



Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025

CONSULTATION DRAFT

August 2018

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to an acknowledgement of the source and no commercial use or sale. Reproduction for purposes other than those above requires written permission of:

Mental Health Commission
PO Box X2299
Perth Business Centre WA 6847

Suggested citation:

Mental Health Commission (2018). Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025. Mental Health Commission, Government of Western Australia.

The information contained in the document is considered to be true and correct at the date of publication however, changes in circumstances after the time of publication may impact upon the accuracy of the data. The databases are active databases and therefore the data may change without notice. Changes may relate to a number of issues, including amendments made to the databases and variations in syntax used to perform the individual queries.

The Mental Health Commission is not in any way liable for the accuracy or repeat reliability of any information.

CONSULTATION DRAFT

Contents

| | |
|---|----|
| Executive Summary..... | 5 |
| Development of the Accommodation and Support Strategy | 10 |
| Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025..... | 10 |
| Consultation Processes | 10 |
| The Accommodation and Support Strategy..... | 14 |
| Vision of the Strategy..... | 14 |
| Aims..... | 14 |
| Principles | 15 |
| Key Focus Areas..... | 17 |
| Implementation..... | 30 |
| Stakeholders..... | 30 |
| Implementation of Actions..... | 33 |
| MHC Accommodation and Support Strategy Implementation Plan..... | 34 |
| Measuring Success and Quality | 34 |
| Mental Health and AOD Services | 36 |
| The Mental Health and AOD Service System..... | 36 |
| Mental Health and AOD Accommodation and Support Options..... | 39 |
| Current Services and Demand..... | 44 |
| Rebalancing the System | 50 |
| Workforce | 52 |
| Significant Issues..... | 53 |
| Homelessness | 53 |
| Strategic Context and Influences | 54 |
| Identifying the Challenges..... | 55 |
| Specific Needs of Population Groups | 58 |
| Contemporary Service Models..... | 64 |
| Conclusion..... | 67 |
| Glossary | 68 |
| Appendices..... | 74 |
| Appendix A - Mental Health Outcome Statements..... | 74 |
| Appendix B – List of Stakeholders | 75 |
| Appendix C - Existing Committees..... | 76 |

Appendix D - Example of Accommodation and Support Strategy Program Logic Model 78

Appendix E - Strategic Influences 79

Appendix F - Contemporary Service Model Examples..... 86

References 90

CONSULTATION DRAFT

Executive Summary

In 1966, the International Covenant on Economic, Social and Cultural Rights was signed, putting in force everyone's right to have access to adequate housing¹.

In 1993 the final report of the National Inquiry into the Human Rights of People with Mental Illness was launched. Following three years of extensive consultation, the Burdekin Report, as it became known, found that people with a mental illness suffer from widespread, systemic discrimination and are consistently denied the rights and services to which they are entitled. Specifically the report noted that one of the biggest problems for people with a mental illness is the absence of adequate, affordable and secure accommodation.

Similar issues have been identified for people with alcohol and other drug (AOD) related issues, many of whom face challenges and barriers to accessing housing services. Identified barriers include limited access to relevant information, negative housing history (for example, failed tenancies and evictions) impacting on the ability to obtain future housing (particularly permanent housing), the preference to be situated away from other people with AOD-related issues and past associates to support rehabilitation and sustain tenancy, and a limited supply of appropriate accommodation².

In 2017/18 the Mental Health Commission (MHC) will purchase accommodation and support services to the value of \$44 million. This will provide approximately 2,300 places for people with a mental health and/or AOD issue. However, extensive consultation processes undertaken by the MHC over the last five years continue to highlight that access to safe and secure accommodation remains a significant issue for consumers, carers, family members and everyone involved in the sector in Western Australia today.

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan) identifies the requirement for a strategy to address the housing needs of people with mental health and AOD issues, whilst also increasing access to community support services that will assist with daily living tasks and sustaining tenancy. This includes appropriate housing and support for people who have mental health and/or AOD issues and are homeless.

Ensuring people have access and support to appropriate accommodation is the cornerstone of this Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025 (Accommodation and Support Strategy). For many people who experience mental health and/or AOD issues, finding and sustaining a stable home can prove difficult. Mental health and/or AOD issues can be key contributing factors leading to housing instability and homelessness^{3,4}.

The Accommodation and Support Strategy is the first of its kind in Western Australia. It moves beyond the traditional boundaries of services specifically purchased for people with mental health and/or AOD issues to include other services that are frequently accessed by people experiencing those issues. This includes appropriate

housing and support for people who are homeless; for those in crisis; for those looking for help in entering the private rental market or purchasing their own home.

It establishes a framework to guide stakeholders in the development of appropriate accommodation and support for people with mental health and AOD issues and recognises the need for the collective effort of stakeholders to achieve change. It establishes a shared vision, overarching aims, fundamental principles and key focus areas moving forward. It articulates that while there is a requirement to continue to expand specialised services there is also a need to make better use of the current resources available and use them better to help people transition from specialised resources. It strives for an integrated system rather than a series of stand-alone services. Just as the needs of individuals are holistic, so too must be the response of government and non-government services.

The MHC has undertaken considerable consultation with a range of key stakeholders for the development of the Accommodation and Support Strategy. These included: consumers, family members, carers; MHC funded services that deliver housing and support; non-government organisations; and other government agencies.

The vision of the Accommodation and Support Strategy is that Western Australians with mental health and/or AOD issues will have timely access to a range of appropriate accommodation and support options to meet their personal and cultural needs, enabling their recovery.

To achieve its vision, the Accommodation and Support Strategy illustrates the key features of a quality accommodation and support system to enable people with mental health and/or AOD issues to sustain their accommodation in a community of their choice. It is underpinned by the principles of: individual rights; personalised; inclusive communities; effective system-wide partnerships; and continuous improvement.

During its development the MHC drew upon community feedback garnered from the consultation processes for the development of the Plan, and from previous forums in which accommodation and support issues were identified and discussed. Homelessness and accommodation were and continue to be significant and consistent themes raised by stakeholders as priority issues in the mental health and AOD service system in Western Australia.

Addressing the identified accommodation and support needs of individuals in line with the vision and principles of the Strategy will have significant positive health and social outcomes as well as economic benefits across the human services system. There is a need for a collective effort to affect change. Increasing access to community services will assist in keeping people well, out of hospital and connected to their family, friends and community.

To sustainably meet the accommodation and support needs of Western Australians with mental health and/or AOD issues, there is a need to deliver contemporary best practice models of service in the provision of accommodation and support options. This may include an expansion of existing evidenced-based service models and the

development of new models. There is also a need to flow through different forms of housing and support in order to realise the full potential of each individual and maximise access to accommodation and support options for all.

Existing and new services should include the provision of individualised recovery planning and robust safeguarding mechanisms to enhance recovery. Contemporary service models will be co-designed and co-produced with consumers, carers and family members in partnership with other stakeholders including policy makers and health professionals. This will extend to the development of policy, planning, service delivery, evaluation and research.

Five key focus areas and their associated actions have been proposed in the Accommodation and Support Strategy, based on consultation and research. The key focus areas are aimed to assist service providers and government to begin a process of reforming accommodation and support options in Western Australia for those with mental health and/or AOD issues. Under each key focus area, is a number of priorities identified for action. Many of these will need further development before they can be implemented.

The Accommodation and Support Strategy is provider and funder neutral, requiring the collective efforts of Governments, the private sector, the not-for-profit sector and the community. There are a number of key stakeholders in the sectors which have differing areas of responsibility. It is imperative that there is genuine collaboration between the stakeholders in order to facilitate effective reform and meet the holistic needs of individuals from across all areas of responsibility. Given the complexity and range of issues, the Strategy is intended to provide a guide for the development and implementation of further initiatives over time.

To support the Accommodation and Support Strategy's application, the MHC will develop its own implementation plan based on its own responsibilities and identified priority areas for action. Other agencies are encouraged to consider how they can meaningfully contribute to the Accommodation and Support Strategy's implementation. Where appropriate the MHC will work with other agencies and, through existing and new governance arrangements develop and implement actions within their respective areas of responsibility.

In summary, the Strategy outlines a system-wide, multiagency approach to addressing the accommodation and support needs of people with mental health and/or AOD issues. The development of this Strategy is a key action in the Plan (action 24) and has been developed with extensive input from consumers, families and carers and the mental health and AOD sectors, including service providers, and practitioners. The Strategy:

- defines housing and support options that are evidence based, contemporary and are known to support an individual's recovery, recognising the needs of specific target groups, such as people from Culturally and Linguistically Diverse (CALD) backgrounds, Aboriginal people, youth, people from regional/remote areas, and people with a forensic history;

- identifies areas of further exploration to increase access and a greater supply of affordable rental accommodation to meet the needs of those who cannot afford housing through the private market;
- identifies the issues and barriers in providing appropriate housing and support with current models of practice;
- defines priority focus areas and actions to address the accommodation and support needs of people with severe mental health and/or mild, moderate or severe AOD issues; and
- identifies common outcomes and principles for the collective efforts of government, non-government organisations and the community, defining a series of actions to achieve the intended vision.

CONSULTATION DRAFT

Table 1: Overview of the Accommodation and Support Strategy

| |
|--|
| VISION |
| Western Australians with mental health and/or AOD issues will have timely access to a range of appropriate accommodation and support options to meet their personal and cultural needs. |
| TARGET POPULATION |
| Western Australians with mental health issues, and/or people with AOD issues. |
| AIMS |
| <ul style="list-style-type: none"> ▪ a greater number of people with mental health and/or AOD issues accessing affordable accommodation in Western Australia; ▪ improved transition for people with mental health and/or AOD issues moving between specialist mental health, AOD and accommodation services, and between the range of accommodation services; ▪ individuals with mental health and/or AOD knowledge or lived experience routinely informing the planning, design and review of accommodation and support services; ▪ improved long-term accommodation options that deliver a safe place for vulnerable people to live and receive appropriate supports; ▪ a more integrated service response system where agencies work together to provide more efficient and effective accommodation and support services; ▪ development and implementation of contemporary accommodation and support options to meet the varying needs of individuals with mental health and/or AOD issues; ▪ prevent homelessness through improved intervention and support services, where required, to assist tenants with mental health and/or AOD issues to live independently; ▪ contribution to a reduction in stigma towards mental health and AOD issues to facilitate improved access to accommodation options; and ▪ improved mental health sector services that meet the needs and aspirations of people with mental illness, their families and carers by aligning with the six mental health outcome statements (Appendix A). |
| PRINCIPLES |
| <ol style="list-style-type: none"> 1. Individual rights. 2. Personalised. 3. Inclusive communities. 4. Effective system-wide partnerships. 5. Continuous improvement. |
| KEY FOCUS AREAS |
| <ol style="list-style-type: none"> 1. Increased access to appropriate, affordable, safe, long-term accommodation. 2. Establishment of strategic collaborative partnerships. 3. Provision of contemporary housing and support models. 4. Provision of planning, education and training. 5. Provision of data and research to improve accommodation and support responses. |

Development of the Accommodation and Support Strategy

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025

In the development of the Accommodation and Support Strategy, the MHC drew upon community feedback garnered from the consultation processes for the development of the Plan, and from previous forums in which accommodation and support issues were identified and discussed. Throughout these consultation processes, homelessness and accommodation services were consistently identified by stakeholders as one of the most significant issues in the mental health and AOD service system in Western Australia.

The Plan consultations identified the requirement to develop a strategy to address the housing needs of people with mental health and AOD issues whilst also increasing access to community support services that will assist with daily living tasks and sustaining tenancy.

Feedback from the Plan consultations consistently stated that in Western Australia there is a need for improved access to housing and accommodation, including contemporary best practices and improved safety and quality of housing now and in the future. The comments focused on the need for community support services, in particular: inclusivity and access to support services; accommodation/housing support; support for specific groups such as children and young people; and the use of peer support.

In relation to community beds, the Plan consultations highlighted a need to ensure access to these services in regional areas and a clearer understanding of the support and care that will be provided in these settings. There is also a requirement for community bed-based services for specific groups such as youth, and older adults.

Consultation Processes

To identify key issues and early priorities relating to housing and support for individuals with mental health and/or AOD issues, the MHC consulted with a range of key stakeholders, including government departments, and MHC funded services that deliver housing and support. The purpose of these consultations was to build upon the knowledge sourced through the Plan consultations, and previous forums undertaken to discuss accommodation and support issues. The consultation period for the development of the draft Accommodation and Support Strategy commenced in March 2016 and concluded in June 2017.

A variety of consultation methods were used throughout the process for the development of the Accommodation and Support Strategy's development. These were designed to meet the MHC objectives to support consumers, families, carers and other key stakeholders to actively participate in the co-design of policy

development. The MHC aimed to ensure both metropolitan and regional stakeholders were engaged in the process.

Consultation processes included:

- individual meetings with targeted stakeholders;
- a consumer, family and carer workshop;
- a group meeting with stakeholders involved in the delivery of the Independent Living Program (ILP);
- establishment of the Accommodation and Support Strategy Advisory Committee; and
- written submissions to the MHC.

More than 50 non-government organisations, peak bodies, and government agencies, and more than 30 consumer consultants, carers and family members were involved in the consultation process to develop the draft Accommodation and Support Strategy. The draft vision, principles, and key focus areas have been developed as a result of the extensive stakeholder consultations. A list of stakeholder organisations engaged in the consultation process is provided in **Appendix B**.

Consumer, Family and Carer Workshop

On 16 September 2016, 25 people attended an Accommodation and Support Strategy Consumer, Family and Carer Workshop, convened by the MHC. The workshop focused on identifying the key issues for consumers, families and carers to inform the development of the Strategy. The facilitators of the workshop included MHC staff and an external consultant with lived experience supporting a family member experiencing mental health distress.

Key themes identified included:

- working with agencies to develop a trauma informed approach to service delivery;
- pathways to develop collaborative practices across the sector;
- reflecting on the learnings from collective impact approaches;
- exploring the concept of social impact bonds as a way to address funding challenges; and
- the development of a strategic partnership between the MHC and the Department of Communities - Housing.

Independent Living Program Practitioners Forum

On 2 August 2016, the MHC convened a workshop for ILP practitioners with the purpose of identifying the key issues, challenges and opportunities related to the delivery of the ILP. A total of 20 individuals attended the workshop, including representatives from health service providers, community managed organisations and community housing organisations (CHO).

Key themes for action identified in the forum included:

- implementation of transparent, standardised referral processes and approaches to waitlist management;

- need for more housing stock, with emphasis on quality, suitability and sustainability;
- investigation of exit strategies including processes for transfer of tenure if individuals no longer meet the ILP's requirements;
- housing allocation (location and configuration) should be mapped/matched to need and demographic, and be regularly reviewed; and
- ongoing continuous improvement processes within a partnership framework to ensure the ILP is responsive, contemporary and meets current needs.

Independent Living Program is a supported housing program to assist people with severe mental illness to gain appropriate accommodation and live with support in the community. The ILP is a joint initiative between the Department of Communities - Housing, the Department of Health (DoH) and the MHC. The ILP comprises of 760 houses throughout Western Australia. The ILP enables people with a psychiatric disability to rent properties, via a lease with a non-government organisation supportive landlord agency. The supportive landlord role provides services that assist in establishing and sustaining people in stable housing.

Written Submissions

Throughout the consultation period (March 2016 to June 2017) the MHC received written submissions outlining suggested priorities and focus areas for the Strategy, from individuals, service providers, peak bodies and networks. These included submissions from the Western Australian Association for Mental Health (WAAMH), Mental Health Advocacy Service, North Metropolitan Health Service, the Co-Chair of the Multicultural Mental Health Sub Network, Western Australian Network of Alcohol and other Drug Agencies (WANADA), and the Youth Mental Health Sub Network. All submissions have informed the development of the Accommodation and Support Strategy.

Advisory Committee

In March 2017, the MHC established an Accommodation and Support Strategy Advisory Committee (Advisory Committee) to provide guidance regarding the finalisation of the vision, principles, key focus areas and helped shape the priority actions for public consultation. The Advisory Committee considered the key themes from the consultation processes and other preparatory work in making their recommendations.

The Advisory Committee included consumers and carer/family members, representatives from State Government departments, community housing providers and as well as peak community mental health and AOD agencies.

The Advisory Committee held its final meeting in June 2017.

National Mental Health Commission, Housing, Homelessness and Mental Health Jurisdictional Workshops

From March 2017 to May 2017, the National Mental Health Commission conducted nine consultation workshops across Australia. The aim of the workshops was to develop an improved understanding of the national issues relating to housing, homelessness and mental health to inform policy and research directions.

Workshop attendees shared their viewpoints on the following issues⁵:

- The success factors of programs already in place which are effective;
- How to increase housing supply for those with a mental illness;
- How to provide more housing choice; and
- What data should be collected to monitor the effectiveness of systems which help people with a mental illness find a home.

The outcomes of the workshops, particularly those relating to the Western Australian workshop have been considered within the development of the Accommodation and Support Strategy.

CONSULTATION DRAFT

The Accommodation and Support Strategy

Vision of the Strategy

Western Australians with mental health and/or AOD issues will have timely access to a range of appropriate accommodation and support options to meet their personal and cultural needs.

Aims

The Accommodation and Support Strategy aspires to achieve the following aims, through the collective effort of governments, non-government organisations, communities and individuals:

- a greater number of people with mental health and/or AOD issues accessing affordable accommodation in Western Australia;
- improved transition for people with mental health and/or AOD issues moving between specialist mental health, AOD and accommodation services, and between the range of accommodation services;
- individuals with mental health and/or AOD knowledge or lived experience routinely informing the planning, design and review of accommodation and support services;
- improved long-term accommodation options that deliver a safe place for vulnerable people to live and receive appropriate supports;
- a more integrated service response system where agencies work together to provide more efficient and effective accommodation and support services;
- development and implementation of contemporary accommodation and support options to meet the varying needs of individuals with mental health and/or AOD issues;
- prevent homelessness through improved intervention and support services, where required, to assist tenants with mental health and/or AOD issues to live independently;
- contribution to a reduction in stigma towards mental health and AOD issues to facilitate improved access to accommodation options; and
- improved mental health sector services that meet the needs and aspirations of people with mental illness, their families and cares by aligning with the six mental health outcome statements (**Appendix A**).

Principles

There are a number of key features of a quality Western Australian accommodation and support system to assist people with mental health and/or AOD issues to sustain their accommodation in a community of their choice. Governments, non-government organisations, communities and individuals will be guided by the following principles, in developing a comprehensive accommodation and support system:

1. Individual Rights

Accommodation will be available to those in Western Australia with mental health and/or AOD issues that is consistent with the human rights framework⁶. All individuals have the right to an adequate standard of living, free from discrimination, and access to affordable, appropriate, stable and secure housing.

2. Personalised

Accommodation and support will align to an individual's personal and cultural needs and will provide a foundation from which individuals can make choices. Providers will work in partnership with individuals and their families/supporters to co-plan and co-design recovery-oriented supports.

Co-design⁷ is identifying and creating an entirely new plan, initiative or service, that is successful, sustainable and cost-effective, and reflects the needs, expectations and requirements of all those who participated in, and will be affected by the plan.

Co-production is implementing, delivering and evaluating supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship, with shared power and responsibilities, to achieve positive change and improved outcomes.

3. Inclusive Communities

Accommodation and support will enhance connection to a supportive network of people and community organisations. The individual will be supported to access communities of choice in an environment that is free of stigma.

An inclusive community⁸ is one that does everything it can to respect its citizens, gives them full access to resources, and promotes equal treatment and opportunity; works to eliminate all forms of discrimination; values diversity; and responds quickly to discriminating incidents.

4. Effective System-wide Partnerships

Accommodation and support for Western Australians with mental health and/or AOD issues will be available across clinical and non-clinical settings in an integrated, coordinated, collaborative and seamless system. Government agencies, non-government organisations and the private sector will work together with

consumers, families and carers to develop effective partnerships and provide an integrated service response system.

5. Continuous Improvement

Accommodation and support options will be aligned to best practice standards and initiatives. There will be system-wide quality controls and measures in place to monitor, track, review and improve the system and options available.

Housing First is a contemporary best practice approach that has been known to assist people with complex needs sustain and sustain accommodation. This approach recognises that for vulnerable people to sustain their housing tenure, an integrated and supported approach is required. It is premised on the principle that access to housing is a basic human right and that integration of housing and support systems that deliver individualised, culturally appropriate and flexible support also provide long-term successful housing for vulnerable people.

This systems approach to housing differs from the traditional housing readiness approach in that there is no requirement for a person to be 'clinically or socially' stable for them to be offered housing. Rather, once appropriate permanent accommodation has been established, supports and services are identified that assist the person sustain their accommodation. Supports and services can vary in their level of duration and intensity and are flexible in response to a person's changing support needs.

Housing First is based on the understanding that people are better able to address their support needs and achieve positive outcomes when they are in a stable home. There is a growing body of evidence validating the effectiveness of supported accommodation and the Housing First approach, particularly when directly compared to a 'treatment first' approach⁹.

A randomised controlled trial comparing a Housing First program to a more traditional program found participants in the Housing First program spent less time homeless and more time in stable housing, with a housing retention rate of approximately 80% and no deterioration in mental health or substance use symptoms¹⁰.

CONFIDENTIAL

Key Focus Areas

Through the research and consultation processes, five key focus areas for the Accommodation and Support Strategy have been identified, and outline priorities for implementation. The five key focus areas are summarised below.

Key Focus Areas 1: *Increased access to appropriate, affordable, safe, long-term accommodation.* The need for innovative approaches and policy reform to improve access to accommodation and support for individuals when they need it.

Key Focus Area 2: *Establishment of strategic collaborative partnerships.* Emphasises on system integration and the need for collaborative, whole of government approaches, including the necessity of consumer, family and carer partnerships at all levels of service development and delivery.

Key Focus Area 3: *Provision of contemporary housing and support models.* Focusing on the development of evidenced based or informed accommodation and support models, articulating the needs analysis for robust review of existing models to ensure alignment with the Plan.

Key Focus Area 4: *Provision of planning, education and training.* Highlighting workforce development and training priority areas and the importance of mechanisms to support individuals to understand processes regarding tenancy management and system navigation.

Key Focus Area 5: *Provision of data and research to improve accommodation and support responses.* Emphasising the importance of available data, monitoring, reporting and shared outcome measures across agencies to ensure the appropriateness of accommodation and support approaches.

