

**FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE**

**Inquiry into the provision of supported accommodation for Victorians with a disability and/or mental illness**

Melbourne — 30 April 2009

Members

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Witness

Mr S. Nash, chief executive officer, HomeGround Services, and representative, VICSERV (affirmed).

**The DEPUTY CHAIR** — The committee is looking into issues such as the standard, range and adequacy of care and accommodation currently available; the appropriateness of the current service providers; how unmet need is managed in Victoria; accessibility and appropriateness of accommodation for rural communities, ethnically diverse communities and indigenous Victorians; and the impact of the current service provision on families and carers.

This is an all-party investigatory committee of the Victorian Parliament and is due to report to the Parliament by 30 June next year, after which the government has up to six months to reply to the committee's report and recommendations. All evidence taken at these hearings is protected by parliamentary privilege, as provided by the Constitution Act 1975 and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. Any comments a witness makes outside the hearing may not be afforded such privilege. We are recording the evidence and we will provide a proof version of the transcript to each witness at the earliest opportunity. Would you like to present your submission?

**Mr NASH** — Thanks very much for the opportunity to present today. I have been asked to speak on behalf of VICSERV, which is the peak body for mental health providers in Victoria. I will add my knowledge from my own work in homelessness and mental health support. By way of background, I am the CEO of HomeGround Services, which is an independent, not-for-profit organisation focused on ending homelessness in Melbourne. We are a high-volume organisation working with more than 9000 separate clients per year who are either homeless or at risk of homelessness. We do this across a range of different services, from intensive case management, psychosocial rehab services, justice-funded support services and various other sorts of transitional and homeless support services.

In terms of the experience of HomeGround in mental health support, we have extensive experience providing mental health, psycho-social rehab and case management services. We have implemented services in the acute inpatient areas at St Vincent's and the Alfred hospitals. We operate several unique multidisciplinary teams. I have personally undertaken overseas study of models of housing and support that are highly relevant and evidence based for people with serious mental illness. We are the champion of introducing the Common Ground version of supportive housing into Melbourne, with the first model under construction in Elizabeth Street. We are a registered housing provider, soon to be a registered housing association in our own right and proposing several more variations of supportive housing for Melbourne.

I would like to kick off by giving a brief overview of the VICSERV Pathways to Social Inclusion framework and then talk more specifically about housing and support issues; is that okay?

**The DEPUTY CHAIR** — Thank you.

**Mr NASH** — And offering lots of time for questions, hopefully. VICSERV has recently developed a Pathways to Social Inclusion framework as a basis for promoting better outcomes for people with severe mental illness. The framework is quite comprehensive and offers a positive outlook and proposes better outcomes being possible. A range of specific actions are proposed across the following domains: health inequalities, economic participation, and housing and support as a platform for recovery. We can forward any references or further information about that framework.

**The DEPUTY CHAIR** — Thank you. We would appreciate that.

**Mr NASH** — It is very extensive, so I will pick out just some key points from it. I just wanted to touch on some of the facts. I am sorry if I am repeating what other people have presented to you. In terms of housing and support as a platform for recovery, at least 42 per cent of people with severe mental illness are currently housed in tenuous forms of accommodation. Research shows that two-thirds of consumers identify housing and housing support as the most important issues in their lives. There are only 27 per cent of people with psychiatric disability purchasing their own homes, compared with 70 per cent of the broader community, and housing supply is woefully insufficient in society and access for people with mental illness or severe mental illness is quite problematic.

Mental health service consumers repeatedly tell us that stable housing is critical to the quality of their lives and support to retain that housing is the most important issue they are faced with. There is a strong association

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between housing and clinical improvement, and stable housing has been shown to be a better predictor of reduced hospital admissions than clinical interventions. We know what works: support and housing ends homelessness and provides that platform for recovery.

VICSERV also touches on carers as housing and support providers and the important need for a greater attention to assisting carers who sometimes provide over 100 hours a week of care for people with mental illness. VICSERV proposes making housing and support everybody's business and outlines a framework, which I mentioned before, about how this might be brought about.

I guess I want to pick up on some key features of housing and support. As I said, housing and support together, when they are combined and coordinated, can serve to end homelessness. The effectiveness of those models really requires them to be tailored, and the types of housing and types of support are going to be different for different people experiencing mental illness. When I say support and housing ends homelessness, the concept of supportive housing is something where I have been particularly interested in researching and forming relationships with providers, research bodies and resource bodies in the United States in particular, where there is really strong evidence. The foundational response to homelessness in the US is in the area of supportive housing and Housing First. I would be very interested to talk more about supportive housing and Housing First.

