



Wellways Australia  
Submission to the  
Parliamentary Inquiry into  
Homelessness in Victoria

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## About Wellways Australia

- 1,800-plus staff across over 100 offices throughout eastern Australia, from Tasmania to Queensland.
- 158 people working in peer support roles
- 189 volunteers contributing over 14,000 hours
- Our services reach thousands of people every year

Originally established in Victorian in 1978, today Wellways Australia is a provider with over 40 years' experience and a recognised specialise in mental health, disability support and carer services. We dedicate resources to advocacy, to ensure systems are responsible and equitable, and society is inclusive. To us recovery means all Australians lead active and fulfilling lives in their community. We work with individuals, families and the community to help them imagine and achieve better lives. We provide a wide range of services and assistance for people with mental health issues, disabilities and those requiring community care, as well as carers as a Carer Gateway regional delivery partner throughout Queensland and the New South Wales regions of South West Sydney and Nepean Blue Mountains.

**Our Vision** is for an inclusive community where everyone can imagine and achieve their hopes and potential. The four pillars of our work are:

1. Community inclusion is as important as treatment;
2. We create opportunities for connection with a diverse range of people;
3. We ensure community supports are accessible to everyone; and
4. We challenge barriers to inclusion, such as poverty, discrimination and inaccessible environments.

This philosophy underlies the many direct services we deliver to thousands of people each day across the Australian eastern seaboard.

## Mental Health and Homelessness

People experiencing homelessness, and those at risk of homelessness are amongst those most disadvantaged population group in Australia. Evidence suggests that this social issue is growing and will continue to do so. Nationally, the 2016 census confirmed 116,426 people were experiencing homelessness, an increase from the 2011 census reporting this number as 102,439 (Australian Bureau of Statistics (ABS), 2016). Alarmingly, these figures are steadily growing with data suggesting the number of people experiencing homelessness has increased by 13.7 percent in the last five years. Social and systemic issues such as poor mental health and disability are determinants for this issue, which are further exacerbated by housing affordability (Witte, 2017).

The relationship between mental ill health and homelessness is closely linked (Brackertz et al, 2019). Evidence purports a strong reciprocal relationship between these complex issues,

the experience of homelessness presenting risks to greater decline in a person's well-being, and mental ill health is a strong predictor for homelessness or tenancy risk (Brackertz et al , 2018). These issues are commonly seen in health and homelessness services. Homelessness services indicate that mental health represents one of the highest 'unmet needs' when people present to their services. In 2016-17 over one in four people presenting at specialist homelessness services (SHS) were experiencing a mental health issue, and these figures have increased by 7 percent in the last two years suggesting the issue is worsening (Australian Institute of Health and Welfare (AIHW), 2018).

The Australian Housing and Urban Research Institute (AHURI, 2018) suggest Australia's housing system is failing to deliver a sufficient supply of affordable housing options, making it near impossible for people on a low income to enter the housing market without financial support. In addition, individuals on low incomes who are experiencing homelessness face additional barriers to access the housing market. There are limited affordable options available to people on a low income. Such limitations place pressure on people experiencing homelessness and workers to rely on crisis options that can exacerbate people's mental health, and do not provide a long-term solution to homelessness. Utilisation of these crisis accommodation options are likely indicators of the individual becoming homeless again in the future. The AIHW (2017) Annual report indicated SHS services were reporting increased challenges to place such vulnerable individuals into housing, reporting that for 48 percent of people presenting at their service, no accommodation was available at the time of request.

In addition, many of these individuals who are presenting for homelessness support were also experiencing significant mental health issues. The Sleeping Rough Report (AIHW, 2018) indicated that eight in ten people presenting at SHS for accommodation were also experiencing complex mental health issues and or disability. Moreover, this report also stated individuals classified sleeping rough were amongst those frequently re-presenting for emergency accommodation and aligned services., This is an example of what is commonly seen in health and homeless services and acknowledged as crisis 'churn'.

