Foundations for Change

Homelessness in NSW: Discussion Paper

October 2016

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The Mental Health Coordinating Council (MHCC) is the peak body representing mental health community managed organisations (CMOs) in NSW. Our members deliver a range of psychosocial support programs and services including housing, employment and social inclusion activities, as well as mental health rehabilitation and peer support services with a focus on recovery oriented practice. MHCC members also include organisations that provide advocacy, education, training and professional development and information services.

We work in partnership with both State and Commonwealth governments, and the public, community and private sectors in order to effect systemic change. MHCC also manage and conduct collaborative research and sector development projects on behalf of the sector and is a registered training organisation (MHCC Learning & Development) delivering nationally accredited mental health training and professional development. MHCC is a founding member of Community Mental Health Australia (CMHA) the alliance of all eight state and territory community sector mental health peak bodies. Together we represent more than 800 CMOs delivering mental health and related services nationally.

Background

MHCC sought advice from members and the sector in response the NSW Government's Discussion Paper *Foundations for Change – Homelessness in NSW*. This paper outlines NSW's planning proposals to tackle homelessness in NSW. This includes that in going forward, the government, the private and community sectors must collaborate far more comprehensively and proactively to address homelessness. This new strategy intends to focus more on prevention of homelessness, "not just the managing of it and to create a framework for collective action across all levels of government, non-government sectors and the community."

The NSW Government has recognised the importance of a national approach to homelessness. With the National Partnership Agreement on Homelessness due to expire in June 2017, the NSW Government report that they are working with the Australian Government and other states and territories to establish future policy and funding arrangements for homelessness.

MHCC held a consultation and talked broadly to MHCC members and government agencies working in Homelessness/Housing. We thank those that participated in those conversations for providing their knowledge and expertise and for sharing their views with us.

This paper reflects the discussions that took place. Since the discussion paper included 50 questions, MHCC selected a number of questions that we felt would best provide an overview and most clearly represent thoughts expressed on the interface between mental health and homelessness.

General discussion: experiences shared

Participants in MHCC's consultations with member organisations and the homelessness sector heard that homeless services felt encouraged that the mental health sector is engaging with these discussions around homelessness. What was clearly expressed was that enhanced collaboration across the sectors would be highly beneficial for those being supported who are homeless, a great many of whom experience mental health and coexisting difficulties. MHCC are pleased that this discussion paper gave rise to an opportunity to share experiences across service systems especially since participants working in specialist homelessness services, including in regional areas are keen to improve their service response to people living with mental health conditions.

One specialist homelessness service (SHS) representing Way to Home, which operates in the City of Sydney LGA described how they work with people sleeping rough on the streets, undertaking street patrols morning and evening, as well as case managing people wanting to engage with their service. They collaborate with other homelessness services, the local council and FACS and other services to support them into a safe housing pathway. Thereafter they provide short-term support once housed and then refer onto another agency contracted to provide long-term housing support to minimise risk to tenancy.

Another participant with prior experience as a Residential Case Coordinator with Mission Australia at a youth refuge, described seeing many vulnerable young people in search of independent living options. In this role the emphasis was on trying to facilitate a safe pathway back home where possible, but unsurprisingly, many young people want a transition to independent housing. Addressing the barriers in the way that meet those needs was one of the challenges described in this context. In a current role as a Youth Development Officer role this participant reported that much more time was being spent on strategic planning for the city and exploring options or pathways for clients towards independent housing through service providers; or finding ways to access better social housing options.

With reference to youth homelessness, MHCC draw attention to the research suggesting that children and young people may encounter homelessness or housing instability as a result of abuse and neglect.[1] Homelessness is more likely to eventuate in adulthood, nevertheless, the Australian Bureau of Statistics (ABS)[2] estimated that approximately 25,503 children were homeless on Census night in 2011 (29% of the homeless population) (ABS, 2012). The Australian Institute of Health and Welfare (AIHW)[3] indicated that 56,559 children aged up to 15 years accompanied their parents into Specialist Homelessness services in 2011-12. The main reason for accompanied children to seek support was domestic and family violence (33%) (AIHW, 2012). Young people who are removed from the care of their parents because of abuse or neglect may also face homelessness and unemployment soon after leaving out-of-home care (e.g., when they turn 18). A lack of social support networks and poor academic achievement often contribute to the difficulties young people face in finding adequate housing and employment after care.

