

## Housing, homelessness and mental health: towards systems change—Appendixes



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**Australian Government**  
National Mental Health Commission

PUBLICATION  
DATE

November 2018

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# **Appendix 1: Investigative Panel attendees**

## **Attendees Panel 1, Melbourne 21 June 2018**

### **AHURI team**

Dr Michael Fotheringham, AHURI Executive Director

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Alex Wilkinson, Research Analyst

### **National Mental Health Commission Team**

Ms Vanessa D'Souza, A/g Director Mental Health Reform Team, National Mental Health Commission

Ms Sarah McNeill, Senior Policy Officer, National Mental Health Commission

### **Panellists**

Ms Roberta Buchanan, Housing Choices Australia

Dr Sarah Pollock, Mind Australia

Mr Adrian Pisarski, National Shelter

Mr Arthur Papakotsias, NEAMI National

Ms Elida Meadows, Consumer and Carer Representative

Ms Jan West, Consumer and Carer Representative

Ms Katherine McKernan, Homelessness NSW

Ms Wendy Hayhurst, NSW Federation of Housing Associations

Mr Mike Myers, National Affordable Housing Consortium

Ms Marie Skinner, QLD Health, Mental Health Alcohol and Other Drugs Branch?

Assoc Prof Cameron Parsell, University of Queensland

Ms Peta Winzar, Community Housing Industry Association (CHIA)

Ms Catherine Lourey, Mental Health Commission, NSW

Mr David Axworthy, WA Mental Health Commission

## **Attendees Panel 2, Sydney 13 June 2018**

### **AHURI team**

Dr Nicola Brackertz, Manager AHURI Professional Services

Mr Alex Wilkinson, Research Analyst

### **National Mental Health Commission**

Dr Peggy Brown, CEO, National Mental Health Commission

Ms Catherine Brown, Director Quality Assurance, National Mental Health Commission

Mr Chris Stone, Senior Policy Officer, National Mental Health Commission

### **Panellists**

Ms Beth Fogerty, Wellways/Doorway

Mr Michael Tansy, Micah Projects

Mr Daryl Lamb, Junction Housing

Ms Heather Holst, Launch Housing

Ms Kathryn Moorey, Access Housing Australia

Mr Stephen Hall, Shelter WA

Mr Mitch Jennings, Consumer and Carer Representative

Ms Yvonne Quadros, Consumer and Carer Representative

Ms Judy Bentley, Consumer and Carer Representative

Professor Sharon Lawn, Consumer and Carer Representative

Mr Norm Wotherspoon, Consumer and Carer Representative

Mr Evan Bichara, Consumer and Carer Representative

Mr Ivan Frkovic, QLD Mental Health Commission

Mr Chris Burns, SA Mental Health Commission

Assoc Prof Emma, Baker, University of Adelaide

## Appendix 2: Federal mental health related policies

The *Roadmap for Mental Health Reform 2012–2022* and the *The Fifth National Mental Health and Suicide Prevention Plan, 2017–2022* are key policies for mental health.

### The Roadmap for Mental Health Reform

The ten year *Roadmap for Mental Health Reform 2012–2022* (Roadmap) (COAG 2012) establishes six priority areas for long term reform. While reference to the importance of housing<sup>7</sup> is made throughout the document, it is notable that only Priority 6: 'Improve social and economic participation of people with mental illness' includes a strategy in regard to housing.

| Priority  | Housing and homelessness reference  |
|---|---|
| 1 Promote person-centred approaches   | All support sectors, including mental health and housing and homelessness, need to work together to deliver seamless whole of life, person centred support, when and where it is required (COAG 2012: 14).  |
| 2 Improve the mental health and social and emotional wellbeing of all Australians | Australia should value and promote good mental health and wellbeing, and for this to occur, there needs to be access to <i>housing</i> 'for all to be fully included in our society' (COAG 2012: 6).  |
| 3 Prevent mental illness  | Community funded and private service providers (including in housing), where possible need to work towards preventing and reducing risks associated with the development and exacerbation of mental health issues' (COAG 2012: 11).   |
| 4 Focus on early detection and intervention                                       | Well integrated and well-coordinated services are needed, including in the field of housing, are needed to provide early support and be responsive to ongoing need (COAG 2012: 6).  |
| 5 Improve access to high quality services and supports                            | The Roadmap aims to 'develop better mental health services and support across all relevant government portfolios, including ... housing and homelessness' (COAG 2012: 8). 'Community-funded and private service providers (including...housing) need to work more effectively with each other and with individuals, families and carers, to help people with mental illness to recover and maximise their wellbeing' (COAG 2012: 11). |
| 6 Improve social and economic participation of people with mental illness         | Improving access to education, employment and social activities, and support in finding affordable and stable accommodation, can help build a person's sense of self-worth and connectedness, giving them a greater chance of ongoing economic independence.<br><br>Strategy 40: 'Improve access to affordable, appropriate and secure housing for people with mental health issues or mental illness' (COAG 2012: 28).               |



The Expert Reference Group (ERG) on Mental Health Reform was established to support the objectives of the Roadmap and as a way of progressing ongoing mental health reform. The ERG's final report on National Targets and Indicators for Mental Health Reform (COAG 2013) includes the indicator 'Increase the proportion of consumers and carers in safe, affordable, appropriate and stable accommodation to meet their mental health support needs' (COAG 2013).

The Roadmap has informed the federal and state level plans discussed below.

## **National Mental Health Commission**

The National Mental Health Commission (NMHC) was established in 2012. Its review of mental health services and programs recognised that 'many of those things which prevent mental ill-health and enable a contributing life lie outside the formal health system' and cited housing as one of those things (NMHC 2014: 222). The report affirms the importance of stable housing and housing support as prerequisites for mental and physical health and wellbeing; and that early access to housing is important for those with lived experience of severe and complex mental illnesses; equitable access to mainstream housing is important to reduce the negative mental health effects of stigma; the potential economic benefits of improved mental health include potentially reduced expenditure on social housing (NMHC 2014: 166–7).

The report identified a number of problems in the present system: the need for governments to address the fragmentation and inefficiencies in the service system, including linkages with housing services; the 'woefully slow' state response in providing housing alternatives to psychiatric institutions has ramifications for social isolation, increased hospital admissions, neighbourhood disputes, and tenancy breakdown (NMHC 2014: 43); poor housing opportunities in regional and rural areas present challenges for mental health outcomes (NMHC 2014: 98); and issues around privacy make it difficult for mental health support workers to discuss client issues with housing providers (NMHC 2014: 63).

In relation to housing and housing support, the report recommended that governments and providers:

- adopt new 'person-centred' funding models in which 'bundled payments' are used to purchase services to support people to stay in the community, including housing support (NMHC 2014: 200)
- build on models (like Adelaide's Common Ground) in which housing providers are included as part of a team providing care, and models like Housing First which secure housing before working on other goals including mental health (NMHC 2014: 63)
- give Indigenous people with mental illnesses access to housing as part of integrated support (NMHC 2014: 89)
- improve mental health assessment capacities across the housing sector (NMHC 2014: 218).

