



"Succeeding Together"

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Submission to the Consultation on Foundations for Change- Homelessness in NSW

The Schizophrenia Fellowship of NSW (SF NSW) appreciates the opportunity to provide comment on the discussion paper for Foundations for Change- Homelessness in NSW. This submission will focus on strategies to address gaps for those living with a mental illness- one of the most vulnerable and disadvantaged groups at high risk of homelessness.

Background

SF NSW is a specialist mental health recovery organisation, operating across 33 sites in NSW and ACT. SF NSW is committed to improving the circumstances, welfare, access to clinical and allied health services and advocacy for people with a serious mental illness. SF NSW delivers trauma-informed recovery-oriented psychosocial support programs and services for both carers and consumers including care coordination, housing, employment, social inclusion, clinical and peer supported services.

Who are we?

31

31 years of serving people with a mental illness and their carers

320

320 staff members



92% job satisfaction

400

More than 400 active volunteer workers



74% of staff have lived experience as a consumer or carer



More than 10,000 people accessed our services in the last 12 months



More than 6,000 outreach calls made

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SF NSW summary of recommendations:

Strategies to reduce homelessness should ensure that those living with a mental illness receive a service that is designed to meet an individual's needs and goals. This process should aim to provide opportunities for the person to engage in the decision making process and provide support to participate in community life.

This requires:

- 1. Recognition of the relationship between mental ill health and homelessness in all housing policy**
- 2. Provision of a range of accommodation options that reflect a diversity of needs.**
- 3. Provision of stability of funding for those providing flexible, appropriate and well-coordinated support services.**
- 4. Development of partnerships between government departments, non-government organisations and private organisations to ensure the provision of a range of effective accommodation and related services.**

1. Recognition of the relationship between mental ill health and homelessness in all housing policy.

SF NSW supports meeting housing needs as part of a wider strategy that includes addressing the underlying causes of homelessness in NSW. While lack of access to appropriate quality housing is a major barrier to reducing homelessness, a number of social determinants significantly influence the ability of people to source and maintain stable housing. A common policy response across silos including housing, homelessness, mental health and health more broadly is needed if better outcomes are to be achieved.

Among those most vulnerable to homelessness are people living with mental illness. Welsey Mission reported that 75% of participants in their study who were living in Sydney had a mental illness, 29% of homeless people had schizophrenia, compared to 1% in the general



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community¹. Furthermore, 20% of those who access social housing in Australia access mental health services².

Secure, safe and affordable housing and appropriate supports to maintain a tenancy can significantly reduce in hospitalization, an individual's social and emotional wellbeing and overall health outcomes.

2. Provision of a range of accommodation options and appropriate supports that reflect a diversity of needs.

A housing-first approach

SF NSW supports a person-centred housing-first approach, whereby individuals are supplied rapidly with permanent housing and supportive services, but receiving housing is not contingent upon service utilization or treatment³.

Homes should be homes, not residential treatment settings, however appropriate supports should be available. There also needs to be community integration, not segregation based on diagnosis, and people with severe mental illness should be viewed as members of the community as opposed to 'program residents'.

The Common Ground Model is a housing first person-centred approach that emphasises building on-site support services and security around individual needs that are required to keep them housed, healthy and to live independently. Importantly, it does not require people to engage in treatment programs or prove their housing readiness.

Mix of well-coordinated supports

People living with severe mental illness have complex and ongoing care needs that require additional support services that include employment, physical health and psychosocial supports, education/training and daily living support.

¹ Robinson, C. (1998) Down and out in Sydney, Wesley Mission Publications, Sydney

² Productivity Commission (2016). Preliminary Findings Report, Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform.

³Tsemberis S, Gulcur L, Nakae M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. American Journal of Public Health, 94, 651- 656.



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Furthermore, for many people with either a severe chronic or acute/episodic mental illness, decision-making capacity will be present most of the time, subject to fluctuations based on severity of the illness at the time and the nature of the decision making tasks. Similarly, fluctuations in decision-making capacity are also present for those without a psychiatric illness including people experiencing adverse effects of medication or diabetes-associated hypoglycaemia.

Decision-making capacity on the part of the person, to take necessary action or make a relevant decision, should be assessed for each specific situation and/or decision. Appropriate levels of support are needed for those with impaired decision making capacity, including supported decision-making, awareness and competence of service staff and inclusion of processes for impaired decision making capacity in policy.

Ongoing rent subsidy

SF NSW supports the provision of a permanent housing subsidy for those living with a severe mental illness. When trialled in the USA, ongoing provision of a rent subsidy of 30% reduced the use of emergency accommodation by 50%⁴.