Other participants from FACS including those managing a number of contracts which include specialist homelessness services (SHS) in Murrumbidgee, described the four services that they manage in Murrumbidgee each which have a lead agency. Sitting under them are a number of partner agencies which include other specialist homelessness services that cover refuges for men women and families; youth services and some have domestic violence specialties.

MHCC asked participants whether they had any overarching comments about the discussion paper. It was felt generally that the paper acknowledges the need to look at homelessness much more broadly than has occurred in the past, highlighting that homelessness needs to be addressed across human services; and that a few select agencies cannot resolve the challenges by working in a silo. A strong theme advocated as a good approach is that we need to have a breadth of service provision that can prevent and intervene early as well as meet long-term homelessness.

Difficulties discussed included the human rights issue that arises with regards to discharge from mental health facilities when a person is ready to leave hospital, but there is a reluctance to discharge based on homelessness. However, it was acknowledged that detaining someone in a hospital longer than they need to be detained, may well be detrimental from a mental health perspective, but appropriate housing is unavailable.

Feedback from SHS providers also identified that many clients referred to them are people not just discharged from hospital but released from corrective services or other institutions into homelessness. They are frequently referred to SHS services when the underlying problem of their homelessness is more complex. Characteristically, their difficulties include mental illness, coexisting conditions, trauma and cognitive functioning difficulties and other types of disability including physical, sensory and intellectual, which also put people at risk of homelessness and which may have led to a hospital admission or interactions with the criminal justice system in the first place. This represents an unfortunate revolving door for many people.

The theme of collaboration was strongly presented in consultations, and that this needs to be driven at a high level through agreements across systems and sectors. This was emphasised because what is reported on the ground often represents a breakdown between services - from justice, from health; and whilst everyone is working really hard, the need to work together is paramount. The expectation is that this will happen instinctively, but unless there is leadership at the highest level through departmental/ service agreements, those consulted suggest that the system will continue to break-down.

MHCC also heard that there is need for a consistent practice approach across sectors; where disciplines, language and models of practice may be represented by values and approaches underpinned by different theoretical approaches and principles, sometimes at odds with each other.

In terms of agreements, participants also highlighted that funding arrangements need to reflect an acceptance that all services bear a responsibility. For example best practice is that no-one is discharged from hospital into homelessness, and yet clients with complex needs exiting corrections are only eligible for crisis accommodation when they are homeless. It was emphasised that a best practice approach must not only be led from the top, but represent cross sectoral collaboration enabling all parties across housing, mental health, primary health etc., to work together.

Those consulted clearly agree that homelessness should be seen as a symptom of other, and often many unresolved issues; and if those difficulties are not simultaneously addressed people are likely to experience an ongoing cycle of homelessness. Homeless service providers willingly acknowledge that they have difficulty working with the complex myriad of difficulties that present alongside homelessness. Those consulted advocate a wrap-around approach where all the different areas of expertise are brought together.

Participants provided a number of examples where difficulties arise. For example in providing outreach services that work with people on the streets that then support them in their homes; they feel that they lack the specialist knowledge required, and yet are expected to work with clients' complex needs. This emphasises the collaboration vital in the context of the further roll-out of HASI and CLS; to ensure linkages are established with services capable of providing access to a range of mental health practitioners. They also stressed the importance of this being available in the community because often clients have poor engagement with mental health services offered through public Community Mental Health services (CMH).

MHCC heard that barriers to outreach services that assist clients stay really well in the community often relate to funding problems across sectors as well as eligibility criteria. A recent large survey of rough sleepers across the City of Sydney found that 35% of those surveyed require long term supported accommodation. Many did not quality for CLS or HASI, but do require mental health or drug and alcohol specialist or gambling counselling support to assist them transition more fully into the community.

Participants that MHCC consulted welcomed the opportunity to discuss experiences across sectors and thereafter responded to specific questions extrapolated from the larger number in the NSW Foundations Discussion Paper.

