by a mix of government and NGOs.

While the practice examples in this second typology have been conceptualised as integrated supportive housing initiatives, in the first years of operation some have experienced challenges and delays in accessing resources and achieving sufficient coordination (Parsell et al. 2013a, 2013b; Wentworth Community Housing n.d.).

Even though these supportive housing initiatives have been conceptualised in policy as coordinated models to enable people to exit homelessness and sustain housing with funding from state housing and health authorities, accessing secure housing and the ongoing support services—especially multidisciplinary clinical services—has proved difficult to achieve in practice.

The third model of supportive housing consists of the formal linking and coordination of support to housing access and provision, but where the housing or service providers are not explicitly conceptualised as 'supportive housing' programs. There are numerous forms of supportive housing that involve the integration of support and housing to enable people with experiences of homelessness to access housing. Often the integration of support and housing to people with experiences of homelessness is a requirement for properties to be allocated. For instance, the experience of homelessness may be sufficient to prioritise social housing access; however, the applicant—and their advocate—may need to substantiate assertions of priority status on the basis of high need with clear evidence that they have the support services organised prior to tenancy allocation. In a clear and state-funded example of this type of support provision, the Victorian Government's Housing and Support for the Aged program funds NGOs to provide case management and support for social housing applicants (aged over 50) with complex support needs and a history of homelessness (Government of Victoria 2013a). Coordinated support services may also be delivered by stakeholders such as probation and parole officers, services associated with young adults exiting the out of home care system, and refugees.

Also sitting within the model are various small community housing providers and NGOs that own or manage a portfolio of housing stock. In these examples, housing providers both deliver housing and provide varying degrees and types of ongoing support services to the tenants. In addition to delivering some forms of support services themselves, some housing providers have close working relationships with other organisations to provide specialist support to their tenants. The coordinated relationships between the housing provider and the social service providers may be made official through a Memorandum of Understanding. In practice, these types of relationships may mean that social service providers have nominated rights to

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<sup>3</sup> The Vulnerability Index Tool was developed by Dr Jim O'Connell from the US and it is used to identify people experiencing homelessness at the most immediate risk of death, and then to prioritise service provision according to identified need.

housing access for their consumers, whereas the housing providers have facilitated access to specialist services for their tenants. This form of supportive housing is delivered by NGOs that identify with a broad social justice agenda (Shaftesbury Centre n.d.), as well as services that are or have been closely involved in the delivery of traditional homelessness services (4walls n.d.; Mission Australia Housing 2012).

Fourth, there is a model of supportive housing that integrates support and housing, but the support is organised after the tenancy has commenced and the support, moreover, has been initiated to respond to problems identified during the tenancy. The problems that the tenant is experiencing will invariably be identified by the housing provider because they put the tenancy at risk. Hence, the support needed may be for a short period of time (to address the identified problem), and is directed towards preventing eviction which, in turn, prevents potential homelessness. Support to assist people to sustain tenancies post-property allocation are varied, and include initiatives delivered by NGOs similar to those discussed in model three and under the auspice of policies to achieve homelessness prevention objectives (Red Cross 2012; Government of Victoria 2013b).

### 3.1.3 Discussion

Our typology of supportive housing models is based on official descriptions taken directly from the policy and organisational sources. We recognise that our characterisations of supportive housing models, based as they are on formal policy and program descriptions, do not take into account the extent to which the ideal policy models may differ in practice (see Parsell et al. 2013a, 2013b). In the empirical stages of this research project we will examine how different models of supportive housing are delivered and experienced in practice.

For the remainder of the chapter we consider how the practices of supportive housing in Australia relate to some of the key and ideal supportive housing characteristics outlined in the research literature. As Chapter 2 made clear, many of the characteristics of supportive housing outlined in the research literature have been developed and firmly sit within supportive housing as a mental health intervention in the United States. Given the mental health focus, and the manner in which supportive housing was developed as an alternative to psychiatric institutions, we have omitted some of the specific mental health characteristics and distilled what we believe constitute the key criteria for supportive housing in the Australian housing and homelessness context. These critical elements of supportive housing from the literature include: (1) affordability, (2) permanence (security of tenure, see below), (3) normality, (4) voluntary service engagement, (5) safety, (6) privacy and (7) 24-hour access to crisis support. These are discussed below and summarised in Table 1.