The Australian Government responded to this report by agreeing with the consumer or person focused care model and noted that an 'ideal, person-centred mental health system would feature more clearly defined pathways between health and mental health. It would recognise the importance of non-health supports such as housing, justice, employment and education, and emphasise cost-effective, community-based care' (Department of Health 2015: 7). However in other respects, the response did not

follow through on the particular housing recommendations of the NMHC report (Department of Health 2015).

The NMHC has since explored the links between mental health and housing and homelessness through a series of national workshops in 2017 with the Australian Housing and Urban Research Institute, resulting in a focus paper (NMHC 2017). It is presently preparing a new monitoring and reporting framework for mental health and suicide prevention (2018–2022).

## **The Fifth National Mental Health and Suicide Prevention Plan, 2017–2022**

Many of the priorities of the NMHC report are reflected in *The Fifth National Mental Health and Suicide Prevention Plan, 2017–2022* (Department of Health 2017). The plan has eight priorities:

- 1** achieving integrated regional planning and service delivery
- 2** suicide prevention
- 3** coordinating treatment and supports for people with severe and complex mental illness
- 4** improving Aboriginal and Torres Strait Islander mental health and suicide prevention
- 5** improving physical health of people living with mental illness and reducing early mortality
- 6** reducing stigma and discrimination
- 7** making safety and quality central to mental health service delivery
- 8** ensuring that the enablers of effective system performance and system improvement are in place.

The plan makes connections to housing in relation to improved service integration (Priority 1) and coordination (Priority 3). There is a recognition of the importance of ‘person centred care’ and ‘linking mental health services to other services such as housing, social support, income security, employment and training.’ (Department of Health 2017: 3). The plan outlines 24 measurable outcomes, one of which is ‘the proportion of mental health consumers in suitable housing’ (Department of Health 2017: 16). Housing policies or outcomes are not mentioned specifically in any of the other actions (Department of Health 2017: 28–29).



## Appendix 3: Matrix of state and territory mental health related policies

| Summary   | Housing link  | Homelessness link  | Implications/impact   |
|---|---|--|---|
| <b>Australian Capital Territory</b><br>No whole of government mental health plan is available, but mental health is mentioned in the <i>Draft ACT Health Territory-wide Health Services Framework 2017–2027</i> (ACT Government 2017).  |   |  |   |
| Key strategies to address mental health include being consumer oriented and driven, with a focus on recovery and rehabilitation; and providing consumers and carers with access to a seamless, coordinated and integrated network of services across the community, public and private sectors.<br><br>The ACT has established a new dedicated ministerial portfolio for Mental Health and a new Office of Mental Health. | No linkages are made with housing   | No linkages are made with homelessness                                 | Does not recognise the links between housing and mental health.   |
| <b>New South Wales</b><br><i>Living Well, a Strategic Plan for Mental Health in NSW 2014–2024</i> (Government Response) (NSW Mental Health Commission 2014)<br><i>Strengthening Mental Health Care in NSW 2017–18</i> (Strategic Plan) (NSW Ministry of Health 2017)  |   |  |   |
| The key areas for reform outlined in the Strategic Plan are:<br><b>1</b> strengthening local action and coordination  | Access to housing is important for resilience and good mental health; secure housing is important for recovery from mental illness. | The Strategic Plan seeks to:<br>→ expand the Housing Accommodation and | The Strategic Plan advocates to use cross-agency data to identify issues and provide support to people with |

| Summary  | Housing link  | Homelessness link  | Implications/impact   |
|--|---|--|---|
| <p>2 early intervention</p> <p>3 person and family/carer centred approaches</p> <p>4 shifting to community based care</p> <p>5 improved responses (including integration and housing and homelessness responses)</p> <p>6 care for vulnerable groups</p> <p>7 support at workforce and research levels.</p> <p>The Government's response centred on:</p> <p>→ prevention and early intervention (especially schools)</p> <p>→ a greater focus on community-based care (clinical mental health services)</p> <p>→ developing a more responsive system</p> <p>→ person centred care (including co-location of physical and mental health services)</p> <p>→ building a better system through research.</p> | <p>Strategic Plan actions relevant to housing suggest government:</p> <p>→ ensure access to timely, local and comparative data on mental health and wellbeing, including in housing, health, justice and welfare (p. 20)</p> <p>→ provide tailored training to public sector employees, including mental health first aid and training that supports therapeutic approaches in settings such as housing (p. 54)</p> <p>→ improve integration of community based services (including housing services) (p. 68) and better information sharing with service providers (p. 110)</p> <p>→ investigate mechanisms that assist people with mental illness to access the private rental market (p. 77)</p> | <p>Support Initiative (HASI) by increasing the number of packages and expanding the model to include new cohorts</p> <p>→ develop a model to support people who experience mental illness to maintain their tenancies, e.g. through the provision of lower-intensity HASI-style packages (p. 77)</p> <p>→ support those with complex needs through increased access for help for people with mental illnesses and disorders, focusing on high quality acute and long-stay care to ensure people with complex needs are supported through</p> | <p>mental health and housing needs and stresses the need for improved cross-sector, interagency information collection and sharing.</p> |

| Summary   | Housing link  | Homelessness link   | Implications/impact                                 |
|---|---|---|---|
|   | → develop and implement therapeutic models for public, community and Aboriginal housing where a substantial number of tenants experience mental illness (p. 77).  | targeted and specialised services.  |   |
| <p><b>Northern Territory</b></p> <p><i>Northern Territory Mental Health Service Strategic Plan (2015–2021)</i> (Northern Territory Government 2015a)</p> <p><b>Related policies:</b></p> <p><i>Northern Territory Aboriginal Health Plan 2015–2018</i> (Northern Territory Government 2015b). Lists housing as an immediate factor in influencing individual and community health and its strategies include mental health promotion programs and strengthened suicide prevention activities.</p> |   |   |   |
| <p>Priority areas:</p> <ol style="list-style-type: none"> <li>1 Shaping the NT mental health system for the future</li> <li>2 Embedding person, family and community-centred practice in the NT mental health system</li> <li>3 Promotion, prevention and early intervention</li> <li>4 Enabling participation and engagement</li> <li>5 Developing the NT mental health workforce</li> </ol>   | <p>Recognises the intersection between mental health and other systems, including housing (p. 10).</p> <p>The strategic importance of housing is reflected in two parts of the plan:</p> <p>→ Priority area 1 notes in relation to system connections ‘working with other agencies such as housing...to address the psychosocial wellbeing needs of mental health clients’ (p. 16).</p> | <p>No explicit linkage to homelessness. However, the plan seeks to embed better mental health services in correctional facilities and the criminal justice system, which may have implications for outcomes such as homelessness. Although connections with mental illness and the Indigenous community are made, the</p> | <p>The plan does not specify goals or outcomes.</p> |