1. What different supports or tenancy management approaches could help keep people at risk of homelessness in their homes?

Both the homelessness and mental health sectors MHCC consulted emphasised that a best practice approach includes early identification of risk across service systems. As mentioned earlier in the general feedback, this requires the establishment of collaboration and strong partnership arrangements across diverse service settings - to provide wraparound support at the right time in the right place. Whether a person is in social housing, a private rental, boarding house or living in other circumstances; providers need to jointly address the potential multitude of issues that cause a person to be at risk of homelessness. Easy access to a response that meets those needs is critical.

In discussing what works well in this space, we know that for people living with mental health conditions, NSW has a strong, evidence based model, the Housing and Accommodation Support Initiative (HASI). The 2012 evaluation of HASI bore out the fact that when housing is linked to appropriate clinical and rehabilitation support, people are able to overcome many of their mental health difficulties, reduce numbers of hospital admissions, successfully maintain their tenancies, meet their recovery goals and engage more fully in their communities.[4]

Housing First represents an innovation in human service programs and social policy supports for people who are homeless, and is an alternative to a system of emergency shelter/transitional housing progressions. Rather than moving homeless people through different 'levels' of housing, whereby each level moves them closer to 'independent housing' (for example: from the streets to a public shelter, and from a public shelter to a transitional housing program, and from there to their own apartment in the community) Housing First moves the homeless person or household immediately from the streets or homeless shelters into their own apartments. Rapid Re-Housing is based on housing first principles and is considered a subset of the Housing First approach. Rapid re-housing differs primarily in the provision of short-term rent subsidies (generally 3-6 months), after which the tenant either pays rent without a subsidy or has access to a Housing Choice voucher or the equivalent. [5]

Housing First approaches are based on the concept that a homeless person or household's first and primary need is to obtain stable housing, and that other issues that may affect them can and should be addressed once housing is obtained. In contrast, many other programs operate from a model of 'housing readiness' - that is that an individual or household must address other issues that may have led to the episode of homelessness prior to entering housing.[6]

The approach proposes that a person's first and primary need is to obtain stable, permanent housing. It is only once stable housing is obtained that other more enduring issues can be appropriately addressed. In practice, a Housing First approach involves moving 'chronically' homeless people from the streets or homeless shelters directly into permanent housing. Permanent housing is complemented by the provision of services to assist each person to sustain their housing and work towards recovery and reintegration into the community. It is one form of a broader approach called 'supported accommodation'.

In the US the ideas and practices behind a Housing First approach have come to represent more than a program model. It constitutes a policy paradigm shift that places rapid access to permanent housing at the forefront of homelessness policy and program planning. The appeal of Housing First principles and the promises of its program efficacy have led to an increasing number of services in the US, and in many other countries around the world, including Australia, aligning with a Housing First approach. While the 'shift' towards providing direct access to permanent

housing has the potential to enhance existing service responses, in Australia there has been little critical debate about the Housing First approach.[7] Whilst the paper from the Australian Housing and Urban Research Institute, *Policy shift or program drift? Implementing Housing First in Australia,* AHURI Final Report No.184, was published in 2012, only small progress has been achieved subsequently (e.g. Common Ground, Camperdown NSW).

Those MHCC consulted agreed that this is seemingly an excellent model and that ensuring needs are met in an ongoing way is likely to be far more cost effective in the long term. The model recognises that stability is critical to people's wellbeing. It is so demoralising and anxiety provoking when a person knows they have to move on because somebody else is waiting in a queue for their space. Nevertheless, it is felt that the sector needs an opportunity to research outcomes and evaluate the programs more thoroughly in order to endorse the model.

MHCC heard that when a person accesses a first point of entry such as a refuge, or homelessness service, early identification of risk should occur at that point. If they were to have access to independent accommodation immediately with onsite or outreach services readily provided, many problems leading to chronicity could be avoided. Service providers report that when assertive outreach ceases shortly afterwards, people tend to reappear in crisis within a short period repeatedly.