1. *Affordability*—All examples included in the typology can be considered to meet the affordability criteria. While there is debate within Australia about how housing affordability should be determined (Henman & Jones 2012), the examples included above use relatively consistent national measures of social housing rents set at between 25 and 30 per cent of a tenant's income. Even when private housing was provided, state provided subsidies ensure that tenants' rents were equivalent to social housing rents (e.g. Sydney's Platform 70 program, see Parsell et al. 2013b).
2. *Permanence*—The literature is unambiguous in presenting supportive housing as permanent. In the US, the term 'permanent supportive housing' is used by both scholars and in official government policy (Henwood et al. 2013; United States Housing and Urban Development 2012). In the contemporary Australian context, on the other hand, we see the term 'permanent' as problematic, because neither

the private rental market nor the practices of some social housing providers offer housing that can be considered permanent. In addition to the insecure tenancies in the private rental sector (Hulse et al. 2012), social housing providers are no longer providing tenancies for life (Fitzpatrick & Pawson 2013). Instead social housing providers are moving toward offering people tenancies for duration of need, with planned assessment processes to verify the tenant's continuation of need. Indeed, in Queensland, the social housing sector is seen as a means to enable people to access and move into the private sector (Queensland Government n.d.b). Because some of Australia's social housing providers are moving away from permanent tenancies, we have used the notion of security of tenure rather than permanency. We have conceptualised security of tenure as individual tenants having a formal lease in their own name.

In our examination of supportive housing outlined in the Australian policy and practice material, we excluded all forms of crisis, homelessness and transitional accommodation. Thus, our typology is based exclusively on examples where security of tenure was provided in the form of tenants having a residential tenancy lease.

3. *Normality*—The criterion of normality is particularly difficult to assess. We have no way to verify or otherwise whether the examples of supportive housing in Australia meet criteria for normality. The notion of normality comes from US research which shows that mental health consumers do not want to live in distinguishable housing with other mental health consumers (Stefancic & Tsemberis 2007). In order to achieve normality by indistinguishable living, the PHF model of supportive housing uses dispersed housing with no more than 20 per cent supportive housing tenants in the one building (Tsemberis 2010). Thus the PHF model relies on head leasing private rental properties. Given that Australia's supportive housing provision is primarily delivered through social housing, it is difficult to apply the same standards of normality as used by the PHF model. A significant portion of Australia's social housing stock is located in public housing estates and high rise buildings. Although we are not inclined to label Australia's congregated forms of social housing as abnormal, social housing authorities have sought to diversify the social mix in social housing estates to combat stigma and abnormality (Randolph et al. 2004).

We are unable to determine whether Australia's supportive housing examples can be considered normal. In the empirical stages of the research, however, we will explore with tenants and services providers their perceptions and experiences on normality and abnormality in terms of housing and support.

4. *Voluntary service engagement*—Again embedded in the mental health paradigm and the conditions of an involuntary patient in particular, the literature consistently emphasises the importance of voluntary service engagement. While the support is voluntary in the four model typology, in that individuals are not required to work with or engage with particular service providers, there are important and often implicit negative implications for refusing to engage with 'voluntary' services. For instance, if a social housing applicant is deemed to require support to sustain their tenancy, the applicants refusal to engage with support may undermine their tenancy application. In this respect, engaging with a case worker or other support may not be an official precondition of accessing housing, but not accepting the support would likely be detrimental. Similarly, if social housing tenancy managers refer a tenant to access support organisations to address concerns that the manager identifies as placing the tenancy at risk, refusing to engage with the support provider if refusal was not coupled with clearly demonstrating that the problems associated with the tenancy concern were addressed, would place the tenancy at risk.

The official policy and practice descriptions of different forms of supportive housing make no mention of the requirement for individuals to engage with support. On this basis all four models can be considered voluntary. Nevertheless, we have suggested a caveat to this conclusion as, similar to many other forms of welfare provision, there are often non-official policies that negate one’s capacity to refuse service engagement. In the empirical stages of the research we will explore with tenants and services providers their perceptions and experiences on the voluntary or otherwise nature of their engagement with and delivery of services.