| Summary   | Housing link   | Homelessness link  | Implications/impact  |
|---|--|--|--|
| <p><b>6</b> Using knowledge to drive quality and innovation.</p>  | <p>→ Priority area 2 aims include 'increasing access to appropriate housing, supported accommodation and crisis respite for individuals with mental illness as well as support for clients in their own home' (p. 17).</p> | <p>high rate of homelessness in this group is not mentioned.</p> |  |
| <p><b>Queensland</b></p> <p><i>Improving mental health and wellbeing: Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019</i> (Queensland Mental Health Commission 2014)</p> <p><b>Related policies:</b></p> <p><i>Queensland Domestic and Family Violence Prevention Strategy, 2016–2026</i> (Queensland Health 2016) makes a link between DFV situations, mental health and 'lack of alternative housing options' (p. 20) and links homelessness and housing instability (p. 5). As part of supporting victims, the plan seeks integrated services that enable victims to 'access or maintain stable and safe housing' (p. 17).</p> <p><i>Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033</i> (Queensland Health 2010) mentions overcrowding, poorly maintained buildings, high housing costs relative to income, lack of basic environmental infrastructure such as sanitation and water supply and lack of appropriate housing as contributors to poor health outcomes for Aboriginal and Torres Strait Islanders (p. 7). 'Mental disorders' are mentioned as contributing to health gaps (p. 7).</p> |  |  |  |
| <p>The plan has seven principles.</p> <p><b>1</b> Strong focus on person-centred approaches</p> <p><b>2</b> Shared responsibility</p>   | <p>Links with housing are fairly shallow, but the plan acknowledges that:</p> <p>'People living with mental health difficulties or issues related to</p>   | <p>Homelessness is not mentioned.</p>                            | <p><b>1</b> The plan specifies the following targets.</p> <p><b>2</b> A population with good mental health and wellbeing</p> |

| Summary  | Housing link   | Homelessness link | Implications/impact   |
|--|--|-------------------|---|
| <p>3 Improving quality of life</p> <p>4 Respecting the rights and dignity of all</p> <p>5 Responsive and effective system</p> <p>6 Respect and diversity</p> <p>7 Fair, accessible and equitable programs and services.</p> <p>The plan makes eight shared commitments for immediate action:</p> <p>1 Engagement and leadership priorities for individuals, families and carers</p> <p>2 Awareness, prevention and early intervention</p> <p>3 Targeted responses in priority areas</p> <p>4 A responsive and sustainable community sector</p> <p>5 Integrated and effective government responses</p> <p>6 More integrated health service delivery</p> <p>7 Implementation of the Mental Health, Drug and Alcohol Services Plan</p> <p>8 Indicators to measure progress towards improving mental health and wellbeing.</p> | <p>substance use are also less likely than others to be engaged in their communities and are more likely to experience difficulty accessing and maintaining housing, education and employment' (p.6).</p> <p>Connections are made to increased government costs on housing related to mental illness: 'In addition to the direct cost of services, the economic impacts of mental health difficulties and substance use problems are substantial. They include lost productivity and greater use of government funded services in housing, education, child protection and justice' (p. 11).</p> |                   | <p>3 Reduced stigma and discrimination</p> <p>4 Reduced avoidable harm</p> <p>5 People living with mental health difficulties or issues related to substance use have lives with purpose</p> <p>6 People living with mental illness and substance use disorders have better physical and oral health and live longer</p> <p>7 People living with mental illness and substance use disorders have positive experiences of their support, care and treatment.</p> |

| Summary  | Housing link   | Homelessness link                              | Implications/impact   |
|--|--|--|---|
| <b>South Australia</b><br><i>South Australian Mental Health Strategic Plan (2017–2022)</i> (SA Mental Health Commission 2016)  |  |  |   |
| <p>Adopts a public health and whole of person, whole of government, whole of community approach to building wellbeing, with three core strategies:</p> <ol style="list-style-type: none"> <li>1 Promotion, community education and early intervention for SA's people and communities to strengthen mental health and wellbeing, prevent mental illness, raise awareness and reduce stigma</li> <li>2 Services and care that provide quality and seamless support aligned to need</li> <li>3 Strong leadership, governance and improved outcomes.</li> </ol> | <p>Housing assistance is recognised as one of the expenditures apart from health spending that contribute to supporting people with lived experience of mental illness (p. 16).</p> <p>Supported housing is listed as a key service, and improvements in service integration tailored around the unique needs of the individual are seen as important (p. 33), but the plan stops short of strategic coordination to improve housing outcomes.</p> | <p>The plan does not mention homelessness.</p> | <p>A short term objective under core strategy 2 is for 'organisational leaders to spearhead and provide incentive for collaborative action to improve mental health', with links made between mental health and social housing (among other areas).</p> |

| Summary   | Housing link   | Homelessness link  | Implications/impact |
|---|--|--|---------------------|
| <b>Tasmania</b><br><i>Rethink Mental Health: Better Mental Health and Wellbeing: A Long-term Plan for Mental Health in Tasmania 2015–2025</i> (Tasmanian Government 2015a)  |  |  |                     |
| <p>The plan is organised around 10 reform directions:</p> <ol style="list-style-type: none"> <li>1 Empowering Tasmanians to maximise their mental health and wellbeing</li> <li>2 Promotion of positive mental health, prevention and early intervention</li> <li>3 Reducing stigma</li> <li>4 An integrated mental health system</li> <li>5 Shift from hospital based care to support in the community</li> <li>6 Early and timely access to support</li> <li>7 Responding to the needs of vulnerable groups</li> <li>8 Improving quality and safety</li> <li>9 Supporting and developing the workforce</li> <li>10 Monitoring and evaluating actions to improve mental health.</li> </ol> <p>Key new actions include:</p> | <p>Acknowledges that the mental health system overlaps with housing services and other services and systems (p. 6) and refers to Tasmania’s Affordable Housing Strategy 2015–2025 (p. 10, 21).</p> <p>A key action under reform direction 4 is to ‘better integrate the mental health system with other key areas including alcohol and drugs services, housing, children and youth services and education’ (p. 19), and there is recognition that ‘maintaining a safe and secure home can be challenging for many people living with a mental illness’ (p. 21).</p> <p>Reform direction 5 acknowledges that ‘long-term supported accommodation is an effective alternative to hospital-based care’ and that support helps people to</p> | <p>Homelessness is acknowledged as a cost associated with mental illness (p. 6).</p> <p>No connections are made with homelessness policies or programs beyond supported accommodation.</p> |                     |



