Inquiry into the Provision of Supported Accommodation for Victorians with a Disability or Mental Illness

HomeGround Services Submission

October 2008
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Executive Summary: Our Approach

Given HomeGround’s experience and focus, HomeGround’s response to this inquiry is particularly in relation to the people with a mental illness who are experiencing homelessness.

Compelling evidence exists which confirms that people experiencing homelessness who have a mental illness are profoundly disadvantaged (above and beyond other groups) within the homelessness experience. Much evidence also exists that reflects the success of “Supportive Housing” models for people experiencing homelessness who have a mental illness and a range of other issues, and who require a complex set of service responses.

This group of people is often reduced to living in sub-standard private boarding houses because of the current housing crisis or in inferior SRS’s which function similarly to private boarding houses. Within these accommodation options, they are defined as tertiary homeless.

There exists a key relationship between housing and positive mental health and wellbeing outcomes. However, housing supply is often overlooked as a key ingredient in meeting the needs of people with mental illness politically yet it remains fundamentally important to the wellbeing of all of us and to the effectiveness of any services or systems seeking to improve mental health.

Whilst the focus of this inquiry is in regard to supported accommodation, HomeGround points out that other models can be as effective – and sometimes more appropriate - as residential/on-site supported accommodation. Support can be flexibly provided in the home, as well as within residential models and many models demonstrate the effectiveness.

HomeGround’s intention in this approach is to highlight that the existing supported accommodation system – under the auspice of this inquiry – requires massive expansion and rethinking in order to deliver outcomes to people who require these services but do not get access because their homelessness status excludes them from access to mainstream services.
1 HomeGround Services

HomeGround is an independent, not-for-profit and secular organisation, working in the areas of homelessness, housing, community development and social change in Melbourne.

HomeGround's vision is to end homelessness in Melbourne. HomeGround's mission is to get people housed and keep people housed. HomeGround employs over 100 staff and responds to over 9,000 households in housing stress or crisis each year. HomeGround delivers these services through funding provided by Homelessness, Housing, Mental Health, Primary Health, Aged Care, Home and Community Care, Justice, Local Government and Philanthropy.

People with serious mental health problems comprise a significant proportion of the homeless population and as such have been a major focus of HomeGround research, service delivery and innovation. HomeGround has extensive direct experience in providing mental health services to people who are homeless or have been homeless.

HomeGround has extensive experience at providing services in a wide range of housing environments (including high rise and lower density public housing, boarding houses, community managed rooming houses, transitional housing and crisis accommodation) and service settings and is familiar with the benefits and shortcomings of existing models. HomeGround operates a unique multi-disciplinary team focused on chronically homeless people with serious mental health problems.

HomeGround has developed a support model – HomeGround Supportive Housing - for people with serious mental health problems in Melbourne. HomeGround's CEO, Stephen Nash, is chair of the Australian Common Ground Alliance, which is based on the international practice of Supportive Housing.

Refer to HomeGround's Annual Report at www.homeground.org.au

2 Homelessness and Mental Health

Despite a continued period of economic growth, housing affordability is at all time low and homelessness continues to be a major social issue in Australia. In the 2006 Australian Bureau of Statistics Census 122, 172 people were recorded as being homeless. This included people living in marginal housing such as caravan parks and private boarding houses.

Australia uses a cultural definition of homelessness which characterises the homeless experience into three segments as follows:

1. Primary homelessness: people without conventional accommodation – living on the streets, in deserted buildings, in cars, under bridges, in improvised dwellings etc.

2. Secondary homelessness: people moving between various forms of temporary shelter, including friends, relatives, emergency accommodation and boarding houses.
3. Tertiary homelessness: people living in single rooms in private boarding houses on a long-term basis – without their own bathroom, kitchen or security of tenure and people living as ‘marginal residents’ in caravan parks where no person in the household is in full time employment and all persons are at their ‘usual address’.

People experiencing homelessness who have a mental illness frequently live in tertiary homelessness and through that tenure, experience a high level of violence, abuse and deterioration of mental health and wellbeing. This is well documented in “Homelessness in Melbourne”.

Of the 5000+ cohort in this research over 30% were living with a mental illness. However, the most damning statistic within this research is that out of the people experiencing homelessness who have a mental illness, 53% of this group developed onset of the mental illness after becoming homeless. The importance of housing to this group of people cannot be underestimated.