5. *Safety*—Only the examples of congregate forms of supportive housing with onsite support services considered in the first model have formal commitments and practices to achieve tenant safety. Indeed, safety is asserted as one of the important criteria of the Common Ground model (ACGA n.d.).
6. *Privacy*—As with normality and voluntary service engagement, privacy is a characteristic of supportive housing that is particularly meaningful in the context of mental health patients living in psychiatric institutions and other controlled environments. Other than on the basis of assessing whether supportive housing consists of independent tenancies with self-contained amenity, it is difficult to establish whether the models included in the typology meet the requirements of privacy. In the empirical stages of the research we will explore with tenants and services providers their perceptions and experiences on the privacy of supportive housing. Given that Common Ground is a congregate model with onsite support services—and thus potentially promoting safety and ease of access to appropriate service provision—we will focus specifically on whether stakeholders perceive and experience the congregate form of housing as enabling sufficient privacy.
7. *24-hour access to crisis support*—The congregate forms of supportive housing detailed in model one enable tenants access to 24-hour crisis support. This too is a key feature of Common Ground. There is no indication that the other models of supportive housing would have the resources to provide this type of support.

**Table 1: Critical elements of supportive housing, by model type**

Models	Affordability	Security of tenure	Normality	Voluntary service engagement	Safety	Privacy	24-hour access to crisis support
1	Y	Y	E	E	Y	E	Y
2	Y	Y	E	E	N	Y	N
3	Y	Y	E	E	N	Y	N
4	Y	Y	E	E	N	Y	N

Key:

Y = Model displays this characteristic

N = Model does not display this characteristic

E = Will be examined in empirical stages of research

### 3.2 Conclusion

We commenced this chapter with a brief overview of some of the main forms of supportive housing as a component of a mental health intervention. Consistent with the argument and literature presented throughout this Positioning Paper, we recognise that supportive housing as a mental health intervention cannot be considered as completely distinct from supportive housing as a response to homelessness. Nevertheless, we have suggested that when supportive housing aims

to meet the housing and clinical needs of people with a psychiatric disability (as an eligibility criteria) it can be considered as a component of a mental health intervention, even though this form of supportive housing does achieve homelessness reduction and housing sustainability outcomes.

The chapter then presented a four model typology of supportive housing in the broad homelessness and housing contexts. Our aim in presenting the typology is to illustrate how different forms of housing and different forms of support are coordinated in practice to deliver different models of supportive housing. The typology puts forward what could be considered as a broad and all-encompassing notion of supportive housing. As the third and fourth model of supportive housing indicates, the examples are not restricted to supportive housing in the congregate form with onsite support. We have included a broad range of practices in our supportive housing typology because they represent the coordination of support services with affordable housing as a deliberate means to assist people experiencing homelessness to access and sustain housing and/or to assist people at risk of homelessness to sustain their housing.

## **4 SUPPORTIVE HOUSING IN AUSTRALIA: FORM AND FUNCTION**

### **4.1 Introduction**

In this final chapter we distil some of the key themes identified thus far and highlight important questions and gaps within the existing evidence base. The key questions and gaps in the literature are then considered with reference to the empirical phases of the research project. This Positioning Paper acts as a platform for the subsequent stages of the research. In the context of growth in supportive housing as a response to homelessness and a means to achieve sustainable housing outcomes for vulnerable people experiencing homelessness, the data collection has been purposefully constructed to respond to a number of conceptual and practice questions pertinent to contemporary Australian policy and service delivery.

#### *4.1.1 Evidence base and evidence gaps*

In the light of significant research demonstrating positive housing retention outcomes and some decreases in service use after people exit homelessness and enter supportive housing, scholars have raised important questions about what elements, practices, forms and models of supportive housing work best. In short, there is little known about the specific critical elements that contribute to success. In reflecting on the eight characteristics of the ideal supported housing model, Rog (2004, p.340) reviewed the evidence and concluded that we are 'not able to distinguish the features of housing that are the active ingredients of housing that make the difference in resident outcomes'. Similarly, Tabol et al. (2010, p.447) make the important observation that it remains unclear 'what factors, including what program elements, mediate these outcomes'. These conclusions, along with other researchers considered in Chapter 2, make the important point that the provision of any type of affordable and secure housing with some type of support to people exiting homelessness is likely to facilitate positive outcomes.

Two examples from Australian and international practices are instructive. First, some forms of supportive housing advocate for a separation in support and housing providers. Second, some supportive housing prescribes a social mix of tenants, where half of the supportive housing building is tenanted with people exiting homelessness and the other half low-income workers. There is, however, little evidence about whether separating support and housing providers is necessary (Rog 2004). Further, the evidence on social mix often does not show positive relationships between different groups or benefits experienced by disadvantaged people after social mix (Galster 2013).

