

HOMELESSNESS V SUPPORTED ACCOMMODATION.

25.9.08

To the Family and Community Development Committee, to Inquire, Consider and Report on the State Government's Provision of Supported Accommodation in Victoria –

We thank the Committee for the opportunity to present a submission re the above issues.

This Submission refers to the Terms of Reference, Nos 9 and 10., and in addition refers in particular to Supported Accommodation and assistance for those with Mental Illness, but could encompass in the References, those with disabilities. Our particular experiences as Carers relate to those with Mental Illness.

9. Re 'the appropriateness of the current mix of Service Providers including Government, Private and Community. The City of Port Phillip via Kate Incerti, social worker, (Housing Information & Support,) our extracts are based this - RESPONSE TO THE AUSTRALIAN GOVERNMENT'S GREEN PAPER – WHICH WAY HOME ?

We wish to furnish these extracts, as part of this submission, at the same time incorporating additional comments.

A NEW APPROACH TO HOMELESSNESS.

This report seeks a more integrated process for change across all three levels of Government and all sectors of the Community.

To Increase Community awareness/consciousness of critical lack of housing for homeless, and therefore increase community understanding and cohesion.

That a secure home is essential to facilitating sustainable social connections and building a fully inclusive community. Homelessness is a critical health and wellbeing issue. (In our view it is required for a sense of security, therefore on the way to the achievement of a secure life.)

Housing is a basic Human Right.

There is an overrepresentation of indigenous people and young people in this category.

There are interconnections between homelessness and mental health.(53%).

The 2001 census in City of Port Phillip showed 29 people in hostels for the homeless/refuges and 59 people in improvised set-ups, tents, or sleeping outdoors. In July 2006, Port Phillip had 67 rooming houses and private hotels with 1209 beds. 36 rooming houses were located in St.Kilda, 12 in South Melbourne, 3 in Elwood, and 3 in Port Melbourne.

Feb.2008 indicates 60 transitional housing properties, many shared by two tenants. Local State housing data indicates 2472 public housing dwellings and 914 community housing dwellings (combined social housing represents approx.6% of housing stock in the community). The city's challenge is to cater for all

residents in order that Port Phillip remains their home, as well as to provide a healthy, socially equitable environment, for now and in the future.

The Council recognizes there has been a housing crisis for the past 10 years.

The Victorian State Government's Office of Housing September 07 Rental Report showed median rents in St.Kilda, South Melbourne and Port Melbourne ranged from \$260 to \$350 per week for a one bedroom flat to \$450 per week for a 2 bedroom flat, (substantially higher than Metropolitan Melbourne median rent of \$270. P.w.)

The difficulty of finding affordable and available accommodation is growing – there is a dramatic loss of affordable private rental stock – including private rooming houses and an undersupply of transitional housing plus a lengthy wait for social housing.

The City recognizes the need for more housing, together with more integrated approaches to family and youth support, aged services and housing providers. Networks loosely exist within different service systems but far more connection for linking services to housing providers is required.

In summation, there needs to be-

Ensuring of significant investment in a range of accommodation/housing models that are safe, affordable and accessible (to supports and infrastructure.)

The need to support emergency assistance programs provided by charitable organizations to assist the growing numbers experiencing financial crisis.

All local governments need to develop homeless strategies within the next 5 years - to be informed by Capital City Homeless Strategies, e.g. Brisbane, Melbourne, Adelaide, Sydney towards a National directive towards homelessness. (Complementing the work Local Govt. is already undertaking in adopting affordable housing strategies.)

Investigation on the Inappropriate and Unplanned Discharge from Institutional, ACUTE HEALTH/MENTAL and STATE CARE RELEASES.

Investigations to extend understanding the causes of homelessness.

That people who have experienced homelessness are involved at all levels.

A shared understanding and language across service sectors such as early intervention/prevention is developed.