VICSERV is calling on much more capital investment to ensure access to affordable housing for people with mental illness. It is also calling for new subsidies that are different to what we currently have in Australia. The Australian housing system paradigm is really limited, and we do not have varying forms of subsidies, housing-related subsidies that provide the range of flexibility that is available in other countries. As I said, I am happy to talk more about Housing First and how various subsidies need to be created to make that possible here.

I just want to touch on some of the key components of the current context. The Because Mental Health Matters strategy in Victoria really does put housing security and reducing homelessness as a key goal. It seeks to put forward a key outcome around reduction in the proportion of people with a mental illness who are homeless or living in tenuous housing, and outlines that the state government will work with housing associations to explore the potential of greater access to stock that is created by housing associations, along with providing psychosocial rehab support. These are really very welcome goals to be articulated by the state government. We eagerly await the release of the state budget to see how much is delivered in terms of specific support and housing funding.

We have been very close to the process around forming the white paper on homelessness by the federal government, and feel that it does offer a really important strategic framework for reducing homelessness and having a positive impact on reducing homelessness for people with severe mental health problems. The policy of no exits into homelessness from hospitals, mental health and drug and alcohol services, and statutory care is an absolutely fantastic goal from our point of view. Other efforts that work to break the cycle of homelessness also need to be taken up by states and implemented.

Of great interest is the current environment, with these new strategic policy frameworks. This includes the recently released Mental Health Council of Australia report *Home Truths*, which is about mental support, housing and homelessness. What the white paper on homelessness delivers is a strategic framework, with extra support funding, some housing funding, and we also have the current stimulus funding from the federal government which injects more money to be available for housing associations in particular to develop affordable housing. There is also the national rental affordability scheme, another great scheme that seeks to introduce new players into the provision of affordable rental housing.

What we are not seeing, though, is the coordination of how those housing-related funds will be allocated with the kinds of great strategic goals outlined in things like the Because Mental Health Matters strategy and the white paper on homelessness. The current stimulus funding is a once-in-a-lifetime opportunity to create housing and increase the access to affordable housing for the most disadvantaged people in the community, yet we are seeing very little evidence of that housing being allocated or the funding being allocated to projects that are going to meet those strategic targets. There is some local evidence through the HASI project — the Housing and Accommodation Support Initiative in New South Wales — and there is a massive body of evidence around the effectiveness and in particular the cost-effectiveness of the supportive housing and Housing First models in the US.

I would like to conclude by saying that housing and support ends homelessness. Decent housing and support provides a platform for recovery from severe mental illness. There is a need for a greater evidence base in Australia for various support and housing models and VICSERV is convinced that there is money to be saved by investing in support and housing models. It has been proven in other places that the cost savings are quite substantial. The use of high-cost emergency government-funded systems like health, mental health and other emergency services seriously decreases when someone becomes housed and moves out of homelessness.

We would like to see greater integrated planning, and dialogue across government and with the sector to identify strategic targets and to work together to implement those strategies. That is what I wanted to share with you. There is a whole range of other information I can talk about, but I would be very interested in your questions.

**The DEPUTY CHAIR** — Thank you. I will start. Some of the evidence that we have heard today and through our time is the need for perhaps gender-specific accommodation mainly for females with female staff. Some of the issues that were raised were around safety issues for females in psychiatric areas with a mental health disability being subjected to unsafe practices and in some cases of being raped. What is your view on those sorts of facilities? I notice that you offer training and support and carer education. Is that an area that you think needs more status?

**Mr NASH** — Yes, absolutely. Our experience at Homeground is that single women are definitely the most vulnerable and often hidden in the homeless population, and there is certainly a need for gender-specific housing models. In the Elizabeth Street project that I mentioned before we are looking at possibly having a women-only floor. It is a multistorey building with balconies for each apartment but the floor that we have been thinking about will have more communal spaces and outdoor spaces. That is one example, but I think there is a range of models possible and necessary from multi-unit developments to just single dwellings out there that have safety and some form of support connected to that property.

**The DEPUTY CHAIR** — Do you believe that would then mean that the carers and the staff would be women as well?

**Mr NASH** — I think it really depends on the women and what they require, and what will be best for their recovery and sustainability.

**The DEPUTY CHAIR** — It is just that some of the issues were related to the male staff and the unsafe practices there.

**Mr NASH** — Absolutely. Yes, I would agree that some women will require male or female staff; it will depend on what they are particularly interested in. Some would also request male staff for other specific reasons. I think tailoring the housing and support models and how they are delivered according to what the individual needs is really important.