The emergency (crisis) housing system functions as a 'safety net' of the housing system; whilst it can support people for a short period of time, it is characterized by a variety of holes through which people continue to slip. The demand placed on the emergency housing system has caused these holes to increase. For those who are homeless who present for emergency accommodation, one in five people sleeping rough were shown to re-present for these services at a later stage, suggesting they were experiencing repeated homelessness. This is evidence that crisis models do not provide nor act as a stepping stone to more sustainable housing options. Rather, crisis services are providing a reactive solution to what is a greater issue of limited housing options when people need it most.

Moreover, emergency housing is expensive, particularly for those on a low income. A significant proportion of Specialist Homelessness Services (SHS) funding is currently allocated towards Housing Establishment Funds directed to emergency accommodation. Often, such funds are exhausted before the month is over due to demands on this service. Wellways firmly believe there are more sustainable ways to allocate such funding that are focused towards prevention, early intervention, and sustainable housing outcomes for individuals experiencing homelessness.

## Cost of Homelessness

Homelessness has social and economic costs that not only impact the individual's experiencing it but also the community as a whole (Steen, 2018). In 2017, homelessness was costed at \$25,615 per person, annually. These costs are inclusive of emergency accommodation, health based, and judicial interventions. It's important to highlight that most of these funds are spent in a response to crisis circumstances for the individual, therefore meeting the individuals' immediate needs but not providing on-going sustainable interventions. It is also worthy to note that these costs are per person, per annum.

If we consider the fact that these costs are funding crisis driven housing and health responses that do not resolve the issue but rather further perpetuate the experience of homelessness, these costs increase significantly as the median period a person will experience homelessness is 5.1 years (Flatau et al, 2018). Therefore, to invest in collaborative funding models reaching across the health and housing sectors, is a cost-effective alternative that will not only reduce the impact of homelessness but also increase the holism needed for such a complex and multifaceted issue. A multi-departmental funding approach would be able to scale up programs that aim to prevent and reduce homelessness, improve health outcomes and increase participation in economic life (Flatau et al, 2018).

Holistic interventions aimed at creating sustainable tenancies through alternatively funded programs such as Doorway (to be discussed later in this submission) reduce the social and economic impacts of homelessness on the individual and community. Creating and supporting sustainable tenancies is not only cost effective, it is also much more humane as the greatest cost of homelessness is to the individual themselves; their health, agency and well-being. The challenges faced by people experiencing homelessness just to get their basic needs met on a day to basis also excludes them from being able to participate in the community of their choice and limits their capacity to improve their social capital. The cost to the individual can be seen to be that of a violation of human rights (The Australian Human Rights and Equal Opportunity Commission, 2008).

Homelessness is a multifaceted and complex issue that impacts each individually differently. As such, we need tailored housing and support interventions to address this. Having a home is pivotal to providing those experiencing homelessness an opportunity to achieve positive mental and physical health. However, there are barriers which prevent this population group to access appropriate housing options, thereby exacerbating poor health outcomes for these individuals. Evidence demonstrates that housing and support models such as Housing First are efficacious to reduce such barriers which improve accessibility and sustainability for this population group to have a home and live well within the community (Padgett, Henwood, & Tsemberis, 2016).

## Housing First

Evidence from housing and support models demonstrate that when individuals obtain safe and secure housing, service reliance and utilisation reduces significantly. This model is defined as Housing First. Housing First states that if one is provided housing without conditions and support is built around them in their home, that this will lead to improved housing tenure and improved health outcomes. Therefore, by fulfilling a basic need for safety and shelter, health outcomes are improved (Padgett, Henwood, & Tsemberis, 2016).

Wellways' Sustainable Housing Programs imbed and deliver program aligned to this model. The Doorway Program supports people who are homeless to access a home in the private rental market and works in partnership with clinical mental health providers and real estate agents in the community to support people to access and sustain a home in their community of choice. Central to this program are housing and recovery workers who provide weekly support to participants throughout the entire tenancy process and up to 18 months thereafter.

