Position Statement: Housing

This Housing Position Statement sets out Wellways' approach to housing and homelessness. It underpins our advocacy for participants who face significant housing challenges, supports our organisational direction and workforce capability, and guides us in our practice as we help people to secure safe, stable housing and make it a home.

Who We Are

Established in 1978, Wellways Australia Limited (Wellways) is a specialist provider of community-based mental health, disability and carer supports, operating nationally to support thousands of individuals, families, and communities to improve their social and emotional wellbeing. We partner with housing providers, homelessness services and community organisations to deliver integrated, person-centred supports so that people can live meaningful, fulfilling lives in their chosen community. Our key role in this context is to support people to get and keep a home.

Wellways does provide supports in residential settings. These include NDIS in-home supports, Prevention and Recovery Centres, Step Up Step Down programs, Youth Residential Rehabilitation and Youth Care programs. We aim to deliver these supports with the same person-centred approach and clear safeguards that uphold dignity, choice, and connection to community.

Our Position and Principles

This position statement is grounded in lived experience wisdom, national and international evidence, and our service delivery expertise. It has been developed through broad consultation with the people we support, our workforce - including the First Nations Caucus - and sector partners. Lived experience underpins the principles and advocacy positions outlined.

Wellways is committed to embedding housing-related supports across the spectrum of our services. We believe that:

- **Housing is a human right.**
- **A home is the foundation for wellbeing:** providing the stability from which people can pursue social and emotional wellbeing, connect with community, and build the life they choose for themselves.
- **Housing is healthcare:** secure, safe and appropriate housing should be recognised as a fundamental part of healthcare. Where someone lives has a direct impact on their capacity to sustain a tenancy and support their mental health and physical wellbeing.

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- **Choice matters:** people should have genuine choice in where and how they live, supported by diverse and appropriate housing options - including in the private rental market and social housing.

These beliefs underpin our commitment to embedding and advocating for Housing First models that integrate mental health and disability supports and uphold personal autonomy and dignity.

Current Context

Housing First is an evidence-based, rights-based approach, adopted and adapted globally, that provides immediate access to safe, permanent housing without preconditions such as participating in treatment or meeting behavioural eligibility requirements.[1] It recognises that housing is foundational to personal healing - particularly for people with complex mental health needs.[2] Housing is accompanied by comprehensive support and while engagement in this support is encouraged, it is not required[3].

The evidence for Housing First is strong. People in Housing First programs are around 2.5 times more likely to remain housed after 18–24 months than those in traditional models[4], and large evidence reviews confirm it significantly improves housing stability and reduces homelessness more effectively than alternative approaches[5,6]. Participants also experience fewer emergency department visits and hospitalisations, reducing pressure on health systems[5,7–10]. When scaled nationally, as in Finland and across Europe, Housing First has reduced chronic homelessness, delivered sustained housing and improved safety and person-centred support for people who have been homeless long-term[11,12]. While international commitment to Housing First varies - most notably in the United States, where a shift toward conditional models is underway - Wellways is committed to advocating for evidence-based practice.

In Australia the need for Housing First is clear. In 2023–24, over 280,000 people were assisted by Specialist Homelessness Services - 32% presenting with a current mental health issue - while workforce capacity is insufficient to meet demand[13]. Systems are fragmented, housing entry points are overwhelmed, and people are left to navigate complex pathways alone. Housing is increasingly unaffordable and out of reach. All of this significantly impacts the people Wellways support.

Housing, homelessness and mental health are deeply interconnected. Poor mental health increases vulnerability to homelessness, while housing instability worsens mental health outcomes. People with disability are disproportionately affected. They make up around one in ten Specialist Homelessness Services participants, with psychosocial disability, cognitive impairments and complex behaviours among the fastest growing presentations. Around 8% of NDIS participants identify as having a psychosocial disability and many of these people also

experience unstable, unsafe or exploitative housing[14]. When implemented with fidelity, Housing First works effectively for people with disability[15,16]. By centring dignity of choice, it broadens options beyond traditional congregate models and supports access to private rental and standalone housing[15]. Rent supplements, flexible support packages and proactive engagement with private landlords help to increase choice and stability[17].