**Mr SCHEFFER** — A number of times you wove through your presentation that you wanted to say more about Housing First in the USA, so I will ask you: could you tell us more about Housing First?

**Mr NASH** — It has become really the new technology for responding to homelessness in the United States. It is really the central plank of all of the 350 plans to end homelessness that are across the US in different cities. Housing First is really recognising that housing is such a powerful thing in both a positive and negative way. If people have direct access to housing and have been excluded from housing for a long time, it is much better to be offered a home quickly than to be offered a return to the crisis accommodation system, unsafe rooming houses and unsustainable private rental transitional housing. A lot of people who are entrenched in homelessness have been through the system for a very long time and are quite reluctant to try to navigate the system again.

The evidence in the US is that just providing housing first is a really powerful way to assist people who then will generally do whatever they can to try to maintain that housing. Pioneers of the Housing First model include Pathways to Housing in New York. They are really the leaders. They are a specialist mental health support organisation, have a very strong evidence base for their work and provide Housing First as their most important initial strategy for engaging with people. It is really hard for us to think about that in Australia because there is

this concept that people may not be housing ready. People in crisis who turn up to homeless services can often be quite challenging in their behaviour or reluctant to engage because frankly the services they have sought have been irrelevant to their immediate need for a safe home and not served their needs over the years.

Services can often believe the person is not housing ready, that they are incapable of independent living, whereas the Housing First approach is something that we are able to do, and others do on a small scale. When you can actually get access to permanent housing immediately and provide someone with the support to settle into and sustain that housing, it works. Their lives fundamentally change for the better if they feel safe and the housing is permanent and it is affordable and the support is there to help them systematically unpack, in the sequence that they require, the various things that may place that housing at risk or the trauma that led them to homelessness or arose while they were homeless. How it works mainly in the US is through organisations that have outreach support capacity being able to go to someone literally on the streets and say, 'How are you going? This is our service. We understand you have been homeless for some time. Why don't we go and get a home?' and work with that person to go and secure private rental housing with them.

**Mr SCHEFFER** — Can I just interrupt you there? I heard on the radio yesterday, on the ABC, someone talking about their recent experience living in New York and they lived in a basement apartment that was valued at \$3 million — —

**Mr NASH** — A basement apartment in New York?

**Mr SCHEFFER** — Yes. How do they find accommodation with those sorts of costs?

**Mr NASH** — Look, that is extreme. I have not seen anything like that. I have seen some really nice parts of Manhattan that are cheaper than Collingwood, where I work, for apartments of the same size. There are various other things that impact on the housing system in New York and other places like rent controls and tax subsidies guaranteeing affordability of properties for long periods of time, but essentially there is rental stock there. The market rents are broadly similar to here. What is different over there is the vouchers that organisations that have outreach support capacity have to secure housing for their clients with. There is this thing called a section 8 voucher, which is a much deeper subsidy than our current rental assistance — commonwealth rent assistance. Commonwealth rent assistance in Australia is capped, so the gap between the market rent and the percentage that someone can pay is not met by rent assistance, whereas the section 8 vouchers in the United States fully meet that gap. So essentially a mental health support worker can go out to any property that fits within a limit on market rentals and lease that property, and the person can move straight in. As I said, they are often fundamentally shocked by being offered housing, having thought they were excluded from that opportunity. And the success rates are incredible.

Can I add a point there, just before I forget? We have paradigms here that we are locked into around the use of private rental, which is what I am saying is the primary way that housing is delivered in the United States. We find it for some reason impossible to conceive of a deeper subsidy for high-needs groups, and there has been a historic reluctance to increase rental assistance for any specific-needs groups or geographic requirements. It is one of those policies that really needs to be seriously reviewed in Australia.

**Ms WOOLDRIDGE** — The housing is really important, but I do not think we can decouple that from the support side of things.

**Mr NASH** — Absolutely, yes.

**Ms WOOLDRIDGE** — And I would be interested in your comments from your experience, or VICSERV's broader membership experience, about the ability to get support along with housing. We had a witness earlier talking about the inability to get the support package along with the housing. They said it is fine to get a home but if you cannot get the support to go with it, you end up with readmissions and all of those sorts of things. So what is your experience of the context of being able to link the accommodation and the support, and what else can be done to make sure that can be delivered?