Other recent Australian research by Johnson, Gronda and Coutts has identified five pathways into homelessness and give us insight into effective strategies to prevent, reduce and end homelessness. These are:

- Youth (dissenters and escapers)
- Housing Crisis
- Family Violence
- Substance Use
- Mental Illness

Research informs us that people with a mental illness who are without appropriate support and housing can face:

- Double stigma of experiencing both mental illness and homelessness
- Are vulnerable to more violence and predatory behaviour than other homeless people
- Are easily entrenched in homelessness and hardest to help exit homelessness
- Often live within marginal and boarding house accommodation, and are extremely vulnerable in these environments given the need to share key facilities and lack of safety
- Withdraw from both homeless services and mental health services through fear and lack of identification with people around them, leading to further deterioration of mental health
- Have high levels of co morbidity with substance use exist and require specifically targeted service approaches
- Typically have unaddressed primary health needs
- Are the most vulnerable to violence, their illness escalating through lack of treatment and generally remain homeless the longest, when living in private boarding houses

We know through extensive research and practice that people experiencing homelessness who also have a mental illness have by definition “complex needs” and require specific programs and support which can work with those needs.

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1 CHAMBERLAIN, C & MACKENZIE, D (1992)
2 JOHNSON, GRONDA, COUTTS (2008)
3 Housing + Support ... 
Ends Homelessness & Improves Mental Health Outcomes

Provision of permanent, affordable, safe, appropriate and good quality housing is essential to enabling individuals to create a home and begin the journey of ending their homelessness. To be most effective, people need to have a choice of location and housing type (i.e. whether housing is fully self-contained or has shared facilities or areas with others).

HomeGround believes access to decent housing should be a fundamental right for all Australians and is the obvious and primary starting point for ending homelessness.

Through its service delivery work, HomeGround has significant insights into the devastating impact that poor or unsafe housing and homelessness can have on mental health and wellbeing. These insights also affirm the extremely positive impact that good housing can have on mental health and wellbeing and ending homelessness.

HomeGround strongly urges that the Australian Government view investment in new affordable housing supply as a key approach of its mental health strategy.

Providing the right support is a key element to meeting the needs of people experiencing homelessness who have a mental illness, including those who have experienced homelessness in their past.

Hellene Gronda’s\(^3\) research on effective case management illuminates the elements of a successful support service model. These elements are: timely access to resources and supports; individually determined services; highly skilled and well supported case managers who understand homelessness, have high level relationship and communication skills and are persistent and reliable.

Mental health support;

- is most effective when decent, permanent and affordable housing is provided
- needs to be relevant and effective for people at various stages along a continuum of being at risk of homelessness, to being entrenched in homelessness
- needs to be available over the long term and at the intensity required at different times.
- needs to be better integrated across clinical and non-clinical sectors and with other key sectors such as justice, education, training and employment

3.1 Support Models: Multidisciplinary Teams

Multidisciplinary team approaches are proven to be most effective in delivering support which meets the needs of people who have experienced chronic homelessness and mental illness.

Assertive Community Treatment (ACT) Teams are intensive, community based mental health programs across the United States, which use a multidisciplinary approach. This model of support is used within residential and community based housing/accommodation models.

\(^3\) GRONDA, H. 2008.
ACT teams comprise: a social worker; substance abuse counselor; nurse; psychiatrist; peer counselor; family specialist, and employment specialist.

Research\(^4\) has proven that ACT substantially reduces psychiatric hospital use, increases housing stability, and improves symptoms and subjective quality of life. The ACT approach is successfully applied across a variety of housing settings, including residential models and outreach models.

### 3.2 Supportive Housing

The right combination of housing and support can assist people to stabilise and recover from traumatic mental health crisis and homelessness. Of particular relevance to this inquiry is the HomeGround Supportive Housing model.

HomeGround Supportive Housing represents a new approach to ending homelessness through collaboration between state and local government, business, philanthropy and agencies. This model has specifically designed features to offer safe, permanent and affordable housing with access to on site support services to people who would otherwise remain chronically homeless and at serious risk of damage to their health and wellbeing. HomeGround’s model is informed by over twenty years of practice and improvement in the United States, particularly by Common Ground (see [www.commonground.org](http://www.commonground.org)).

The model has proven to reduce the impact on police, health, mental health and homeless services and allow people formerly experiencing homelessness to participate more fully in society\(^5\).

The first HomeGround Supportive Housing model has commenced development in Melbourne (Elizabeth Street), through a partnership between HomeGround Services, Yarra Community Housing and Grocon. HomeGround will develop further Supportive Housing models in years to come, adapting the model to the needs of people experiencing chronic homelessness.