Those consulted strongly advise that inequities need to be addressed. This is particularly in relation to long-term accommodation options available across all regions and not just in metro areas. One participant described a small project using 12 properties to support consumers straight off the street without having a completed housing application. This enabled the project to finalise the necessary paper work over time so that people did not get lost in a process. Instead they were able to engage quickly and bring in the supports and sense of security necessary to offer either a choice to stay and extend their lease or move on elsewhere as they wanted. This successful program is currently under review.

Another discussion surrounded issues concerning tenancy management. All agreed that close collaboration with estate agents in the private sector was necessary, so that there is potential for improved understanding about the difficulties that people may experience maintaining their accommodation, and what might be put in place to support people in this context. MHCC understand that evictions from public housing are quite low, but that people moving from an unstable tenancy in the private sector represent a much more at risk group.

2. How can employment initiatives be linked with other initiatives to support housing and homelessness outcomes?

Those consulted reported that from their experience, many people who were habitually homeless had been disconnected form the workforce and education opportunities for extremely long periods of time. "What people need first is to get their lives on track, get their tenancy running smoothly, their finances sorted out and their mental health stable before any attempts to assist or encourage participation in further education and training, or planning to enter the workforce take place. When people are ready, this is highly beneficial to their long term wellbeing." In this context they described PHAMs workers as playing an important role in furthering these objectives. This peer mentoring relationship can be extremely powerful in supporting people to get back to some form of work, whether paid or voluntary. Supported voluntary work was described as a very important step towards paid work and permanent jobs.

Often MHCC are told that employment services work in silos very independently with clients. It was suggested that an important strategy as part of a wrap-around service model, is to develop more robust relationships/arrangements between services and sectors. For example between supported employment, PHAMs and housing/ homelessness services. Interagency meetings across service

areas and types are very useful opportunities to share information and expand knowledge about service availability in other domains in a particular locality. Likewise, service provider group meetings at different locations across a district that include all services (e.g. education, health, housing, primary health and a range of community managed organisations across service systems to review a client's circumstances and discuss what referrals might be available and appropriate, and what funding streams were possible, are important.

3. How can the strategy encourage and support people working in the mainstream system to find solutions for people at risk of homelessness?

"People come in many ways with very different and complex circumstances, usually not of their own making. Homelessness has many faces. And the solution to providing a place to call home comes through many doors." [8]

The benefits of collaboration and partnerships are evident, but to elaborate further MHCC stress the need to establish a whole of government response to homeless prevention and early intervention with responsibilities for government programs clearly articulated. Homelessness prevention/ early intervention activities with measurable targets must be built into government reforms to establish shared responsibilities between mental health, drug and alcohol, domestic and family violence, out of home care, justice, youth services - to name a few; and should be targeted at people at risk at a prevention/ early intervention stage of engagement.

Discussions suggested that important to achieving mutual objectives that we need to better understand the nature of homelessness. In collaborating with mainstream agencies, "we need to shift thinking from the identification of homelessness as a discreet issue related to a need for either housing or specialist homelessness services." Participants expressed the need to view homelessness as a symptom of whatever is a person's unique lived experience, which may well encompass a diverse and complex set of circumstances both environmental and health related. Those consulted reported that they have struggled to change this thinking, and felt that only small steps to change have been achieved. What MHCC heard was, that there is an urgent need for a cultural shift, a change of language and a more open and flexible way of operating.

4. Recognising that there are many factors which can increase the risk of homelessness, how can services get better at identifying these people earlier and helping them to get support in place?

It is vital that in the training and development sphere, across all human services, that presenting an understanding of the cross sectoral collaboration is necessary. This is required to build the skills and competencies in each service area, to support people with complex needs.

Post-implementation of the Going Home Staying Home reforms, MHCC propose that a homelessness strategy to support key service partners from government and the community sector to participate in the development and delivery of locally based solutions, it a vital element to ensure change in this context.

5. Where are local services and stakeholders implementing a collaborative approach to prevention and early intervention that is making a difference?

MHCC understand that Family and Community Services (FACS) operate four SHS services in for example, the Murrumbidgee area. This provides a model for homelessness that stands out as unique in NSW, which has shown great promise. The model is a coordinated effort based on partnerships. Whilst a government service structure underpins the SHS services, it also supports the implementation of the homeless service, the connections and coordination across all government bodies. At the top level a leadership group represents the department's executive. This initiative informs the work undertaken by staff working on the ground, ensuring that SHS services are connected with mental health services, corrective services, education etc. The four services are

Vinnie's and St Vincent De Paul based at Deniliquin, YES Youth & Family Services in Albury and Linking Communities Network in Griffith.