These key focus areas are aimed to assist service providers and government to begin a process of reforming accommodation and support services in Western Australia. They include a series of actions requiring the collective efforts of stakeholders. It is anticipated that further actions will be developed as the Accommodation and Support Strategy is implemented.

Further information regarding the key focus areas is provided below including the actions that have been identified to address the priorities. The key focus areas are not mutually exclusive: key focus areas overlap and actions under one key focus area may equally apply in another. For practicality, actions have been outlined in one key focus area only. A summary of the key focus areas and actions is provided in **Table 2**.

It is acknowledged that individuals, organisations and agencies have their own responsibilities regarding accommodation and support and organisations and agencies will be need to consider the implementation of the actions outlined in the Accommodation and Support Strategy as they align to their own areas of responsibility.

Table 2: Summary of Key Focus Areas and Actions

| Key Focus Area | Action |
|--|--|
| Increased Access to Appropriate, Affordable, Safe, Long-term Accommodation. | 1A. Increase accommodation options for people with mental health and/or AOD issues, including housing stock, community support (accommodation) options, and community bed-based services. |
| | 1B. Implement innovative approaches to increase access to accommodation options for people with mental health and/or AOD issues. |
| | 1C. Working with a co-design framework, undertake reforms on current eligibility, social housing allocation guidelines, waitlist, tenancy management and eviction policies and processes, to take into consideration the specific needs of people with mental health and/or AOD issues. |
| | 1D. Ensure effective transitions and processes are established between accommodation and support service options for people with mental health and/or AOD issues. |
| | 1E. Ensure effective transitions and processes are established between specialist services and accommodation and support services for people with mental health and/or, AOD issues. |
| Establishment of Strategic Collaborative Partnerships. | 2A. Facilitate effective interagency collaboration for people with mental health and/or AOD issues, to deliver effective and efficient services and reduce duplication. |
| | 2B. Develop an integrated service system, for effective transitions and to eliminate people with mental health and/or AOD issues from falling through the gaps. |
| | 2C. Create lasting and genuine partnerships with consumers, families and carers, to ensure services are meeting the needs of people who are using them. |
| Provision of Contemporary Housing and Support Models. | 3A. Review existing models of accommodation and support services available for people with mental health and/or AOD issues, and determine their alignment to the principles of contemporary services. |
| | 3B. Develop contemporary, innovative, and new models of accommodation and support services available for people with mental health and/or AOD issues. |
| Provision of Planning, Education and Training. | 4A. Develop the accommodation and support service system workforce. |
| | 4B. Provide contemporary training opportunities to those who work in the accommodation and support service system, and also people with mental health and/or AOD issues, their families and carers. |
| Provision of data and research to improve accommodation and support responses. | 5A. Interagency collaboration for the sharing of data and research in relation to the accommodation and support service system, particularly related to services for people with mental health and/or AOD issues. |

Key Focus Area 1: Increased access to appropriate, affordable, safe, long-term accommodation

Ensuring people have timely access to appropriate, stable and secure accommodation remains an issue of considerable urgency, and is the cornerstone of this Strategy.

Stable and secure housing is critical for people with mental health and/or AOD issues. The provision of housing and housing related support aids recovery and social inclusion, reduces homelessness and assists those with mental illness to return to the workplace¹¹.

Finding and sustaining a stable home can be problematic for people with mental illness due to housing unaffordability, insecure tenancy, poor housing conditions, low income, behavioural and social issues, stigma, discrimination and a lack of appropriate support and treatment options¹².

While there are a range of supported housing options currently available, there is still a significant shortfall in meeting the varied needs of people with mental health and/or AOD issues.

As well as long term accommodation, there is also a need to develop recoveryⁱ accommodation and support services, whereby individuals have the opportunity for intensive mental health recovery programs, in supported accommodation and non-supported accommodation settings, to develop skills to improve the chance of living in their long term accommodation and in their community.

There is a need to increase the amount of housing available to people with mental health and/or AOD issues. This will require innovative approaches. Exploration of the use of smaller dwellings other than standard houses, such as those with four bedrooms and two bathrooms, will expand the available options.

Social impact bonds may be a way of financing social service programs that combine outcome-based payments and market discipline. They are designed to raise private capital for intensive support and preventative programs which address areas of pressing social needs incentivised by providing a return for investment.

Person-centred tenancy support approaches may be enhanced by review of processes regarding social housing eligibility and waitlist management.

It is important to provide streamlined pathways between clinical/specialist mental health/AOD services and community based accommodation and support services, as well as pathways between the different accommodation and support options.

ⁱ Personal recovery is defined within the National Framework for Recovery-oriented Mental Health Services as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'. It is acknowledged recovery is personal and means different things to different people.¹⁰⁹ In regards to alcohol and other drug use, it may or may not involve goals related to abstinence.

Currently, the lack of appropriate accommodation and support options leads to bed blockages in clinical settings. Many individuals remain in acute settings (including long stay hospital admissions) for far longer than needed¹³.

The Plan articulates the high social and economic benefits of re-balancing the mental health and AOD service system away from costly long term inpatient admissions to community-based support approaches including clinical outreach. The Accommodation and Support Strategy emphasises these benefits and recognises the cost benefits of whole system across portfolio strategies.

Multi-directional facilitated pathways between specialist mental health/AOD services, and community based accommodation and support options are critical to ensuring an appropriate system of services and making sure that people have access to the right services when they need them.

Similarly, pathways between the various types of accommodation and support options must allow flexibility to respond to a person's changing needs. It is recognised that people may need different types of services at different times, and may move between services in a way that may not be linear.

Action 1A: Increase accommodation options for people with mental health, and AOD issues, including housing stock, community support (accommodation) options, and community bed-based services.

This may be achieved through:

- Developing innovative options to increase the availability of housing stock such as government housing, rent subsidies, social impact bonds, funding models linked to social impact and other contemporary models.
- Fostering partnerships between CHOs and private sector investors to increase housing capacity and availability.
- Increasing the availability of other accommodation options such as emergency housing and transitional housing, for those in crisis situations.
- Increasing the number of mental health and AOD community bed-based services in line with demand modelling as outlined in the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025. This includes: subacute community short-stay beds (also known as community mental health step up/step down services), subacute community medium-stay beds, non-acute community long-stay beds (including places in nursing homes), AOD low medical withdrawal beds, and AOD residential rehabilitation beds.
- Increasing the number of mental health and AOD community support services in line with demand modelling as outlined in the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025. This includes both support hours and beds such as: mental health hours, AOD harm reduction and personalised support hours, AOD post residential rehabilitation beds, and AOD safe places for intoxicated people beds.
- Monitoring and meeting the accommodation and support needs of people with severe and persistent mental illness, who are not eligible for the National Disability Insurance Scheme.

Action 1B: Implement innovative approaches to increase access to accommodation options for people with mental health, and AOD issues.

This may be achieved through:

- Promoting shared accommodation arrangements within social housing and mainstream rental markets.
- Investigating innovative housing options such as smaller dwellings to determine their appropriateness and how they may apply to the Western Australian context. Including the incentivising and regulating the use of small dwellings on private property through collaborative partnerships between Government and local councils.
- Working collaboratively to determine structural, legislative and policy change to make private rental more accessible, affordable, secure and appropriate for people with mental health and/or AOD issues. This may include innovative approaches such as the Rental Pathways Scheme and the Assisted Rental Pathways Pilot.
- Streamlining processes regarding non-social housing options, (such as first home owners grant, Bond Assistance Loan Scheme, Keystart etc.) to increase efficiency and reduce vacancies.
- Exploring the establishment of contemporary home ownership models, such as housing cooperatives to address complex issues such as co-occurring mental health, AOD issues and physical health issues.

Action 1C: Working with a co-design framework, undertake reforms on current eligibility, social housing allocation guidelines, waitlist, tenancy management and eviction policies and processes, to take into consideration the specific needs of people with mental health, and AOD issues.

This may be achieved through:

- Allocating housing stock to match the individual needs of people with mental health and/or AOD issues (needs based rather than eligibility based). This will include consideration of choice based letting and other issues such as access to service provision, size, location, community, proximity to public transport and to family and other supports. It is imperative that clients have a greater voice in choosing the type of accommodation and support that they receive;
- Developing a responsive mechanism between tenancy managers (Department of Communities - Housing and CHOs) and mental health and AOD services (clinical and non-clinical) to support and sustain tenancies in an individualised, recovery framework, and testing the viability of a state-wide tenancy support program (case management and support) for tenants in social housing with mental health and/or AOD issues;
- Developing prevention and early intervention approaches to reduce evictions including the implementation of across sector mechanisms to facilitate early detection of possible threats to tenancy and appropriate support responses. This may include promoting supportive housemate models to provide informal in-home support to individuals with mental health and/or AOD issues, including

working with the community housing sector to explore options for incentivising supportive housemates; and

- Ensuring all policies, processes and procedures are culturally secure and culturally appropriate, to meet the needs of Aboriginal communities, and people who are culturally and linguistically diverse.

Action 1D: Ensure effective transitions and processes are established between accommodation and support service options for people with mental health, and AOD issues.

This may be achieved through:

- Standardising referral and intake processes/paperwork across the accommodation and support service system to provide a streamlined approach that will reduce duplication, increase efficiency and ensure person-centred practices.
- Establishing a new service with specific responsibility to ensure effective transitions between accommodation and support service options.
- Identifying, pathways, processes and policies that facilitate flexible, seamless movement between accommodation options to ensure individuals have access to the most appropriate support to meet their needs and to alleviate system blockages. This may include the implementation of mechanisms for transferring housing stock between program streams to ensure that individuals can remain in the same stable accommodation with access to different levels of support as their needs change, rather than moving house because they no longer meet program eligibility criteria.
- Exploring “safety net” approaches to support an individual to transition between social housing and private rental.

Action 1E: Ensure effective transitions and processes are established between specialist services and accommodation and support services for people with mental health, and AOD issues.

This may be achieved through:

- Continuing with current reforms for the establishment of contemporary community bed-based services that will support the needs of individuals and assist in transition to and from accommodation/housing options when required.
- Implementing robust collaborative processes and referral pathways for those exiting mental health and AOD community bed-based services, hospitals or prisons for facilitated access to accommodation/housing, ensuring adequate safeguards for people being released or discharged into homelessness.
- Exploring “safety net” approaches to support an individual to transition between accommodation/housing and specialist services (community bed-based and hospital).
- Exploring flexibility of social housing tenure policies in consideration of incarceration, long hospital stay or AOD residential rehabilitation to ensure individual tenancy arrangements are safeguarded.

Key Focus Area 2: Establishment of strategic collaborative partnerships

The effective implementation of accommodation and support options for people with mental health and/or AOD issues requires collaboration, coordination and partnerships across government departments, non-government organisations and the private sector to provide an integrated response to reduce service duplication and prevent vulnerable people falling through the gaps.

Coordinated, active partnerships between consumers, families and carers, Commonwealth, State and local governments, professional bodies, peak organisations, private and community sector organisations are fundamental to implementing a common purpose so that all stakeholders work together towards shared objectives.

A seamless system based on collaborative partnership, backed by whole of government support will ensure appropriate, timely support is available to individuals when needed. It will also enable the implementation of the required reforms to create lasting change.

It is recognised that without significant systemic changes, many people will continue to be disadvantaged, and as such there is a need for a collective effort to affect change.

Action 2A: Facilitate effective interagency collaboration for people with mental health, and AOD issues, to deliver effective and efficient services and reduce duplication.

This may be achieved through:

- Exploring the co-commissioning or consolidation of commissioning of accommodation and support services by relevant Government agencies to ensure that the State Government's strategic investment has the greatest possible impact.
- Implementing shared strategic directions including across-government key performance indicators to increase agency efficiency, enhance commitment to integrated approaches, and to determine effectiveness of accommodation and support services.
- State and Commonwealth government agencies to work closely to ensure the National Disability Insurance Scheme meets the needs of individuals with severe and persistent mental illness.
- Facilitating processes (including case study reviews) to identify sources of institutionalised stigma and discrimination across the human services system, and develop cross agency approaches to addressing stigma and discrimination.

Action 2B: Develop an integrated service system, for effective transitions and to eliminate people with mental health, and AOD issues from falling through the gaps.

This may be achieved through:

- Developing improved communication, information sharing protocols and leadership between agencies involved in the interface between accommodation and support for people with mental health and/or AOD issues.
- Supporting the implementation of community initiated collaborative approaches, such as collective impact approaches across the human service system to facilitate significant, lasting social change. This may include supporting the establishment of local partnerships between consumers, families and carers, and public mental health services, local Government offices, CHOs, and community mental health and AOD service providers. Areas of concern may include the development of localised strategies to address the impact of trauma on tenants in local communities.

Action 2C: Create lasting and genuine partnerships with consumers, families and carers, to ensure services are meeting the needs of people who are using them.

This may be achieved through:

- Adopting co-design approaches with consumers, families and carers in the planning, implementation, review and ongoing development of accommodation and support service models, policies, and guidelines.

Key Focus Areas 3: Provision of contemporary housing and support models

There is a need for the development of innovative, contemporary housing and support models that are person-centred, choice-based and consistent with recovery principles.

Effective models underpinned by seamless, system-wide partnerships will ensure a connected system, encompassing a suite of accommodation options.

The expansion of existing evidenced based models and the development of new models will contribute to a suite of accommodation and support options to meet the varying needs of individuals.

Current models will be reviewed over time to ensure: compliance with National Standards for Mental Health Services; awareness of the Western Australian Alcohol and Other Drug Sector Quality Framework; and mental health and AOD service alignment with the Plan.

Action 3A: Review existing models of accommodation and support services available for people with mental health, and AOD issues, and determine their alignment to the principles of contemporary services (as outlined in the Accommodation and Support Strategy).

This may be achieved through:

- Mapping accommodation and support services in metropolitan, regional and remote areas to determine gaps and prioritise needs.
- Reviewing existing models of accommodation and support with consideration given to incorporating the principles of the Accommodation and Support Strategy. This may also include (where appropriate) the reconfiguration of existing services into contemporary service models.
- Aim to ensure that all Government funded programs are meeting the National Standards for Mental Health Services, Mental Health Outcome Statements, Western Australian Alcohol and Other Drug Sector Quality Framework and recovery principles.
- Exploring options regarding the continued development of the Individualised Community Living Strategy or a similar individualised funding model, including the quantity of lower level support packages (without the housing component) with prevention and recovery support focus, including support for tenancy maintenance such as the Supported Tenancy Program.
- Undertaking a review of Government contractual provisions to strengthen requirements and accountability of all funded services to deliver culturally secure services and achieve positive outcomes for cohorts who experience increased risk such as older adults, Aboriginal people, young people, families with children, people from CALD backgrounds, people involved in the criminal justice system and people with complex needs.

Action 3B: Develop contemporary, innovative, and new models of accommodation and support services available for people with mental health, and AOD issues.

This may be achieved through:

- Incorporating the principles of the Accommodation and Support Strategy into the design of new social housing and supported accommodation programs.
- Reviewing innovative use of technology including apps to enhance provision of recovery-oriented tenancy support.
- Developing new service models for priority groups such as older adults with severe mental health and/or AOD issues, and young people.
- Developing specialised approaches to accommodation options for people with a forensic history, including emphasis on graduated, transitional support pre and post discharge, and provision of well-coordinated community integration support for individuals returning to the community from incarceration.

CONSULTATION DRAFT

Key Focus Area 4: Provision of planning, education and training

Social housing and community support workers need to have the necessary skills and competencies to provide appropriate support to tenants experiencing mental health and/or AOD issues. Tailored training focusing on trauma informed approaches, cultural competency and mental health first aid concepts are required to ensure staff are well equipped to provide the necessary level of support.

Individuals and communities also require education and training regarding system navigation and orientation to tenancy management.

Action 4A: Develop the accommodation and support service system workforce.

This may be achieved through:

- Developing a standardised list of tenancy support worker competencies, inclusive of community linking skills, coaching skills, partnership brokerage skills and ability to apply safeguarding principles.
- Developing best practice guidelines for workers to support cohorts who experience increased risk, such as aged care, Aboriginal people, young people, families with young children, people from CALD backgrounds, people involved in the justice system and co-morbidity to ensure provision of appropriate support.
- Engaging peer workers across the mental health, AOD and accommodation service spectrum in a variety of roles including advisors, consultants, trainers, educators, advocates and recovery support workers.
- Locating practitioners with specialist mental health and AOD knowledge within CHOs, to enhance tenancy support and increase organisational awareness and capacity.
- Ensuring that future housing and support workforce development needs are incorporated into broader agency workforce planning in order to identify gap areas and tailor training accordingly.

Action 4B: Provide contemporary training opportunities to those who work in the accommodation and support service system, and also people with mental health, and AOD issues, their families and carers.

This may be achieved through:

- Imbedding trauma informed practice throughout the accommodation and support service system via provision of tailored training to frontline housing support staff, community support workers and policy decision makers.
- Providing optional face to face and/or online tailored training packages, including mental health first aid and culturally secure training for frontline housing support workers, community support workers, clinical staff, real estate agents and landlords to facilitate improved understanding of mental health and/or AOD issues.
- Providing access to training for consumers, families and carers regarding individual maintenance of tenancy that includes system navigation, selection of a housemate, living with other people and dispute resolution.

- Developing system navigation resources for specific CALD community groups, youth, and Aboriginal communities.

CONSULTATION DRAFT

Key focus Area 5: Provision of data and research to improve accommodation and support responses

The availability of data, monitoring and reporting is important to ensure the appropriateness of accommodation and support approaches.

System-wide quality controls and measures should be in place to monitor, track, review and improve the system and options available. The availability of supporting data and research is required to facilitate service and system improvements that include consideration of cost-benefit analysis.

Action 5A: Interagency collaboration for the sharing of data and research in relation to the accommodation and support service system, particularly related to services for people with mental health, and AOD issues.

This may be achieved through:

- Undertaking an across government mapping of data pertaining to accommodation and support for people with mental health and/or AOD issues, to facilitate effective cost benefit analysis and decisions.
- Encouraging mapping processes that follow tenants throughout their journey to identify service improvements and enhance consumer outcomes.
- Exploring mechanisms for the sharing of data to facilitate continuous service and system improvements, and to enable cross-agency case management.
- Ensuring comprehensive program evaluations occur to determine effectiveness of current accommodation and support models and to inform future policy and service development.
- Developing shared outcome measures across government and non-government agencies, to ensure all stakeholders are working towards common goals.
- Monitoring the impact of the NDIS on people receiving mental health support in relation to the provision of housing, tenancy support and in-home support services.

Implementation

The implementation of the Accommodation and Support Strategy requires a collaborative approach including the State and Commonwealth Governments as well as private and not-for-profit sector, individuals, their families and carers, and service providers including clinicians. A collaborative, psychosocial, person-centred approach across all key agencies is imperative in order to achieve effective, sustainable and lasting change.

Stakeholders

The Accommodation and Support Strategy is a system-wide, multiagency strategy. It guides stakeholders in working towards common planning, commissioning and delivery of an integrated system aligned with the Accommodation and Support Strategy. Stakeholders include: government agencies such as the MHC, DoH, Department of Justice, Department of Communities (including the Housing and Child Protection and Family Support portfolios); non-government organisations; CHOs; consumers, carers, and families; and other stakeholders.

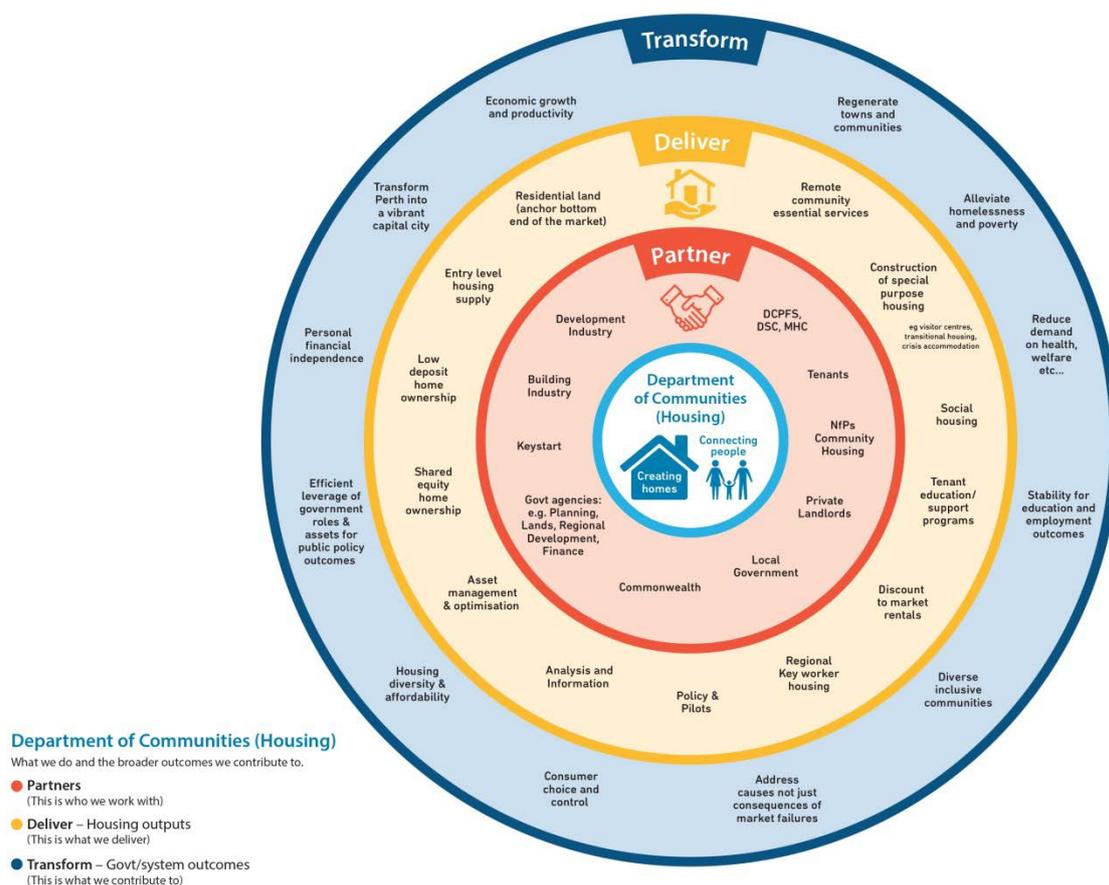
It is intended that stakeholders will use the Accommodation and Support Strategy to guide their own planning and development. The MHC will implement its own related accommodation and support activities and support key agencies and organisations to implement their own initiatives where appropriate to improve services for the benefit of consumers, families, carers and communities. To progress implementation, stakeholders are encouraged to review their accommodation and support services to ensure they align with the Accommodation and Support Strategy.