*Refer to Appendix 1 for more information about the HomeGround Supportive Housing Model.*

### 3.3 Non-Residential Housing and Support Models

#### 3.3.1 Public housing and Psychiatric Disability Rehabilitation Support (PDRS)

This is the most common housing type that HomeGround uses to successfully end homelessness for people with serious mental health problems. People gain access to their own permanent, affordable and well located housing and support to turn this housing into their home. Support is available to them over the long term, but typically as people recover and needs are addressed, the level of support reduces over time, freeing up capacity to support and monitor larger numbers of people. PDRS is a Victorian program.

\(^4\) BENDER, W. S. (2007)  
\(^5\) MONDELLO, M., (2007)
<table>
<thead>
<tr>
<th>Target Group</th>
<th>People who are chronically homeless and have experienced multiple psychiatric inpatient admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Features</td>
<td>Typical public housing, inner city, high rise, walk up flats and houses, fully self-contained unit</td>
</tr>
<tr>
<td>Support Features</td>
<td>Intensive Home Based Outreach services (e.g. PDRS), psychosocial rehabilitation, therapeutic recreation, recovery focused, long term, closely linked to clinical support</td>
</tr>
<tr>
<td>Strategies to Improve capacity of this model</td>
<td>Some public housing estates are very challenging environments for people with serious mental health problems. This needs to be recognised and managed accordingly More housing stock is required, especially for singles and couples. More variety of stock to offer choice, especially spread throughout the community. Greater social mix in public housing provided in estates Increased and faster access through streamlined assessment process that prioritises people</td>
</tr>
</tbody>
</table>

3.3.2 Housing and Support Program (HASP)

This is the combined funding of permanent housing with PDRS home based outreach support in Victoria. This program has been incredibly successful in Victoria, yet has received no increase in funding for housing or workers since the mid-1990s and has suffered from a lack of evidence being generated to build the case for more government investment. Residents have typically stabilised in this housing, with a low level of tenancy turnover and reduced support needs over time.

In stark contrast to the support for this initiative in Victoria, in NSW a variation on this model is the Housing and Support Initiative (HASI) which has seen great government interest and a strong independent evidence base providing the case for improvement and leading to more investment.


<table>
<thead>
<tr>
<th>Target Group</th>
<th>People who are chronically homeless and have experienced multiple psychiatric inpatient admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Features</td>
<td>Are different in various geographic catchments. Public housing is used in this model and sometimes managed by community housing organisations and often requiring people to share their housing with others with mental illness HomeGround’s experience with this model is typical public housing, high rise, walk up flats, self contained units (inner city)</td>
</tr>
<tr>
<td>Support Features</td>
<td>Intensive Home Based Outreach (PDRS), psychosocial rehab, recovery focus, long term, close links to clinical support.</td>
</tr>
<tr>
<td>Strategies to Improve capacity of this model</td>
<td>This is a successful model that requires generation of evidence (similar to HASI evidence) to build the case for injection of government investment to create more stock and support resources Give people the choice to share with others or have their own unit</td>
</tr>
</tbody>
</table>
### 3.3.3 Private Rental Brokerage and PDRS

There are various social and economic forces that will continue to increase demand for affordable rental housing over the foreseeable future. A new approach to achieving growth in housing supply is desperately needed to meet a significant gap in the short and medium term – while other longer term supply strategies are implemented involving capital funding or tax reform.

Even though it is currently extremely tight, the private rental market does offer the most plausible opportunity for short term intervention to increase the supply of housing to people experiencing serious mental health problems and homelessness. The successful Housing First\(^6\) approach in the United States involves use of rental subsidies (section 8) that ensure housing costs to the individual are capped at 30% of income. This subsidy is much deeper and much more effective than Australia’s commonwealth rental assistance program and is a widespread strategy to provide access to housing. Greater subsidies to access to private rental will offer choice for people who will not find satisfaction in the models outlined. This approach can divert people away from the homeless system in which they are vulnerable to become entrenched.

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Chronically homeless or at-risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with varying degrees of mental illness and psychiatric disability</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing Features</th>
<th>Typical self-contained, private rental housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Features</td>
<td>Typical Intensive Home Based Outreach (PDRS), psychosocial rehab, recovery focus, long term, closely linked to clinical support.</td>
</tr>
<tr>
<td>Strategies to Improve capacity of this model</td>
<td>DHS commitment is required to trial a new Housing First approach involving providing an additional subsidy to secure private rental and generate evidence of outcomes and cost effectiveness</td>
</tr>
</tbody>
</table>

### 3.3.4 Housing Associations and ongoing support

A focus of Victorian government funding into affordable housing supply growth is via Housing Associations. HomeGround is concerned to ensure that there are quotas for access by people with serious mental health problems in this new growth sector and proposes that 10% of all new housing should be set aside for this purpose. Housing Associations have been reluctant due to fears of tenancy problems with people who may be unsupported.