The NSW Federation of Housing Associations have identified the importance they attach to the Government taking on board the need to establish as part of an effective collaborative approach to prevention and early intervention, that data informs service planning. This is no different to a population health planning approach in mental health.

"Analysing and understanding what the data means in relation to the numbers of people homeless and at risk at a state, regional and local level is fundamental to effective design, development and delivery of services to respond to identified need." [9]

Developing a picture from the data, enables collaborating sectors to share information and learn what indicators of success are for service partners. "Monitoring the effectiveness of partnership work and joint initiatives supports the ongoing development of shared responses to homelessness and homelessness prevention activities." [10]

At this point in time MHCC understand that the data gathered does not enable detailed scrutiny, or evidence of outcomes of interventions or collaborations. Opportunities to understand the costs of homelessness are lost. Strengthening the data capture with a view to understanding outcomes achieved, and the cost benefits of service interventions are critical to inform government planning and resource allocation in the future.

6. What are the barriers to collaboration between sectors and how can they be addressed?

When asked about barriers to collaboration those consulted cited "being time poor" as a significant barrier. "It takes a long time to build relationships and connections with other services and providers. There needs to be understanding from senior management that this is something that staff must have time to cultivate, and that it is part of the work that they need to be doing on an ongoing basis." Service provider said that workers are expected to spend all their time with clients and associated administrative tasks, and there is little time allocated to support activities that can foster these relationships.

Also reported were barriers in terms of language and culture across different disciplines, work roles and the differing service types trying to collaborate. For example the language of disability is person-centred but different to mental health which works from a recovery perspective.

Whilst some services reported that they cover a large geographical area, they described services as "pretty slim on the ground, but a lot of services that outreach small communities seem to overcome these barriers because they absolutely have to collaborate - and understand each other to get the job done."

MHCC heard that in Murrumbidgee, homelessness services have the mantra of 'no wrong door'. "This means that a homeless person can go into FACS housing, into a community housing provider, into SHS and should be able to have their housing needs addressed. Even if it does mean a referral, some action will occur. However, what they experience is that other sectors are less flexible, and will shut the door on clients based on eligibility, lack of service availability/waiting lists."

It would appear that because they have an open door approach, SHS services are often the service of last resort and whether or not, a person who is trying to get some sort of response to other difficulties they experience, it often takes so long that eventually they become homeless and end

up with an SHS provider. So these providers report on the challenges to collaboration are particularly felt when other sectors are not providing a similar level of response or access for clients.

Since the reforms (particularly in Sydney) and the generalist specialist homelessness services were defunded, a big gap has emerged. MHCC heard that some people who are homeless who have come from within Sydney and other outer regions have been sleeping rough in one of the parks in Sydney, often sleeping in tents. The sector initiated a coordinated response, and would visit very regularly, and were committed to working with whoever was there. But what they found was that some of the Aboriginal people living there would not engage. Therefore they drew upon the expertise of culturally appropriate services who actually weren't contracted to work in the area. "As soon as they arrived with Aboriginal specific identified workers, which was what this particular community needed, engagement and trust were soon established. So clearly a barrier is when culturally appropriate workers are unavailable."

Those consulted identified a system flaw that has failed to create a method with which to meet a diverse set of needs of all clients in an area. FACS report that they are exploring this issue to ensure that the system is appropriate to the reforms envisaged, and this is not necessarily homelessness specific, but in all their service spaces in Murrumbidgee. They have a large Aboriginal population and they have established good working agreements with Aboriginal agencies, but they also report that this is a work in progress to meet complex culturally diverse needs.

A barrier to collaboration can sometimes be addressed through co-training opportunities. MHCC has a history of providing mental health and associated subjects training and professional development across human services, including housing, corrections, legal services, disability etc. It is important that all the sectors share information and training opportunities, and we strongly promote collaboration and shared learning across service systems.