Department of Communities

The Department of Communities (including the Housing and Child Protection and Family Support portfolios) play a key role in the accommodation and support system. The Department of Communities - Housing facilitate affordable housing opportunities for people who would otherwise be unable to access housing by working in partnership with the private, government and not-for-profit sectors in Perth, and in regional and remote locations. In addition to delivering houses, Housing assists with housing finance, and provides rental assistance options for people in need. The Housing portfolio includes: Housing Authority; Country Housing Authority; and Keystart Housing Scheme Trust. The Housing Authority is Western Australia's biggest provider of public housing.

The Department of Communities, Child Protection and Family Support (CPFS) is the lead agency in the area of crisis accommodation. CPFS “works with government agencies and community service providers to plan and deliver homelessness services to respond to the needs of vulnerable Western Australians. These services include crisis and transitional accommodation, rough sleeper programs, day centres, soup kitchens, tenancy support services, and family and domestic violence services¹⁴”.

Figure 1. Infographic of the Department of Communities - Housing



Examples of the areas of the Accommodation and Support Strategy which the Department of Communities have responsibilities include: increasing housing stock and access to housing; eligibility and waitlist management/reform; improving transitions and processes between accommodation and support service options; increasing interagency collaboration; and reviewing existing housing and support models.

Through the recent release of the new Affordability Action Plan and the inclusion of wrap around support programs, the Department of Communities - Housing is demonstrating that it too is shifting from its traditional focus of housing as a physical asset to that of a social enabler and is clearly aligned with the directions established by this strategy.

Department of Health

The DoH (through Health Service Providers) provides a wide range of health services in Western Australia including: child health; school health; hospital care; and mental health and AOD services. The DoH plays a role in the accommodation and support system because people with mental health and/or AOD issues exiting hospital often

experience difficulties in finding and sustaining suitable accommodation. This results in people staying in hospitals and acute mental health settings far longer than needed.

Areas of the Accommodation and Support Strategy which the DoH and Health Service Providers have a critical role in relate to the development of an integrated services system. This includes: providing community treatment services, including identifying and referring people to appropriate psychosocial support providers; ensuring adequate safeguards for people being discharged from care; implementing policies to ensure people are not being discharged into homelessness; and increasing interagency collaboration.

Department of Justice

The Department of Justice (Justice) is a “corrective services organisation which provides support to the justice system and the community of Western Australia by ensuring the security and safety of the community, staff and those in the Department’s care”¹⁵. Justice provides staff to coordinate services that will help people re-enter the community following contact with the criminal justice system, including supported accommodation services such as short-term, emergency accommodation, and transitional accommodation and support. Successful transition from prison to the community is an integral part of the accommodation and support system; this will be the main role of Justice in the implementation of the Accommodation and Support Strategy.

Non-Government Organisations

Non-government organisations (NGO) play an important role in the accommodation and support system and include CHOs whose role is to manage housing properties across Western Australia. NGO’s also provide support for people, include those who are transitioning from one accommodation and support type to another.

A wide selection of areas in the Accommodation and Support Strategy relate to NGOs and CHOs. These include actions such as: fostering partnerships with private sector investors to increase housing capacity and availability; developing an integrated service system with improved communication and information sharing protocols; establishing local partnerships to develop localised strategies to address the impact of trauma on tenants in local communities; mapping and reviewing existing accommodation and support services; and developing new contemporary models.

Community Housing Organisations (CHOs) are entities that provide safe, secure and affordable community housing. There are more than 200 CHOs in Western Australia, including Local Government Authorities and State Government Agencies, as well as ‘traditional’ not-for-profit entities, which comprise most of the sector. Community housing providers operate at many points across the housing continuum, from homelessness and crisis accommodation services, through long-term social and affordable rental housing, to pathways to home ownership through transitional and shared equity home ownership programs. CHOs provide social housing to people who may or may not have needs extending beyond the financial need for subsidised rent.

Peak bodies

Peak bodies for the Western Australian mental health and AOD sectors (such as WAAMH, WANADA and Consumers of Mental Health WA (CoMHWA)) will play a valuable part in the implementation of the Accommodation and Support Strategy.

For example, CoMHWA, as a consumer led organisation, will be vital in establishing mechanisms for co-design with clients, families and carers in the planning, implementation, review and ongoing development of services and exploring options to ensure clients have a greater voice in choosing the type of accommodation and support that they need. They may also support the establishment of local partnerships between consumers, families and carers, and public mental health services, local Government offices, CHOs, and community mental health and AOD service providers.

Implementation of Actions

The implementation of the Accommodation and Support Strategy will require strong governance, with active monitoring and decision-making to ensure objectives are met. A range of governance arrangements may include:

- Overarching monitoring by the Community Safety and Family Support Cabinet Sub Committee. The Cabinet Sub Committee may be responsible for coordinating a whole of government response; determining the reporting processes and data collection; and developing the cross-government key performance indicators (KPIs).
- The use of existing or the creation of new groups between Governments (State and Federal) and the non-government sectors as appropriate, to report on the implementation of the Accommodation and Support Strategy to the Cabinet Sub Committee.
- Action plans aligning to the Accommodation and Support Strategy's Key Principles, Vision and actions to be developed by each agency and reported by each agency in annual reports.

A number of existing mechanisms focusing on accommodation and support are already in place in Western Australia, which can implement and monitor the effectiveness of the accommodation and support reforms.

Some examples of existing committees are listed below (more information is included in **Appendix C**):

- Homeless Accommodation Interagency Meeting (HAIM);
- Homelessness Senior Officers Group;
- Shelter WA Advisory Committee on Homelessness;
- Housing Advisory Roundtable (HART); and
- The Western Australian Council on Homelessness.

It is envisaged that the MHC will promote and encourage stakeholders to consider the Accommodation and Support Strategy Principles, Vision and Key Focus Areas in their own services and evaluate the inputs, outputs and outcomes¹⁶.

MHC Accommodation and Support Strategy Implementation Plan

The MHC will develop an implementation plan for all actions within the remit of the MHC itself and will work with service providers, individuals and their families, and other government agencies to support the implementation of the Accommodation and Support Strategy.

Early priorities include, but are not limited to:

- Increasing the number of mental health and AOD community bed-based and community support services in line with demand modelling outlined in the Plan.
- Continuing with current reforms for the establishment of contemporary community bed-based services that will support the needs of individuals and assist in transition to and from accommodation/housing options when required.
- Implementing robust collaborative processes and referral pathways for those exiting mental health and AOD community bed-based services, hospitals or prisons for facilitated access to accommodation/housing.
- Adopting co-design approaches with consumers, families and carers in the planning, implementation, review and ongoing development of accommodation and support service models, policies, and guidelines.
- Ensuring comprehensive program evaluations occur to determine effectiveness of current accommodation and support models and to inform future policy and service development.

Measuring Success and Quality

An effective, person-centered service system requires a process where the performance of the system and services are assessed and evaluated to ensure that high quality, safe services are offered and delivered, and that it complies with agreed standards, accreditation and any relevant legislation. In the first instance, compliance with the National Standards for Mental Health Services would ensure services are consistent with contemporary recovery principles and practices. WANADA have also developed a Standard on Culturally Secure Practice which may be applicable in this context. The service system also needs to build on existing standards for accreditation, and improve the implementation of both accreditation and licensing processes.

The Accommodation and Support Strategy actions will guide the work to be undertaken by stakeholders. It is also important to measure short and medium term outcomes to determine whether the accommodation and support actions implemented are effective and achieving longer-term goals. Evaluation methodologies should include qualitative and quantitative measures of inputs, outputs and outcomes.

A Program Logic Model is a useful tool to be applied when implementing the Accommodation and Support Strategy actions. The MHC has developed an Accommodation and Support Strategy Program Logic Model (**Appendix D**) as a

guide for stakeholders to assist in their development, implementation and evaluation of accommodation and support actions. The model includes inputs and activities as well as short, medium and long-term outcomes. The model includes examples of actions and output indicators that could be used by stakeholders in relation to their organisation's relevant business activity.

The MHC will evaluate its own actions, aligned to the Accommodation and Support Strategy Program Logic Model, to determine the effectiveness of the initiatives and aid in informing future program development to achieve longer term goals. Government agencies, non-government organisations and the private sector will be encouraged to work together with consumers, families and carers to develop effective partnerships and provide an integrated accommodation and support system through the implementation of the Accommodation and Support Strategy.

The Community Safety and Family Support Cabinet Sub Committee may choose to request the development of whole of government Key Performance Indicators (KPIs), in relation to the implementation of the Accommodation and Support Strategy. Particularly as many of the principles and actions would assist the accommodation and housing sector more broadly, and not only in relation to people with mental health and/or AOD issues.

CONSULTATION DRAFT

Mental Health and AOD Services

A range of accommodation and support options are currently available across the service system to support people with mental health and/or AOD issues after they leave hospital, when they are homeless or where there is not an alternative place to live. All elements of the mental health and AOD service system require integration and coordination to ensure a seamless service system is provided for consumers, carers and their families. The system needs to be easy to navigate providing personalised, high quality and safe treatment and support.

Although the specific focus of the Accommodation and Support Strategy is the mental health, AOD service systems, it is recognised that having a lack of accommodation and support options in other systems, such as the disability sector, will impact on the provision of mental health and AOD accommodation options. Equally, a lack of mental health, AOD accommodation and support options may impact other sectors. A lack of suitable options may also result in increased pressure on acute services to support those who do not have access to alternative community based accommodation options that are appropriate to meet their specific needs.

The Mental Health and AOD Service System

There are seven service streams within the mental health and AOD system (**Figure 2**), outlined in the Plan and include:

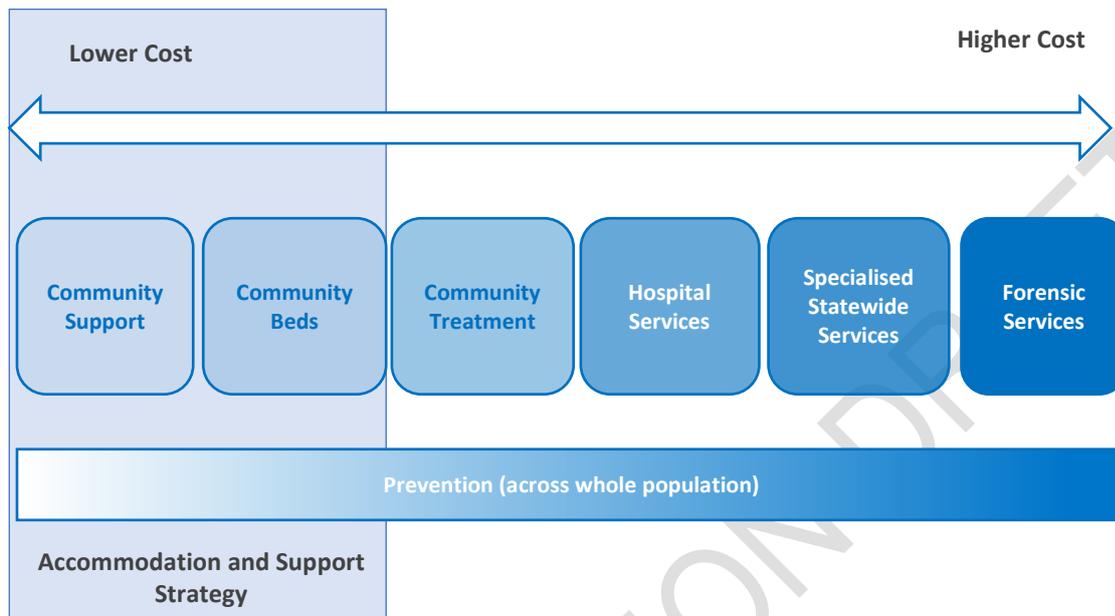
- Prevention;
- Community Support Services;
- Community Treatment Services;
- Community Bed-based Services;
- Hospital-based Services;
- Specialised Statewide Services; and
- Forensic Services.

All of the streams across the continuum need to be engaged to ensure smooth transfers to and between services so that people do not fall through the gaps. Facilitation of access to the right services, and the ability to move between services when required is essential. Improving access to safe accommodation and associated community support will help prevent system blockages and provide more appropriate options for people who want to, and are able to, live independently in the community.

The Accommodation and Support Strategy focuses on two services streams outlined the Plan: the Community Bed-based Services Stream and the Community Support Services Stream; however strengthening personalised community support services alongside community treatment, and improving system navigation is critically important. As such, the need for pathways and contemporary services across the streams is recognised as being integral to successful implementation of accommodation and support strategies more broadly.

Through building the capacity of all aspects of the system, individuals will be better supported to stay well within the community.

Figure 2: Mental Health and AOD Service Stream Continuum



Prevention

Mental health and AOD prevention refers to the initiatives and strategies implemented at national, statewide and local levels to reduce the incidence and prevalence of mental health issues, and delay the uptake and reduce the use of AOD and associated harms. Mental health promotion strategies aim to boost positive mental health and resilience. Effective strategies include raising community awareness, the creation of supportive environments and communities, enhancing healthy community attitudes/skills, and building community capacity to address mental health and AOD issues.

Community Support Services

Community support services provide individuals with help and support to participate in their community. Community support services help people identify and achieve their goals, and can include: personalised support programs (for example to assist in accessing and sustaining employment/education); peer support; initiatives to promote good health and wellbeing; home in-reach support to attain and sustain housing; family and carer support; flexible respite; individual advocacy services; and harm-reduction programs. Community support services may be hosted in a number of environments such as school, community centre and may also include the provision of accommodation and other support services. Accommodation under community support services are accessed by individuals who may not have an alternative place to live such as crisis and respite, and psychiatric hostels.

Community Treatment Services

Community treatment services provide clinical care in the community for individuals with mental health and AOD issues. Community treatment services generally operate with multidisciplinary teams who provide outreach, transition support, relapse prevention planning, physical health assessment and support for good general health and wellbeing. Services provided to individuals are non-residential, and can be intensive, acute or ongoing. AOD community treatment services include pharmacotherapy programs, screening and assessment programs, and specialist counselling.

Community Bed-based Services

Community bed-based services provide 24 hours per day, seven days per week recovery-oriented services in a residential-style setting. Community bed-based services aim to support individuals to enable them to move to more independent living. They assist people with mental health and AOD issues who may need additional support, but where admission to hospital is not required. They can also provide additional supports to assist people to successfully transition home from hospital, as well as work with an individual to prevent relapse and promote good general health and wellbeing. Some of these services require varying levels of clinical support often from community treatment services to address high support needs associated with more complex issues.

Hospital-based Services

Hospital-based services include acute, subacute and non-acute inpatient units, emergency departments, consultation and liaison services, mental health observation areas, and AOD high/complex medical withdrawal services. Hospital-based services provide treatment and support in line with mental health recovery-oriented service provision, including promoting good general health and wellbeing¹⁷.

Specialist Statewide Services

Specialised statewide services offer an additional level of expertise or service response for people with particular clinical conditions or complex and high-level needs. Services can include targeted interventions, shared care, comprehensive care for extended periods, and support to general services. Some services can be developed as centres of excellence that are located in the metropolitan area and provide expert advice and assistance across the State. Examples may include eating disorders, perinatal, and neurosciences and neuropsychiatry. Other services, where possible, can be delivered through a hub and spoke model.

Forensic Services

Forensic services provide treatment and support for people at all stages through the criminal justice system, and aim at preventing people from re-entering the criminal justice system.

Mental Health and AOD Accommodation and Support Options

There is a need for a suite of options that offer support and accommodation, providing individuals with opportunities to develop the skills needed to live independently in the community.

A range of accommodation options are currently available across the service system to support people with mental health and/or AOD issues after they leave hospital, when they are homeless or where there is not an alternative place to live. Some options currently available offer emergency, respite or short to medium-term accommodation in the community. Other options provide longer term accommodation including in group homes, hostels or other residential facilities.

Within these accommodation models, housing providers work in partnership with clinical and non-clinical services to develop targeted initiatives and programs aimed at supporting individuals to address their accommodation needs as well as their mental health and AOD support needs. For some people, the suite of housing options provides an opportunity to access accommodation and support incrementally where they can develop the confidence and skills before moving into more permanent accommodation and independent living.

For other people, access to a range of accommodation and support types allows them to consider the type of housing and support they require in order to successfully live in the community or move between accommodation and support options depending on their needs. The proposed suite of accommodation options outlined in the Strategy is provided in **Figure 3** and described in more detail below.

A clear articulation and ongoing review of the access pathways into and between each accommodation type is required. This will ensure that the suite of options works to remove current system blockages, and increases the likelihood that people will have timely access to the most appropriate supports at different times in their recovery.

Seamless pathways need to be developed to ensure individuals do not “fall between the cracks” while transitioning from one accommodation and support type to another. An integrated system will provide tangible throughput between services to meet individual need and circumstance.

The Accommodation and Support System

The Accommodation and Support Strategy focuses on two services streams outlined in the Plan: the Community Bed-based Services Stream and the Community Support Services Stream. Services which are delivered through beds in the community are highlighted below:

1. Community bed-based services
2. Community support services
 - a) Support services only

b) Support services linked with residential/accommodation

Figure 3 below depicts three wheels representing different levels of the accommodation and support system. The Accommodation and Support System Paradigm sits within the broader system of mental health and AOD services including community treatment and hospital bed-based services.

Figure 3: Accommodation and Support System Paradigm



The Accommodation and Support System Paradigm is circular in shape as it recognises people may need different types of services at different times and that they may move between the streams in a way that is not linear:

- At the centre of the wheel is the individual and their personal supports such as friends, family, carers and the community, recognising the importance of informal support mechanisms to individuals.
- The inner wheel (blue) shows the different support mechanisms to assist individuals to live in the community. This includes supports such as CHOs; and community managed mental health or AOD services.

- The middle wheel (multi-coloured) depicts the range of community support accommodation options.
- The outer wheel (light blue) demonstrates the community bed-based services.

The below sections go into more detail regarding the service and accommodation options available as part of the two service streams outlined in the Accommodation and Support System Paradigm.

Community Bed-based Services (outer wheel)

There are four key types of mental health community bed-based services, and a variable length of stay is offered depending on the person's needs and the type of service. Services are recovery-focused, family inclusive, are often delivered in home-like cluster-style facilities and are staffed 24 hours per day, seven days per week.

There are two types of AOD community bed-based services, being low medical withdrawal and residential rehabilitation.

Community bed-based services are expected (where appropriate), to have the capability of meeting the needs of people with co-occurring mental health and AOD issues. The community mental health and AOD bed-based service types are further described below.

Community mental health subacute services - short-stay

The average length of stay is 14 days with an expected maximum of 30 days. This service provides short term residential care, including intensive clinical treatment and support. Services are aimed at two groups of consumers: firstly, consumers who are living in the community and require short-term residential support, intensive clinical treatment and intervention to prevent risk of further deterioration or relapse which may lead to a hospital admission; and secondly, consumers who are in hospital, but are not ready to return home. For this group, community mental health services offer a safe and supportive short-term residential option before they transition home. Some examples of current services include the community mental health step up/step down services.

Community mental health subacute services - medium-stay

The average length of stay is 120 days (four months), with an expected maximum of 180 days (six months). These services are residential in nature and are delivered in a partnership between clinical and community support services. They provide accommodation, and staffing is available on-site 24 hours per day, seven days per week to deliver recovery-oriented psychosocial rehabilitation programs. An example of a current service is the Recovery House program.

Community mental health non-acute services - long-stay

The average length of stay is one year. The functions of these services mirror that of the community mental health medium-stay services (above), however they differ in

their length of stay. An example of a current long-stay service includes the Community Supported Residential Units.

Community mental health non-acute services - long-stay (Nursing Home – Older Adult)

The average length of stay is one year. Services are specifically designed for older adults who have severe and persistent symptoms of mental illness, and who have risk profiles that preclude them from living in mainstream aged care settings. The service provides assessment, ongoing treatment, rehabilitation and residential support for consumers. An example of a current service is the High Dependency Units.

AOD low medical withdrawal

The average length of stay is five to seven days and is most appropriate when symptoms are likely to be low to moderate. This type of service provides 24-hour supervised AOD detoxification or withdrawal programs from a psychoactive drug of dependence. Where appropriate, low medical withdrawal services can also be provided in the home by registered nurses and General Practitioners. Examples of current services include the Drug and Alcohol Withdrawal Network, and withdrawal programs co-located with AOD residential rehabilitation services.

AOD residential rehabilitation

The average length of stay is 13 weeks, but can range between five and 26 weeks. These services offer 24-hour community-based residential treatment programs, and intensive and structured interventions following withdrawal. Programs usually include psychological therapy, education, development of skills and peer support. Therapeutic communities are considered a type of residential rehabilitation service. There are also dedicated services for specific groups such as women, young people and Aboriginal people. Examples of current AOD residential rehabilitation services are therapeutic communities run by non-government organisations.

Community Support Services Only (inner wheel)

Support services offer a range of group and one-to-one activities, on-site and externally, to cater for peoples' individual capacities, age range and interests. Support services are available in both in-reach and outreach formats. In-reach support consists of staff in a service site, such as a shelter or community resource centre, and direct, face-to-face interactions occur at that site. Outreach support services involve mobile staff who visit the accommodation site including the individual's home. An example is the homelessness outreach support services.

These support services play an important role by offering outreach and engagement for individuals who are homeless and in crisis with immediate care needs. Homelessness outreach services are defined as face-to-face interaction with homeless people in streets, shelters, and in other non-traditional settings. In active outreach, workers seek out homeless individuals. This work aims to establish

supportive relationships, provide advice and support to enable individuals to access necessary services and supports to assist them in moving beyond homelessness. These services are often funded by not-for-profit organisations such as the Salvation Army. Effective outreach utilises strategies aimed at engaging persons into the needed array of services. Outreach results in increased access to and utilisation of community services by people who are homeless and have mental health and AOD issues.

Community Support Services linked with Accommodation - Accommodation Options (multi-coloured wheel)

Mental health and AOD support services offer variable levels of support dependent on individual needs. As a result the level of support differs within the different accommodation types, and includes services for people living independently in the community. Because support is tailored to the individual, people within the same accommodation option may experience different levels of support. For example an individual living in a private rental may be well into their recovery journey, and therefore may reduce the level of support to only requiring occasional in-reach support services. Alternatively an individual may also live in private rental accommodation but require high support and attend full day programs.