Wellways recognises that those receiving housing and support often have little say in where they live or the type of home they have. Long-term stigma and marginalisation can make it even harder for people to speak up about personal needs and preferences. We advocate for choice wherever it can be achieved. Housing First is an important part of this – people can accept, refuse or disengage from support at any time, without this affecting their ability to get or keep a home.

Wellways believes group homes have the potential to undermine personal agency and limit opportunities for community connection, while increasing the risk of isolation, violence, abuse, neglect, and exploitation. [18] Congregate models are too often the system's default - this may be cost-effective and easier to supply, but it is frequently imposed rather than chosen. This may cause harm, especially for people with disability.

Creating a housing and homelessness system where people have real choice and are free from harm requires collective action across the sector. We acknowledge the significant reform work underway, led by Homelessness Australia, the Council to Homeless Persons, Homelessness NSW, Homelessness QLD, ACT Shelter and Shelter Tasmania, including advocacy for a National Homelessness Partnership Agreement and a coordinated national framework to expand Housing First and tenancy-sustainment models. As a member of Homelessness Australia, Wellways stands alongside these efforts. Our specific contribution lies in embedding Housing First principles within community-based mental health and disability supports - we recognise this is only one part of the solution, but it is our part to play.

Housing First in Action: Our Practice Commitments and Advocacy Priorities

Wellways believes that Housing First principles should be integrated into all services and systems of support - not only within the housing and homelessness sector. For Wellways, embedding this approach means:

- **Person centred, practical support that recognises housing as a foundation for social and emotional wellbeing:** We support people to secure and sustain a safe home without preconditions. We work proactively alongside them with persistence and compassion at every stage of the housing journey - from exploring preferences and supporting applications, to attending care meetings with tenancy managers,

coordinating post-discharge support, and building relationships with agencies and services that can make a difference. We deliver trauma-informed mental health, peer and community-based support. Our Sustainable Tenancies Training and Housing Practice Lead support our workforce to implement Housing First approaches and actively engage with people's housing needs.

- **Warm handovers as a core element of practice:** Wherever someone presents - whether it is to the 'right' service or not - we actively support them through relationship-based handovers that provide clarity, connection and continuity. This includes support to navigate housing types, processes and systems that can otherwise feel inaccessible and confusing.
- **Respecting self-determination:** We uphold dignity of risk, choice and control in every person's housing journey.
- **Building connection, belonging and cultural safety:** We support people to build relationships and cultural connections where they live and to participate in education and employment opportunities. We recognise that belonging is a protective factor for people's tenancy, helping them to feel safe and to achieve social and emotional wellbeing.

This is the Wellways way - embedding holistic housing support throughout our service delivery, equipping our workforce to provide it confidently, and ensuring people have the stability, choice and sense of belonging they need to recover and thrive, within a home of their choice. We call for system reform grounded in these principles and advocate for:

- **Adoption of Housing First models by governments across all jurisdictions,** embedding permanent, safe housing as the foundation for social and emotional wellbeing.
- **A fairer national housing system to prevent homelessness:** Addressing discriminatory practices and structural inequities in housing markets, rental systems and policy frameworks, expanding social housing supply and tackling key drivers of homelessness such as unaffordability and insecure tenancy.
- **Tenancy sustainment as a policy and practice priority** for people with psychosocial disability and complex needs, recognising psychosocial supports as critical for reducing evictions and reliance on crisis services.
- **Integrated pathways across housing, mental health, disability and community sectors,** with warm handovers embedded as core practice so people receive joined-up support when they need it.
- **Continuity of support, for as long as it takes**: If a person's support provider changes, their home should not be at risk. If their housing situation changes, their support should follow them. Timelines must reflect what it genuinely takes for a person to build a life that is meaningful to them, recognising that this looks different for everyone.

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- **Expanding partnership models that embed NGO psychosocial and homelessness expertise within clinical settings:** Increased funding for proven, integrated models - such as the Doorway model - would enable safer discharges, continuity of care and better long-term outcomes.
- **Early, flexible, community-based supports:** Holistic early intervention supports in private and social housing that promote social and emotional wellbeing and foster community inclusion.
- **Diverse housing options** including in the private rental market - that enable people to make real choices about where and how they live in ways that reflect their individual needs.

Endnotes

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