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Chronically homeless, multiple psychiatric inpatient admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Features</td>
<td>Typical community housing, blended into the wider community</td>
</tr>
<tr>
<td>Support Features</td>
<td>Typical Intensive Home Based Outreach (PDRS), psychosocial rehab, recovery focus, long term, closely linked to clinical support.</td>
</tr>
<tr>
<td>Strategies to Improve capacity of this model</td>
<td>Victorian Government commitment to access specific housing quota and support funding</td>
</tr>
</tbody>
</table>

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\(^6\) Tsemberis, S. 2004.
4 References


GRONDA, H. 2008. Presentation at 5th National Homelessness Conference, Adelaide. "What makes case management work: bringing together the evidence" (to be released thru AHURI later in 2008). Note: Full report of this research will be available on AHURI website by end 2008 – see www.ahuri.edu.au


Case study 1 – Jack
Jack was diagnosed with schizophrenia and allocated a transitional housing property post discharge from the acute inpatient service. After establishing Jack in the property, finalising his public housing application and stabilising his engagement with his Area Mental Health Service case manager, HomeGround referred Jack to a local Psychiatric Disability Rehabilitation & Support (PDRS) service for long term outreach support.

Unfortunately, Jack missed three office based appointments with the PDRS service, which then withdrew support from him without informing the Transitional Housing manager (THM). It was some time before HomeGround’s Housing Mental Health Pathways Program (HMHP) discovered that Jack was not being supported through the PDRS service. HMHP reengaged with Jack and discovered that his mental health had deteriorated significantly. Through advocacy and negotiation with his clinical case manager, HMHP facilitated an admission to hospital for Jack in order to stabilise his mental health.

HMHP provides ongoing monitoring of Jack as there remain concerns regarding the capacity of the PDRS service to provide the level of support Jack required.

Unfortunately this scenario is not uncommon for clients with similar problems, and clearly demonstrates the need for systemic advocacy as well as individual support within the HMHP model.

Case study 2 – Brian
Brian, a 29-year-old man was an inpatient of a psychiatric inpatient unit diagnosed with schizophrenia, who was referred to the Housing Mental Health Pathways Program (HMHP) in May, 2005. Brian was admitted to the psychiatric inpatient unit after being found by police after living under a bridge on the Yarra River for two years. Brian presented with severe paranoia concerning the environment, a history of cannabis use, and had no contact with his family. After the HMHP assessed Brian, it was decided that Brian would reside in one of the transitional housing properties that HMHP had access to. Due to Brian’s vulnerability, HMHP were also able to negotiate with the inpatient unit to allow him to stay there until the transitional housing property became available and Brian was discharged there on the 21st July, 2005.

The HMHP provides psychosocial rehabilitation services with a focus on promoting recovery. In practical terms the program supported Brian through the following:
Assessment and case planning, Understanding schizophrenia, compliance with medication and the signs that he is becoming unwell, housing options and tenancy requirements, Material aid, Outreach support, Completion of an Early Housing Application for public housing, Independent living skills, Referral to mental health service, Assistance with attending appointments with psychiatrists and case managers, Re-establishing relationships with family members, Negotiating readmission to hospital through a planned process when Brian became unwell, Developing educational and vocational goals.

Brian was able to maintain his transitional housing for over 18 months, before he received an offer of public housing which he moved into in January, 2006. HMHP supported Brian to transfer his clinical support to a new Area Mental Health Clinic, and will support Brian until another assertive outreach support provider has capacity to work with Brian.
Case study 3 - Wayne

Wayne is a 44 year-old man diagnosed with major depression. Wayne was admitted to the acute inpatient unit in September, 2006 presenting with severe depression and suicide ideation. For 2 years Wayne had been sleeping rough in city lanes, with brief periods of couch surfing at friends houses. Wayne had previously stayed in a government funded Crisis Supported Accommodation Service, but felt unsafe to go back there as he had been stabbed during his last stay and felt that the ‘streets were safer.’

After assessing Wayne’s options, The HomeGround Housing Mental Health Pathways Program (HMHP) referred Wayne for accommodation in a PDRS service. Unfortunately the only housing available was shared and Wayne was unsuccessful with his application, as the person already living in the property felt unable to live with Wayne.

HMHP workers referred Wayne to a local Community Housing organisation, as Wayne wanted to be close to the local drug and alcohol service that he was attending daily. Wayne wanted to live in a quiet building and unfortunately this required a lengthy waiting time, with the only vacancy in a quite undesirable rooming house.