| Summary   | Housing link   | Homelessness link  | Implications/impact   |
|---|--|--|---|
| <ul style="list-style-type: none"> <li>→ a single state-wide public mental health system</li> <li>→ establishing a peer workforce in public mental health services</li> <li>→ early referral pathways</li> <li>→ mental health services for infants, children and young people</li> <li>→ stepped models of support</li> <li>→ primary health (GPs) as 'front end' care</li> <li>→ joint workforce development strategy across private and public sectors.</li> </ul> | maintain housing and reduce the overall cost of mental health care (p. 22).  |  |   |
| <b>Victoria</b><br><i>Victoria's 10-Year Mental Health Plan</i> (DHHS 2015) builds on <i>Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009–2019</i> (DHS 2009)  |  |  |   |
| <p>Adopts an outcomes based framework with four focus areas:</p> <ol style="list-style-type: none"> <li>1 Victorians have good mental health and wellbeing</li> <li>2 Victorians promote mental health at all ages and stages of life</li> </ol>  | Focus area 4 has as one of its desired outcomes 'inclusion and participation—people with mental illness and their carers and families maintain good physical health, stable housing, finances, employment and educational opportunities' (p. 2). | The plan associates mental illness with homelessness (p. 7), but stops short of making linkages with other systems. The plan acknowledges that 'service systems are not very good at responding to | Stable housing is mentioned as a desired outcome to achieve inclusion and participation (p. 3). |

| Summary   | Housing link   | Homelessness link   | Implications/impact |
|---|--|---|---------------------|
| <p><b>3</b> Victorians with mental illness live fulfilling lives of their choosing</p> <p><b>4</b> An accessible, flexible and responsive service system.</p> | <p>The plan refers to 'stable and affordable housing' as important for mental health and wellbeing (p. 1, 10) and acknowledges the need for a 'holistic response' that comprises 'physical, psychological and social service interventions' (p. 10).</p> <p>Housing is also mentioned as important in the context of service integration (p. 21).</p> <p>However, no programmatic or policy linkages are made to housing policy.</p> | <p>multiple needs especially when they are linked to social disadvantage' and people are 'expected to access separate services' (p. 20). The plan argues for greater service integration, support for ongoing relationships, and responsiveness to diversity. The plan also advocates that 'workers in the...housing and homelessness sectors (be able) to more confidently identify, work with and if required refer people with mental illness' (p.24).</p> |                     |

| Summary   | Housing link  | Homelessness link   | Implications/impact  |
|---|---|---|--|
| <p><b>Western Australia</b></p> <p><i>Better Choices Better lives: Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025</i> (WA Mental Health Commission 2015)</p> <p><b>Related policies:</b></p> <p><i>Mental Health 2020: Making it Personal and Everybody's Business</i> (WA Mental Health Commission 2010) identifies access to housing as a prerequisite for a 'good and satisfying life' (p. 4), underlines the importance of supported housing as a means to discharge people in specialised mental health hospital beds (pp. 20, 21), and recommends increased funding for community housing options for people experiencing mental health problems (p. 49). Advocates for 'establishing independent homes for those who are homeless or at risk of homelessness with strong links to community based and clinical support' (p. 21).</p> |   |   |  |
| <p>The plan finds that there are insufficient services in both mental health services (especially community support and community beds in regional areas) and alcohol and drug treatment (with deficits especially in hospital beds and community treatment hours).</p> <p>The plan comprises three main strategies to rebalance the system:</p> <ol style="list-style-type: none"> <li>1 Turning the system around</li> <li>→ Increasing expenditure on prevention and early intervention including infant, child, adolescent and youth programs and alcohol and drug prevention programs</li> <li>2 Keeping people connected and close to home</li> </ol>   | <p>The plan identifies that 'greater access to housing options is needed' and the Mental Health Commission 'is already progressing work with the Department of Housing to increase access to housing for consumers' (p. 15).</p> <p>The plan argues that: 'A system-wide multi-agency housing strategy to address the housing needs of individuals with mental health, alcohol and other drug problems is essential' (p. 40). The strategy would include 'specification of contemporary housing and support</p> | <p>The plan recognises that 'mental health, alcohol and drug problems are contributing factors to a person becoming homeless' (p. 37), and argues that unless changes are made, there will be 'more people with mental illness and/or alcohol and other drug problems among those who are homeless' (p. 22).</p> <p>Identifies a need for more safe housing for</p> | <p>The plan hopes to achieve by 2025 a range of outcomes including:</p> <ul style="list-style-type: none"> <li>→ improved long term accommodation options that deliver a safe place for vulnerable people to live and receive appropriate supports</li> <li>→ reduced rates of mental illness</li> <li>→ increased treatment and support in the community</li> </ul> |

| Summary   | Housing link   | Homelessness link   | Implications/impact   |
|---|--|---|---|
| <ul style="list-style-type: none"> <li>→ Expanding community support services (mental health support, alcohol and drug harm reduction, residential rehabilitation)</li> <li>→ Increasing availability and effective coordination of community treatment services and ensuring families and carers are supported</li> <li>→ Further developing a broad range of community bed based services</li> </ul>  | <p>options for people who have historically had difficulties accessing and maintaining housing' (e.g. those in contact with the criminal justice system, in institutional care, and homeless (p. 40). Particular changes include expanding the <i>Transitional Housing and Support Program</i> houses (p. 42).</p> | <p>those exiting residential rehabilitation or psychiatric hostels and others affected by mental ill-health in crowded housing (p. 37).</p>   | <ul style="list-style-type: none"> <li>→ improved quality of care</li> <li>→ reduced demand on emergency department service</li> <li>→ improved efficiency and effectiveness of the system as a whole.</li> </ul> |
| <p><b>3</b> Acute and specialised care for those who need it</p> <ul style="list-style-type: none"> <li>→ Developing high quality, efficient and effective hospital based system in the right locations</li> <li>→ Expanding the availability of high quality, effective, specialised state-wide services to meet demand for those with clinical conditions, complex or high needs</li> <li>→ Building a comprehensive, responsive, effective and efficient forensic service system.</li> </ul> | <p>As part of 'keeping people connected close to home', the plan recommends that the government invests in community support services, including 'home in-reach support to attain and maintain housing' (p. 36).</p>   | <p>Recognises the need for safe housing and community support to prevent other parts of the system (specialised treatment and short to medium accommodation system) being congested, thus preventing access by others in the community (p. 37).</p> |   |

## Appendix 4: Federal housing and homelessness policies

The National Housing and Homelessness Agreement (NHHA), introduced on 1 July 2018, replaces the National Affordable Housing Agreement (NAHA) and a series of agreements to address homelessness, the National Partnership Agreement on Homelessness (NPAH).

The NHHA is negotiated as a combination of a multilateral agreements outlining the objectives and outcomes to which the jurisdictions agree, and a series of bilateral agreements between the Australian Government and the states. At the time of writing, QLD, SA, TAS, ACT and the NT had signed the bilateral agreements.

Under the NHHA, funding to state and territory governments is linked to specified outcomes in priority areas, including: targets for social and affordable housing; residential land planning and zoning reforms; inclusionary zoning arrangements; renewal of public housing stock and transfer of public housing to community housing providers; and homelessness services.