7. Where has coordinated effort been used to prevent homelessness? What worked and what didn't?

Participants described seeing great outcomes despite the capacity challenges experienced. "People are getting housed in a market that is not very strong at all, due to collaboration." One strategy utilised is where housing consent forms have been adapted so that collaborating agencies names can be used. This means that when working with people on the street, they can sign the consent across various agencies, with the consumers consent to involvement with the various organisations. Thereafter, agencies meet fortnightly to discuss a person's progress. Using a collective impact model the agencies support the person from being on the street to accessing appropriate health support and a safe housing pathway. Those sitting around the table in some groups are: housing officers, SHS providers, Aboriginal services, health; mental health case managers and police who subsequently, actively patrol the streets often with housing officers. This program is called the HART – Homelessness Assertive Response Team.

8. How can referrals between other sectors and systems, such as primary health networks, be improved?

Those consulted report that when making a referral, mental health services frequently respond by declining access since these clients, from their perspective don't quite meet their particular criteria. "Many homelessness people have mental health difficulties, but the issue rests on whether the person is presenting as sufficiently acute or not. What is needed are mental health services that can respond and intervene earlier, and work with clients at various stages of need."

MHCC's understanding is that the newly established primary health networks (PHNs) will only be commissioning clinical services, which suggests that a level of acuity is required for referral. We propose that the PHNs also adopt the 'no wrong door' approach, and that Government allow them to commission a wide range of clinical and rehabilitation services available from community managed mental health organisations. There is a belief in some quarters that the NDIS is going to be able to offer a range of services that will cover this gap. However, we are concerned that this will also represent a hole through which many may fall, resulting in risk of homelessness.

Consultations also touched on the issue of collaboration and partnerships more broadly, for example with drug and alcohol services etc. Participants reported working with, for example, a local medical supervised injecting centre (MSIC). SHS services can use a live data base to support, MSIC clients with housing applications and follow-up, and regularly attend MSIC meetings so that clients get to know their faces in that environment.

SHSs also regularly pick up clients on the streets who have exited the criminal justice system when they haven't been contacted through a particular service of program. In Murrumbidgee housing staff go and meet inmates identified for release to discuss where they will be exited to. This applies to all the clients that they know are to be exited. However, some people are exited into the community without a plan because the system tends to release them, often without much warning, when no plan has been formulated.

Participants agree that where inter-agencies have not been established, that Communities of Practice (CoPs) can be an important way in which the service sectors in a region can share information and training, for example in mental health and the recovery approach.

9. Where are the opportunities to identify and support older women earlier who may be vulnerable and at risk of homelessness?

With regards to older women and older people more broadly, understanding homelessness requires a wide lens that encompasses older people who are homeless now and those who are vulnerable to homelessness in the near future.

MHCC heard that we need to shift thinking from a stereotypical rough sleeper, to take on board the dire circumstances people may find themselves in - in later life. A person may have worked all their life, but through illness, loss of employment or a relationship breakdown may find themselves in grave need. There is often a self-stigma people impose on themselves, and a reluctance to access help at an early stage. "They feel they shouldn't be asking for help." Real estate agents can be very useful allies in this space, because they may be able to identify early stages where a tenant is starting to fall behind in their rent. So connecting real estate agents and with other service providers, whether they be homelessness service providers or others, is extremely important.

Addressing homelessness for this population group needs to have a dual focus. Firstly, there is homelessness associated with long-term life difficulties such as enduring mental illness, cognitive and developmental difficulties, a history of trauma and coexisting conditions such as substance abuse, gambling and physical health problems. Secondly, there are people whose homelessness is precipitated by termination of a lease or by an unaffordable rent increase and who are unable to find alternative housing. For older women in particular, there are significant issues related to poverty that make them highly vulnerable to homelessness. Older women have a history of lower incomes and accumulating less superannuation and other savings as a result of years out of the workforce through caring responsibilities. Increasing access to affordable and accessible housing is key to preventing or ending homelessness for older people.

It is vital that a focus on ageing is in place as the key policy underpinning service delivery to older Australians. It is critical to have homes that are affordable and adaptable to older people living for

as long as possible in their own homes, as well as a range of service responses able to meet the support needs of older people. This is expected to represent a growth area of need of the next few decades.