Wayne was discharged in November, 2006 with no housing being able to be secured before discharge. HomeGround’s Housing Information and Referral (HIR) service assisted Wayne financially to find a temporary single room in a private rooming house. Wayne could then only afford to pay for a dorm (shared) room in a rooming house, and he chose to sleep rough and couch surf at friends.

During this period, HMHP had actively kept in contact with Wayne and referred him to HomeGround Outreach. HomeGround assisted Wayne to complete an application for priority access to public housing which will enable him to eventually be offered his own home.

In the meantime a Community Managed rooming house vacancy became available and Wayne moved into a single room in a quiet building.
HomeGround Supportive Housing:
A new model for ending homelessness in Melbourne
2008/2009
Homelessness can be prevented.

It can be ended.

HomeGround Services is bringing an innovative new approach to housing homeless people in Melbourne.

HomeGround Supportive Housing will help end homelessness for the most vulnerable, chronically homeless people.

HomeGround Supportive Housing:
• is permanent – offering self contained, high quality housing
• is safe – controlled access keeps unwelcome people out
• is affordable – with rents set at a maximum of 30% of income
• has on site supports – to help people settle into and sustain their housing
• has a social mix of tenants – ensuring a thriving community
Message from the CEO

Melbourne is globally recognized as one of the world’s most liveable cities. Our love of sport, dynamic arts scene, great food and wine and parks and gardens are celebrated in postcards. But that liveability is not enjoyed by all Melburnians.

While many know the MCG is Melbourne’s home of sport, few know that 15 out of every 1,000 inner-Melbourne residents do not have a home. In Victoria in 2004 there were more than 20,000 homeless people. 14,000 of these in inner-Melbourne. At HomeGround Services, our vision is to end homelessness in Melbourne.

When a person is homeless it is nearly impossible for them to feel safe, find and keep a job, complete treatment for substance, mental health or other problems, break down negative connections, reconnect with family and friends, or to even have hope.

HomeGround Supportive Housing – based on a model developed and effectively implemented in the United States – fills a gap in the way we currently deal with homelessness.

However we can’t realise our vision of ending homelessness alone. Working with the private sector, philanthropists and government we hope to build HomeGround Supportive Housing, a model project that can create a national evidence base for further action and help get people – and keep people – housed.

Stephen Nash
CEO HomeGround Services

A snapshot of the problem:

• 149 out of 10,000 people in inner-Melbourne are homeless
• Homelessness is a major social issue, yet it is invisible to most Melburnians
• Chronically homeless people have contact with community services, hospital, justice and mental health systems in disproportionately high numbers
• Targeting the most chronically homeless reduces costs to these government-funded services
• Supportive Housing – housing that also provides a diverse mix of support services – can help reduce costs.

Solutions at a glance:

• Different agencies have used different strategies to try to house homeless people with a measure of success, yet homelessness remains a significant issue
• HomeGround Services recognised a new model and approach is needed
• HomeGround Supportive Housing addresses two key issues – provision of housing and the provision of support services
• HomeGround Supportive Housing will cost significantly less than other tenancy-based facilities such as jails, hospitals, mental health facilities and even shelters
• This combination of long-term housing and on-site around-the-clock concierge and support services does not exist in Victoria
• Offering homeless people access to safe, affordable housing is the first step to ending their homelessness
• Supportive Housing looks like every other type of housing because it is like other housing.

HomeGround’s CEO is a founding member and Chair of the Australian Common Ground Alliance (ACGA) a national network of organizations working towards ending chronic homelessness in Australia through a mix of solutions – including Supportive Housing – that build on and adapt programs developed and delivered effectively by Common Ground New York. Melbourne’s “Elizabeth St Common Ground Supportive Housing” is based upon the Common Ground Supportive Housing model.

ACGA, together with its patron Therese Rein, is committed to promoting and supporting further Common Ground Supportive Housing developments around Australia.
Introducing HomeGround Services

An independent, not-for-profit, secular organisation, HomeGround Services works in the areas of homelessness, housing, community development and social change.

HomeGround Services has a 15-year track record working with people with complex needs who have been chronically homeless, banned or unable to obtain services due to anti-social behaviours or a lack of help-seeking behaviours.

In the year ending June 2007, HomeGround worked with more than 11,000 people in inner-urban Melbourne.

HomeGround Services is no stranger to taking risks to explore and act on new initiatives, directing service provision, researching and advocating for policy and social change as well as forming strategic alliances. It recognises partnerships with state and local government, philanthropists and other community organisations are vital.

The HomeGround Supportive Housing Model provides a new service mix – permanent, affordable, safe housing with access to on site support services and around-the-clock security controlled access – complementing and extending the range of homelessness support services currently available.