NHHA reform priorities for homelessness are: achieving better outcomes for people; early intervention and prevention; and commitment to service program and design.

Funding is contingent upon jurisdictions having publicly available housing and homelessness strategies; improving data and transparent reporting; and matching homelessness funding in line with previous arrangements under the NPAH.

Differentiating it from the NAHA and the NPAH, the NHHA aspires to improve access across the housing spectrum, which refers to the breadth of housing tenure from crisis accommodation to home ownership.

NHHA bilateral agreements identify the following target groups for the provision of homelessness services:

- women and children affected by family and domestic violence
- children and young people
- Indigenous Australians
- people experiencing repeat homelessness
- people exiting institutions and care into homelessness
- older people.

## Appendix 5: Matrix of state and territory housing and homelessness policies

| Summary   | Housing/mental health nexus | Homelessness                                 | Housing and mental health programs   |
|---|-----------------------------|--|--|
| <b>Australian Capital Territory</b><br>No whole of government housing or homelessness strategy, but ongoing housing initiatives.<br>The <i>Affordable Housing Action Plan 2007</i> (Action Plan) (ACT Government 2007) and its implementation plans are the key documents for the delivery of affordable housing in the ACT; they also address homelessness. A new ACT Housing Strategy, covering housing and homelessness, will replace them in 2018.<br>Consultations for <i>Towards a New Housing Strategy: An ACT Conversation</i> concluded in September 2017. |                             |  |  |
| The ACT has signed the bilateral agreement for the NHHA (Council on Federal Financial Relations 2018d).<br>It is committed to a new ACT Housing Strategy, which will cover the full housing spectrum, from homelessness, through public housing and affordable rental and home purchase opportunities, through to supporting a sustainable, diverse and equitable supply of housing for the ACT community.<br>Key commitments under the bilateral NHHA agreement include targets for land release, continued investment in more affordable housing options,         | Not mentioned               | No commitments in relation to mental health. | Street to Home, operated by St Vincent de Paul, provides assertive outreach and support to people sleeping rough. It facilitates a 'who's new on the streets' committee in a partnership including city park rangers, ACT police, and ACT Mental Health. The committee focuses on identifying people who may have recently started sleeping rough. |

| Summary   | Housing/mental health nexus  | Homelessness  | Housing and mental health programs   |
|---|--|---|--|
| encouraging the growth of affordable housing in the private sectors, investigation of planning and zoning reform, renewal and growth of existing social housing stock, and innovative programs to improve the social housing experience.  |  |   |  |
| <b>New South Wales</b><br><i>Future Directions for Social Housing in NSW</i> (Future Directions) (NSW Government 2015) is a 10 year whole of government social housing strategy (2015–2025).<br>NSW's significantly reformed Specialist Homelessness Services (SHS) commenced service delivery during 2014–15.<br>The <i>NSW Homelessness Strategy 2018–2023</i> (NSW Government 2018) arose from the <i>Foundations for Change—Homelessness in NSW</i> (NSW Government 2006) discussion paper. |  |   |  |
| Strategic directions are to provide more social housing, more support and incentives for people to avoid or leave social housing, and a better social housing experience.<br>Future Directions aims to transform the NSW social housing system through:<br>→ substantial expansion and redevelopment of housing stock, via  | <i>Future Directions</i> identifies NSW Health as a key partner for whole of government collaboration, including improving alignment between social housing and mental health systems at a local level; collaborating with non-government providers of psychosocial supports to long term mental health patients | The <i>NSW Homelessness Strategy 2018–2023</i> (NSW Government 2018) recognises that an effective homelessness system depends on individual service systems working effectively alone and together. The strategy recognises the links between mental ill-health | <i>HASI</i> is a collaboration between NSW Health, Housing NSW and various non-government organisations. |



| Summary  | Housing/mental health nexus   | Homelessness   | Housing and mental health programs |
|--|---|--|------------------------------------|
| <p>partnerships with private sector developers and finance</p> <p>→ transferring significant tenancy management responsibility to community housing providers</p> <p>→ providing wrap-around services to support tenants to build their capabilities and take advantage of opportunities to become more independent.</p> | <p>leaving institutionalised settings; working together on the HASI; co-locating, where possible, mental health teams within FACS districts; and delivering trauma informed training to deal with clients fleeing domestic and family violence as well as mental health first aid training for social housing staff.</p> <p>FACS customer service staff are to receive mental health and domestic and family violence training.</p> <p>The anti-social behaviour policy makes a provision for mental health where, if anti-social behaviour arises because of mental illness, the first response should be to engage health and social support services to assist the tenant.</p> | <p>and homelessness. Focus areas are 1. Intervening early and preventing crisis; 2. Providing effective supports and responses; and 3. Creating an integrated and person-centred service system. Focus area 2 includes an action to strengthen housing first in NSW through flexible, tailored supports, which will benefit people with lived experience of mental ill-health. Focus area 3 actions are improving accountability by agencies and services in order to drive systematic change and increasing service integration and collaboration to enhance person centred responses, which will benefit people with high and complex needs.</p> |                                    |

| Summary  | Housing/mental health nexus  | Homelessness  | Housing and mental health programs  |
|--|------------------------------|---|---|
| <b>Northern Territory</b><br>No current housing or homelessness strategy, but is committed to having a new strategy in place by 30 September 2019.<br>Development of an interagency <i>NT Homelessness Strategy and Five Year Action Plan 2018–2022</i> is currently underway and will be in place by 31 December 2018.<br>A discussion paper, <i>Pathways Out of Homelessness</i> is available for comment.           |                              |   |   |
| The NT has signed the bilateral agreement for the NHHA (Council on Federal Financial Relations 2018e). In terms of housing provision, the NT commits to effective management of social housing stock, development of an Urban Community Housing Strategy, providing more affordable housing, improving tenancy management and rent models, support for home ownership, and planning and zoning reform and initiatives. | No mention of mental health. | Mental health is not a focus. Initiatives in relation to the priority area ‘people currently exiting institutions and care into homelessness’ include: <ul style="list-style-type: none"> <li>→ assisting to gain skills to maintain and sustain independent tenancies</li> <li>→ aftercare support for individuals that have exited an institutional setting</li> <li>→ support services that help establish family connections/or peer support networks, build capacity for independent living, and increase level</li> </ul> | <i>Mental Health Association of Central Australia</i> (MHACA) provide a client-centred case management service for individuals and families in Alice Springs, with a focus on achieving sustainable tenancies specifically tailored to those individuals living with significant mental health issues.<br><br>The NT is in the process of setting up a Northern Territory Housing Accommodation Support Initiative (NT HASI) to support people with lived experience of mental illness in public housing to sustain their tenancies and to avoid becoming homeless (funded by the NT Department of Health). |