In light of these conclusions from the evidence base, a central challenge and indeed priority for this research is to identify what tenants and support providers perceive to be the important factors that enable success in supportive housing. Given that the provision of any stable housing to people exiting homelessness represents a dramatic improvement in their lives (Rog 2004), the research will attempt to empirically disentangle and examine the elements of housing and support that facilitate sustainable housing outcomes. In particular, the empirical research will investigate how support service providers and service systems (including mainstream health) and housing workers and housing systems collaborate. The subsequent stages of the research will thus seek to identify the best practices of collaboration of housing and support. There is little evidence in the literature about the way that housing and any type of support workers collaborate and work together, and of their limited, but important work. Phillips (2013) demonstrates the significant ideological and practice

challenges to integration. Given the broad typology of supportive housing presented in the previous chapter, it is fundamental that we have evidence about how different models operate to achieve successful coordination of housing and service provision. The research will demonstrate which factors of the supportive housing environment in practice contribute to positive outcomes.

In the context of examining the coordination of housing with service providers, it is also important to understand what non-housing services should be part of supportive housing. Should, for example, service provision be directed toward those interventions that are clinical or those directly linked to tenancy sustainment? On the other hand, should supportive housing work toward broader objectives, such as assisting people to improve their lifestyles, diets, and exercise routines (Cabassa et al. 2013)?

In Chapter 2 we considered the interaction of people's problems and identified status as a 'homeless person' or a 'mentally ill person' as central to the way that supportive housing can and should respond to a diverse range of people in housing need. It is not helpful to think about supportive housing as an exclusive homelessness intervention disconnected from other models of service provision and population groups. In addition to challenging the notion that homelessness constitutes an all-encompassing identity that characterises the essence of 'homeless people' (Parsell 2010), policy-makers and researchers must grapple with funding and conceptual questions when supportive housing initiatives are developed as permanent housing responses to homelessness. For instance, if supportive housing programs are a means to reduce homelessness, should the capital and concurrent funding come from homelessness funding allocations? Recent Australian experiences of constructing Common Ground initiatives were often enabled with Commonwealth funding linked to homelessness reduction objectives (Parsell et al. 2013). Given that a high proportion of Common Ground tenants were deliberately allocated tenancies on the basis of their chronic experiences of homelessness coupled with disability and mental illness, should capital works funding and ongoing support funding come from health and disability authorities and budgets?

Examining where the funding and responsibilities lie for supportive housing is particularly significant because the cost effectiveness of supportive housing arguments are often reliant upon savings to health and criminal justice services (Culhane 2008). If supportive housing is justified as a cost saving measure vis-à-vis reducing homelessness and thus acute and crisis service utilisation, do the health and justice organisations that save money have a responsibility to contribute to supportive housing?

The questions about the most appropriate ways of funding supportive housing are linked to questions about what supportive housing actually is. How is supportive housing conceptualised? What constitutes success in supportive housing? Are definitions of success in supportive housing constructed differently by tenants and supportive housing providers? Is supportive housing a means for people to be supported for a period of time so that they can exit the supportive housing and then achieve independence? Or, is supportive housing conceptualised as the ongoing provision of support to people, whereby they will be continuously supported throughout their lives? These different conceptualisations of supportive housing will determine, or be determined by, the people that are targeted for supportive housing. For example, if the most vulnerable of the homeless population are targeted for supportive housing, it is likely that supportive housing will be a long-term proposition. That is to say, it is less likely that people allocated a tenancy in supportive housing on the basis of extreme vulnerability will exit supportive housing because they no longer require support. If supportive housing is conceptualised as a long-term proposition, to

what extent should supportive housing incorporate universal design features to enable people to age in place (Henwood et al. 2013)? In a related way, what are the best models and practices for stepping up and down support as people's needs change?

In responding to questions about the model of supportive housing that works best for certain individuals and indeed the model of supportive housing that is most preferred, Kirsh et al. (2009) make the important observation that a range of models are required to address the range of different needs that people have. Likewise, people's needs change over time. Thus a more controlled form of supportive housing with onsite support in congregate forms may be desirable for people when experiencing certain life challenges and then people may prefer a less restricted form of supportive housing at other times (Tsai et al. 2010). This question is premised on an assumption that congregate housing with onsite support may be perceived as a more controlled environment. Do housing and support providers deliberately work to ensure that supportive housing is not a controlled environment? How do tenants perceive living in supportive housing with onsite support and concierge?