The USA’s Supportive Housing movement – proven to reduce the use of services such as police, health, mental health and homeless agencies and enable people to become more satisfied and participate more fully in society – informs the HomeGround Supportive Housing model.

Bringing HomeGround Supportive Housing to Melbourne

The HomeGround Supportive Housing Model can provide an immediate solution to ending homelessness for the most vulnerable and chronically homeless by using a combination of features that do not exist in current housing models in Melbourne.

It offers safe, permanent and affordable housing with access to onsite support services, to people who would otherwise be at a serious risk of damage to their health and wellbeing.

Supportive Housing:
- rebuilds social supports
- facilitates employment
- removes the use of expensive emergency care
- re-integrates tenants into the community
- creates good neighbours.

Each year HomeGround:
- assists 9,000 homeless households find shelter and long term housing
- supports more than 1,000 households in crisis or at risk of homelessness
- houses more than 600 homeless households in its 350 transitional housing properties
- supports more than 700 public housing households in order to prevent eviction
- involves hundreds of public housing tenants in community development activities.

HomeGround’s initiative represents a practical and proven solution to a significant social policy gap for the most vulnerable people in our society.

Owen Donald, former director of housing, Victoria
Not only does Supportive Housing provide people with a key to unlock the door to their new home but also provides access to tools on how to live their new life.

HomeGround Services

Responding to homelessness in Melbourne

Homelessness is an issue invisible to most Melburnians yet in 2003-04 almost 35,000 people used homelessness assistance services in Melbourne.

The key elements that create Supportive Housing already exist in Melbourne. What is new – and underlie the Supportive Housing model – is the effective combining of them to get a better outcome.

The HomeGround Supportive Housing Model will target people experiencing primary homelessness, the chronically homeless who are most vulnerable and who have the least capacity to cope with, and recover from, risks posed to their wellbeing.

Support services

Melbourne’s first Supportive Housing site, to be located at 660 Elizabeth Street, will be in the inner-city, located close to parks, public transport, shopping, health, employment, and social services.

When responding to people who are homeless it is vital to comprehend the full impact of issues they are juggling such as vulnerable health states, repeated experiences of trauma, limited access to sustainable and affordable housing, insufficient income for basic needs, finding employment, and the loss of family and personal relationships.

The HomeGround Supportive Housing Model is a multi-faceted approach that sensitively and directly addresses the complex issues and impacts of homelessness.

Supportive Housing: fitting the Melbourne landscape

Homelessness causes damaging, long term impacts. Significant proportions of people acquire mental health and substance abuse problems after becoming homeless.

Chronically homeless people present in disproportionately high numbers to emergency health and mental health systems for treatment, often for symptoms associated with their homelessness. These same people are also over-represented in the justice system and often struggle to break away from the cycle of crime due to their ongoing homelessness.

HomeGround Supportive Housing meets the State Government’s Fairer Victoria policy and fills the gap in the types of housing and services available to the chronically homeless. At the same time it complements the Victorian Government policy emphasising the need for improved connectedness between services, better understanding of clients’ needs and achieving long-term outcomes for people.

The principles of HomeGround Supportive Housing:

• Permanence and affordability
• Safety and comfort
• On site support services are accessible and flexible and target housing stability
• Empowerment and independence
• Service system linkages and capacity building.
Case study:
Almanda, 32 years old

Case study:
Jack, 54 years old

Having been made redundant, Jack not only lost his job but also his home that was located on site. With a history of alcohol abuse and no family, Jack relocated from WA to Melbourne where he was living at a private boarding house in St Kilda.

When HomeGround Services met Jack he was paying $160 a week for shared kitchen and bathroom facilities at the boarding house where on pension day he was frequently robbed by other residents due to his frailty, age and alcoholism.

The Royal District Nursing Service from Inner South Community Health Service introduced Jack to HomeGround’s Homeless Outreach Worker and within a few days a public housing application had been completed. Three weeks later Jack was offered a public housing bed-sit.

The next step is getting Jack a kitten, as he said that if he can pet an animal once a day, he is happy.
Case study:
500 Elizabeth Street, the first home of HomeGround Supportive Housing

Making the model work in Melbourne

HomeGround Supportive Housing represents a new approach to ending homelessness through collaboration between state and local governments, business, philanthropy and agencies.

An imaginative model, it looks to provide social connectedness for the formerly homeless and provide a dynamic social mix.

To achieve this, HomeGround Services is developing a coalition of partners that will build on existing links between interconnected service systems and government, and will provide a body of experience and expertise within Melbourne.