| Summary | Housing/mental health<br>nexus | Homelessness  | Housing and mental health<br>programs |
|---------|--------------------------------|---|---------------------------------------|
|         |                                | <p>of engagement in education, training, employment and community life</p> <p>→ outreach services linking clients to support, including; legal; health; financial; Centrelink; and housing and education</p> <p>→ establishment of a private rental brokerage program for young people who are leaving out-of-home-care up until the age of 25 years old.</p> |                                       |

| Summary   | Housing/mental health nexus   | Homelessness  | Housing and mental health programs  |
|---|---|---|---|
| <p><b>Queensland</b></p> <p>The <i>Queensland Housing Strategy 2017–2027</i> (Queensland Government 2017a) and <i>Queensland Housing Strategy 2017–2020 Action Plan</i> (Queensland Government 2017b) are an integrated housing and homelessness strategy.</p> <p><i>Partnering for Impact to Reduce Homelessness in Queensland</i> (Queensland Government 2018) is the government's five year funding commitment with a focus on early intervention and innovative supportive housing responses.</p> |   |   |   |
| <p>QLD has signed the bilateral agreement for the NHHA (Council on Federal Financial Relations 2018a).</p> <p>The strategy combines focus on transformation, development and opportunities with a safety net for those most in need. It redefines how Queensland will deliver housing to support urban renewal, generate new jobs, provide affordable housing, and drive innovative housing design that responds to contemporary housing needs.</p>   | <p>The strategy aims to build upon the success of the <i>Mental Health Demonstration Project</i> to establish partnerships that will provide holistic responses to people with lived experience of mental illness living in public housing.</p> | <p>The strategy aims to improve the pathways from homelessness to safe and secure housing, and facilitate better integration of housing and human services. Housing and homelessness services will take a more holistic and person-centred approach, and people will be linked to the support they need to improve their wellbeing and self-reliance, and access and sustain safe and secure tenancies.</p> | <p><i>Street to Home</i> and <i>River to Home</i> provide assertive outreach to support people who are sleeping rough or experiencing chronic homelessness to settle into stable, long term housing.</p> <p>The <i>Resident Recovery Program</i> assists people with a moderate to severe mental illness to break the cycle of moving between acute care, hostels, boarding houses and homelessness.</p> <p>The <i>Mental Health Demonstration Project</i> provides case coordination and management to sustain the public housing tenancies of people with lived experience of mental illness and related complex needs.</p> |

| Summary   | Housing/mental health nexus   | Homelessness | Housing and mental health programs                                   |
|---|---|--------------|--|
| <b>South Australia</b><br><i>Housing SA Blueprint 2013–2018</i> (Blueprint) (Government of South Australia 2013) is a five year integrated housing and homelessness strategy with the <i>Connecting People to Place</i> vision at its centre.<br>SA is developing and will have a new strategy in place by 1 July 2019.   |   |              |  |
| <p>SA has signed the bilateral agreement for the NHHA (Council on Federal Financial Relations 2018b).</p> <p>The Blueprint aims to deliver a modern, connected, multi-provider housing and homelessness system. The Practice and Placemaking Project drives Housing SA's service delivery reform, with the New Service Delivery Model (NSDM) as its primary deliverable.</p> <p>The Blueprint outlines strategic drivers and Housing SA's vision of <i>Connecting People to Place</i>, which emphasises high quality, well-coordinated services for people in the places they live.</p> <p>The Blueprint outlines a range of change projects including supporting the growth of community housing, improving access to services, developing a strong practice culture</p> | <p>Mental health is only addressed through the place-making component of the <i>Connecting People to Place</i> vision. This integrated approach to tenancy management looks at a person's whole life and will help to address issues that may mean a person struggles to stay in their home, including disruption, debt, child safety or mental health issues. A local response will use integrated and specialised teams. Local staff will be skilled to help people with the housing choice that best suits their needs and refer them to the most appropriate services, as required.</p> | <p>NA</p>    | <p>Housing and Accommodation Support Partnership (HASP) Program.</p> |

| Summary  | Housing/mental health nexus  | Homelessness  | Housing and mental health programs |
|--|--|---|------------------------------------|
| <p>within the organisation, and using a regionalised approach to better service coordination with non-government, government and private partners.</p> <p>Key elements of <i>Connecting People to Place</i> are improving access by making it easier for people to identify and connect with the services they need and placemaking, which will connect people with their local community and the services they need to stay in their homes.</p> |  |   |                                    |
| <p><b>Tasmania</b></p> <p><i>Tasmania's Affordable Housing Strategy 2015–2025</i> (Tasmanian Government 2015b) and the accompanying <i>Action Plan 2015–2019</i> (Tasmanian Government 2015c) are an integrated housing and homelessness strategy.</p>   |  |   |                                    |
| <p>Tasmania has signed the bilateral agreement for the NHHA (Council on Federal Financial Relations 2018c).</p> <p>The strategy aims to prevent, intervene and respond to housing affordability issues and help those most vulnerable to housing stress and homelessness. Key outcomes are to:</p>   | <p>People with lived experience of mental illness and those leaving institutions are identified target groups.</p> <p>Action 9 of the Action Plan, Awareness Campaign and Early Referrals, notes that the 'Tasmanian Liberal Government will work with</p> | <p>Mental health is not specifically mentioned. NHHA commitments under the priority group 'people currently exiting institutions and care into homelessness' include:</p> <p>→ case management support for people</p> | <p>None identified.</p>            |

| Summary  | Housing/mental health nexus  | Homelessness  | Housing and mental health programs |
|--|--|---|------------------------------------|
| <ul style="list-style-type: none"> <li>→ decrease the proportion of low income households experiencing housing stress</li> <li>→ decrease the proportion of people experiencing homelessness.</li> </ul> <p>Key strategies are:</p> <ul style="list-style-type: none"> <li>→ New affordable supply (prevention)</li> <li>→ Better access into affordable homes (targeted early intervention)</li> <li>→ Rapid assistance out of homelessness (response and recovery).</li> </ul> <p>The Action Plan contains 19 government actions relating to the key strategies.</p> | <p>Housing Connect to raise awareness and encourage early referrals for housing support. This will also involve key agencies such as Gateway services, children and youth services, hospitals and community health centres, mental health services, alcohol and drug services, Child and Family Centres, neighbourhood houses, justice services, the prison and Centrelink' (p. 14).</p> | <ul style="list-style-type: none"> <li>→ currently exiting institutions and care into homelessness</li> <li>→ crisis and transitional accommodation for people currently exiting institutions and care into homelessness</li> <li>→ secure supported accommodation for people currently exiting institutions and care into homelessness</li> <li>→ Rapid rehousing into community housing or private rentals for people currently exiting institutions and care into homelessness.</li> </ul> |                                    |