Support post securing a home is essential to build the individuals skills to maintain their home, develop strategies to manage their mental health and or disability, and facilitate meaningful connections in their community. Since 2011, The Doorway Program has housed 148 people within the private rental market.

Housing First is underpinned by five principles:

**Principle 1 Immediate access to permanent housing with no housing readiness conditions**

Housing First involves providing clients with assistance in finding and obtaining safe, secure and permanent housing as quickly as possible. Participants are not required to demonstrate that they are 'ready' for housing. Housing is not conditional on sobriety or abstinence.

**Principle 2 Consumer choice and self determination**

Housing First is a rights-based, client-centred approach that emphasizes client choice in terms of housing and the supports they receive and when they receive them.

**Principle 3 Recovery orientation**

A recovery orientation focuses on individual well-being, and ensures that clients have access to a range of supports that enable them to nurture and maintain social, recreational, educational, occupational and vocational activities.

**Principle 4 Individualised and client driven supports**

A client-driven approach recognizes that individuals are unique, and so are their needs. Once housed, some people will need minimum supports while other people will need supports for the rest of their lives

**Principle 5 Social and community integration**

Part of the Housing First strategy is to help people integrate into their community and this requires socially supportive engagement and the opportunity to participate in meaningful activities. If people are housed and become or remain socially isolated, the stability of their housing may be compromised.

Source: <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>

## Wellways' approach to housing and homelessness

Wellways' approach to housing and homelessness is based on the premise that all individuals have the right to safe, secure housing and a place to call home. Having a home provides the foundations from which Australians can improve their physical and mental health, while also building community connections. Wellways approach to housing and homelessness is guided by the principles of choice, sustainability and social inclusion. That is, participants must have the right to choose a property and recovery journey that aligns to their needs, that relationships and connection are essential to this journey, and if such principle are achieved, this will lead to greater opportunity for people to have a good life, also known as sustainability.

An essential element to housing satisfaction and ultimately sustainability, is choice about a person's needs in a home. Such fundamental needs may include location, size, ability to have pets, proximity to services and employment opportunities. Moreover, having choice about the home and community where you live provides individuals greater opportunities to build a sense of community and natural supports, seek and secure employment and maintain a sense of 'ownership' which in turn supports successful tenancies.

As equally important as exercising choice about a person's home and environment, is providing the opportunity for individualised, wrap around supports that can build on a person's tenancy literacy and can best support their personal recovery goals. We acknowledge the limited capacity of our existing social housing model, as a response to homelessness, to allow an individual to exercise choice in their housing situation and further acknowledge this as a contributing factor for reoccurring housing instability and that this facilitates a perpetual cycle of homelessness.

Utilising a Housing First approach, Wellways seeks to reduce the barriers for people to access a safe and sustainable home in the community. Doorway has achieved this by working collaboratively with key community stakeholders, more specifically real estate agents. It has been this collaboration that continues to reduce stigma and allow opportunities for individuals to have access to private rental properties. Doorway provides subsidised rent for a limited period of time which not only makes it affordable but allows the individual the opportunity to build their capacity to improve their financial situation by linking into further education programs or employment opportunities. Opportunities which are more likely to be achieved once housed, securely and sustainably and opportunities that are not supported in the current housing and homelessness system.

In addition to choice and sustainability, social connectedness is also a key component of Wellways approach to housing. Providing support to individuals to gain or maintain a sense of purpose and belonging in the community is an essential part of supporting a successful tenancy and preventing someone re-entering into homelessness and beginning the cycle again. Housing support should be combined with community supports to assist people to connect with family, friends, cultural groups and their local community. It is essential that this support extends beyond the signing of a lease be it social housing or private rental.