10. ALTERNATE APPROACHES ADDRESSING UNMET NEEDS IN SUPPORTED ACCOMMODATION IN VICTORIA.

Via Mental Illness Fellowship – Extracts from A Preliminary Discussion Paper, in (Schizophrenia Awareness Week , May 08.)

'In 2008, the high prevalence of Mental Illness among the homeless people in Australia, is well documented. "Hidden" homelessness and housing problems among people living with mental illness anecdotally are very well known to those within the mental health sector.'

'In a recent national survey of members of the Schizophrenia Fellowship of Australia, many of whom are people with a mental illness or carers, housing emerged as the preeminent strategic priority. 66% identified 'housing and housing support' as the most important issue.

Homelessness has been 'conceptualized' in three tiers, primary(sleeping rough),secondary (moving around amongst transitional and emergency housing options) and tertiary (living in boarding houses without private facilities or security of tenure.) There is also a further category suggested, those living in housing situations 'close to minimum standards'. There is also another group, who can be classed as 'hidden' homeless, -the vulnerable who are housed in conditions that are dangerous or suboptimal, in order to avoid primary, secondary or tertiary homelessness. These are people with a mental illness, lacking economic or social support resources able to sustain them independently, and who may be forced to reside with ageing parents, possibly too unwell to manage.

A substantial portion of this part of our submission is based on presenting some extracts from M.I.F.Bruce Woodcock Memorial Lecture, 08. Given by Dr.Sam Tsemberis, who is executive director of PATHWAYS TO HOUSING INC.,New York, and M.S.Ronda Eisenberg who is affiliated with the dept. of Psychology at New York University. We feel that this proven project can become a model for serious consideration in Australia, and in our view could in the long run save our Health System money, one example being cutting right down the 'revolving door syndrome' of seriously Mentally Ill patients' reentry several times in to hospitals, or people inappropriately ending up in our Goals, and at great cost.

PATHWAYS TO HOUSING is SUPPORTED HOUSING FOR STREET DWELLING HOMELESS INDIVIDUALS WITH PSYCHIATRIC DISABILITIES.(established 2003-7.)As indicated above,we feel that this great project could become a guiding model towards dealing with our own people who are Mentally Ill, who have possibly become lost partly because of deinstitutionalization, and lack of coordinated, dedicated support and security after this rather brutal process. With a will from all Governments, and proper planning a proper process such as Pathways to Housing could help address the lack of real progress on this subject for many years.

This process was commenced in New York and encompassed secure residential accommodation with ensuing psycho social and other supports as needed alongside, to assist achieving independent living for those in need.

Pathways to Housing is now in approximately 15 cities in USA. The project aims to follow up a 10 year plan to end homelessness – and therefore it is in itself secure, not band-aid.

The US National Alliance Council on the Homeless commenced with such a plan and \$35M initiative.

A series of steps for criteria were developed, Outreach/Transition Housing/Permanent Housing.

N.Y.C. established eligibility criteria for supportive housing for possible clients , such as Criminal background, sex offenders, History of arson, credit checking, drug habits etc.,

Analysis on whether Treatments such as Case Management supports etc. before Housing readiness, was a superior way of working with the homeless mentally ill was found to be the reverse –also learning to live in congregate settings as preparation for independent living – it doesn't.

There is an overuse of Resources by people who remain chronically homeless.

In Shelters, 10% of the Chronically Homeless utilize 50% of system's resources.

In Goal/Prison – High rates of incarceration and recidivism from people who are mentally ill and /or homeless.

Housing First ends Cycling through Acute Care Systems , as referred to above.

There are essential elements to the Housing First Process such as, Consumer choice – Separation of housing and Services/Supports (but these follow in soon after), Recovery Orientation.

Almost every person who is homeless when surveyed, and with or without mental illness feels they would accept immediate access to permanent independent housing, a place of their own.

Housing First Honours Consumers Choice, and help choose the services, intensity of services or even no services but all participants must agree to a weekly support visit.