Homelessness

According to the Australian Bureau of Statistics¹⁸, the definition of homelessness is: the state of a person who does not have suitable accommodation alternatives and whose current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable, or
- does not allow them to have control, and access to space for social relations.

Emergency Accommodation

An emergency housing facility is an entry point into critical services and provides a short term, temporary alternative place to reside. Agencies provide complex care support and short term accommodation. This may include shelters and safe houses for homeless individuals and families. Here, people access basic necessities such as a place to shower, do laundry and have meals. These accommodation services are often funded by government agencies such as the Department of Communities, for example crisis and respite services.

Transitional Accommodation

Transitional accommodation refers to a non-emergency, supportive, yet temporary type of accommodation. It is an intermediate step between emergency crisis shelter and more permanent accommodation. This is short to medium term accommodation (up to 12 months). Accommodation and support is provided to assist people to transition from other services (for example AOD residential rehabilitation, prison or hospital admission) to alternative accommodation. An example of transitional

accommodation is the Transitional Housing and Support Program funded by the MHC, and offered to eligible people exiting AOD residential rehabilitation.

On-site Staffed and In-reach Accommodation

On-site staffed and in-reach accommodation is accommodation for individuals that have no other housing options. It is a combination of accommodation and support that is longer term (more than 12 months), and can include hostels and the Individualised Community Living Strategy. Contemporary models include a focus on individual development to assist people to live independently.

Social and Affordable Housing

The term social and affordable housing is used as an umbrella term for public community and affordable housing together as one sector. Individuals in social and affordable housing can receive funding from the government or community organisations that can, where appropriate, enable tenants to live independently; and pay rent that is affordable, relative to their income and can be less than market value. The physical property can also be supplied by public and community housing.

This type of housing is long-term and allocated via the Department of Communities - Housing or an alternate scheme such as the National Rental Affordability Scheme. Individuals access the majority of this accommodation via a waitlist. Accommodation options include units and standalone houses across Western Australia.

Private Rental

Private rental accommodation is traditional rental housing run by private landlords rather than a housing program. It is generally long-term housing with rent at market rates.

Home Ownership

Home ownership is accommodation where people own their own home or live in a family-owned home. It is noted that home ownership is not everyone's goal.

Current Services and Demand

Services Currently Purchased by the MHC

The MHC provides community support services for people with severe and persistent mental health and/or AOD issues who are homeless, at risk of being homeless, who are in unsuitable accommodation or residing for extended lengths of time in inpatient units. Community support services may include housing, as well as on-site psychosocial support and in-reach clinical support.

The MHC also purchases community bed-based services for people with higher support needs and/or clinical intervention needs. The acuity of people accessing community bed-based services is not as high as those accessing inpatient units, and

is more effective when people receive the appropriate psychosocial support they require alongside the clinical support.

Currently the MHC provides funding of approximately \$44 million per annum to the private and not-for-profit sector to support places in various types of accommodation which include both mental health and/or AOD services.

Mental health and AOD services commissioned by the MHC as at February 2018 includeⁱⁱ:

1. Community bed-based services

- Long-term supported accommodation (26 beds)
- Intermediate residential (10 beds)
- Short-term accommodation (28 beds)
- Older adult aged care (High Dependency Units, 22 beds)
- Step up/step down services (32 beds)
- Youth and Adult homeless (48 beds)
- Community Options (30 beds)
- Community Supported Residential Units (147 beds)
- Low medical withdrawal services (15 beds)
- Residential rehabilitation services (246 beds).

2. Community support services

a) Support Services Only

- Individualised Community Living Strategy/Project 50 (79 places)

b) Support Services linked with Residential/Accommodation

- Individualised Community Living Strategy (122 places)
- Personalised independent accommodation (48 places)
- Supportive landlord services (760 places)
- Personalised support linked to housing: drop-in support (12 places)
- Transitional Housing and Support Program (55 places)
- Safe places for intoxicated people (164 places)
- Personalised support to residents of Licensed Private Psychiatric Hostels (432 places).

It is acknowledged that gaps remain, and further reform is required in the accommodation and support system. However, there has been some significant progress to date in relation to the accommodation and support system, as it relates to services for people with mental health and AOD issues.

ⁱⁱ These services are those that have been commissioned by the MHC as at February 2018 and represent the number of physical places/beds at the service-types listed. In contrast, the figures provided in the 'Demand for Services' section on pages 47-50 include those that were commissioned by the MHC, as well as those funded by other sources (including Commonwealth funding) as at 2012-13. It also includes the 2025 modelled demand as outlined in the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.

Key MHC Achievements to date

Community Bed-based Services:

- An additional 60 AOD rehabilitation and withdrawal beds have been established in locations across the state.
- State Government funding of \$9.3 million has been allocated to purchase additional AOD residential rehabilitation service(s) in the South West.
- A new 10 bed community mental health step up/step down service in Rockingham, with 69 admissions in the first 12 months since opening in October 2016.
- Joondalup community mental health step up/step down service had 312 admissions in 2016-17.
- Opening of the first step up/step down service in regional Western Australia with the introduction of a six bed step up/step down service in Albany.
- Allocation of \$7.7 million for a new 10 bed step up/step down service in Geraldton.
- The development of step up/step down services in Kalgoorlie, Karratha, Bunbury, Broome, Albany and Geraldton are being progressed.

Community Support Services:

- Funding of \$282,100 for a two-year pilot project, to provide support for regionally based lesbian, gay, bisexual, transgender and intersex youth.
- Funding of \$192,745 for 10 grants for Aboriginal peer support and mentoring.
- An additional \$47,299 in targeted peer support suicide prevention grants for three community initiatives.
- Contracting of 64 NGOs to provide \$45.1 million community support services in 2016-17.

Demand for Services

The Plan articulates that community services are required to grow substantially by the end of 2025, in order to meet the needs of Western Australians. **Figures 4, 5, 6** and **7** and **Table 3** below show the gap between the level of current service delivery as at 2012-13, and the 2025 modelled demand as outlined in the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.

Figure 4: Community Beds - optimal mix and level of service

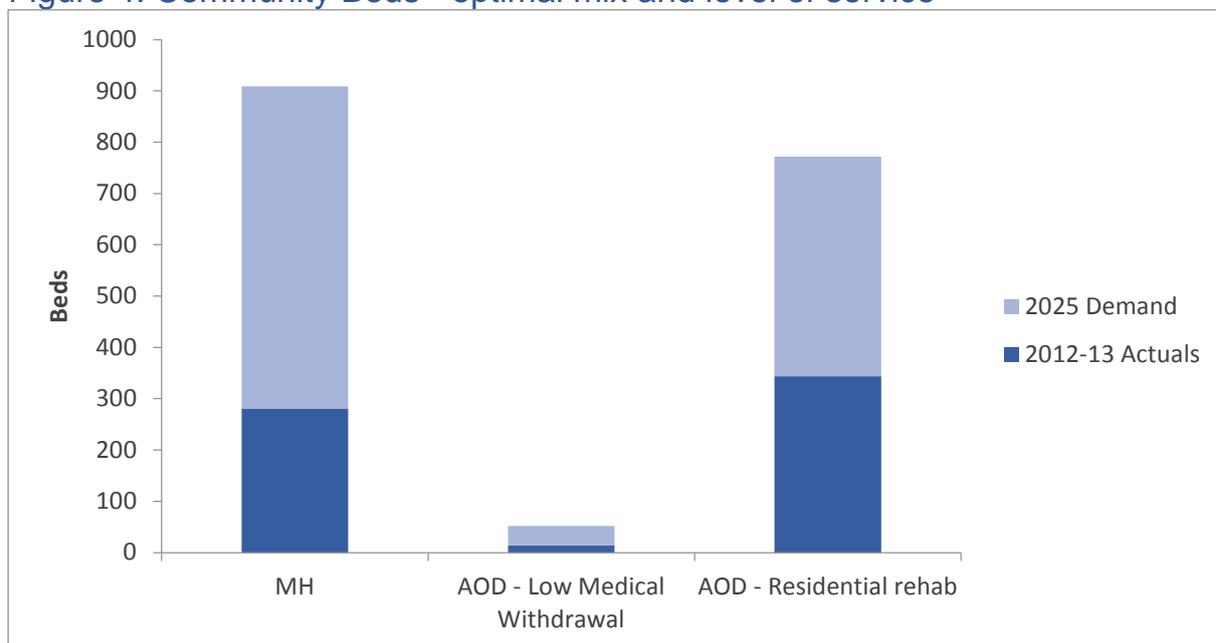
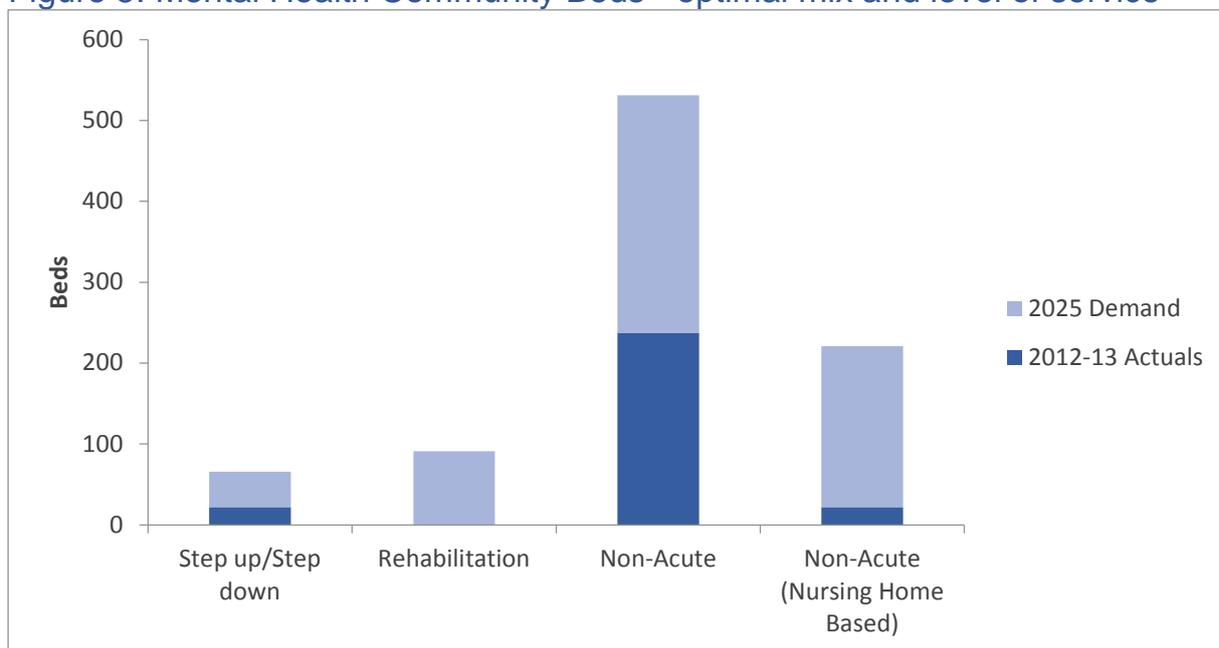


Figure 4 shows that the biggest gaps in relation to the community bed-based services stream are for AOD residential rehabilitation beds, and mental health beds. Overall, the modelling outlines that the mental health community bed-based services are required to grow over the next eight years from 281 beds in 2012-13 to 909 beds by the end of 2025. Over that same period AOD residential rehabilitation beds are required to grow from 344 to 772 beds and AOD low medical withdrawal beds are required to grow from 14 to 52 beds by the end of 2025.

The mental health community bed-based services stream comprises four components, and all four components require a significant increase by the end of 2025, as outlined in **Figure 5** below. Demand modelling shows that:

- community mental health step up/step down services are required to increase from 22 beds in 2012-13 to 66 by the end of 2025;
- rehabilitation services are required to increase from 0 to 91 beds;
- non-acute beds need to increase from 237 to 531 by the end of 2025; and
- non-acute older adult services (such as nursing homes) require the largest growth from 22 beds in 2012-13 to 221 beds by the end of 2025.

Figure 5: Mental Health Community Beds - optimal mix and level of service



In relation to community support (both hours and beds), the demand modelling shows that services are required to increase, as outlined in **Figures 6** and **7** below. Demand modelling shows that:

- mental health community support hours are required to grow from 842,000 hours in 2012-13 to 5.29 million hours by the end of 2025;
- AOD (harm-reduction and personal support) hours of support are required to grow from 5,000 hours in 2012-13 to 258,000 hours by the end of 2025;
- AOD (post residential rehabilitation) hours of support are required to grow from 12,000 hours in 2012-13 to 57,000 hours by the end of 2025;
- some growth is required in the number of beds for AOD safe places for intoxicated people (168 to 205 beds); and
- demand for Psychiatric hostels in 2025 is currently being met, with traditional models of service continuing to be supported if they meet appropriate standards of care.

Although Community Support Services are described in the Accommodation and Support Strategy as both support only and support services linked with residential/accommodation, current MHC modelling shows all of the mental health demand as one (support services only). Further work is currently being undertaken to separate the service elements to show demand for accommodation (related to community support).

Figure 6: Community Support – optimal mix and level of service (hours)

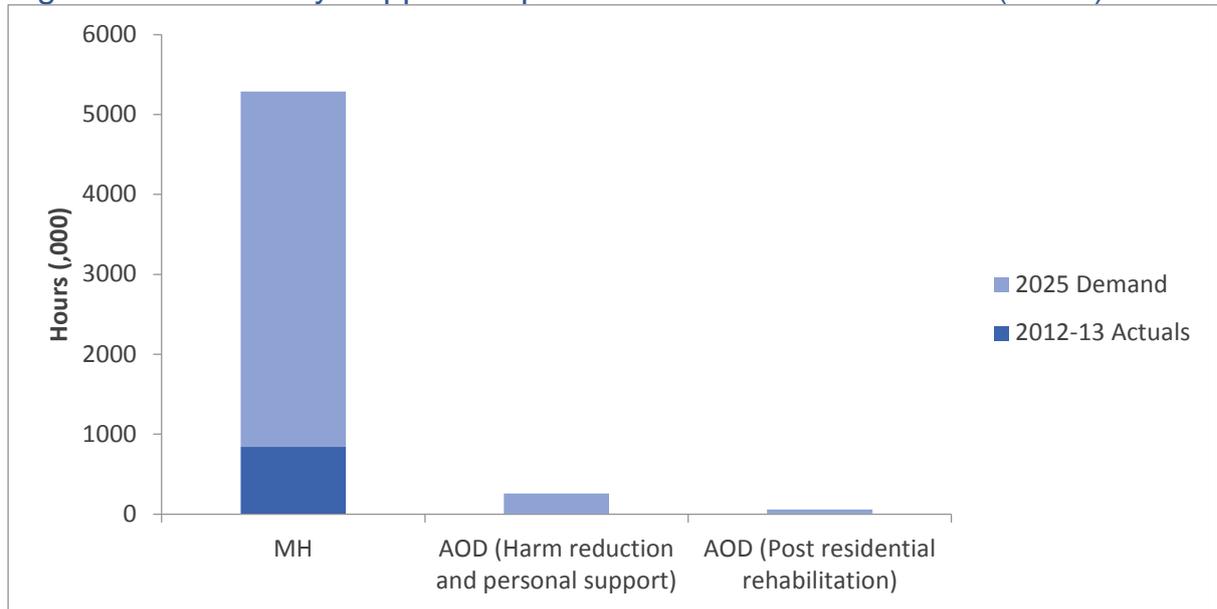


Figure 7: Community Support – optimal mix and level of service (beds)

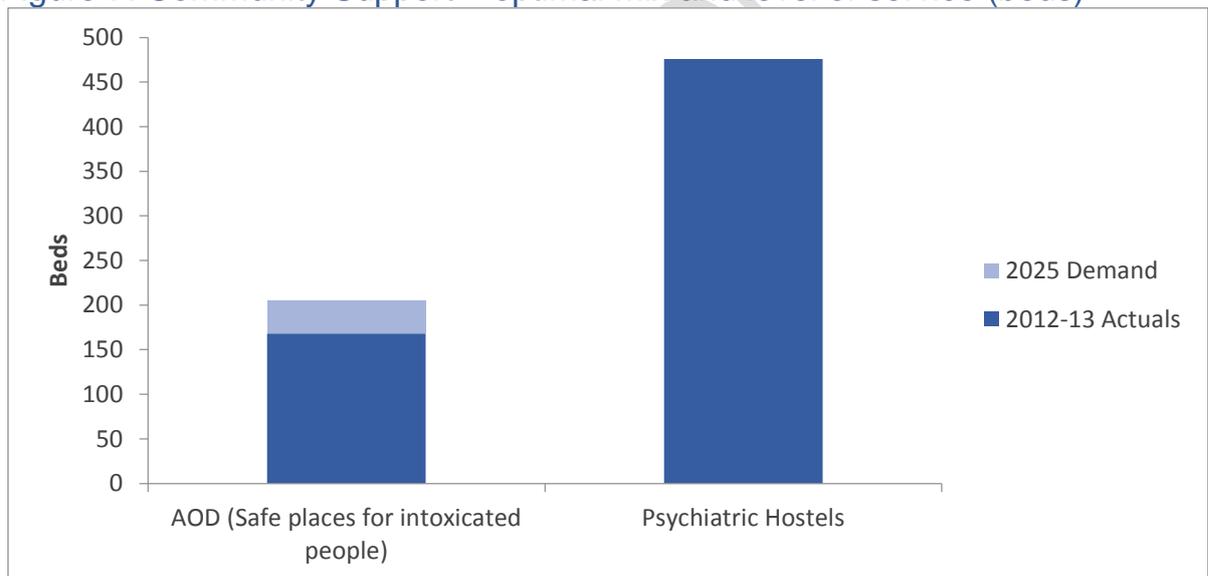


Table 3: Demand for accommodation and support service

| MENTAL HEALTH and AOD SERVICES | 2012-13 ACTUALS | 2025 DEMAND |
|--|-----------------|-----------------|
| MH Community bed-based | 281 beds | 909 beds |
| AOD Community bed-based | 358 beds | 824 beds |
| Community support ⁱⁱⁱ | | |
| a) MH Support Services Only | 842,000 hours | 5,286,000 hours |
| AOD Support Services Only | 5,000 hours | 258,000 hours |
| b) Support Services linked with residential/Accommodation (AOD only) | | |
| i. Post-residential rehabilitation | 12,000 hours | 57,000 hours |
| ii. Safe places for intoxicated people | 168 beds | 205 beds |

The above modelling accounts only for the accommodation and support services for people with severe mental health and mild, moderate and severe AOD issues, under the remit of the MHC, such as the community support and community bed-based service streams. The MHC modelling does not incorporate the entire accommodation and support system, which may include private services, homelessness, social housing or other elements outside the modelling tool utilised by the MHC.

Rebalancing the System

“It is more expensive to keep an individual homeless than it is to provide formerly homeless individuals with housing and linked support”¹⁹.

Addressing the identified accommodation and support needs of individuals via an across-agency coordinated approach will have significant economic benefits across the human services system, in addition to positive health and social outcomes.

The Plan highlights that expenditure on mental health services is heavily reliant on costly acute services and that there is a substantial need to expand community-based services. Increasing access to community support and community bed-based services will keep people well, out of hospital and connected to their family, friends and community.

Australian and international research has demonstrated that the combination of appropriate, affordable housing with support services significantly reduces demand on justice, health and welfare services and conferring additional benefits for residents²⁰.

A recent Australian study compared costs to government over two twelve month periods for people who were homeless and then tenants of supportive housing. “In twelve months when people were homeless, they used on average \$48,217 worth

ⁱⁱⁱ Mental Health and AOD Support Services are measured by hours of support which includes face-to-face time only. For example, hours a person spends in respite care, hours spent undertaking an activity, hours of face-to-face support with peer workers, or health, social and welfare support workers.

of government services; in the twelve months as tenants of supportive housing, the cohort used on average, including the cost of supportive housing, \$35,117 in government services²¹.

A 2003 systematic review found that "...providing stable housing for homeless people generated cost savings in a range of support services areas. In some cases the savings paid for most, if not all, of the housing expenditure; in other cases, the gains exceeded the costs"²².

Flatau et al (2008) found potential savings to government that were more than double the cost of providing assistance to people experiencing homelessness²³.

Improving access to safe housing and associated community support will help prevent the short to medium term accommodation system becoming congested with people who want to, and are able to, live independently in the community.

Recent research identified a potential saving to the Western Australia hospital system of \$84,000 per person per year, through preventing acute mental health admission by providing housing with linked mental health support, through existing programs such as the National Partnership Agreement on Homelessness (NPAH) Mental Health Program²⁴.

Findings from the Sankey Associates Supported Accommodation Program Evaluation: Final Report (2012) demonstrate that supported accommodation services are not only highly effective in reducing the number of mental health related outpatient contacts and hospitalisations for people with severe and persistent mental illness, but also significantly reduce the cost to the health system by providing better care for individuals to prevent hospital readmission²⁵.

The Sankey Associates report states there was an average cost saving of 30% per hospital admission when comparing residents' hospitalisations before and after supported accommodation. Given that the average length of stay per admission was eight days, this represents on average a more than \$4,367 saving per hospital admission. Furthermore, if residents of supported accommodation services re-enter hospital, their length of stay and cost per stay is significantly reduced.

As per the MHC 2016-17 Annual Report, the average cost per bedday in non-acute community bed-based services is \$239. The average cost per purchased bedday in acute hospital settings is \$1,489 with an average stay of 14.9 days. In clinical mental health settings, a lack of adequate accommodation is a significant contributory factor towards delayed patient discharge. Poor access to accommodation for people on long stay hospital wards creates acute bed pressure and unnecessary expense²⁶. As more than 40% of mental health consumers in acute hospital beds would not need to be in acute care if appropriate community services were available²⁷, there is potential for savings of \$846 to \$1,250 per bedday if people, who are able, are discharged into available community services. Additional benefits for consumers discharged into a community setting include positive health and social outcomes, such as attaining optimal mental and physical health, social competence and family connectedness.

Divestment and Decommissioning of Graylands Hospital

A key action in the Plan is the divestment of services at Graylands Hospital and Selby Older Adult Unit.

The MHC, DoH and North Metropolitan Health Service are working collaboratively to progress options for the decommissioning of the Graylands Hospital and Selby Older Adult Services. A limited number of services may remain on the Graylands and/or Selby sites, however replacement services will be developed in accordance with contemporary models of service and designed to meet the individual needs. Consumers will be transitioned to new, replacement services before existing services are closed.