Rosanne Haggerty, founder and president of Commonground, a leader in Supportive Housing in the USA, has an international profile, successfully influencing government, business and philanthropy to create Supportive Housing in various parts of the USA as well as in other parts of the country.

HomeGround Services has developed a relationship with its American counterpart and hosted Rosanne during her November 2007 visit to Melbourne to address sector forums, meet with government, and advocate the benefits of Supportive Housing. A month later, several HomeGround Services staff visited Supportive Housing projects in Los Angeles and New York. This information sharing and knowledge transfer has clarified the success and potential of Supportive Housing and solidified HomeGround’s resolve to actively influence the development of Supportive Housing models in Melbourne.

In March 2008, on a visit to New York, Thérèse Rein, wife of the Australian Prime Minister, Kevin Rudd, stopped in at the Common Ground project. Impressed by the facility and the benefits it delivers to its formerly homeless residents, she indicated her support for bringing the concept to Australia and subsequently was announced Patron of the Australian Commonground Alliance, a national network founded by HomeGround Services.

The HomeGround Supportive Housing Model is not just about the dwellings within which people live but the support services they receive and the connections they make to the community around them. It is about creating a sense of belonging in a home and a community.
Who will benefit?
HomeGround Supportive Housing will have a real impact and help stabilise life for the chronically homeless and those most marginalised. It will also reduce the impact on police, health, mental health and homeless services and allow formerly homeless people to participate more fully in society.
HomeGround’s Supportive Housing Model aims to:

- maintain stable housing for tenants who were once homeless or at risk of homelessness
- increase tenant participation in substance use and mental health treatment services
- improve the health and wellbeing of its tenants
- increase tenant participation in the community
- increase tenant participation in job training and secure employment
- contribute to the diversity of inner Melbourne as a vibrant and supportive community.

It is an imaginative model that provides social connectedness and a dynamic social mix for the formerly homeless.

Understanding Supportive Housing
Originating in the 1960’s, the American Supportive Housing movement inspires HomeGround. Over the past 20 years, Supportive Housing – combining affordable accommodation with support services – has become a dynamic, flexible and robust model that meets the needs of marginalized homeless populations. Cost-effective, its greatest outcome has been in human terms for individuals, families and the communities within which they live.

Hugely effective in the USA where there are tens of thousands of Supportive Housing units developed and operated by non-profit organisations, ranging from units in single-family homes to single site developments of several hundred units each.

In many ways Supportive Housing is like other forms of housing – it typically looks and functions exactly the same way as any kind of permanent housing for any individual or family. The exception is that tenants have access to on site support services and 24-hour security controlled access to the site.

Key element
Functions/Activities

At 650 Elizabeth Street, the future home of HomeGround Supportive Housing, an around-the-clock concierge service will ensure access to the building is controlled, protecting residents and promoting wellbeing.

For Supportive Housing to be effective, partnerships are needed – with support services, government agencies, health providers and the broader community. Working collaboratively ensures optimum outcomes are achieved for the people being housed as well as the agencies delivering the services.
How Supportive Housing works

Supportive Housing is the combination of three interdependent elements — property development, tenancy management and support services. To successfully deliver Supportive Housing a robust collaboration and coordination between these three elements is needed.

Where these elements are delivered by different agencies, a commitment to partnership must exist. This collaborative, innovative approach to partnerships should extend to the wider network of other stakeholders, including services and tenants.

HomeGround Services has a long history of collaborative relationships and knows these are the most efficient way to combine skills, knowledge and expertise and the diverse needs of Supportive Housing tenants.

Each of the three individual functions requires a provider with different expertise.

What difference can HomeGround Supportive Housing make?

Responding to homelessness holistically sets Supportive Housing apart. It recognises the solution does not stop at providing a physical space to call home, but that supporting a person as they transition from homelessness to housed is also needed.

Linking that person with relevant programs and support services is part of the approach. Not only does it provide people with a key to unlock the door to their new home but also provides access to tools on how to live their new life. The co-location of support services within the Supportive Housing environment assists people who often require medical, legal, employment and training, mental health and drug and alcohol abuse support services.

And it is here that benefits will be felt with fiscal savings expected to be made in a full range of services — from accident and emergency response to the court system and the extended human services sector.

But the greatest gains will be made in the quality of life index. International examples show the personal gains made by residents in Supportive Housing to be the greatest fiscal gain.
The economics of HomeGround Supportive Housing

With affordable housing, mortgage stress and the ongoing squeeze on the rental market, the opportunity to incorporate HomeGround Supportive Housing to the Melbourne skyline is timely and appropriate. Thanks to funding from the State Government, Yara Community Housing was able to purchase the site at 660 Elizabeth Street, with leading developer, Grocon, agreeing to transform the commercial building into around 120 units, at cost. A $3.1 million (over four years) allocation in the 2008-09 State Budget will fund the support services to be available on-site.