The cost of private rental housing in Australia creates stress on the ability of people who require government income assistance such as income support payments such as Disability Support Pension, Newstart and Youth Allowance, or rental assistance to gain and maintain stable housing.

Minor changes in housing policy have dramatic impacts on levels of housing insecurity and potential homelessness. This was demonstrated in the UK, where changes to rent assistance had dramatic effects on housing stability and mental health⁵.

Rental costs have been rapidly increasing in Australia, particularly in metropolitan settings. Overall, costs are faster than the consumer price index against which the Commonwealth Rental Assistance is indexed, resulting in the inability of people who rely on government supports to afford private rentals.

⁴ U.S. Department of Housing and Urban Development, Office of Policy Development and Research. Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families, 2016.

⁵ Loopstral R, Reeves A, Barr B, Taylor-Robinson D, McKee M, Stuckler D (2016). The impact of economic downturns and budget cuts on homelessness claim rates across 323 local authorities in England, 2004–12. *J Public Health* 38 (3): 417-425.



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Incentives-based approaches

A number of incentive- based approaches can be used to meet accommodation needs for the homeless living with a severe mental illness:

- Provide financial incentives to housing providers specifically for tenancies for people living with a severe mental illness.
- New developments should include a mandated portion of housing towards social housing for those living with a mental illness.
- Set targets for proportion of public housing accommodation directed towards people living with a severe mental illness.
- Improve financial assistance and support services for people with a severe mental illness to access and maintain private rental housing.

3. Provision of stability of funding for those providing flexible, appropriate and well-coordinated support services.

Regardless of the type of accommodation a person with a mental illness chooses, relevant support services should be available to them where necessary. Services should be of high quality, flexible and sensitive to the culture, gender and age of the individual.

One of the greatest challenges facing those that provide services to populations vulnerable to homelessness, is the transition to the National Disability Insurance Scheme (NDIS). A number of programs aimed at supporting people at high risk of homelessness in their tenancies have been defunded, without corresponding funding arrangements provided under the NDIS.

Among our clients who are most at risk of homelessness are those accessing the Personal Helpers and Mentors (PHaMs) and Partners in Recovery (PIR) programs, which are among those programs that have been defunded for transition to the NDIS.

PHaMs and PIR provide services to those with severe mental illness, who may have comorbid substance use or physical health issues or both, are likely to experience difficulties



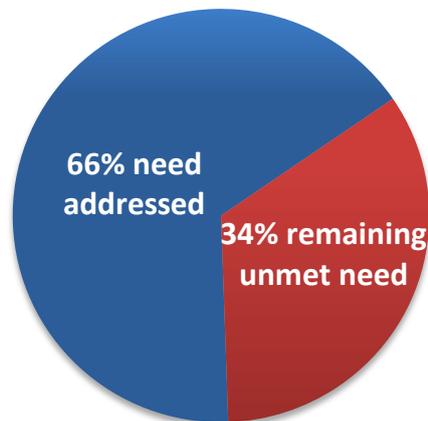
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maintaining stable accommodation, and experience difficulty in completing basic activities of daily living.

PHaMs and PIR provide support to people with severe mental illness using a recovery-focused and strengths-based approach. PHaMs and PIR workers provide practical assistance to people with severe mental illness to help them achieve their personal goals, develop better relationships with family and friends, and manage their everyday tasks, integrate and coordinate care across multiple sectors, services and supports, including accommodation, that clients may come into require.

SF NSW programs, including PHaMs and PIR, have been shown to address accommodation needs of our clients who initially had an unmet need in at least 66% of cases- only 34% of these people still have an unmet need in this area (Figure 1). Funding stability for community-based programs that support people into tenancies and help them remain in their tenancies should be a priority in strategies aimed at reducing homelessness.

Figure 1: Accommodation need following SFNSW program 2016





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4. Development of partnerships between government departments, non-government organisations and private organisations to ensure the provision of a range of effective accommodation and related services.

The National Partnership Agreement on Homelessness is due to expire in 2017. Both the commonwealth and the state/territory governments need to ensure certainty of adequate funding and a consistent policy framework to address housing affordability, strategies to address homelessness and systemic issues of discrimination and stigma which often result in exclusion of people with severe mental illness from accessing tenancies and support.

Renewal of the National Partnership Agreement setting out the aims, roles and responsibilities across government, non -governments and private sector agencies, can also reduce fragmentation of services and aid collaboration between sectors.

SF NSW would welcome the opportunity to participate in further discussions towards the development of the strategies to address homelessness in NSW.

Regards,

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