New services may include a combination of inpatient services, hospital in the home services, community bed-based services, and community support (accommodation options).

Workforce

Currently, the mental health, alcohol and other drug sectors do not have the workforce capacity to delivery on all of the services and programs outlined in the Plan. As progress is made in implementing the Plan over time, this will involve substantial service development and expansion, and a corresponding need for growth in existing and new or emerging roles in the mental health and AOD workforce.

Social housing and community support workers as well as the broader workforce are required to have the necessary skills and competencies to provide appropriate support to tenants experiencing mental health and/or AOD issues. Tailored training is required to ensure staff are well equipped to provide the necessarily level of support. Individuals and communities also require education and training regarding system navigation and orientation to tenancy management.

The need for improved training of non-mental health and/or AOD frontline staff has been identified by a range of stakeholders, including consumers, families and carers. Delivering comprehensive training to frontline staff will aid in their understanding of people who have a mental health and/or AOD issue.

The MHC is currently developing the Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2018-2025 which will aim to guide the growth and development of an appropriately qualified and skilled workforce that will provide individualised, high quality mental health and AOD services and programs for the Western Australian community.

Significant Issues

The right for everyone to have access to adequate housing is enshrined in the United Nations Covenants²⁸.

For many people who experience mental health and/or AOD issues, finding and sustaining a stable home can prove difficult. Mental illness can be a key contributing factor leading to housing instability and homelessness²⁹.

People living in rental properties can be at risk of losing their home during periods of mental ill health or problematic AOD use³⁰.

The Australian Human Rights and Equal Opportunity Commission report that "...one of the biggest obstacles in the lives of people with a mental illness is the absence of adequate, affordable and secure accommodation. Living with a mental illness - or recovering from it - is difficult even in the best circumstances. Without a decent place to live it is virtually impossible"³¹.

Overall, in Western Australia there is general concern over the availability, variety and flexibility of the range of accommodation options for people with mental health and/or AOD issues. In particular: access to crisis accommodation for homeless people; housing that is close to supports (family, friends, services); and the current lack of community support services in remote, rural and regional areas (especially in regard to sourcing, retaining and educating staff).

Homelessness

Homelessness has a number of causes which can be structural, social or individual in nature. Structural factors include poverty, unemployment and unaffordable or inaccessible housing. Social factors include family relationships, community and social networks. Individual factors can include mental illness and/or problematic AOD use³².

Homelessness is a significant current and future issue in Western Australia.

In 2011, 9,595 people were experiencing homelessness in Western Australia on any given night³³. The Plan indicates that mental health, and/or AOD issues are contributing factors to an individual becoming homeless. It is estimated that by 2025, between 1,474 and 1,867 Western Australians who have mental health, AOD issues will be homeless³⁴.

A multidirectional relationship exists between homelessness and mental health/AOD issues - it can be both a cause and a consequence of homelessness. According to the Mental Health Council of Australia, homelessness can cause mental illness, exacerbate existing mental health issues and complicate the effective treatment of physical and mental illnesses³⁵. In addition, a lack of housing options for those currently in unsafe situations and experiencing domestic violence can have a negative impact on mental health³⁶.

Similarly, there is a well-documented two-way pathway between homelessness and

AOD use, with research showing that AOD issues can lead to homelessness and homelessness can lead to the misuse of AOD³⁷.

It has been identified that people with mental illness are at risk of homelessness due to uncoordinated service systems, poor support networks, social isolation, discrimination and stigma (in particular the private rental market), and economic disadvantage³⁸.

To improve services for people who are homeless in Western Australia, it is important to improve in-reach into homelessness services and work with housing providers to increase access to available housing³⁹.

In many cases, the order in which these are addressed is less important than ensuring that people are supported with a flexible and comprehensive approach. Developing services that address these factors concurrently (along with mental health and AOD issues) is essential to sustaining long-term outcomes⁴⁰.

Strategic Context and Influences

Individuals with mental health and/or AOD issues continue to face difficulties in obtaining and sustaining a safe place to live. A range of policy documents have provided the strategic context relating to the development and implementation of the Accommodation and Support Strategy (**Appendix E**). A number of key themes emerged from the documents, which includes:

- the need for vulnerable groups to have the same housing opportunities as other Australians;
- improved collaboration, coordination and partnerships;
- the importance of providing support to those who need it; and
- the issue of housing affordability.

These key themes align with the current State Government reform agenda to better integrate services that meet individual, family and community needs. The recent Western Australian Machinery of Government changes are “aimed at creating collaborative departments focused on whole-of-government objectives and delivering services in a more efficient and effective way”⁴¹. These changes strive to implement a more effective approach to the provision of services to the community.

The key documents which provide the strategic context are listed in **Table 4** below, and are outlined in more detail in **Appendix E**.

Table 4: Key Policies, Strategies, Programs and Agreements Providing Strategic Context for the Accommodation and Support Strategy

| State-level |
|---|
| Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 |
| Mental Health 2020: Making It Personal and Everybody's Business |
| Mental Health Outcome Statements |
| Western Australian Alcohol and Drug Interagency Strategy 2018-2022 |
| Suicide Prevention 2020: Together we can save lives |
| Social Housing Investment Package |
| Assisted Rental Pathways Pilot 2015 (formerly Subsidised Private Rental Pilot) |
| Shared Ownership |
| Revised Affordability Action Plan |
| Thrive – policy document from Housing when available |
| Mental Health Act 2014 |
| National-level |
| National Disability Insurance Scheme (2012) |
| National Rental Affordability Scheme |
| National Housing and Homelessness Agreement (National Partnership Agreement on Homelessness and The National Affordable Housing Agreement combined) 2017-18 |
| Fifth National Mental Health and Suicide Prevention Plan (2017) |
| National Housing Finance and Investment Corporation (NHFIC) |

Identifying the Challenges

There are a number of complex issues relating to accommodation and support services that require innovative, system wide responses in order to achieve effective and sustainable change. A number of key barriers have been identified in relation to individuals accessing appropriate accommodation and support options, and some of these are described below.

Insufficient Access to Accommodation and Support

Modelling of optimal services demonstrates that improvements and increases for a

variety of services for people with mental health and AOD issues are required, which includes appropriate accommodation. It is demonstrated that hours of community support for mental health services are required to increase by more than six-fold by the end of 2025, from 842,000 hours to 5,286,000⁴². The number of beds for AOD community support services are required to increase from 168 beds to 205 beds by the end of 2025⁴³.

To meet 100% of community bed-based services demand, modelling indicates that mental health community bed numbers are required to grow from 281 to 909, and for AOD are required to grow from 358 to 824 by the end of 2025. For mental health community beds, the greatest expansion is required in the non-acute community beds. For AOD community beds, the residential rehabilitation beds require the greatest growth, in order to meet the optimal service mix by the end of 2025⁴⁴.

People exiting mental health and AOD bed-based services often experience difficulties in finding and sustaining suitable accommodation^{45,46}. Furthermore, the cost associated with the private rental market excludes many individuals.

Current demand for social housing means that there are significant wait times for access. In 2015-16 there were 18,530 people on the social housing wait list in Western Australia with an average wait time of three years⁴⁷. Almost one quarter (22.7%) of Australians living with psychotic illness in 2010 were on a public housing waiting list. Factors influencing the time an applicant may wait to be housed include the area in which housing is being sought, the turnover of properties in the region, the type of accommodation required, and the number and priority status of people ahead of the applicant on the waiting list⁴⁸.

People with mental health and/or AOD issues often have particular problems accessing affordable housing. The lack of affordability is undermining the service system by creating bottlenecks within current accommodation options due to the lack of affordable alternative housing for individuals to access (for example, affordable private accommodation), once they no longer require the same level of support⁴⁹.

Lack of access to appropriate housing upon discharge from hospitals is a key issue, often resulting in homelessness or extended periods of time spent in acute care⁵⁰. Evidence shows that individuals with mental illness are occupying hospital inpatient beds for longer than necessary due to the absence of more appropriate community services. This is illustrated by survey results in 2009 which consistently indicate that more than 40% of individuals occupying mental health inpatient beds at any given time could be discharged if appropriate community services were available⁵¹.

Lack of Integrated Service Responses

Through the MHC's extensive consultation process, many consumers, carers and family members reported an apparent lack of coordination between support services and housing services. It is expected that homelessness, mental health and AOD services in Western Australia communicate and share information, however, there is little to no formal integration of services⁵².

Recovery requires a psychosocial, person centred approach with all services working collaboratively. The lack of coordination and integration within the service system

creates greater risk of homelessness for people with mental health and/or AOD issues⁵³. Discharge from institutions such as hospitals and prisons demonstrate gaps in the service system as a result of uncertainty in responsibilities and accountability⁵⁴. This alongside challenges regarding the capacity for clinical outreach results in barriers to effective service provision.

The consequences of the lack of an integrated service system also result in consumers' confusion about the service system and feel the need to retell their stories⁵⁵.

The term **psychosocial** underscores the close connection between the psychological aspects of a person's experience (such as their thoughts, emotions, and behaviour) and their wider social experience (including their relationships, traditions and culture).

Exposure to violence, disaster, loss of, or separation from, family members and friends, deterioration in living conditions, inability to provide for one's self and family, and lack of access to services can all have immediate and long-term consequences for children, families and communities and impair their ability to function and be fulfilled.

Stigma

Reducing stigma towards mental health and AOD issues remains essential to increase service access and sustain stable accommodation. Three out of every four people with mental illness report they have experienced stigma⁵⁶.

The World Health Organization defines **stigma** as: "A major cause of discrimination and exclusion: it affects people's self-esteem, helps disrupt their family relationships and limits their ability to socialise and obtain housing and jobs"⁵⁷.

Stigma can manifest in discrimination at an administrative level and in an individual's neighbourhood. Through the consultation process undertaken by the MHC in 2016, 2017 and 2018 for the development of the Accommodation and Support Strategy, many individuals anecdotally reported experiences of stigma whilst requesting reasonable maintenance support from landlords. Individuals have noted a perception that such requests for support could be contextualised by landlords as "trouble making" behaviour.

Through the consultation process consumers have also reported that the experience of stigma impacts on their capacity to sustain their tenancy.

Inappropriate Locations

Consumer consultation has identified the re-traumatising effect of living in housing estates/unit blocks containing people with considerable unmet needs including AOD abuse, untreated mental illness and ongoing domestic violence situations.

People recovering from AOD issues or those with mental illness (or both) need special consideration in relation to the environment in which their accommodation is located⁵⁸. However, housing preferences of people with mental health issues are similar to most Australians: home ownership is the preferred, followed by private rental, public housing, and options that allow independent living, the least preferred

housing options are those in a group setting or ones which lacks privacy^{59,60}.

Some research has highlighted the importance of providing housing that is dispersed throughout neighbourhoods and communities. This means large numbers of highly stigmatised and vulnerable people are not placed in close proximity to one another, which can lead to violence, intimidation and concentrations of alcohol misuse⁶¹.

To assist with these challenges accommodation and support options are required to be person-centred, flexible and responsive to meet the needs of individuals. Service planning and support will begin with what is important to the person, their capacities and needs.

Evictions

Throughout the Accommodation and Support Strategy consultation processes, evictions from public housing, private rental and community housing was identified as a major and pressing problem for people with mental health and/or AOD issues. The termination of a tenancy and eviction can have a serious impact on the tenants' emotional, social and physical wellbeing and can result in major crises such as: homelessness; mental health crisis leading to re-hospitalisation; increased demand on acute mental health services; and increased involvement in the criminal justice and child protection systems.

The Department of Communities Disruptive Behaviour Management Policy (DBMP), commonly known as the Three Strikes Policy, aims to address public concerns about disruptive behaviour by tenants in public housing. Under the DBMP, the Department of Communities can take action for repeated instances of disruption or anti-social behaviour, including initiating termination proceedings against tenants who disregard intervention efforts and formal warnings (known as strikes).

The Accommodation and Support Strategy Advisory Committee expressed considerable concern regarding existing policies in Western Australia that may increase the likelihood of eviction for people experiencing episodic mental illness or problematic AOD use. Services are required to work together to take on a dual role in supporting people with a mental illness who are the subject of complaints under the DBMP and protecting surrounding residents from problematic behaviour.

There is a need for appropriate levels of intervention and intensive support services to assist tenants with mental illness and/or AOD issues to work with landlords and/or resolve issues with neighbours, before issues escalate to eviction. The level of support required to sustain tenancy is likely to vary depending on the person's needs and will increase and decrease over time.

Specific Needs of Population Groups

Although the Accommodation and Support Strategy targets the Western Australian community as a whole, it is important to note there are some groups at greater risk of homelessness and overcrowding, and have greater barriers regarding accessing appropriate accommodation and support options. Whole of population strategies can

have a positive impact on people at greater risk, however there is also a requirement to implement additional targeted strategies for further support.

While each population group has its own unique barriers to accessing appropriate accommodation and support options, there are a number of overarching key themes as follows:

- It is clear the lack of affordable and appropriate housing and support services is a barrier for all population groups; and
- there is a need for service providers to focus on developing flexible, culturally secure and regionally specific responses that integrate individuals into the community.

Whilst this section of the Accommodation and Support Strategy focuses on the unique barriers specific population groups face when accessing accommodation and support services, it is also acknowledged that advantages also exist within these population groups such as social connectedness, community support and flexibility. Specific population groups such as Aboriginal people, rural, regional and remote communities, and CALD people can be more socially connected, have stronger community and family support, and may have the ability to draw upon protective factors such as spirituality to support the wellbeing of people who have mental health and/or AOD issues. In rural communities this social connectedness may also relate to health professionals and community service providers working more closely together as they often know each other well. Lack of traditional services and resources can also be an asset, as services may have more capacity to change and adapt⁶². It is important for these population groups to identify their strengths and work together to enhance the ability of these protective factors to support the people within their communities.

The specific needs of Aboriginal people and communities, young people, older adults, rural, regional and remote people and communities, CALD people and communities, and people in prisons and detention are discussed in more detail below.

Aboriginal People and Communities

Aboriginal and Torres Strait Islander people continue to be over-represented in the homeless and overcrowding population and as users of specialist homelessness services. Aboriginal and Torres Strait Islander people make up 3% of the Australian population, yet they made up 24% of those accessing specialist homelessness services in 2015–16⁶³.

It is forecast that by 2025, Aboriginal people will represent 3.76% of Western Australia's total population⁶⁴. In 2016, the Aboriginal population in Western Australia was approximately 76,000 people, and is forecast to grow to 120,000 by 2025⁶⁵. Due to the expected growth in population, an increase in services is required as well as the reconfiguration of current services to understand the role of culture, provide non-discriminatory support and respond to the cultural requirements of Aboriginal people.

Shelter WA report that the state of Aboriginal housing in Western Australia is

inadequate, with significant overcrowding and existing housing stock in desperate need of repair and maintenance, especially in remote communities⁶⁶. Overcrowding has been shown to contribute to poor health and mental health outcomes⁶⁷.

For some individuals, behaviour of transient family members and their lodging for a period but not officially listed on the lease, may pose risks to the individual's tenancy⁶⁸.

It is identified that there is a need for service responses to be flexible, culturally secure and regionally specific. Approaches need to be inclusive of family and delivered within a trauma informed framework⁶⁹.

The effectiveness of Aboriginal peer workers and other Aboriginal employed support workers in tenancy support contexts to ensure culturally secure service delivery was emphasised during the MHC consultation processes. However, the need for robust support mechanisms is highlighted to safeguard against burnout of Aboriginal peer and support worker⁷⁰.

Research recognises that integrated pathways between a continuum of supported accommodation options are required to ensure effective support for Aboriginal people⁷¹.

A variety of Aboriginal specific accommodation and support models exist in Australia. Further exploration and review is required regarding the effectiveness of models to determine best practice, cognisant of local contexts.

Young People

Stable accommodation is essential for youth in recovery. It provides the feeling of safety that comes with security of housing and tenure⁷².

A significant number of young people are forced to leave home because of family violence. Without early intervention, homelessness results in significant health risks, an increased risk of interacting with the criminal justice system and, for many who are early school leavers, the possibility of life-long disadvantage⁷³.

In 2015 the Youth Affairs Council of Western Australia held a sector summit regarding issues pertaining to young people with complex mental health issues who are homeless⁷⁴. A number of key elements were identified to improve outcomes for young people, many of which encompassed greater service integration and collaboration. These included:

- clear partnership working guidelines between mental health and homelessness services;
- shared responsibility for young people exiting health facilities;
- better communication between hospitals and homelessness services – sharing of information and risk management plans;
- more accommodation/support/services for young people in regional areas;
- flexibility in service delivery; and
- youth focused, comorbidity service delivery, and more AOD services and support for young people, including rehabilitation services.

Young people experience several issues in accessing local services, including: transport difficulties; institutional difficulties such as initiating appointments and unfamiliarity with the system; and financial difficulties⁷⁵. Flexible service design was identified as a key component for providing effective support to young people experiencing mental illness. This includes use of online contact and support, collaboration with and support of parents and flexible appointments (drop-in model)⁷⁶.

Transitioning between accommodation types can be problematic for young people. The Youth Mental Health Sub Network state that “Transition from Emergency Departments in general hospitals and mental health inpatient units to community services, was considered to be a time where gaps in continuity of care often occur due to fragmented pathways”⁷⁷.

The Youth Mental Health Sub Network also suggest that developmentally appropriate models are required to assist young people moving from crisis accommodation or homelessness to permanent accommodation⁷⁸.

Providing adequate services to young people is more cost effective than the alternative of homelessness. An Australian study on the cost-effectiveness of homelessness programs estimates that “preventing a period of homelessness results in reduced utilisation of health and justice services over the client’s remaining life. These programs can help repair family relationships, stabilise tenancies and help people transition back into housing if they become homeless”⁷⁹. Investment in such programs means that less government spending will be needed in other sectors⁸⁰.

The Costs of Youth Homelessness in Australia research briefing shows that the cost to society from increased interactions with the health and criminal justice systems for young homeless people exceeds the total annual cost of all homelessness services across Australia for people of all ages⁸¹. The briefing cites a number of innovative and successful early intervention programs that, if rolled out nationally, would lead to millions of dollars in savings to the Australian economy. Examples include: investing in local system reform of schools and services to support disadvantaged and vulnerable youth and families; and the development of models of wrap around support including accommodation linked to participation in education, training and employment.

Older Adults

Approximately 15% of adults aged 60 years and over suffer from a mental health disorder. Some data suggests that 10-15% of older Australians experience anxiety and depression. Conditions like schizophrenia are more common in older people than in younger adults⁸².

As Western Australia’s population ages the prevalence of mental illness among older adults and their respective needs is expected to increase. The most prevalent of these disorders are depression and anxiety. Further exacerbating these disorders can be precarious, unaffordable and poor quality housing, with the ever present fear of eviction resulting from untreated mental illness⁸³.

Approximately 15% of 65-74 year olds are at risk of alcohol-related harm in Western Australia⁸⁴. Older adults have an increased risk of experiencing

alcohol-related harm for three main reasons. Older people's tolerance for alcohol is decreased; therefore, they experience the effects of alcohol more quickly. Older people are more likely to be taking a range of medications due to health problems and certain medications can interact badly with alcohol and result in harm. Lastly, underlying health issues can be exacerbated by drinking alcohol. Conditions such as diabetes, high blood pressure, congestive heart failure and liver problems, as well as memory issues and mood disorders can all be worsened through drinking alcohol⁸⁵.

The older adult sector is often overlooked in accommodation needs within Western Australia⁸⁶. Secure and affordable housing is often cited as being the most important impact on an older person's wellbeing. Older adults with mental illness and/or AOD issues often lack political and economic power⁸⁷. Any mental health and AOD care provision that targets older adults cannot be separated from responding and attending to the housing and accommodation needs of this most vulnerable group⁸⁸.

The older adult sector is being affected by the lack of affordable and appropriate housing. There is growing concern about the number of older home owners who will enter retirement as renters, or with large outstanding mortgages. Further, as the population ages, the increase in incidence of disability will increase, and so will the demand for services and housing⁸⁹.

Homelessness is increasing amongst older adults with mental health issues. Seventeen per cent of homeless Australians are aged over 55 years⁹⁰. Older adults are also over represented among those living in temporary and insecure housing and those at risk of homelessness. This is particularly the case for women who have used rental properties whilst raising children and have experienced a separation from their partners later in life leaving them particularly vulnerable in securing accommodation with little to no superannuation, employment opportunities or financial support⁹¹.

Implications for inadequate, secure well-staffed facilities available for older adults with extremely complex mental health issues and dementia include a greatly increased risk of harm, lack of dignified treatment and infringement of rights⁹².

Rural, Regional and Remote

For people in rural and remote locations it may be more difficult to access appropriate accommodation and support.

Living in rural or remote areas places people with mental health issues at greater risk of homelessness and insecure housing. This is because the number of services available to people with mental health and/or AOD issues in rural communities is lower than in urban areas and access to suitable and affordable accommodation options is more limited⁹³. This means that some people may not be able to access the services they need in their own community, or experience longer waitlists for various accommodation and support options. This lack of service support in remote areas can render people with mental and/or AOD issues more vulnerable to homelessness.

Housing in rural and remote areas is often of a lower standard than urban rental

stock; therefore high proportions of rural renters live in substandard housing⁹⁴.

Culturally and Linguistically Diverse People and Communities

People from culturally and linguistically diverse backgrounds with a mental illness and who are homeless are particularly vulnerable. Multicultural Mental Health Australia note the following: “An already difficult situation is accentuated by language difficulties, unfamiliarity with service systems, social dislocation due to immigration, alienation from culture and community, grief related to experiences of torture, trauma and separation, and limited culturally appropriate service options”⁹⁵.

Community managed organisations may not have capacity or flexibility to ensure referral processes are non-restrictive and services are culturally nuanced. Within these contexts, people may not be aware of support pathways or have the confidence and skills to self-advocate⁹⁶.

Reducing stigma towards mental health and/or AOD issues remains essential. For many ethnic communities, the attitude towards mental health and AOD issues can be punitive towards the individual, their carers and their families⁹⁶.

The Transcultural Mental Health Sub Network suggest that education and training initiatives need to focus more on the communities themselves rather than service providers. Strategies for providing accommodation and support for this cohort would have sustainable, longer term positive outcome if a whole-of-community approach was adopted⁹⁷.