Homeless services have in the past reported developing good relationships with estate agents which continues. They suggest it is about marketing the relationship as a commercial advantage, minimising the risk of an empty property and damage to properties. Commercially it makes sense for them to work with providers to sustain tenancies. Apparently it has worked so well in some areas that some real estate agencies actually contact the homelessness services when a house becomes available. They now acknowledge that if they accept a service's clients, that these those clients will be supported by the service.

Statistics show that for the majority, the reason that most women and children find themselves homeless is domestic violence and family breakdown. This would suggest that older women experience homelessness because of similar circumstances. This is where some opportunities for intervention present, by responding to domestic violence or family breakdowns as soon as possible.

Many older women have those experiences, and whilst some experiences may be historical they can potentially lead to a poverty cycle because they have had to manage in very dire circumstances for a long time. One opportunity for early intervention may be through initial contact with a GP. If GPs understand how vulnerable some women are, and can pick up the cues, they can be an important point of referral. MHCC understand the Australian College of General Practitioners is making a concerted effort to inform and educate its members around the impacts of domestic violence and related long-term impacts both financial and from a mental health and psychosocial perspective.

10. What needs to change to stop people living with mental illness from becoming homeless because of the episodic nature of their illness?

Access to support regardless of where a person is in their recovery journey is vital at any point in time. Having disability supports as well as rehabilitation in place to assist a person function more effectively and independently are vital, as is access to clinical services when a person becomes more unwell, and things move up a notch; then services should be able to refer appropriately and early enough. This seems like a logical response. Those MHCC consulted propose that services require a clinical support connection to CMH and outreach mental health teams as well as community managed organisations. The importance of proactive and ongoing outreach services connecting with people over long periods can play a major role in keeping people well and connected to services.

A suggestion was made that even when someone is well and is getting on with their life, and having minimal contact with services, that a worker from outreach makes contact from time to time. This might be a past caseworker from the outreach service or possibly a worker from a community organisation that previously worked with the person. It was thought that this might promote connections when and if a person starts to become unwell in the future.

11. How can mainstream housing providers and the NDIS work together to ensure that housing providers have access to services, information and support that will promote the maintenance of successful tenancies in both the public and private housing sectors?

The ongoing roll-out of the National Disability Insurance Scheme (NDIS) raises critical issues in regard the capacity of the broader service system to prevent and respond to homelessness for people living with mental health and coexisting conditions who have complex and diverse needs and goals for recovery.

Service providers expressed their concerns regarding the interface between homelessness and the NDIS. It was suggested that perhaps housing might have to create their own partnership arrangements with NDIS providers, but that there might be some challenges as there are likely to be numerous and diverse providers across a wide range of service delivery types. However, homeless services stressed their willingness to cooperate, and saw themselves as having an important role in assisting people progress engagement with the NDIS and promote access to the scheme.

MHCC's understanding is that people require an address to access to the NDIS, so people sleeping rough will not qualify for a package. Participants proposed that these additional aspects to workers roles will put additional pressure on SHS services, who already experience considerable capacity issues.

On the basis that the term mainstream housing providers refers to social housing providers and homelessness services providers as well as the private housing sector, MHCC recommend that these providers can work with the NDIA to develop disability accessible information that explains respective roles in line with the 'Applied Principles for Housing and Community Infrastructure' and 'Indicative Role of the NDIS and Other Parties in relation to Housing and Community Infrastructure'. (Section 8 of the 'Principles to Determine the Responsibilities of the NDIS and Other Service Systems'). The guidelines speak to the services and supports that the NDIS will/won't fund to promote the maintenance of successful tenancies. This together with related communications could target actual and potential NDIS participants receiving individual funded services, as well as those that provide housing related services and supports to them. The development of a policy template around these role delineations and related education, training and professional development opportunities for social housing and homeless services providers would also be of assistance. The materials should include examples of the applications of these role delineations; especially as this relates to innovative approaches.

MHCC thanks the NSW Government for providing the opportunity to respond to discussions regarding planning for improved responses to address homelessness in the future.

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28 October 2016

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