**Mr NASH** — I mentioned earlier that there is evidence that housing on its own can have a dramatic impact on readmissions to hospital, but we would argue, and VICSERV argues very strongly, that the two do need to be combined together. Victoria has got a great history around this. It had a housing and support program which I

think through the early 1990s funded about 1200 properties and support placements. It was based on an assumption that people would either move through the properties or that other properties would be provided, and it was a roaring success. People were able to establish a home finally, and are still not moving; it is permanent housing. The housing was never replaced for that service to gain access to. So in a way we have got a sort of a mismatch with in some cases support resources that are diminishing as people become stabilised, but the housing is not replaced for others to access. Sometimes the housing is available but there is no support — and that can really undermine someone's ability to sustain themselves — and in other cases there is enormous amounts of support going into really terrible housing or homelessness, and that could be much more effective if there was housing provided. So for us and for VICSERV the combination of the two is essential, and it can happen and be delivered according to the person's needs.

You mentioned safety before. For some people the only way that they will ever achieve safety in their housing is through a Common Ground type of supportive housing that we are looking to develop in Melbourne, which has a concierge at the front desk keeping people out who are not welcome in the building. Other people will just be happy to have their own flat with some outreach support. They can manage any people who knock on their door who may want to exploit them. So I hope I have answered your question.

**Ms WOOLDRIDGE** — Not quite. If we have got mobile support teams, we have got community care teams — we have got the infrastructure in place; why are we not able to make those matches? What is the failure? Is there not enough, is it better case management, are we making the matches but have not seen it? What is the fundamental mismatch and how do we fix it?

**Mr NASH** — We have got great models, for sure, but I think we could do a lot better. We have two massive silos from my perspective in mental health. You have got the clinical system and you have got the non-clinical systems and the evidence base, as I keep alluding to, which I do not mean to, but there is a strong evidence base around what is called an assertive community treatment team model which is a multidisciplinary model used in Pathways to Housing in New York and various others. It is now an accepted approach, part of the new technology of solving homelessness there, which really is genuinely multidisciplinary.

You have got a team of workers, who have the non-clinical expertise across mental health, housing and employment, who sometimes appear on that team. You have also got clinical services in that team as well, so you have got a psychiatrist as part of the team. So an organisation like Homeground for example, if we had access this kind of team would not need to struggle to navigate the clinical mental health system to get access to clinical psychiatric support.

But I think what happens is that there is not the coordinated planning regardless across either the clinical or the non-clinical support systems and housing. As I said before, there is all this housing that is going to be created in Victoria, 5000 new units through the stimulus money alone, and several thousand other units through NRAS, and I do not see any real coordination, apart from a few examples, that will ensure greater access to housing for clients and those support services.

**Mr SCHEFFER** — I think you might have just started touching on this: earlier on you gave a tick to mental health matters, a tick to the white paper, a tick to home truths and then you ended up by saying that what we are not seeing is the allocation of funding to strategic targets of some sort. Could you just elaborate on that a bit? What is that failing?

**Mr NASH** — One example is the white paper's target on no exits from mental health facilities into homelessness. We have been piloting, and now running services in St Vincent's Hospital and the Alfred hospital, as I mentioned, and those programs came with maybe two or three transitional housing properties allocated. The people that got access to housing in the program have fundamentally different outcomes to those who are really struggling out there in the homeless system, waiting until they get permanent housing.

To make that white paper target work, there really does need to be some serious direction from possibly the federal government, the guidelines for the stimulus money do not even require organisations to tick off how many people with mental illness are getting access to the housing; but just making sure that whatever Victoria does around its white paper implementation ensures that it will use some of the white paper support funding and the stimulus housing money, combine the two, and meet that target. It is a great strategic framework. All the

goodwill is there but what we are still waiting to see what processes will be implemented to plan across government to make sure it happens and how the sector will be involved in designing and implementing those strategies.

**The DEPUTY CHAIR** — We have heard a number of witnesses give us evidence about people being housed in inappropriate housing, and they mentioned boarding houses and caravan parks. When you provide services to those people who go into the caravan parks and boarding houses, is there an opportunity for you to either remove them from there or make a complaint to somebody else so that they are actually moved out and put into a more appropriate place? Is that the sort of thing that your organisation does?

**Mr NASH** — Yes, daily and with thousands of people each year, and it is a great tragedy. The difficult thing is that often there is really nowhere else to offer to people to move to out of those places. There are bottlenecks getting into public housing with huge waiting times. From our point of view the most effective model has really been around public housing with outreach support but for most people the waiting times are just simply way too long; people suffer enormous damage and become entrenched in rooming houses, making it even harder to get them out of there and out of the homeless subculture.