To date, the Doorway program has supported 143 people to secure a home in the private rental market. These participants were receiving a welfare payment through Centrelink (Disability Support Pension and/or Newstart Allowance). Doorway has been externally evaluated by the NOUS Group and The University of Melbourne. Both evaluations include an economic evaluation. The independent economic evaluation of the Doorway Program indicated governmental cost savings of \$133 per person, per day for people engaged in private rental through the Doorway program. This cost benefit analysis included economic costs associated with utilisation of health, crisis and social housing systems being accessed by this population group, and others experiencing homelessness in the community.

The result of this evaluation also indicated the average time in bed-based clinical mental health services per participant per year decreased from 20.4 to 7.5 days in the 12 months pre-and post-housing – with the biggest decrease occurring with acute inpatient services (13.9 to 6.6 days). Furthermore, the preliminary economic evaluation of the current iteration of Doorway evidences greater cost benefits since the pilot with housing costs indicating a \$3,688 cost saving to Government per participant annually. This is when compared to other social and public housing models. Evaluation of the Doorway pilot program indicated that 93 per cent of participants experienced significant improvements in housing security as well as in symptoms and behaviour, and there was significant reduction in hospital admissions (with a net saving per individual of over \$3000 per year).

Moreover, Doorway's evaluation indicated the average rental subsidy paid by Wellways towards a rental property was \$74.70 per participant per week. This is a significant cost saving when compared to the cost of a motel or hotel for one-night stay.

This evidence indicates that people who have experienced homelessness and mental ill health can retain housing in the private rental market, and with the appropriate supports can sustain this. However, the current housing and homelessness system, which provides a costly, limited and ineffective response to crisis and operates within a housing ready model, does not promote or support what constitutes a successful tenancy; choice, sustainability and social connectedness.

Wellways, although acknowledging that more social housing is required as it does support the needs of some people, believes there should be flexible responses to individual's experiences of homelessness. Service models that can incorporate the principles of choice, sustainability and social connectedness will be more effective in breaking down one of the impenetrable barriers to homelessness; poverty. Participants of the Doorway program were able, once securely housed, to engage in employment or education and training to improve their social capital and ability to sustain their rental financially beyond the life of the program.

### **Stigma and the individual**

Homeless people have long been stigmatised and blamed for their experience. Common perceptions about how and why people experience homelessness often involve their personal journeys of addiction or mental illness.

Stigma and experiences of discrimination continue to affect significant numbers of people experiencing homelessness. This discrimination is damaging and costly – for individuals, their families and carers, organisations, communities and society as a whole.

Stigma can also affect the attitudes and behaviours of workers across the sector. It can:

- stop people from seeking help;
- keep people isolated, and therefore unable to engage in ordinary life, including activities that would improve their overall wellbeing;
- mean that support services have low expectations of people who experience homelessness, for example their ability to hold down a challenging job or maintain housing or ability to access to the private rental market; and
- stop people working, being educated, realising their potential and taking part in society;

### Stigma and the system

Health and Housing based services in Australia have adopted a view that people must be 'housing ready' before they can move into their own property. The Social Housing system is built upon this model with individuals needing to prove they are 'most in need' of housing in order to obtain this faster. In addition, there are also assumptions made about people's capacity to 'manage' a home once they have secured a tenancy based on misconceptions about an individual's experience of using alcohol or other drugs or not being compliant with mental health treatments or routines.

The homelessness system is built around a model that is entrenched and driven by stigma. It only affords people the opportunity of secure housing once they are deemed 'ready' despite evidence from Housing First models, including Wellways' Doorway program, that have seen great outcomes for individual's who have been able to end their cycle of homelessness.

Moreover, this way of thinking and operating has created a system response that assumes that individual's experiencing homelessness can only access and aspire to social housing. Social housing has therefore become a service reflex, putting incredible pressure on the public housing system and associated wait lists. All evidence indicates that programs such as Doorway that deliver a subsidised private rental model together with tailored, longer term support are effective in supporting this population group whilst simultaneously taking pressure off the crisis system and Victorian housing register.