| Summary  | Housing/mental health nexus   | Homelessness  | Housing and mental health programs  |
|--|---|---|---|
| <b>Victoria</b><br><i>Homes for Victorians: Affordability, Access and Choice</i> (Victorian Government 2017) and <i>Victoria's Homelessness and Rough Sleeping Action Plan</i> (Victorian Government 2018)   |   |   |   |
| <p><i>Homes for Victorians</i> aims to provide a coordinated approach across government. Its key initiatives are:</p> <ul style="list-style-type: none"> <li>→ Supporting people to buy their own home</li> <li>→ Increasing the supply of housing through faster planning</li> <li>→ Promoting stability and affordability for renters</li> <li>→ Increasing and renewing social housing stock</li> <li>→ Improving housing services for Victorians in need.</li> </ul> | <p>Nothing beyond an acknowledgement that in relation to homelessness, housing unaffordability, family violence, unemployment and increasingly complex mental health issues are all contributing factors.</p> | <p>The action plan provides a framework for reducing the incidence and effect of rough sleeping in Victoria.</p> <p>Initiatives to assist homeless or at risk of homelessness people with lived experience of mental illness include providing intensive ongoing support to complex clients once housed, and improved service coordination.</p> <p>The action plan builds on other key reform agendas, including Victoria's 10-Year Mental Health Plan.</p> | <p><i>Doorway</i> is a client-centred, place based service coordination initiative incorporating all funded homelessness services across Victoria.</p> <p><i>The Homelessness Youth Dual Diagnosis Initiative (HYDDI)</i> is a cross-government program which aims to assist young people accessing homelessness services who also present with drug and alcohol use and emerging mental health issues.</p> <p><i>Individualised mental health psychosocial support packages</i> targeted at individuals aged 16 to 64 years, who have a psychiatric disability, arising from serious mental illness and complex needs who are homeless or at risk of homelessness.</p> |

| Summary  | Housing/mental health nexus  | Homelessness  | Housing and mental health programs   |
|--|--|---|--|
|  |  |   | <p><i>Private Rental Tenancy Support for People with Mental Illness</i> aims to 'increase long term housing options for people with a mental illness who are homeless or at risk of homelessness, by providing support and time limited brokerage funds to secure and establish viable housing within the private rental market'.</p> <p><i>Homes for Victorians</i> makes a commitment to provide accommodation for people with severe mental illness in Frankston.</p> |
| <b>Western Australia</b> <p><i>Affordable Housing Strategy 2010–2020: Opening Doors to Affordable Housing</i> (Opening Doors) (Government of Western Australia 2010a) and <i>Affordable Housing Strategy 2010–2020: Aiming Higher</i> (Action Plan) (Government of Western Australia 2010b)</p> <p><i>WA Homelessness State Plan 2010—2013: Opening Doors to Address Homelessness</i> (State Plan) (Government of Western Australia 2010c)</p> |  |   |  |
| <p>Strategic priorities are to:</p> <ul style="list-style-type: none"> <li>→ grow affordable, available and appropriate housing</li> <li>→ strengthen social housing</li> <li>→ improve housing supply</li> </ul>  | <p>There is no specific mention of mental health in the strategy or action plan.</p> | <p>No current homelessness strategy.</p> <p>The State Plan's vision is 'Western Australia will have an integrated homelessness service system where</p> | <p><i>Street to Home</i>, a comprehensive multi-agency response to address the needs of rough sleepers in the inner city Perth and Fremantle areas.</p>  |

| Summary  | Housing/mental health nexus | Homelessness  | Housing and mental health programs  |
|--|-----------------------------|---|---|
| <ul style="list-style-type: none"> <li>→ enable successful transition</li> <li>→ meet the needs of key workers.</li> </ul> <p>Opening Doors sets a target of 20,000 additional affordable homes by 2020, which involves a new direction based largely on achieving four system-changing outcomes:</p> <ul style="list-style-type: none"> <li>→ a stronger social housing sector with coordinated service delivery between the public and not-for-profit systems.</li> <li>→ a larger and more diverse pool of affordable private rentals to broaden the opportunities for those on low to moderate incomes.</li> <li>→ an alternate housing market for new types of affordable accommodation that operate at an ongoing discount to regular housing</li> <li>→ a more dynamic transition-oriented housing continuum with tailored interventions to encourage and support the mobility of low to moderate income households.</li> </ul> |                             | <p>people who are at risk of, or experiencing homelessness, have access to housing and support to establish a home and a place in the community.’ The State Plan has three key directions:</p> <ol style="list-style-type: none"> <li>1 early intervention and prevention</li> <li>2 a better integrated service system</li> <li>3 breaking the cycle of homelessness.</li> </ol> | <p><i>Remote Rough Sleeper Assertive Outreach</i> provides support and assertive outreach primarily for Aboriginal rough sleepers in and around two remote regional centres in the Goldfields and the West Kimberley.</p> <p><i>The Homelessness Accommodation Support Worker (HASW) and Tenancy Support Programs</i> provide intensive support to homeless individuals and families including those with substance abuse issues and those leaving correctional and mental health facilities.</p> |

## Appendix 6: Supportive housing program evaluations

| Program   | State | Years in operation | Description   | Critical success factors   |
|---|-------|--------------------|---|--|
| Housing and Accommodation Support Initiative (HASI) | NSW   | 2002–              | HASI has assisted 1,135 people with lived experience of severe mental illness. Program participants are awarded priority access to permanent social housing and provided supports based on a recovery framework. Support ranges from 24/7 to 2–3 hours, 1–2 days per week (McDermott 2017).   | Effective mechanisms for coordination at the state and local levels.<br>Regular consumer contact with Accommodation Service Providers (ASPs) (Bruce 2012). |
| Housing and Support Program (HASP)                  | VIC   | 1995–              | HASP assisted people with lived experience of severe mental illness into 1,200 public housing dwellings, and provided support through the Home Based Outreach Support Program. Five days of one-on-one support for daily living and other activities is provided every week for program participants (McDermott 2017).                  | Immediate access to long-term public housing.<br>Provision of housing close to amenities and services (McDermott 2017).                                    |
| Outreach support                                    | NSW   | NA                 | There is no common program or eligibility criteria for outreach support as support is run by local area health services. In-home and clinical support has been provided to 655 people with lived experience of mental illness who require a range of support while 42 people have received transitional accommodation (McDermott 2017). | Not assessed as there is no common program or eligibility criteria.  |

| Program   | State | Years in operation | Description  | Critical success factors   |
|---|-------|--------------------|--|--|
| Housing and Accommodation Support Partnership Program (HASPP)       | SA    | 2007–              | HASPP has assisted people with lived experience of mental illness and significant functional impairments, homeless, and connected with community health into 84 houses. Support is also provided to participants and ranges between 24/7 to 15 hours, 2–3 days per week (McDermott 2017).          | Immediate access to long-term housing.<br>Coordinated approach between consumers, carers, NGO housing providers, and government mental health services (SA Health 2017a).  |
| Individual Psychosocial Rehabilitation and Support Services (IPRSS) | SA    | NA                 | IPRSS has provided housing access assistance to 936 people with lived experience of severe mental illness and psychiatric disability. In-home support with a philosophy of recovery is provided through a partnership program between NGOs and government mental health services (McDermott 2017). | Partnership between NGO providers and government mental health services, including strong senior and middle management level relationships (Health Outcomes International 2011).                                   |
| Housing and Support Program (HASP)                                  | QLD   | 2006–              | HASP has assisted people unable to leave mental health facilities due to lack of housing and support into 194 priority social housing dwellings. Participants were provided with support services through the Disability and Community Care Services (McDermott 2017).                             | Strongly targeted program to specific mental health service user cohort.<br>Immediate access to long-term housing.<br>Key government agencies (HHS, DCCS, and QH) and NGOs working in collaboration (Meehan 2010). |