In addition to some limitations in the literature about the ways that people perceive and have preferences for different models and forms of supportive housing, there is very little documented evidence about the role that individuals living in supportive housing play in determining the outcomes they achieve. The broad outcomes literature that unambiguously demonstrates success in terms of exiting homelessness and tenancy sustainability in supportive housing pays little attention to what tenants in supportive housing do to contribute to their outcomes. Tenants of supportive housing are presented in the literature as passive recipients of supportive housing interventions whose exits from homelessness and housing sustainability is attributed to the supportive housing program in which they live. Without an understanding of what people residing in supportive housing do and see as explaining their positive and negative experiences we have a partial knowledge base about the theoretical and policy mechanisms required to inform practice (Parsell et al. forthcoming 2014).

As already noted, the vast majority of the supportive housing literature has been generated in North America. Thus, in addition to gaps in and unanswered questions from the international evidence base, there are significant knowledge gaps in evidence as a product of the existing research rarely being derived from Australian samples and models. Given that supportive housing is so fundamentally tied to policy and service systems that have a political and historic legacy in particular contexts (often mental health systems in North America), we cannot assume that the same factors that demonstrate positive means to integrate housing and support for homeless populations outside of Australia will apply across Australia's diverse social, cultural and policy contexts. As one example, the PHF model of supportive housing has worked successfully in the densely populated urban New York City, where housing is head leased with Federal Government subsidies and support is provided through heavily resourced Assertive Community Treatment teams. There are a number of reasons that make adopting this approach in many parts of Australia challenging (Johnson, Parkinson & Parsell 2012).

A further and more significant example where the evidence base is limited for Australia is the silence on supportive housing as a response to Indigenous people's needs. It is worth emphasising that almost no mention is made of supportive housing and Indigenous Australians. Memmott et al. (2003) have shown how homelessness for Indigenous people is experienced differently, and Parsell and Phillips (2014) demonstrated how cultural assumptions about Indigenous Australians influence the ways that Indigenous people experiencing homelessness are responded to. Apart from the Indigenous people included in the Brisbane Street to Home and Sydney

Way2Home programs research projects (Parsell et al. 2013a, 2013b), the literature contains no information or evidence on how supportive housing—if at all—is or ought to be different for Indigenous people. In the empirical phases of the research we will seek to recruit Indigenous people as participants and examine how and if supportive housing constitutes an appropriate model for Indigenous people.

#### *4.1.2 Empirical stages of the research*

Building on and guided by the peer reviewed and grey literature informing this Positioning Paper, the subsequent phases of the research will involve empirical work with tenants, and with stakeholders involved in delivering and conceptualising supportive housing. The empirical work has three stages. First, tenants of supportive housing will participate in a survey. The tenant survey will examine tenant ratings on their housing, support, neighbourhood and wellbeing. The survey also seeks to identify tenant preference on the housing and support they would like. We have constructed the survey broadly to enable tenants to indicate a diverse range of support and services they would like their housing provider and other services to deliver, such as social activities, employment and education.

The second stage of the empirical research will involve qualitative interviews with tenants of supportive housing. In the qualitative interviews we will explore with tenants what they perceive as contributing to, undermining and explaining their outcomes in supportive housing. As noted above, the literature has rarely considered what people in supportive housing do, and how their actions contribute to housing sustainability and success in housing. The qualitative interviews will prioritise tenant's firsthand accounts.

The third stage of the empirical research will consist of qualitative interviews with non-tenant stakeholders of supportive housing. The stakeholders include service providers such as tenancy managers, social and support service providers, and directors/managers involved in supportive housing. Stakeholder interviews serve three purposes:

1. To ascertain models and theories underpinning different forms of supportive housing.
2. To identify how models operate in practice.
3. To elicit the perspectives of service providers on what contributes to successful housing and other outcomes and to identify the barriers they face, and their views on how supportive housing could be improved.

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Australian Housing and Urban Research Institute

Level 1, 114 Flinders Street, Melbourne Victoria 3000

Phone +61 3 9660 2300 Fax +61 3 9663 5488

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