### Reducing stigma

Individuals who have experienced homelessness have incredible resilience and capacity, Wellways experience in delivering housing programs to the more vulnerable members of our community demonstrates this. Since it's commencement in 2011, the Doorway Program has supported 143 participants to gain housing in the private rental market. People who are provided the opportunity to aspire to more than social housing, who are given the support and skills to be able to find and maintain a sustainable tenancy can exit homelessness and successfully participate in a meaningful way to the community of their choice.

Wellways recommends that housing and homelessness service models more reflect the capacity that can exist within the target population to develop a range of responses that



better meets their needs. Service models that provide an holistic response to tenancy support for people in private rental to prevent entry into homelessness. Wellways also recommends models of service delivery that builds the capacity of the people we work with to seek and maintain alternative housing through the private rental market.

Housing First responses can be facilitated by 'service anxiety' whereby support networks can put 'trials' in place to in the effort to manage any hiccups that occur. However, the better and evidenced based model is to provide people agency to make their own decisions and learn from any mistakes, this is where support services can assist people to build capacity through learning.

Wellways values the contribution people with lived experience can bring to the sector and service delivery. Engaging with someone who has lived experience of homelessness and Housing First is powerful in reducing service anxiety and stigma. Consulting with this valued cohort can address stigma on three levels; individuals experiencing homelessness, people delivering the service and agencies designing the system to ultimately afford people a more effective and sustainable exit out of homelessness.

## Public housing

The cry for increases to public housing stock as a solution to ending homelessness will be evident in this inquiry. However, this should only be considered as just one avenue to ending homelessness. Our public housing system fails to consider the importance of choice, sustainability and social connection in creating sustainable tenancies. Application of these principles is an integral part of ending the cycle of homelessness. As discussed previously, public housing is the service sector's stigmatised response to people experiencing homelessness.

Our current public housing system, a 'housing ready' model, is at breaking point with demand far surpassing supply. It is important to consider how the current homelessness response impacts on this. The number of complex tenancies has increased significantly with priority access for people experiencing homelessness with the 'housing ready' model stipulating that the individual must be engaged with a support worker prior to being housed. However, as soon as the individual is made an offer via the public housing system, the homeless support period comes to an end despite the individual's housing journey only just beginning in a system that has already limited their choice and decreased their social connection, two factors which evidently support sustainable tenancies. Complex tenancies are often made up of 'homeless with support' applicants who no longer have the specialised workers involved that are an essential to support them to sustain their tenancy. Unsupported complex tenancies put increased financial demands on an already pressured system.

Wellways proposes government adopt alternative funding models that support both early intervention for housing risk as well as housing first models that support access to the private housing market, ultimately elevating the 'pressure' off the public housing system.

## Capacity building

To address and challenge the assumptions the current service delivery models are driven by, we need to consider how best to support the workers in the sector and build their capacity around allowing individuals experiencing homelessness the opportunity to consider, explore and have access to alternative housing options. These concepts would not necessarily be disputed by workers in housing and homelessness services as 'Housing First' is not a new concept but rather is often misunderstood when translated to practice. The reality of service delivery staying true to the principles of Housing First would still be tarred by service anxiety based on existing expectations. The culture of service delivery needs to evolve. We should consider affording workers the opportunity to develop their practice and identify their biases to better support individuals experiencing homelessness to think beyond social housing as an option in order to foster self-determination as a key to determining sustainable housing outcomes.

Providing opportunities to the workforce to support individuals to access alternative and more sustainable housing options will assist in reducing the staff turnover in housing and homelessness services. The workforce, the people who deliver direct service, often feel the pressure of not being able to provide appropriate and sustainable housing options for people experiencing homelessness. Workers are constantly exposed to witnessing the endless cycle of homelessness, poor health outcomes, poor mental health outcomes for individuals and can feel frustrated and psychologically burnt out by the very system they work in.