Once establishment costs have been met, HomeGround Supportive Housing will save the government – and the community services sector – money in the longer term. One of the New York programs was recently evaluated and it was found that over a five-year period remarkable savings of public funds were achieved when people with a mental illness and homeless were housed in Supportive Housing. While a review of almost 3,000 people during the two years before and the two years after their placements into a New York Supportive Housing building, significant reductions in an individual’s use of an array of services was observed.

At the same time crisis accommodation use dropped by 60 per cent, use of state psychiatric services dropped by 60 per cent, and the use of state prisons and city jails also recorded a drop in use.

HomeGround Supportive Housing – how it should look and feel

Picture a medium-high rise building in an inner-city precinct with more than 100 well-equipped and accessible studios and apartments with a diverse mix of tenants who have a full range of support services readily available – this is what Supportive Housing looks like.

In many ways it looks no different to other inner-city residential facilities, and in many ways it isn’t. What sets it apart is the available support services designed to assist tenants as they settle into their new home.

Just like any other inner-city residential building a key component of Supportive Housing is the quality of the building and fittings. The physical design of the building is a key to its success, as is maintaining the internal and external amenities.

Supportive Housing places particular demands on a building, needing to provide security, privacy and an opportunity for social interaction. It must be appropriately placed within the wider community. Elements for consideration with a Supportive Housing model include:

- Situation of site and proximity to amenities, including parks, public transport, shopping precincts, employment, health and social services
- Occupancy load of each floor
- Capacity for common area on site where residents can relax outside their rooms, but within the safe confines of the building. This also includes the capacity to run group activities
- Access, safety and security. Safety, both real and perceived, is achieved through a single controlled access point and a concierge lobby.
- Office space for on-site services: on site tenancy and support staff are a critical part of successfully delivering Supportive Housing in Melbourne
- Refurbishment and maintenance: Supportive Housing should be robust, attractive, and encourage a pride of place. To achieve this tenancy management, property management and support services need to work in a co-ordinated and complementary way
- A property management approach which responds immediately to even small problems such as a cupboard door coming off a hinge is supporting the tenant as well as the building.
- Storage and car parking: given the nature of the tenant group, Supportive Housing seldom has a high requirement for car parking spaces for tenants.

Victoria has led the way nationally in developing and implementing our own models for assisting homeless people for more than 20 years and we look forward to this approach being a continuation of our determination to find effective solutions to homelessness,”

Dick Wynne, Minister for Housing
(April 2008 Media release)
The importance of partnerships to bring HomeGround Supportive Housing to life

One of HomeGround Supportive Housing's principal goals is for tenants to feel at ease with their neighbours, be part of the community, comfortable with the local environment. The three Supportive Housing elements will create and look for opportunities to work with the local community in appropriate ways. In most cases, relationship building during the early stage of the planning process is important. Proactively gathering support for the housing initiative from the surrounding businesses and community is an important strategy.

Relationships need to be established with:
- Local government
- Non-government organisations
- Housing organisations
- Community services
- Hospitals, emergency departments
- Prisons, detention centres
- Business, corporate sector
- Philanthropy
- State and federal government departments

HomeGround Services is always keen to hear from organisations interested in entering into partnerships to deliver support services and bringing the Supportive Housing vision to life.

Community and government partnerships

Gaining support from the community to assist with successfully integrating tenants into local activities is vital.

Local government will have a key role to play in relation to promoting the Supportive Housing model within the CBD and ensuring access to resources and programs for Supportive Housing residents.

Over time the goal is to educate the community on the HomeGround Supportive Housing Model to help influence a cultural change and facilitate community development work and broaden the interface with the community.

If every consultant - from surveyors to selling agents and all steps in between - supported the project by way of discounts on standard rates or pro bono services, these incremental savings can ultimately have a significant impact on project feasibility.

Berrick Wilson, Partner, KordaMentha

We hope we can bring design, development and construction skills to the table to assist in ensuring the right outcome for homeless people.

Daniel Grollo, CEO, Grocon
(24 April 2008 Media release)
Contact details

HomeGround is a not for profit, charitable company limited by guarantee and mostly funded from government funding programs. The organisation is governed by a board of directors from the business and community sectors from fields such as law, HR, executive management, finance, corporate partnerships, organisational development, research and consulting.

HomeGround has a solid reputation for service quality and innovation with the state government.

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Additional resources:
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www.endlongtermhomelessness.org
www.csh.org