People in Prisons and Detention

Compared to the general community, the prevalence of mental health and AOD issues is higher at every stage of the criminal justice process. The Plan identifies that approximately 65% of the juvenile and 59% of the adult prison population have mental health issues⁹⁸. In 2015, over half (52.9%) of women and 37.9% of men in the Western Australian adult prison population had a co-occurring mental illness and a substance use disorder⁹⁹. Australian and international academic literature has found that both mental illness and drug use are linked with re-offending¹⁰⁰.

Individuals in the criminal justice system also differ demographically compared to the general community, for example, there are: disproportionately high numbers of young men; small numbers of women and young people; and a large over-representation of Aboriginal people. People in contact with the criminal justice system should receive mental health and AOD services equivalent to services available to the community¹⁰¹.

Many people re-entering the community after involvement with the criminal justice system face a range of challenges including: poverty, unemployment, difficulty accessing appropriate accommodation, discrimination, stigmatisation, poor physical health, intellectual disabilities, AOD misuse, mental health issues, poor social and communication skills, difficulty accessing primary and secondary care, and loss of family and social ties¹⁰².

Re-entering the community can affect the individual’s health and have significant impact on children, families and the community¹⁰³.

Stable housing and accommodation supports are crucial to enable re-entry into the community¹⁰⁴. People with mental health and/or AOD issues are more likely to be homeless on release from prison, have poorer employment outcomes, higher levels of post-release criminal involvement and lower levels of family support than prisoners without mental health and/or AOD issues¹⁰⁵. These factors increase the risk of reoffending and deterioration of mental health.

Support services and stable accommodation options are required to be enhanced to provide individuals with the best opportunity to reintegrate successfully into the community. Ensuring staff have the expertise to support high risk individuals and effective transition services are in place prior to an individual leaving prison is important for future outcomes. The first six months after release from prison is a particularly vulnerable period of transition, as it is known that mortality and morbidity are very high¹⁰⁶.

It is imperative that the management of the transition from prison to the community is undertaken in a flexible way, to ensure cultural security, and to cater for the needs of Aboriginal people as required¹⁰⁷.

Contemporary Service Models

To sustainably meet the accommodation and support needs of Western Australians with mental health and/or AOD issues, there is a requirement to provide contemporary best practice models of service in the provision of housing. This may include expansion of existing evidence-based service models and the development of new models.

A model of service broadly defines the preferred way services are to be delivered using international, national and local evidence based best practice principles¹⁰⁸.

There are a number of service models that have been proven to be effective in achieving outcomes related to accommodation and support for vulnerable people. Some of these models have been developed in non-mental health/AOD contexts, but may be adapted. Some service models were highlighted by stakeholders through the consultation process (outlined in **Appendix F**), that have aimed to provide contemporary approaches and demonstrate possible options for development and implementation. Any organisation or agency wishing to review existing services, or to implement new services, may consider implementing the features of contemporary service models.

There are a number of features which help define contemporary service models, and these are outlined below.

- **Co-designed and co-produced by consumers, carers and family members** - Accommodation and support services are co-designed and co-produced by consumers, carers and family members in partnership with other stakeholders including policy maker and health professionals. This extends to the development of policy, planning, service delivery, evaluation and research. This Strategy aligns with the principles of safety, authenticity, humanity, diversity and equity outlined in the Working Together: Mental Health and Alcohol and Other Drug Engagement

Framework 2018-2025 (Engagement Framework). Applying the principles and strategies outlined in the Engagement Framework will lead from doing *to* and doing *for* people, to doing *with* people. It's important that people's assets and capabilities are recognised and nurtured, that people share roles and responsibilities and that all stakeholders work together in equal ways, respecting and valuing each other's unique contributions.

- **Recovery-orientated, person-centred, strengths based, flexible and responsive, individualised, tailored support approaches** – Recovery-oriented mental health practice refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations¹⁰⁹. Contemporary recovery-oriented services are cognisant of the impact of trauma on consumers and their families while acknowledging recovery itself means different things to different people. Trauma informed care approaches based on safety, choice, collaboration, trustworthiness and empowerment will be incorporated into service provision¹¹⁰. In a personalised service system, a suite of options is required as no single model will meet the needs of all individuals. The Chief Mental Health Advocate notes, “A system of care (or diversity of models) is needed which offers a flexible, residential continuum utilising person-centred principles of recovery. A diversity of models recognises that people are different, that different things work for different people, that some people take longer than others to recover, that it can be very difficult to predict what model works best for which people”¹¹¹. These concepts are also applicable to AOD contexts acknowledging that recovery, in this regard, does not necessarily mean abstinence. Planning adequate safeguards against individuals being released or discharged into homelessness is essential to enhance recovery.

In a **person-centred approach**:

- the person is at the centre;
- the principles of self-determination, choice and control are crucial;
- carers, family, friends and others invited by the person are partners in the process;
- what is important to the person, their capacities, and the support they require is key; and
- the focus is on what is possible for the person.

Instead of the individual having to fit into existing programs and services, planning and support will begin with the person and their life goals and ambitions.

- **Seamless integrated system of accommodation and support** - Contribution to a seamless, integrated system of accommodation and support is a feature of contemporary service models. Systematic, coordinated approaches enable smooth transition processes between service and accommodation types and reduce gaps in continuity of care. Identified coordinators, operating within a collaborative framework help facilitate these processes.

- **Culturally secure, culturally competent and diversity responsive and recognise and respond to Aboriginal and Torres Strait Islander cultures, values, and belief systems** - Contemporary Service models are culturally secure, culturally competent and diversity responsive. They emphasise tailored support approaches for individuals and their families, co-designed by specific communities and cultural groups. Strategies to reduce access barriers are incorporated into all aspects of the model/s. Service models recognise and respond to Aboriginal and Torres Strait Islander cultures, values, belief systems and perspectives of identity, family, mental health, health and wellbeing. Contemporary service models should recognise trauma associated with or by Stolen Generations and Forgotten Australians¹¹².
- **Age appropriate** - Services are age appropriate and developmentally informed to best meet the needs of different age cohorts, cognisant of their social environment and unique situations¹¹³.
- **Peer workforce** - The use of peer workers with lived experience of mental health and/or AOD recovery is integral to recovery-oriented service delivery. Peer workers or workers with specialist mental health and AOD knowledge may be co-located with frontline housing workers to ensure comprehensive support.
- **Robust orientation processes for tenants** - Contemporary models recognise the need for robust orientation processes for tenants. Ongoing access to information and support for sustaining tenancy is highlighted. They are responsive to the episodic nature of mental health and/or AOD issues. Service models are flexible enough to ensure individuals can access and navigate between varying levels of support and accommodation types.
- **Evidence informed, quality accreditation processes** - All contemporary mental health services are to be compliant with the six outcomes of the National Standards for Mental Health Services as an essential requirement that recognise quality of life principles relating to: health, wellbeing and recovery; a home and financial security; relationships; recovery, learning and growth; rights, respect, choice and control; and community and belonging.
- **No requirement for a person to be 'clinically or socially' stable for them to be offered housing** - Utilisation of a systems approach to housing. Once appropriate permanent accommodation has been established, supports and services are identified that assist the person sustain their accommodation, rather than a requirement for a person to be 'clinically or socially' stable for them to be offered housing. This is also known as the 'Housing First' approach.

Conclusion

Ensuring people with mental health and AOD issues have access to appropriate accommodation remains an issue of considerable urgency, and is the cornerstone of this Accommodation and Support Strategy.

The Accommodation and Support Strategy has a high level, multiagency approach. It is provider and funder neutral, relying on investment from the State and Commonwealth Governments, the private sector and the not-for-profit sector.

Addressing the identified accommodation and support needs of individuals via an across-agency, coordinated, recovery focused psychosocial person-centred approach will have significant positive health and social outcomes as well as economic benefits across the human services system. There is a need for collective effort to affect change. Increasing access to community services will assist people to keep people well, out of hospital and connected to their family, friends and community. There is also a need to make better use of the current resources available and use them better to help people transition from specialised resources. It strives for an integrated system rather than a series of stand alone services. Just as the needs of individuals are holistic, so to must be the response of government and non-government services.

Five key focus areas and their associated actions have been proposed, based on consultation and research. The key focus areas are aimed to assist service providers and government to begin a process of reforming accommodation and support options in Western Australia for those with mental health and/or AOD issues. Under each key focus area, is a number of priorities identified for action. Many of these will need further development before they can be implemented.

All sectors will need to work together to provide an integrated accommodation and support system through the implementation of the Accommodation and Support Strategy. To achieve this, various stakeholders must be involved in the planning, commissioning and delivery of accommodation and support services. These include the government organisations such as the MHC, DoH, Department of Justice, Department of Communities including the Housing and Child Protection portfolios; non-government organisations; CHOs; consumers, carers, families and other stakeholders.

To support the Accommodation and Support Strategy's application, the MHC will develop its own implementation plan based on its own responsibilities and identified priority areas for action. Other agencies are encouraged to consider how they can meaningfully contribute to the Accommodation and Support Strategy's implementation. Where appropriate the MHC will work with other agencies and through existing and new governance arrangements to develop and implement actions within their respective areas of responsibility.

Glossary

Carer:

A person who has a caring role for a person with a mental health and/or AOD issue or illness. They could be family, friends or staff and be paid or unpaid. The role of the carer is not necessarily static or permanent, and may vary over time according to the needs of the consumer and carer.

Co-design:

Co-design is identifying and creating an entirely new plan, initiative or service, with involvement of consumers, carers and family that is successful, sustainable and cost-effective, and reflects the needs, expectations and requirements of all those who participated in, and will be affected by the plan or service.

Collective impact:

A framework for bringing cross-sector organisations together to focus on a common agenda that results in long-lasting change.

Community housing organisation (CHO):

Entities that provide safe, secure and affordable community housing for people on low to moderate incomes. CHOs are “skilled in matching people to properties by assigning housing according to individual requirements and paying attention to location, design and support needs”¹⁴. There are more than 200 CHOs in Western Australia, including Local Government Authorities and State Government Agencies, as well as ‘traditional’ not-for-profit entities, which comprise most of the sector. CHOs provide social housing to people who may or may not have needs extending beyond the financial need for subsidised rent. Types of accommodation provided by these organisations include crisis, transitional and long-term housing.

Community support services:

Provide individuals with mental health and/or AOD issues access to the help and support they need to participate in their community. Community support include programs that help people identify and achieve their personal goals, and can include: personalised support programs (for example to assist in accessing and sustaining employment/education); peer support; initiatives to promote good health and wellbeing; home in-reach support to attain and sustain housing; family and carer support; flexible respite; individual advocacy services; and harm-reduction programs.

Consumer:

Any person who identifies as having a current or past lived experience of psychological or emotional issues, distress, mental health and/or AOD issues, irrespective of whether they have a diagnosed mental illness and/or AOD issue and/or have received treatment.

Co-occurring, comorbidity or dual diagnosis:

Refers to a person who has a substance use problem(s) and mental health problem(s) (such as depression or anxiety) at the same time. Interaction between the two can have serious consequences for a person’s health and wellbeing; therefore appropriate diagnosis is essential in the management of comorbidity.

Comorbid issues generally require long-term management approaches and an integrated approach with other services. This also refers to those who have a mental illness and/or AOD issue, with one or more medical problems at the same time.

Co-production:

Co-production as implementing, delivering and evaluating supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship, with shared power and responsibilities, to achieve positive change and improved outcomes .

Detox/detoxification:

Is synonymous with and more commonly termed withdrawal from AOD. Usually it refers to supervised withdrawal for a person who is dependent on AOD. It may or may not involve medication.

Emergency housing:

An entry point into critical services and an alternative to the streets. Provides complex care support and short term accommodation, including shelters and safe houses.

Evidence-based practice:

Developing responses based on identified client needs and the best available evidence on effectiveness through research and evaluation.

Forensic mental health services:

Refers to mental health services that principally provide assessment, treatment and care of people with a mental health issue and/or mental illness who are in the criminal justice system, or who have been found not guilty of an offence because of mental impairment. Forensic mental health services are provided in a range of settings, including prisons, hospitals and the community.

Homelessness:

Based on the Australian Bureau of Statistics definition: the state of a person who does not have suitable accommodation alternatives and whose current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control, and access to space for social relations.

Housing cooperative:

A distinctive type of home ownership that is membership based. An apartment building or a group of dwellings owned by a corporation, the members of which are the residents of the dwellings. In a cooperative, the corporation or association owns title to the real estate. A resident purchases stock in the corporation which entitles him to occupy a unit in the building or property owned by the cooperative. While the resident does not own his unit, he has an absolute right to occupy his unit for as long as he owns the stock.

Housing first:

A homeless assistance approach that prioritises providing people experiencing homelessness with permanent housing as quickly as possible, and then providing

support services as needed.

Home ownership:

Where a person owns or has a mortgage on the home in which they live.

Housing ready:

Housing Readiness focuses on treatment need: it is an exercise in prognosis and changes in behaviour whereby individuals are given placement contingent on first accepting treatment for those conditions that minimise Housing Readiness.

Housing stock:

The total number of houses available for occupancy in an area.

Individualised:

Services made for or adjusted to a particular individual. Assists the person to identify services and supports required to meet their needs and goals.

Individual coordination:

Provides a locally based approach to supporting people with mental health and/or AOD issues and their families to navigate, plan and coordinate access to the services and supports needed to live a good life.

Inpatient unit:

A hospital ward or similar that provides 24-hour nursing care. It is able to care for individuals detained under the *Mental Health Act 2014*, with a consultant psychiatrist or other professional acting as responsible clinician.

Integrated service system:

Refers to service agencies working together to collaborate and coordinate their support, services and interventions for consumers. This requires a person-centred approach and attention to people who have complex needs that require services from a number of agencies.

Some efforts may be one-off, but more typically, there is a system developed that enables agencies to meet or communicate and possibly streamline processes, to provide ongoing coordination. Furthermore, an integrated service system provides greater flexibility for individuals and service providers to match individual needs with the support provided — in order to develop solutions that will support outcomes.

Mental health:

A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

Mental illness:

A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

On-site staffed accommodation:

On-site staffed accommodation is accommodation for individuals that have no other housing options. It is a combination of accommodation and support that is longer term

(more than 12 months). Contemporary models include a focus on individual development to assist people to live independently.

Outreach services:

An outreach service refers to a program or initiative that provides mental health and/or AOD services in a location removed from a central management site.

Overcrowding:

Refers to the condition where more people are located within a given space than is considered tolerable from a safety and health perspective. Overcrowding may arise temporarily and/or regularly. Effects on quality of life due to crowding may be due to increased physical contact, lack of sleep, lack of privacy and poor hygiene practices.

Peer support and peer support workers:

Social and emotional support, frequently coupled with practical support. Provided by people who have experienced mental health and/or AOD issues or illness to others sharing a similar mental health and/or AOD condition. Peer support aims to bring about a desired social or personal change.

Person-centred approach:

Instead of the individual having to fit into existing programs and services, planning and support will begin with the person and their life goals and ambitions. In a person-centred approach:

- the person is at the centre;
- the principles of self-determination, choice and control are crucial;
- carers, family, friends and others invited by the person are partners in the process;
- what is important to the person, their capacities, and the support they require is key; and
- the focus is on what is possible for the person.

Private rental:

Private rental accommodation is traditional rental housing run by private landlords rather than a housing program. It is generally long-term housing.

Psychiatric hostel:

Private premises in which three or more persons who are socially dependent because of mental illness, and are not members of the family of the proprietor of the premises, reside and are treated or cared for.

Recovery:

Personal recovery is defined within the National Framework for Recovery-oriented Mental Health Services as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'. It is acknowledged recovery is personal and means different things to different people. In regards to AOD use, it may or may not involve goals related to abstinence.

Recovery plan:

A plan designed to help you recover by working out what sort of life you want to lead,

what you can do to get there, keeping track of changes and identifying and managing things that might make you worse.

Residential rehabilitation:

Safe and supported programs offered in a community-based setting to people who have not successfully reduced or overcome their substance use issues through other treatment programs and who are not suited to attend an outpatient program.

Safe guarding:

A term used to denote measure to protect and prevent people from being harmed or badly treated. Safeguards are precautions and measures that are put in place to ensure an individual has the best possible chance of succeeding in their recovery. Safeguards may protect a person from exploitation and harm, and foreseeable unintended events. Importantly, safeguards should enhance and protect a person's human rights, and enable a person to make choices and decisions, take considered risks, and live a life as an active and equal citizen in the community.

Social Housing:

The term social housing is used as an umbrella term for both public and community housing as one sector. Individuals in social housing can receive funding from the government or community organisations that can, where appropriate, enable tenants to live independently; and pay rent that is affordable, relative to their income and can be less than market value.

This type of housing is long-term and allocated via the Department of Communities - Housing or an alternate scheme such as the National Rental Affordability Scheme. Individuals access the majority of this accommodation via a waitlist. Accommodation options include units and standalone houses across Western Australia.

Social impact bond:

An outcomes-based contract between non-government organisations and the public sector in which a commitment is made to deliver improved social outcomes that result in public sector savings. The public sector pays if (and only if) the intervention is successful. Social impact bonds enable a re-allocation of risk between the two sectors.

Social inclusion:

Social inclusion refers to policies which result in the reversal of circumstances or habits which lead to social exclusion. Indicators of social inclusion are that individuals are able to secure a job; access services; connect with family, friends, work, personal interests and local community; deal with personal crisis; and have their voices heard.

Stable accommodation:

A building which someone may live that is steady, not likely to change and long-term. Stable housing provides a foundation for individuals with mental health and/or AOD issues to improve their health outcomes.

Stigma:

Stigma is a mark or label that sets a person apart. Stigma occurs whenever there are negative opinions, judgments or stereotypes about anyone with any form of mental health and/or AOD issue. People with mental health and/or AOD illness feel

diminished, devalued and fearful because of the negative attitude society holds toward them. As a result, people struggling with mental health challenges may not get the help they need for fear they'll be discriminated against.

Transitional housing:

A non-emergency, supportive, yet temporary type of accommodation. It is an intermediate step between emergency crisis shelter and more permanent accommodation. This is short to medium term accommodation (up to 12 months). Accommodation and support is provided to assist people to transition from other services (for example AOD residential rehabilitation, prison or hospital admission) to independent accommodation.

Trauma:

A deeply distressing or disturbing experience that causes someone to have mental or emotional problems usually for a long time.

Treatment first:

Individuals are required to accept treatment and be evaluated by case managers to illustrate that they are mentally stable, not using illicit substances, have sufficient skills to live without supervision and/or demonstrate other required behavioural changes; only then does the individual become housing 'ready'.

Whole of government services:

Whole of government denotes public agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal and informal. They can focus on policy development, program management and service delivery.

Appendices

Appendix A - Mental Health Outcome Statements

Each person is unique, and so what each person considers a good life will be different. However, people with mental illness, their families and carers, service providers and community members have worked together to describe the main results people with a mental illness are seeking to achieve in their lives.

These result areas are called outcome statements.

The six outcome statements developed as people shared their stories and perspectives. All the six outcome statements relate to 'quality of life' – a key principle of the Western Australian government's strategic policy Mental Health 2020: Making it personal and everybody's business.

Outcome: Health, Wellbeing and Recovery

People enjoy good physical, social, mental, emotional and spiritual health and wellbeing and are optimistic and hopeful about their recovery.

Outcome: A home and financial security

People have a safe home and a stable and adequate source of income.

Outcome: Relationships

People have enriching relationships with others that are important to them such as family, friends and peers.

Outcome: Recovery, learning and growth

People develop life skills and abilities, and learn ways to recover that builds their confidence, self-esteem and resilience for the future.

Outcome: Rights, respect, choice and control

People are treated with dignity and respect across all aspects of their life and their rights and choices are acknowledged and respected. They have control over their lives and direct their services and supports.

Outcome: Community belonging

People are welcomed and have the opportunity to participate and contribute to community life.

Appendix B – List of Stakeholders

Individual contributions

Approximately 30 consumer consultants, carers and family members contributed to the consultation process.

List of Participating Stakeholder Organisations

Representatives of the following organisations participated in consultation to inform the development of the draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025:

- Access Housing
- Alcohol and Other Drug Advisory Board
- Alma Street Care
- Amana Living Inc.
- Bloodwood Tree Association
- Carers Association of WA Inc.
- Child and Adolescent Health Service
- Child and Adolescent Mental Health Service
- Community Housing Industry Association
- Consumers of Mental Health WA
- Cyrenian House
- Department of Aboriginal Affairs
- Department for Child Protection and Family Support
- Department of Corrective Services
- Department of Health (Mental Health Unit)
- Disability Services Commission
- East Metropolitan Health Service - Mental Health
- Foundation Housing
- Fusion Australia
- Great Southern Community Housing Association
- Helping Minds
- Hope Community Services
- Housing Advisory Round Table
- Housing Authority
- Lamp Inc.
- Life Without Barriers
- Mental Health Advisory Council
- Mental Health Commission Aboriginal Advisory Group
- Mental Health Advocacy Service
- Mental Health Matters 2
- Mental Health Network
- Mental Health Network – Multicultural Sub Network
- Mental Health Network – Youth Sub Network
- Mission Australia
- National Disability Insurance Agency
- National Affordable Housing Agreement Transitional and Young Parents Accommodation Program
- Ngnowar Aerwah Aboriginal Corporation
- Noongar Mia Mia
- North Metropolitan Health Service – Mental Health
- Office of Multicultural Interests
- Pathways SouthWest
- Richmond Wellbeing
- Rise Network
- Romily House
- Ruah Community Services
- Salisbury Home
- Shelter WA
- St Judes Hostel
- St Bartholomew's House Inc.
- Southern Cross Care (WA) Inc.
- South Metropolitan Health Service – Mental Health
- Teen Challenge
- Uniting Care West
- Western Australian Association for Mental Health
- Western Australian Network of Alcohol and other Drug Agencies
- WA Country Health Service (Great Southern Mental Health Service)
- Youth Mental Health Sub Network

Appendix C - Existing Committees

The below outlines some existing committees in Western Australia, related to accommodation and support.

Homeless Accommodation Interagency Meeting (HAIM) - provides a platform to discuss and coordinate the operational implementation of government homelessness policy and ensuring a whole of government approach to tackle homelessness. Stakeholders include the Department of Communities (Housing and Child Protection and Family Support).

Homelessness Senior Officers Group – oversees the implementation of the National Partnership Agreement on Homelessness in Western Australia, and to ensure integration between the homelessness, social housing, remote indigenous housing and national building and jobs plan national partnership agreements. Stakeholders include a range of government departments, for example Department of Health and Department of Communities.