Wellways recommends government tailor capacity building programs that can support the current service system in challenging the stigma and the options available to people. Programs that focus on alternative housing options, how to access them successfully as well as facilitating best practice in delivering these models. One example of such a program The Way Home, a Wellways capacity building project that designed and developed an information session targeted specifically to NDIS service providers to support them with better identification of housing instability, risk and referral pathways. This session also aimed to encourage better integration between two service sectors; NDIS and housing by supporting the notion that we all have a role to play in preventing and intervening in homelessness and housing instability. Whilst the NDIS does not provide funds to support someone experiencing housing crisis, supporting the workforce to be able to recognise these symptoms can support the prevention of entry into homelessness.

Wellways further recommends government continue to fund projects, like The Way Home, that encourages the sharing of knowledge and expertise, and incentivises community sector organisations work collaboratively to engage key community stakeholders. Extending these programs to target community housing providers, social housing providers and real estate agents and landlords and developing their response to housing instability and homelessness can break down the barriers and stigma, reduce the discrimination and improve access and outcomes for people experiencing homelessness. To alleviate homelessness requires an interagency collaborative response.

## A collaborative approach is required

A collective response from health, housing and homelessness and community services is required to overcome the issue of homelessness. Whilst such collaboration is sensible and essential for efficacious service delivery, the current funding streams for these programs sit separately, creating silos within the system. Operationally, this means people need to access multiple services to gain the support they need, and often presents a barrier for people to obtain these services. This is also known and commonly reported as people being 'pin balled' through the system.

Moreover, this also creates silos within data base systems due to multiple agencies working on different platforms, meaning services may miss important information to be able to best support people experiencing homelessness, and often having to 're-tell their story' which is a common frustration for people access health-based services. A more thoughtful approach would be to fund community agencies to deliver housing and support programs and the service system to work in partnership as per their speciality to deliver a Housing First approach, with the individual being at the centre of this support. Such an approach would have a positive impact for the service user and create great cohesion in the service system.

Wellways believes this could be achieved through mental health and drug and alcohol funding streams receiving funding for community programs, and these programs creating partnerships with multiple agencies to deliver flexible services to the end user. This would increase the way in which the service can be operationalised, and funding/brokerage can be used to support the client. In addition, collaborations between private and public sectors are essential to provide a full breadth of service.

## Funding allocation

Whilst there has been a recent injection of funding to deliver Homelessness Services in Victoria (for example, The Rough Sleeping Action Plan) it's imperative such funding is utilised in effective ways, and that people in need can access it when needed. As previously highlighted, a large proportion of funding to specialist homelessness services is used to fund emergency-based responses through the Housing Establishment Fund. Such funds will support people with an emergency housing option for the short term, however once exhausted this person will become homeless again.

Wellways believes that a more effective use of funds would be to recurrently fund community agencies to subsidise individual's private rental properties, and this can be achieved via models such as Doorway, Private Rental Access Program (PRAP) and PRAP Plus. It is Wellways view that the flexibility of these funding models would lead to better direct service work that can be undertaken with the client, and better housing and health-based outcomes. Wellways accepts that emergency funding and accommodation will always be required, however believe a shift in the service response to an early intervention and potential lens (as discussed above) could also infer improvements about how funding is utilised.

Wellways also advocates for improved accessibility to these funds for people in need. Because of the need existing in the community, often Housing Establishment Fund is exhausted in the early stages of the month. In addition, funds such as the Psychiatric Illness

and Intellectual Disabilities Donations Trust Fund (PIIDDTF) that can be accessed through clinical service can only be applied for once a month, and has long wait times for approval. Whilst helpful, faster timeframes are required in order for such funds to be effective for people in need.

## **Rental Subsidy**

Rental affordability is an increasing problem which is placing individuals and families in housing stress whilst simultaneously pricing them out of the market. For people experiencing homelessness and in receipt of government payments, the private rental market becomes an unobtainable and unsustainable option. Despite this obvious barrier, programs such as Doorway have proved that the private rental market is and can be an appropriate solution for creating sustainable tenancies and ending the cycle of homelessness. As previously mentioned, the funding model for Doorway supports the provision of a rental subsidy to each participant, allowing for increased accessibility and equity for people experiencing homelessness to enter the private rental market.