Consumer Choice is a continuous process and include the right to risk, (people can make mistakes and usually learn from them,) the dignity of failure and eventually the experience of success is part of the support.

The Housing Services (separated from Clinical Services), include the finding of the apartment lease signing, the of maintaining all aspects including facilitating even relations with any building staff (maintenance).

The Treatment Support Services, Clinical Services offered, may not be accepted –yet any , relapse does not result in housing loss and /or discharge from Clinical Support Services.

Main Components of the Housing First Program. –Scatter site, independent apartments rented from Community/Council/Govt. landlords.

Treatment/Support Services provided, using Assertive Community Treatment (ACT) Teams including Case Management.

The ACT Teams are multi disciplinary, can serve people with the highest needs – Mental Illness, Dual Diagnosis, Substance Abuse itself, Long Period Homeless or hospitalization, even criminal justice.

Teams are recovery focused and assist with Community Integration for other needed services, follow through and continuity of care, 7 x 24hr. call, consumer driven philosophy and interventions.

Matching Housing and Support Treatment Services with Client Needs.

Most people need the same things in housing or similar.

Their service and support needs vary.

Housing Component.

Integrated in the Community, Rental, available in the open market.

Rent is less than 20% of the total number in any one building. These tenants have the same rights and responsibilities as any other leaseholder.

Affordability : Apartments are subsidized. Tenants pay 30% of their pension/income towards rent.

Landlords /Agency and tenant have a common goal, all want quality, safe well managed apartments.

The Agency requires rent paid on time, to be contacted by the landlord as soon as a problem occurs, & responsible for damages.

With Recovery Orientated Adjunct Supports it has been established that those with severe mental illness can live full and independent lives in the Community. Recovery focused Services convey hope, with choices offered via respectful, patient, compassion and understanding capabilities and new possibilities can be sought.

Re Housing costs – Most Apartments are owned and leased individually to clients by private landlords. The apartments are scattered, usually one bedroom or studio, all in relatively affordable locations. The program subsidizes approx, 70% of rents, through grants from the City, State, Federal Govts. And a voucher system. At first if suitable accommodation is not found immediately, clients, living in the streets are provided with a room in a YW/YMCA, or private hotel, etc. until a dwelling is secured.

ADDENDUM and SUMMARIES.

PATHWAYS TO HOUSING is not just about getting a roof over one's head, but opportunities about where and how one wishes to live. Many people with mental illness (or severe disability for that matter), live with their parents, because of No Other Options. Elderly parents can be worried – at no opportunities being offered out there towards Independent Living Skills – Independent Living.

Pathways to Housing provides immediate access to Permanent Housing, to individuals who are homeless and who have psychiatric disabilities and addictions. It is an intensely client driven program – these people can determine their own destinies.

Dr. Sam Tsemberis assists agencies around USA in developing similar programs. (As referred to earlier on in this submission, there are more than 15 established currently.)


Mr. Rob Knowles former Chairperson of M.I.F., among others says that No People should Live on the Streets in a country as wealthy as Australia. Victorians learned recently that (for good or otherwise) land is being rezoned to create 90000 additional blocks to help address the housing crisis.

M.I.F. wants to see more low cost rental properties created where people with M.I. can find long term homes, as part of their recovery. (Furthermore, that Housing and Housing support was submitted to both sides of Politics in the last Federal Election Campaign) as the Number One Priority.

Note- Dr.Sam Tsemberis is a faculty member of the Dept. of Psychiatry, New York University.

In Oct.05 Pathways to Housing received the American Psychiatry Association for Psychiatric Services Gold Awards for Programs for Community Health.

Again,we thank you for the opportunity to make this submission,

Yours sincerely, 
Elizabeth (and Hartmut Grieb.)

52/1 Graham Street, Port Melbourne. 3207.

Tel. 9646 8882. hartliz@aapt.net.au