Shelter WA Advisory Committee on Homelessness - established to work towards recommendations initially identified during the Shelter WA Future of Homelessness Forum, which took place on 20 May 2014. Recommendations identified at the forum include:

- Provide integrated services to address homelessness in Western Australia;
- Better use of existing resources for social and affordable housing;
- Secure future funding commitments from Government and identify alternative funding opportunities;
- Requirement for expanded and improved data collection;
- Coordinated sector advocacy;
- Provision of responsive and diverse services;
- Provision of early intervention and prevention strategies; and
- Develop more 'exit points' for crisis accommodation.

Housing Advisory Roundtable (HART) - convened to build effective communication between the Department of Communities and key stakeholders around public housing in recognition of the links and interface between social/affordable housing shortages and homelessness/mental illness/criminal justice.

The Western Australian Council on Homelessness - established by the Minister for Child Protection as an external advisory body to Government on homelessness matters. The terms of reference for the Council are to:

- drive strategies and initiatives to achieve the following outcomes to reduce homelessness:
 - fewer people will become homeless and fewer of these people will sleep rough;
 - fewer people will become homeless more than once;

- people at risk of or experiencing homelessness will maintain or improve connections with their families and communities, and maintain or improve their education, training or employment participation;
 - people at risk of or experiencing homelessness will be supported by quality services, with improved access to sustainable housing; and
 - contribute to the development, implementation and on-going review of state and regional homelessness action plans, ensuring integrated responses with non-government, government and government mainstream services to ensure a more connected and responsive service system.
- drive the implementation of initiatives under the three key strategies of:
 - intervention and prevention;
 - improving and expanding services; and
 - breaking the cycle of homelessness.

CONSULTATION DRAFT

Appendix D - Example of Accommodation and Support Strategy Program Logic Model

| Inputs | Actions/Outputs | Output Indicators | Outcomes |
|---|---|---|--|
| <p>Funding</p> <p>Human resources</p> <p>Workforce Development</p> <p>Research and Data</p> | <p>Stakeholders to populate activities/outputs in relation to their organisation's relevant business activity and the appropriate domains for action.</p> <p>Examples of the types of actions which could be implemented under each key focus are provided below.</p> <p>Increase Access to Appropriate, Affordable, Safe, Long-term Accommodation</p> <ul style="list-style-type: none"> Develop innovative options to increase the availability of housing stock for people with a mental illness and/or AOD issues such as government housing, rent subsidies and other contemporary models. <p>Establishment of Strategic Collaborative Partnerships</p> <ul style="list-style-type: none"> Develop improved communication, information sharing protocols and leadership between agencies involved in the interface between accommodation and support for people with mental health and/or AOD issues. <p>Provision of Contemporary Housing and Support Models</p> <ul style="list-style-type: none"> Develop early prevention and intervention approaches to prevent evictions. <p>Provision of Policy, Education and Training</p> <ul style="list-style-type: none"> Provide tailored training packages, including mental health first aid and culturally secure training for frontline housing support workers, community support workers, clinical staff, real estate agents and landlords to facilitate improved understanding of mental health and/or AOD issues. <p>Provision of Data and Research to Improve Accommodation and Support Responses</p> <ul style="list-style-type: none"> Undertake an across government mapping of data pertaining to accommodation and support for people with mental health and/or AOD issues. | <p>Stakeholders to populate output indicators in relation to their organisation's relevant business activity.</p> <p>Examples of the types of outputs which could be implemented are provided below.</p> <ul style="list-style-type: none"> Number and types of appropriate accommodation options accessed. Number of strategies implemented to improve communication and information sharing between agencies. Number of innovative new models of accommodation and support developed. A review/report on existing accommodation and support models. Number and type of tailored training packages provided. Report on data obtained from the across government mapping project. | <p>Short-term</p> <ul style="list-style-type: none"> Increase in collaborative partnerships. Increased knowledge on contemporary accommodation and support options. Increased knowledge of mental health and/or AOD for frontline staff. <p>Medium-term</p> <ul style="list-style-type: none"> More people will have preadmission and post discharge community care. More people will be discharged from hospital to appropriate levels of accommodation and support in the community. Improved support services for people with mental health and/or AOD issues. <p>Long-term</p> <ul style="list-style-type: none"> More people with poor mental health and AOD problems will live in stable housing. Increase implementation of new models of accommodation and support. Increase in appropriate, affordable accommodation. Decreased stigma towards people experiencing mental health and/or AOD issues in housing and accommodation services. Increased accommodation and support options that recognise the needs of specific target groups. |

Appendix E - Strategic Influences

The following policy documents provide the strategic context to development and implementation of the Accommodation and Support Strategy.

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan) provides a reform pathway and outlines the optimal mix and level of mental health and AOD services required to meet the needs of Western Australians by the end of 2025. The Plan includes the full range of services from prevention, community support, community treatment through to community bed-based, hospital bed-based, specialised state-wide services, forensic and system wide reform. The development of this Strategy is a key action in the Plan (action 24).

Mental Health 2020: Making It Personal and Everybody's Business

Mental Health 2020: Making It Personal and Everybody's Business (MH2020)¹¹⁵ outlines the overarching strategic directions and outcomes that guide the philosophy and everyday work of the MHC.

MH2020 highlights that having a stable form of accommodation is widely recognised as one of the most significant factors in achieving recovery for a person with a mental health problem and/or mental illness. The range of emergency, short and long term accommodation and support options available to people in various circumstances such as leaving hospital, when they are homeless or when they are living independently in the community are recognised.

Mental Health Outcome Statements

In order to achieve quality of life, the mental health outcome statements (**Appendix A**) identify the importance of people who experience mental illness having the opportunity to build and sustain personal mental health and wellbeing, optimism for the future, relationships with family and friends and a good home in the community with a stable source of income. Further, it identifies the need for people to have their rights respected and opportunities for choice and control in their lives. Everyone should be able to develop new skills and personal resilience, and build satisfying lives despite experiencing mental illness.

The outcome statements recognise individuality and the importance of person centred approaches. The nature of supports and services needed by a young person may be different to the support needed by an older person or an Aboriginal person or a person from a CALD background. Further, recovery does not follow a uniform trajectory and therefore the type, mix, amount and location of supports and services needs to be available at different times, in different places.

Complete and true implementation of the six outcome statements cannot be

achieved solely by the mental health sector in isolation. The elements of a good life are best met by individuals, communities and services working together. The six outcome statements provide guidance for all Western Australians as they seek to build communities that include and support people with mental illness, their families and carers.

Western Australian Alcohol and Drug Interagency Strategy 2018-2022

The Western Australian Alcohol and Drug Interagency Strategy 2018-2022 (Interagency Strategy)¹¹⁶ is the State's key policy document that outlines strategies to prevent and reduce the adverse impacts of AOD use in Western Australia. This Interagency Strategy operates under the national framework of supply, demand and harm reduction and is underpinned by two core elements: first and foremost a focus on prevention and early intervention; and secondly, on providing support to those who need it.

Mental Health Act 2014

*The Mental Health Act 2014*¹¹⁷ (Act) commenced on 30 November 2015. A key object of the Act is to ensure that people experiencing mental illness are provided with the best possible treatment and care, with the least possible restriction on their rights and freedoms. The Act includes a Charter of Mental Health Care Principles (Charter), to which clinicians and mental health services must have regard. The Charter includes reference to:

- the need for a person-centred approach, promoting self-determination and goal-oriented care and support;
- recognition that people experiencing mental illness can and do recover and make meaningful contributions to the community; and
- the importance of factors influencing mental health and wellbeing, including accommodation, relationships, recreation, education, financial circumstances, and employment.

There are provisions in the Act requiring comprehensive discharge planning, and facilitating information sharing to enhance continuity of care.

Overall, three common themes of the strategic influences for the Accommodation and Support Strategy are evident. The three important factors in achieving recovery for a person with mental health issues include:

- stable accommodation;
- individualised, person-centred approaches; and
- inclusion of family and carers.

Suicide Prevention 2020: Together we can save lives

The multi-year suicide prevention strategy, Suicide Prevention 2020¹¹⁸ aims to reduce the number of suicides in Western Australia by 50% by the year 2020.

There are six key action areas:

- Greater public awareness and united action across the community.
- Local support and community prevention across the lifespan.
- Coordinated and targeted responses for high risk groups.

- Shared responsibility across government, private and non-government sectors to build mentally healthy workplaces.
- Increased suicide prevention training.
- Timely data and evidence to improve responses and services.

The State Government has committed funding of \$25.9 million over four years to 2020 to implement the activities identified in Suicide Prevention 2020.

Methamphetamine Action Plan

In an effort to reduce methamphetamine use and related harms in Western Australia, the State Government has committed to implementing a \$45 million Methamphetamine Action Plan (MAP).

The MAP outlines a comprehensive plan of actions that are aimed at reducing methamphetamine related demand, supply and harm, in recognition of the complexities associated with drug use.

The MAP included the establishment of an independent Taskforce established in June 2017 and, chaired by Mr Ron Alexander, provides advice and recommendations to State Government on:

- Improving how programs can be best delivered and targeted to areas of greatest need, including regional areas;
- Opportunities for cross-sector collaboration to reduce methamphetamine harm, demand and supply; and
- Advice on the best ways to measure the performance and success of the Government's initiatives.

The MAP Taskforce will deliver a report to Government. This report will be informed through engagement with the Western Australian community to understand the challenges we face and help the Taskforce formulate its advice to Government on practical ways to reduce methamphetamine harm, supply and demand.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) was initiated by the Australian Government in 2012 to support people under the age of 65 with a permanent and significant disability. The NDIS is being implemented via a staged rollout process across Australia. People who experience mental illness may be eligible to access the scheme.

In order to be eligible to participate in the NDIS, individuals must:

- have a permanent and significant disability that affects their ability to take part in everyday activities;
- be aged less than 65 when they first access the NDIS;
- be an Australian citizen, a permanent resident or a New Zealand citizen who holds a Protected Special Category Visa; and
- live in an area where the NDIS is available.

In relation to psychosocial disability, the access requirements for the NDIS

include people with a psychiatric condition who have significant and permanent functional impairment. A person meets the disability requirements if:

- they have one or more impairments attributable to a psychiatric condition;
- the impairment or impairments are, or are likely to be, permanent; and
- they are likely to require support for their lifetime.

Individuals with co-occurring AOD issues are eligible for their mental health needs but their AOD treatment is not funded by NDIS (the AOD treatment is funded by the MHC).

The NDIS provides opportunities for increased consumer choice of service providers. It is hoped that this will drive innovation.

NDIS participants who are assessed as requiring specialised accommodation as part of their reasonable and necessary supports will receive funding to cover the costs.

Specialist Disability Accommodation (SDA) is housing that enables people with very high needs to receive the support they need. SDA, once implemented will provide funding towards the cost of the physical environment for eligible NDIS participants to live and receive their daily supports. SDA funding is included in the participant's plan enabling them to source the SDA they require and choose from the market. SDA funding is not intended to cover support costs (such as Supported Independent Living), which are assessed and funded separately by the NDIS.

The NDIS is committed to ensuring SDA provides homes for people with very high needs and not just simply a building where they live. This includes limiting the number of residents per house to a maximum of five in a single dwelling.

SDA homes may range from a purpose built apartment in a mixed development through to a modified free-standing house.

The target group for SDA are individuals in supported accommodation (group homes and institutions); young people (under 65 years) in aged care; and addressing unmet need for specialist disability housing.

On 12 December 2017, an announcement was made that the Australian and Western Australian Governments have reached an agreement to bring Western Australia into the NDIS. From 1 July 2018, the National Disability Insurance Agency (NDIA) will assume responsibility for the delivery of the NDIS in Western Australia. The NDIS will continue to roll out on a geographic basis and will be fully rolled out across Western Australia by 2020. People already taking part in the WA NDIS will transfer to the nationally delivered. The Australian and Western Australian governments will work closely with the NDIA to implement the transition.

The NDIS is able to provide the support needed for people with a disability to live more independently. This could be through building of life skills like cooking, budgeting and learning to catch public transport, all making a transition into independent living more feasible. Or it could be through funding a

support worker to assist with showering, shopping or preparing meals in the home environment.

The National Rental Affordability Scheme

The National Rental Affordability Scheme (NRAS) is an Australian Government initiative delivered in partnership with State and Territory Governments to invest in affordable rental housing. The NRAS aims to:

- stimulate the supply of new affordable rental dwellings; and
- reduce rental costs for eligible low to moderate income households by at least 20% below market rates for up to 10 years.

The Australian Government is responsible for administering and implementing NRAS, while the Western Australian Department of Communities - Housing administers the State Government's funding contribution.

The properties are privately owned and managed by not-for-profit and non-government organisations.

The target group for NRAS is low to moderate income Australians – people who may find it hard to pay market rental rates. Potential and existing NRAS tenants must meet income eligibility criteria and be assessed by the approved participant or the tenancy manager of a particular property, not by the Australian Government.

National Partnership Agreement on Homelessness (NPAH)

The Department of Communities - Housing is the lead agency responsible for the coordination and implementation of homelessness funding in Western Australia. There are two major policy agreements that support homelessness service provision in Western Australia, the NPAH and the National Affordable Housing Agreement (NAHA).

The NPAH commenced in 2009 with the primary aim of reducing and breaking the cycle of homelessness and increasing the social inclusion of people experiencing homelessness. The NPAH contributes to the NAHA outcome to “help people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion”. The NPAH focuses on the key strategies to reduce homelessness:

- prevention and early intervention;
- breaking the cycle of homelessness; and
- improving and expanding the service responses to homelessness.

Following the initial 2009-13 NPAH there have been three transitional NPAH agreements, 2013-14, 2014-15, and 2015-17. On 9 December 2016, the Commonwealth Government announced funding for a further 12 months NPAH for 2017-18.

The National Affordable Housing Agreement

The National Affordable Housing Agreement (NAHA) aims to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation.

The NAHA is an ongoing agreement by the Council of Australian Governments (COAG) that commenced on 1 January 2009, initiating a whole of government approach in tackling the problem of housing affordability.

The NAHA commits to achieve the following outcomes:

- people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion;
- people are able to rent housing that meets their needs;
- people can purchase affordable housing;
- people have access to housing through an efficient and responsive housing market;
- Indigenous people have the same housing opportunities (in relation to homelessness services, housing rental, housing purchase and access to housing through an efficient and responsive housing market) as other Australians; and
- Indigenous people have improved housing amenities and reduced overcrowding, particularly in remote areas and discrete communities.

The NAHA is supported by the National Partnership Agreements on: social housing; homelessness; and remote Indigenous housing.

National Housing and Homelessness Agreement

The Commonwealth Budget identified significant changes to housing and homelessness funding arrangements post June 2018. From 1 July 2018, the current funding under the NAHA and the NPAH will be combined to fund a new National Housing and Homelessness Agreement (NHHA).

The NHHA will target jurisdiction-specific priorities including supply targets, planning and zoning reforms, renewal of public housing stock and supporting the delivery of frontline homelessness services. Bilateral schedules with clear targets aims to ensure each State is accountable for outcomes that recognise the different housing markets across the jurisdictions.

As in previous years, there will be a continued focus on people affected by domestic violence and vulnerable young people who are homeless or at risk of homelessness.

National Housing Finance and Investment Corporation

The National Housing Finance and Investment Corporation (NHFIC) is a new corporate Commonwealth entity dedicated to improving housing affordability. The NHFIC will operate an affordable housing bond aggregator to encourage greater private and institutional investment and provide cheaper and longer-term finance to registered providers of affordable housing.

An initial \$9.6 million has been provided as part of the 2017-18 Commonwealth budget to establish the NHFIC, due to commence operations from 1 July 2018. Feedback is currently being sought on the potential structure and governance of the NHFIC.

Social Housing Investment Package

The Social Housing Investment Package (SHIP) was announced in May 2015 with the aim to halve the number of seniors and families with children on the priority social housing waitlist by 30 June 2017 through the delivery of 1,000 additional homes. The two milestones were both achieved by 30 June 2017, the Priority Waiting List for seniors and families with children was reduced by 62% and 1,000 homes were delivered. This included a combination of new constructions, spot purchases and private rental leases.

SHIP supports an important part of the State Affordable Housing Strategy that aims to generate 30,000 affordable homes by 2020.

Assisted Rental Pathways Pilot (formerly Subsidised Private Rental Pilot)

The Assisted Rental Pathways Pilot is one of the six streams of the Social Housing Investment Package that was announced by the State Government in 2015. The Pilot aims to support 200 social housing tenants and waitlist applicants in private rental dwellings for a period of up to four years.

The Pilot will provide eligible participants with a tiered rental subsidy and individualised assistance, to build their personal capacity and financial independence so they can become self-sufficient in the private rental market. The Department of Communities - Housing will use this opportunity to trial a diversionary form of housing assistance for capable people who may, with the aid of time-limited rental subsidies and individualised assistance, be able to transition into the private housing market.

Shared Ownership

The Department of Communities - Housing offers a range of home ownership products through its lending provider, Keystart Home Loans.

Keystart is an initiative of the State Government to assist Western Australians into affordable housing. These loan products help eligible people to buy their own homes through low deposit loans and shared equity schemes. Specific loan assistance is available for public housing tenants, sole parents, people living with a disability and Aboriginal borrowers.

To assist further with affordability, some loans include a shared ownership arrangement. This means that the home buyer purchases a property with the Department of Communities - Housing, so there are two owners. The objective of this arrangement is to minimise overall costs for the buyer.

For example, the Department of Communities - Housing may purchase 20% of the property, which means the home buyer is only responsible for total repayments on 80% of the property.

Appendix F - Contemporary Service Model Examples

A number of contemporary service models have been outlined as being effective in relation to accommodation and support for vulnerable people. The features of these models have been highlighted throughout the Accommodation and Support Strategy to demonstrate possible options for development and implementation. Although the MHC has not committed to specific projects; some practical examples of these models are featured below.

Example 1: Individualised Community Living Strategy

The Individualised Community Living Strategy (ICLS) is an innovative and collaborative partnership approach between the MHC, Department of Health (DoH), Community Managed Organisations, Community Housing Organisations and the Department of Communities - Housing to provide clinical and psychosocial supports and services, in addition to appropriate housing for individuals to maximise their success in recovery and living in the community.

The purpose of the ICLS is to provide coordinated clinical and psychosocial supports to assist eligible individuals' to achieve their recovery goals and live well in the community.

The principles of choice, personalised planning, self-direction and portability of funding are central to the operation of the ICLS. ICLS places the person at the centre of planning to make choices, shape direction of their services and supports and take control over their life. A 2015 evaluation found that 97% of individuals considered that their general wellbeing and quality of life had improved since accessing the ICLS.

Example 2: Inner City Cadre Project

The Cadre Project model was developed by Mind Australia to support inner city residents in Sydney who live in public housing, including those with a mental illness to care for one another. A cadre is a community group that promotes positive mental health and community outcomes. A cadre member may be called on to assist people in distress, provide support for someone with a mental illness, help a neighbour, act as a community leader or spokesperson, and understand and facilitate recovery.

The Inner City Cadre Project is an example of ground-up change to achieve mental health recovery. It has been described as Mental Health Neighbourhood Watch. The Inner City Cadre Project aims to:

- develop coping and support strategies for mental health consumers and their supporters, carers and neighbours;
- establish an inner city Cadre network;
- help educate community members and reduce stigma linked with mental illness;
- assist people with a mental illness; and

- benefit consumers, carers, neighbours and service providers in the inner city.

The project consists of a mental health support program that trains and supports public housing communities to help care for each other.

While the consumer movement and the recovery framework has informed the philosophy of the Cadre Project since its inception it is important to stress that cadre members do not need to have had a “lived experience” of mental health issues or function as a support worker¹¹⁹.

Example 3: Street to Home

Street to home is a collaborative approach, with eight different service teams from seven not-for-profit community service sector organisations, plus the MHC and DoH, successfully engaging with rough sleepers. The Street to Home program has three elements: an Assertive Outreach Team (AOT), a Mobile Clinical Outreach Team (MCOT), and Housing Support Workers (HSW). The Street to Home program operates in the inner city areas of both Perth and Fremantle.

This program adopts a partnership approach that involves service managers, the MCOT, Department of Communities - Housing and the AOTs/HSWs meeting on a regular basis to monitor and improve client outcomes, streamline service delivery, and discuss and develop client management techniques. The partnerships required are critical to the success of the program. A shared database allows for the development of joint case management and support plans.

MCOT works with other community mental health services and engages people who have not previously accessed mental health services.

The National Partnership Agreement on Homelessness (NPAH) evaluation found that the Street to Home program had been very successful in obtaining accommodation for clients, and/or assisting them to sustain accommodation. Between January 2010 and June 2012, 88% are recorded as being accommodated in their most recent period of contact. The evaluation found the program has a success rate of 74% stably accommodated for at least 12 months¹²⁰.

Example 4: 50 Homes 50 Lives

The 50 Lives 50 Homes collective impact campaign has been established to support the most vulnerable homeless people in Perth. 50 Lives 50 Homes aims to:

- sustainably house and support very vulnerable homeless people using a Housing First approach;
- use a collective impact model to harness existing supports and services; and

- evaluate the effectiveness and relevance of the Housing First Model in the Western Australian context to inform future funding decisions for homelessness in Western Australia.

A key success of the Campaign is the collaboration of the 46 individuals from 30 organisations who have participated in the Campaign. The collaboration is facilitated through working groups and secretariat support provided by the Ruah based 50 Lives 50 Homes team. Some of the organisations participating in the Campaign steering group are: Homeless Healthcare; Aboriginal Family Legal Service; Community Housing Limited; Anglicare WA; and North Metropolitan Health Service - Mental Health Services.

Example 5: Tiny homes

Tiny Homes Gosford is a pilot project which successfully integrates an affordable housing solution for people experiencing homelessness with employment, education and social re-integration solutions as part of a scalable community project. The pilot project consists of four tiny homes, a common lounge, a common laundry and workshop and community vegetable gardens. The project is based on a Housing First solution supported by a network of training, employment and social support services.

The Castle is a project being undertaken by Youth Futures in partnership with the University of Tasmania – School of Architecture. The Castle intends to provide a realistic and affordable alternative to mainstream housing. The Castle provides micro-housing options for young people who are homeless or otherwise excluded from mainstream housing. The accommodation is mobile, allowing swift deployment into backyards and driveways; for short, medium term or longer term placement. It is intended to sidestep onerous planning requirements and is able to be offered as a “flat-pack”.