| Program                                    | State | Years in operation | Description   | Critical success factors  |
|--|-------|--------------------|---|---|
| Project 300                                | QLD   | 1996–2007          | Project 300 assisted approximately 40 long-term residents of psychiatric hospitals per year into social housing dwellings. NGOs provided approximately 23 hours of in-home recovery care and support per week to participants (McDermott 2017).                                 | Accommodation that meets the individual needs of consumers.<br>Immediate access to long-term housing.<br>Involvement of consumers in the selection of housing.<br>Effective collaboration between government agencies (Edwards 2009). |
| Individualised Community Living Initiative | WA    | 2012–              | This program has assisted people leaving inpatient facilities with lived experience of mental illness who are homeless or at risk of homelessness permanently into 150 social housing dwellings. Additionally, NGOs provided planning and supports to tenants (McDermott 2017). | Immediate access to long-term housing.<br>Person-centred planning and supports (McDermott 2017).  |
| Independent Living Program                 | WA    | 1995–              | The Independent Living Program has assisted 1,705 people who are homeless, at risk of homelessness or living in unsuitable accommodation into permanent accommodation. Tenancy support is provided by NGOs (McDermott 2017).  | Not assessed.   |

| Program                              | State    | Years in operation | Description   | Critical success factors  |
|--------------------------------------|----------|--------------------|---|---|
| Non-Clinical Rehabilitation packages | TAS      | NA                 | Rehabilitation packages have supported 62 people with lived experience of mental illness into social housing and recovery-based care provided by NGOs (McDermott 2017).   | Not assessed.   |
| Doorway Program                      | VIC      | 2014–              | The Doorway Program, delivered by Wellways, has assisted 59 people with lived experience of persistent mental illness and at risk of, or experiencing, homelessness into private rental housing, and psychosocial and tenancy support. Outcomes for participants included modest improvements in the proportion of tenants in paid or unpaid employment, taking steps to find work, seeing an employment consultant, accessing education and vocational training opportunities and receiving qualifications for their vocational training (Dunt et al. 2017). | Participants sourcing properties through the open rental market, with appropriate rental subsidy and brokerage support (Dunt et al. 2017).<br>Collaboration between hospitals, housing and mental health service providers and landlords. |
| Way2Home                             | NSW, QLD | 2009–              | Way2Home in Sydney has assisted approximately 200 vulnerable rough sleepers into scattered-site permanent social housing. In this program NGOs provided assertive outreach while hospitals provided health outreach (McDermott 2017).   | Strongly targeted program for rough sleepers. Allocation of participants into permanent housing.  |



| Program                     | State                  | Years in operation | Description  | Critical success factors   |
|-----------------------------|------------------------|--------------------|--|--|
| Journey to Social Inclusion | VIC                    | 2009–              | This program has assisted 40 chronically homeless people into scattered-site permanent social housing. Up to three years of case management support is provided (McDermott 2017).  | Relationship based approach to case management.<br>Support that is intensive and long term (Johnson et al. 2014).  |
| Platform70                  | NSW                    | 2011–2013          | Platform70 has assisted 70 chronically homeless people into scattered-site private rental housing. Case management and support is provided by Way2Home (McDermott 2017).   | Immediacy of private rental market properties allowing rapid access to secure, permanent housing.<br>Wrap-around support services that maximise the opportunity for consumers to maintain tenancies (UNSW 2015). |
| Project 40                  | NSW                    | 2010–              | Project 40 has placed 60 chronically homeless people into scattered-site permanent social housing. The housing provider delivers case management services while a range of organisations provide support services for program participants (McDermott 2017). | No evaluation currently available.   |
| Common Ground               | NSW, SA, QLD, VIC, TAS | NA                 | Purpose-built permanent community housing has been provided to approximately 345 vulnerable, long-term homeless people. On-site case management and a range of other support services are provided (McDermott 2017).   | Affordability of rent is a key contributor to the success of the model.<br>Establishment of an integrated model as a deliberate response to chronic homelessness (Parsell et al. 2016).                          |

| Program                  | State | Years in operation | Description   | Critical success factors   |
|--------------------------|-------|--------------------|---|--|
| The Michael Project      | NSW   | 2007–2010          | The Michael Project assisted 253 homeless men into emergency, short and medium term accommodation. Also provided through the project was outreach, mental and physical health services (Flatau et al. 2012).  | <p>Quality, permanent housing available to consumers, irrespective of their previous circumstances.</p> <p>A committed relationship with housing providers to manage tenancy problems.</p> <p>Brokered or supported access to a full range of health and ancillary services.</p> <p>In-house psychological support and counselling.</p> <p>Opportunities for consumers to socialise and engage in educational, sporting and other activities (Conroy et al. 2014).</p> |
| 500 Homes/Micah Projects | QLD   | 2015–2017          | The <i>500 Lives 500 Homes</i> campaign assisted 580 homeless individuals and families into permanent housing. Mental health, disability, aged care, Indigenous and youth services were also available through service organisations when required (Micah Projects 2017). | <p>Localised coordinated entry and assessment approach.</p> <p>Targeted allocation of permanent supported housing for rough sleepers (Micah Projects 2016).</p>  |

| Program                        | State | Years in operation | Description   | Critical success factors   |
|--------------------------------|-------|--------------------|---|--|
| 50 Lives 50 Homes              | WA    | 2016–              | The <i>50 Lives 50 Homes</i> project has assisted 42 individuals and 8 families who were homeless into social housing. An additional 53 consumers are receiving support services through the program but are awaiting housing placement (Wood et al. 2017). | Collaborative partnership model.<br>An environment that is conducive to information sharing, which facilitates rapid response (Wood et al. 2017).  |
| HASI-NT                        | NT    | 2018–              | HASI-NT will provide safe, secure and affordable housing as well as psychosocial and clinical support to consumers (Department of Health (NT) 2017).  | Program is yet to commence.  |
| Supported Social Housing (SSH) | SA    | 2010–2012          | SSH allocated 262 new public housing dwellings to people with lived experience of mental illness. Consumers also received clinical and psychosocial support where required (SA Health 2017b).   | Houses owned and managed either by Housing SA or experienced non-government housing providers.<br>Tenancy arrangements mirror that of any other South Australian public or social housing (SA Health 2017b). |

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