We, along with other organisations, are funded under the transitional housing program. As an organisation, Homeground distributes a million dollars a year in financial assistance to help people get off the streets into some form of accommodation and help people establish themselves in accommodation. That money is really very tight and so the sorts of properties that we can afford to put people into is extremely limited. Five years ago we would have been able to refer someone into a room in a rooming house where they had their own room, they were able to continue to pay the rent from their next Centrelink payments started and they would then be able to maintain the rent from then on.

What has happened over the five years is that with the gentrification, the closing of rooming houses, the proliferation of really poor management in private rooming houses, the best we can do now is to get someone access to a room where there might be five or six other people, who are strangers, in that room. The rents are unsustainable for that person to be able to continue to stay there and so people often circle out of those places and onto the street just to save some money or to escape the violence that is happening in the rooming house. The tragedy is that this is totally solvable. We think it is probably going to be cheaper to solve the problem and invest in solutions than do nothing and see people bouncing around the homeless and mental health system.

**The DEPUTY CHAIR** — When you say it is ‘totally solvable’ — what is that; is it more funds?

**Mr NASH** — I think it is funds used in a different way, but certainly we need some more funds. There is plenty of funding out there for capital development of housing right now. There is a lot of funding going into NRAS to create rental housing. What we need to do is set quotas to ensure that at least — as the *Home Truths* report asked — 30 per cent of people going into that housing, should be a quota for those with mental illness.

Housing-related taxes and other subsidies are around \$19 billion in Australia; only \$3 billion of that 19 goes to affordable housing. There can be reforms in the tax system that do ensure better affordability outcomes than we currently see.

In terms of responding to your question about people in inappropriate housing now, definitely more money would help in the short term to be able to afford pay for those people to get into much better, safer housing like service departments, for example. With the economic crisis we are facing it will be an interesting opportunity, I think, to identify places that are going struggle to find their usual customer base. They might be more receptive to head leasing or bulk purchases by organisations like ours so that that housing is used, is safer and helps people get out of homelessness, at least until other funding steams appear.

**Ms WOOLDRIDGE** — Just to follow on with your set quotas question, one of the questions I have had is: we had a big investment by the state government a few years ago into public housing, but there were no quotas and no commitments in relation to people with mental illness or disabilities associated with that — I do not know if you have any sense of the new public housing that has come on line. Without quotas does it tend to go to people other than people with a mental illness or disability? Why do you need to set quotas? Is it not happening without them? I suppose that is the question.

**Mr NASH** — The \$500 million that was committed by the state government was a really welcome boost — \$300 million of which was to go through housing associations for developing new housing. We were concerned from day one that housing associations are fairly new in the environment they are operating within and, for all sorts of risk management reasons, would not be housing people who were on the lowest incomes and had the highest risks particularly around rent payments and behaviours.

Homeground and other organisations were calling on the state government to make a percentage of those funds available. We were advocating about the Elizabeth Street Common Ground project being funded out of that funding, because it would have guaranteed access to the most vulnerable in the homeless population. We proposed that the funding could be used to create a homeless response with onsite support that was effective for those most vulnerable. Homeground as an organisation has decided to get into developing housing. We have tried to partner with Housing Associations, but we are driven by the numbers of people coming through our doors every day and are quite concerned that, unless we are in there and creating housing, key workers and less needy people are going to be housed with those funds.

**Ms WOOLDRIDGE** — Is there any sense of what that \$500 million has delivered for people with mental illness or disabilities?

**Mr NASH** — I do not know, and I am not sure of VICSERV's opinion. I would have thought a percentage of those funds would have gone to what is now Housing Choices Australia to develop some specific programs. The Elizabeth Street development was partly funded through that funding, but I cannot tell you exactly how the rest of it was allocated.

**Ms WOOLDRIDGE** — I am taking it from what you are saying that you actually need organisations, whether they are housing organisations, which have a specific commitment to mental illness or disability to be confident to drive a housing agenda for them because mainstream may not, because of a whole set of other risk-associated factors?

**Mr NASH** — That is correct. As a homeless organisation we have almost no access to housing association stock for various reasons. We have fairly good access to public housing stock. It seems that growth is happening in the housing association arena, and this is one of the reasons we are wanting to get into that space to guarantee access for the people we work with.

**The DEPUTY CHAIR** — Thank you very much for your time, you have been very generous. We will be sending you a copy of the transcript; you can make minor adjustments and then return that to us. Hopefully we will make some recommendations that you approve of.

**Mr NASH** — Thanks very much. Good luck.

**Committee adjourned.**