Example 6: Transitional Housing and Support Program

The Transitional Housing and Support Program (THASP) provides community based, independent living for people exiting residential AOD treatment programs. A key feature of the THASP program is ongoing support for clients to help with personal recovery and relapse prevention. Clients are assisted with support worker visits, counselling, integration back into the community, education, training and employment, independent living skills, and identifying suitable long term housing. Support provided in each house can vary from harm minimisation, reduced use to ongoing abstinence.

The houses are either sole use, shared with other participants or with the client’s family. Houses can include mixed cohorts or programs for specific populations, such as mixed gender, women with children, youth or Aboriginal people and families. The houses are primarily available for 3-6 months however some cases may warrant longer term (up to 12 months).

Clients can include those with severe and long-term problematic use of AOD, a history of unsuccessful treatment, home or social environment unsupportive of treatment and/or clients who are homeless or at risk of homelessness.

Example 7: Collective Impact

Collective Impact is a framework to tackle deeply entrenched and complex social issues. It is an innovative and structured approach to making collaboration work across government, business, not-for-profit organisations and consumers to achieve significant and lasting social change. Collective impact or similar collaborative approaches offer useful mechanisms to address some of the action areas identified in the Strategy, and may be explored further, during the implementation of the Accommodation and Support Strategy.

The collective impact framework consists of five key conditions¹²¹¹⁶:

- All participants have a **common agenda** for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
- Collecting data and **measuring results** consistently across all the participants ensures shared measurement for alignment and accountability.
- A **plan of action** that outlines and coordinates mutually reinforcing activities for each participant.
- Open and **continuous communication** is needed across the many players to build trust, assure mutual objectives, and create common motivation.
- A **backbone organisation(s)** with staff with a specific set of skills to coordinate participating organisations and agencies.

References

- ¹ Department of Foreign Affairs. (1995) International Covenant on Economic, Social and Cultural Rights, Australian Treaty Series 1967 No 5. Canberra, Commonwealth of Australia.
- ² Reeve, K., Green, S., Batty, E., Casey, R. (2009). The Housing Needs and Experiences of Homeless Drug and Alcohol Users in Stoke-on-Trent. Centre for Regional Economic and Social Research. Retrieved from: file:///C:/Users/he110283/Downloads/housing-needs-exp-drug-alcohol-stoke.pdf
- ³ Australian Institute of Health and Welfare. (2016) Mental health services in Australia. Specialist homelessness services. Canberra
- ⁴ McVicar, D. Moschion, J. and Van Ours, J. (2015) From substance use to homelessness or vice versa?. *Social Science and Medicine Journal*. Vol 136-137.
- ⁵ National Mental Health Commission. (2017) Housing homelessness and mental health workshops, Perth Summary Report. Australian Government
- ⁶ Department of Foreign Affairs. (1995) International Covenant on Economic, Social and Cultural Rights, Australian Treaty Series 1967 No 5. Canberra, Commonwealth of Australia.
- ⁷ National Mental Health Consumer and Carer Forum. (2017). Advocacy Brief, Co-Design and Co-Production.
- ⁸ Center for Community Health and Development. (2017). Chapter 27, Section 11: Building Inclusive Communities. Lawrence, KS: University of Kansas. Accessed from the Community Tool Box.
- ⁹ Atherton, I. McNaughton Nicholls, C. (2008). Housing First as a means of addressing multiple needs and homelessness. *European Journal of Homelessness*, Volume 2, December 2008
- ¹⁰ Tsemberis, 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(4), 651–656, in Hansen, M., Sims, S. Lima, F. and Glauert, R. (2017) Assessing health service contacts and costs for residents of supported accommodation services, Mental Health Commission Internal Report, page 9.
- ¹¹ Gilbert T. (2011). States of being: Exploring the links between homelessness, mental illness and psychological distress. An evidence based policy paper. Homelessness Australia, Lyneham ACT.
- ¹² Hansen M, Scott S., Lima F., Moltoni M., Harrison A. and Glauert R. (2016) Assessing health service contacts and costs for residents of supported accommodation services - Final report. Western Australian Mental Health Commission.
- ¹³ Government of Western Australia. Results from the 2004, 2006, 2007 and 2009 snapshot surveys of mental health inpatient units in Western Australia. Internal document: MHD Statewide Mental Health Governance and Performance; 2010.
- ¹⁴ Department of Communities (2017). Accessed 14 November 2017. www.communities.wa.gov.au/services/housing.
- ¹⁵ Western Australian Department of Justice. (2017). Accessed 14 November 2017. www.correctiveservices.wa.gov.au/about-us/.
- ¹⁶ Kania, J. Kramer, M. (2011) Collective Impact: Stanford Social Innovation Review. Leland Stanford Jr. University.
- ¹⁷ Government of Western Australia. Results from the 2004, 2006, 2007 and 2009 snapshot surveys of mental health inpatient units in Western Australia. Internal document: MHD Statewide Mental Health Governance and Performance; 2010.
- ¹⁸ Australian Bureau of Statistics. (2012). 4922.0 – Information Paper – A Statistical Definition of Homelessness, 2012. First Issue. Canberra.
- ¹⁹ Parsell C. Petersen M. & Culhane D. (2016). Cost offsets of supportive housing: Evidence for social work. *The British Journal of Social Work*, bcw115.

-
- ²⁰ Hansen M, Scott S., Lima F., Moltoni M., Harrison A. and Glauert R. (2016) Assessing health service contacts and costs for residents of supported accommodation services - Final report. Western Australian Mental Health Commission.
- ²¹ Parsell C. Petersen M. & Culhane D. (2016). Cost offsets of supportive housing: Evidence for social work. *The British Journal of Social Work*, bcw115.
- ²² Berry, B., Chamberlain, C., Dalton, T., Horn, M., Berman, G. (2003). Counting the Cost of Homelessness: A systematic review of cost effectiveness and cost benefit studies of homelessness. July 2003, Australian Housing and Urban Research Institute.
- ²³ Flatau, Zaretsky, Brady, Haigh and Martin (2008) in Hansen M, Scott S., Lima F., Moltoni M., Harrison A. and Glauert R. (2016) Assessing health service contacts and costs for residents of supported accommodation services - Final report, Western Australian Mental Health Commission.
- ²⁴ Wood, L., Flatau, P., Zaretsky, K., Foster, S., Vallesi, S., & Miscenko, D. (2016). What are the health, social and economic benefits of providing public housing and support to formerly homeless people. Australian Housing and Urban Research Institute at The University of Western Australia.
- ²⁵ Sankey Associates Pty Ltd. (2012), Supported Accommodation Program Evaluation: Final Report, Retrieved from WA Mental Health Commission website:
http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/mhc_eval_Final_Report_Evaluation_of_Supported_Accommodation_November_2012.sflb.ashx
- ²⁶ Tait, S. (2012) The Case for Benchmarking specialised integrated inpatient and community facilities for individuals with disabling recurrent and long term severe mental illnesses. Literature review and background document of benchmarks of beds required per 100,000. North Metropolitan Health Service Mental Health Adult Program: Management Committee. Unpublished report.
- ²⁷ Government of Western Australia. Results from the 2004, 2006, 2007 and 2009 snapshot surveys of mental health inpatient units in Western Australia. Internal document: MHD Statewide Mental Health Governance and Performance; 2010.
- ²⁸ Department of Foreign Affairs. (1995) International Covenant on Economic, Social and Cultural Rights, Australian Treaty Series 1967 No 5. Canberra, Commonwealth of Australia.
- ²⁹ Australian Institute of Health and Welfare. (2016) Mental health services in Australia. Specialist homelessness services. Canberra.
- ³⁰ Beer, A., Slatter, M., Baulderstona, J., & Habibis, D. (2006). Evictions and housing management: Toward more effective strategies.
- ³¹ The Human Rights and Equal Opportunity Commission (1993) Human rights and mental illness (Volume 1 and 2) Canberra, Australian Government Publishing Service.
- ³² Mental Health Commission (2018). Western Australian Alcohol and Drug Interagency Strategy 2018-2022. Mental Health
- ³³ Australian Bureau of Statistics (2014). Census of Population and Housing: Estimating Homelessness, 2012 Australian Institute of Health and Welfare, Specialist Homelessness Services 2012-13, 2013. Homelessness Australia, Homelessness in Western Australia.
- ³⁴ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
- ³⁵ Mental Health Council of Australia (2009) Home Truths. Mental health, housing and homelessness in Australia. Deakin, ACT.
- ³⁶ Mental Health Council of Australia (2009) Home Truths. Mental health, housing and homelessness in Australia. Deakin, ACT.
- ³⁷ Mental Health Council of Australia (2009) Home Truths. Mental health, housing and homelessness in Australia. Deakin, ACT.
- ³⁸ Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute, NSW.
-

-
- ³⁹ Australian Bureau of Statistics (2014). Census of Population and Housing: Estimating Homelessness, 2012 Australian Institute of Health and Welfare, Specialist Homelessness Services 2012-13, 2013. Homelessness Australia, Homelessness in Western Australia.
- ⁴⁰ Drug and Alcohol Office (2013) Transitional Housing and Support Program (THASP) Evaluation Report, Drug and Alcohol Office. Government of Western Australia.
- ⁴¹ Public Sector Commission. (2017). 2017 Machinery of Government changes. Accessed on 17 November 2017. <https://publicsector.wa.gov.au/public-administration/machinery-government/2017-machinery-government-changes>
- ⁴² Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission.
- ⁴³ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
- ⁴⁴ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
- ⁴⁵ Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute, NSW.
- ⁴⁶ Drug and Alcohol Office (2013) Transitional Housing and Support Program (THASP) Evaluation Report, Drug and Alcohol Office. Government of Western Australia.
- ⁴⁷ Department of Housing Western Australia (2016) Housing Authority Annual Report 2015-2016. Perth, Western Australia. Government of Western Australia.
- ⁴⁸ Morgan, V. Waterreus A. Jablensky A. Mackinnon A. McGrath J. J. Carr V. & Galletly C. (2011) People living with a psychotic illness 2010. Report on the second Australian national survey. Canberra, Department of Health and Ageing.
- ⁴⁹ Australian Association of Social Workers. (2015) Position statement on housing affordability. Canberra
- ⁵⁰ Reynolds, A., Inglis, S., O'Brien, A. (2002). Linkages between housing and support – what is important from the perspective of people living with a mental illness. AURI Positioning Paper No. 33. Australian Housing and Urban Research Institute
- ⁵¹ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
- ⁵² Flatau P. Conroy E. Thielking M. Clear A. Hall, S. Bauskis A. & Burns L. (2013). How integrated are homelessness, mental health and drug and alcohol services in Australia? AHURI Final Report no 206, Australian Housing and Urban Research Institute.
- ⁵³ Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute NSW.
- ⁵⁴ Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute NSW.
- ⁵⁵ Flatau P. Conroy E. Thielking M. Clear A. Hall, S. Bauskis A. & Burns L. (2013). How integrated are homelessness, mental health and drug and alcohol services in Australia? AHURI Final Report no 206, Australian Housing and Urban Research Institute.
- ⁵⁶ Department of Health. Accessed 12 December 2017. www.healthywa.wa.gov.au. Perth, Western Australia, Government of Western Australia.
- ⁵⁷ World Health Organisation (nd). Stigma and Discrimination. World Health Organisation, Regional Office for Europe. Retrieved from: www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/priority-areas/stigma-and-discrimination
- ⁵⁸ Owen, C. Rutherford, V. Jones, M. Wright, C. Tennant, C. & Smallman, A. (1996). Housing accommodation preferences of people with psychiatric disabilities. Psychiatric services. Washington, DC.
-

-
- ⁵⁹ Owen, C. Rutherford, V. Jones, M. Wright, C. Tennant, C. & Smallman, A. (1996). Housing accommodation preferences of people with psychiatric disabilities. Psychiatric services. Washington, DC.
- ⁶⁰ Reynolds, A., Inglis, S., O'Brien, A. (2002). Linkages between housing and support – what is important from the perspective of people living with a mental illness. AURI Positioning Paper No. 33. Australian Housing and Urban Research Institute
- ⁶¹ Phillips R. and Parsell C. (2012) The role of assertive outreach in ending 'rough sleeping', AHURI Final Report No. 179. Melbourne, Australian Housing and Urban Research Institute in Drug and Alcohol Office.
- ⁶² Rickwood D (2006). Pathways of Recovery: Preventing Further Episodes of Mental Illness (Monograph). Commonwealth of Australia, Canberra. Accessed 20 November 2017. <http://health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-mono-toc~mental-pubs-p-mono-pop~mental-pubs-p-mono-pop-rur>
- ⁶³ Australian Institute of Health and Welfare (2016). Specialist homelessness services 2015-16. Canberra.
- ⁶⁴ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
- ⁶⁵ Australian Bureau of Statistics (2017). Census of Population and Housing: Aboriginal and Torres Strait Islander People By State and territory, 2016 (a). Accessed 27 October 2017.
- ⁶⁶ Shelter WA, accessed 3 August 2017. <http://wahousinghub.org.au/display/RES/Aboriginal+Housing>.
- ⁶⁷ Flatau P, Conroy E, Spooner C, Edwards R, Eardley T, Forbes C, (2009) Lifetime and Intergenerational Experiences of Homelessness in Australia. Australian Housing and Urban Research Institute, University of Western Australia.
- ⁶⁸ Flatau P, Conroy E, Spooner C, Edwards R, Eardley T, Forbes C, (2009) Lifetime and Intergenerational Experiences of Homelessness in Australia. Australian Housing and Urban Research Institute, University of Western Australia.
- ⁶⁹ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
- ⁷⁰ Mental Health Commission. (2017) Accommodation and Support Strategy Advisory Committee. Public Consultation process. Perth. Western Australia.
- ⁷¹ Memmott P. (2003). Categories of Indigenous' homeless' people and good practice responses to their needs. Australian Housing and Urban Research Institute, Queensland Research Centre.
- ⁷² Duff, C. Jacobs, K. Loo, S. and Murray, S. (2012). The role of informal community resources in supporting stable housing for young people recovering from mental illness: key issues for housing policy-makers and practitioners, AHURI Final Report No.199. Melbourne. Australian Housing and Urban Research Institute.
- ⁷³ Mackenzie, D. Flatau, P. Steen, A. & Thielking, M. (2016). The cost of youth homelessness in Australia. Research Briefing. Swinburne Institute for Social Research.
- ⁷⁴ Youth Affairs Council of Western Australia (2015) Youth Homelessness Mental Health Sector Summit Summary Report. Yacwa.org.au.
- ⁷⁵ Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute NSW.
- ⁷⁶ Health Consumers Alliance of SA Inc. (2016) Health Consumers Alliance of SA and Health Economics and Social Policy Group, University Of South Australia – Youth Mental Health Consultation Project.
- ⁷⁷ Smith W. & Millet L. (2017) Submission to the Mental Health Commission Accommodation and Support Strategy, Youth Mental Health Sub Network.
- ⁷⁸ Smith W. & Millet L. (2017) Submission to the Mental Health Commission Accommodation and Support Strategy, Youth Mental Health Sub Network.
- ⁷⁹ Zaretzky K, Flatau P, Brady M (2008). What is the (Net) Cost to Government of Homelessness Programs? Australian Journal of Social Issues.
-

-
- ⁸⁰ Zaretzky K, Flatau P, Brady M (2008). What is the (Net) Cost to Government of Homelessness Programs? Australian Journal of Social Issues.
- ⁸¹ Mackenzie, D. Flatau, P. Steen, A. & Thielking, M. (2016). The cost of youth homelessness in Australia. Research Briefing. Swinburne Institute for Social Research.
- ⁸² Western Australian Association of Mental Health (2016) Submission by the Western Australian Association for Mental Health to the Housing Authority in response to the Seniors Housing Strategy Discussion Paper November 2016: Housing for Older People with Mental Health Issues. Perth, Western Australia.
- ⁸³ Western Australian Association of Mental Health (2016) Submission by the Western Australian Association for Mental Health to the Housing Authority in response to the Seniors Housing Strategy Discussion Paper November 2016: Housing for Older People with Mental Health Issues. Perth, Western Australia.
- ⁸⁴ Australian Institute of Health and Welfare. (2016) National Drug Strategy Household Survey (NDSHS) 2016 – key findings. Australian Government
- ⁸⁵ The Liver Foundation of Western Australia, accessed 10 October 2017. <https://liverfoundation.org.au/older-adults-and-alcohol/>.
- ⁸⁶ Western Australian Association of Mental Health (2016) Submission by the Western Australian Association for Mental Health to the Housing Authority in response to the Seniors Housing Strategy Discussion Paper November 2016: Housing for Older People with Mental Health Issues. Perth, Western Australia.
- ⁸⁷ Western Australian Association of Mental Health (2016) Submission by the Western Australian Association for Mental Health to the Housing Authority in response to the Seniors Housing Strategy Discussion Paper November 2016: Housing for Older People with Mental Health Issues. Perth, Western Australia.
- ⁸⁸ Government of Western Australia (2016). *Seniors Housing Strategy: Discussion Paper*. Government of Western Australia, Housing Authority.
- ⁸⁹ Housing Authority (2015) Housing Authority Annual Report 2014-2015. Perth, Western Australia. Government of Western Australia.
- ⁹⁰ Western Australian Association of Mental Health (2016) Submission by the Western Australian Association for Mental Health to the Housing Authority in response to the Seniors Housing Strategy Discussion Paper November 2016: Housing for Older People with Mental Health Issues. Perth, Western Australia.
- ⁹¹ Government of Western Australia (2016). *Seniors Housing Strategy: Discussion Paper*. Government of Western Australia, Housing Authority.
- ⁹² Groves A, Thomson D, McKellar D and Procter N. (2017) The Oakden Report. Adelaide, South Australia, SA Health, Department for Health and Ageing.
- ⁹³ Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute, NSW.
- ⁹⁴ Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute, NSW.
- ⁹⁵ Multicultural Mental Health Australia (2011). Homelessness amongst culturally and linguistically diverse people with a mental illness. New South Wales.
- ⁹⁶ Wright B. (2017) Submission to the Mental Health Commission: Accommodation and Support Strategy - Response from a transcultural mental health perspective, Transcultural Mental Health Sub Network.
- ⁹⁷ Wright B. (2017) Submission to the Mental Health Commission: Accommodation and Support Strategy - Response from a transcultural mental health perspective, Transcultural Mental Health Sub Network.
- ⁹⁸ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
-

-
- ⁹⁹ S Davison, Fleming J, Butler T, Morgan V, Petch E, Morgan F, Rock D, Jones J, Wright M, Mitchell M and Janca A (2015) Mental health and substance use problems in Western Australian prisons. Report from the Health and Emotional Wellbeing Survey of Western Australian Reception Prisoners, 2013. WA Department of Health.
- ¹⁰⁰ Payne, J (2007) Recidivism in Australia: findings and future research; Research and public policy series NO. 80. Retrieved from http://www.aic.gov.au/media_library/publications/rpp/80/rpp080.pdf
- ¹⁰¹ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
- ¹⁰² Draine J, Angell. Critical Time Intervention for Prison and Jail Reentry. Centre for Behavioural Health Services. Criminal Justice Research. Policy Brief; 2007.
- ¹⁰³ Borzycki M. Interventions for prisoners returning to the community. Australian Institute of criminology for the community safety and justice branch of the Australian Government Attorney-General's Department; 2005.
- ¹⁰⁴ Baldry, E., McDonnell, D., Maplestone, P. and Peeters, M. (2004) The role of housing in preventing re-offending, AHURI Research and Policy Bulletin No. 36, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/research-and-policy-bulletins/36>.
- ¹⁰⁵ Malik-Kane, Kamala, and Christy A. Visher. Health and Prisoner Re-entry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration. Washington, DC: Urban Institute; 2008. Available from: http://www.urban.org/UploadedPDF/411617_health_prisoner_reentry.pdf.
- ¹⁰⁶ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
- ¹⁰⁷ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
- ¹⁰⁸ Western Australian Mental Health Commission (2015). *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. Perth, Western Australian Mental Health Commission.
- ¹⁰⁹ Australian Health Ministers' Advisory Council (2013) *The National Framework for Recovery-oriented Mental Health Services: Guide for Practitioners and Providers*. Canberra, Commonwealth of Australia.
- ¹¹⁰ Hopper, E.K, Bassuk, E.L, and Olivet, J (2010) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. *The Open Health Services and Policy Journal*. 3: 80-100.
- ¹¹¹ Colvin (2017). Submission by the Chief Mental Health Advocate to the Mental Health Commission: Providing a System of Supported Accommodation in the Community for People with Severe and Chronic Mental Illness, Mental Health Advocacy Service.
- ¹¹² Department for Child Protection and Family Support (2016), *Homelessness in Western Australia – A snapshot of the State Government's role in homelessness policy, services and future directions*, page 17.
- ¹¹³ Smith W. & Millet L. (2017) Submission to the Mental Health Commission Accommodation and Support Strategy, Youth Mental Health Sub Network. Page 4.
- ¹¹⁴ Department of Communities - Housing. (2017). *Community Housing*. Accessed 15 October 2017. <http://www.housing.wa.gov.au/housingoptions/rentaloptions/communityhousing/>
- ¹¹⁵ Mental Health Commission Western Australia. (2010) *Mental Health 2020: Making it personal and everybody's business*. Government of Western Australia.
- ¹¹⁶ Mental Health Commission (2018). *Western Australian Alcohol and Drug Interagency Strategy 2018-2022*. Mental Health Commission, Government of Western Australia
- ¹¹⁷ Department of the Premier and Cabinet Western Australia. (2014). *Mental Health Act 2014* Western Australia. Government of Western Australia.
- ¹¹⁸ Mental Health Commission Western Australia (2015) *Suicide Prevention 2020: Together we can save lives*. Perth, Western Australia, Government of Western Australia.
-

¹¹⁹ Jones, C (Ed, 2014) A Helping Hand for Mental Health, article from website: Inner Sydney Voice –The Journal of the Inner Sydney Regional Council for Social Development Inc., www.innersydneyvoice.org.au/pub/a-helping-hand-for-mental-health/ accessed on 7 August 2017.

¹²⁰ Department for Child Protection and Family Support (2016), Homelessness in Western Australia – A snapshot of the State Government’s role in homelessness policy, services and future directions, page 17.

¹²¹ Kania, J. Kramer, M. (2011) Collective Impact: Stanford Social Innovation Review. Leland Stanford Jr. University.

CONSULTATION DRAFT