This model then affords the individual the opportunity to build their capacity and ultimately improve their financial situation to create sustainability beyond the life of the program. To provide an overview of costs involved, Doorway currently provides a subsidy of an average \$74.70 per participant per week. Compare this to the cost of a single night in a motel as a form of emergency accommodation in response to homelessness which costs on average \$125. Funding models that reflect and offer the same level of flexibility for the provision of rental subsidies are going to be a cost-effective alternative to supporting sustainable tenancies and preventing reoccurring homelessness.

Through strategic interagency partnerships, the discourse can begin to shift towards housing being the intervention that all other systems of support can be built upon and around. This form of collaboration for alternative funding models will provide community agencies who deliver the housing and support service, the direction required to support access to the private rental market using a veracious Housing First approach. Wellways proposes that rental subsidies are an inclusive and integral part of these funding agreements.

## **Federal Housing Policy**

Wellways believes that a Federal Housing Policy should be established to ensure all states and territories deliver service under a consistent operational lens that is evidence based and best practice. Without a consistent approach we are at risk of delivering ineffective service. Wellways recommends that this housing policy should be built on Housing First framework and take a holistic approach to tackle homelessness and housing tenure risk in Australia. Wellways recommends consultation should be conducted with people with lived experience of homelessness, health-based services and community members to shape an effective policy. Subsequently, it is recommended that a future Federal Housing Policy then be used to inform future progress on the National Housing and Homelessness Agreement.

## Wellways Recommendations:

1. That housing and homelessness service models more reflect the capacity that can exist within the target population to develop a range of responses that better meets their needs.
2. That government fund models of service delivery that builds the capacity of the people to seek and maintain alternative housing through the private rental market.
3. That government adopt alternative funding models that support both early intervention for housing risk, as well as housing first models that support access to the private housing market, ultimately elevating the 'pressure' off the public housing system.
4. That government tailor capacity building programs that can support the current service system in challenging the stigma and the options available to people.
5. That government continue to fund projects, like The Way Home, that encourages the sharing of knowledge and expertise, and incentivises community sector organisations work collaboratively to engage key community stakeholders.
6. That government fund community agencies to deliver housing and support programs, and the service system to work in partnership as per their speciality to deliver a Housing First approach, with the individual being at the centre of this support.
7. That government provide recurrent funding to community agencies to subsidise individual's private rental properties, via models such as Doorway, Private Rental Access Program (PRAP) and PRAP Plus.
8. That rental subsidies are an inclusive and integral part of government's housing funding agreements.
9. That a Federal Housing Policy should be established to ensure all states and territories deliver service under a consistent operational lens that is evidence based and best practice.
10. That a future Federal Housing Policy be used to inform future progress on the National Housing and Homelessness Agreement.

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# Choose different, choose wellways

At Wellways, our experience in in both mental health and disability allows us to provide supports and understand your physical and emotional needs.

## OVER 40 YEARS OF EXPERIENCE

40

Wellways has been working for people with mental health issues and disabilities for more than 40 years.

## MENTAL HEALTH SPECIALIST



We have experience in developing and delivering many mental health services and programs. We understand the challenges and complexity of mental health issues for individuals and families.

## COMPLEX NEEDS



We have experience and trained staff to work with people with complex needs and multiple diagnosis.

## WORKERS WITH LIVED EXPERIENCE



Many of our workers have 'been there' and can relate. At Wellways we value personal experience and believe this contributes to the depth of our programs.

## WORKERS WHO IDENTIFY AS LGBTIQ+



Our Out Together program aims to meet the needs of NDIS participants who identify as LGBTIQ+ by providing them to access to LGBTIQ+ peer workers.

Contact Wellways Helpline on **1300 111 500** to find out about services and supports available to help you achieve your goals.

**wellways**

Wellways acknowledges Aboriginal and Torres Strait Islander People as the traditional owners and custodians of the land on which we live, work and play and pays respect to their Elders past, present and future.

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