



Selwyn Button, Commissioner  
Angela Jackson, Commissioner  
Productivity Commission

31 July 2025

Dear Commissioners,

Thank you for the opportunity to provide a submission in response to the Interim Report on the Review of the Mental Health and Suicide Prevention Agreement. While we note that housing is listed in the Interim Report as a key preventative factor in improving outcomes for people with the complex mental health and psychosocial disability conditions, there is little detail on how this should occur. The recommendation (4.3) related to better interaction with other policy areas mentions housing in passing, but the weight of evidence throughout the report and public submissions suggests that there should be a greater emphasis on supportive housing models as a preventative measure and means of sustaining better lifetime outcomes in the final report.

### **High rates of mental health and suicide for people experiencing homelessness**

In 2023-24, government-funded specialist homelessness services (SHS) supported around 280,100 clients (AIHW 2024). A recent AIHW article on the [‘Health of people experiencing homelessness’ \(Feb 2025\)](#) cited Australian studies finding people who are homeless died an average of 22 to 33 years younger than those who are housed (Knaus 2024; Zordan et al 2023) and that the most common underlying causes of death for clients of specialist homelessness services are accidental poisoning (14-18%) and suicide (4.2-6.2%)

People experiencing homelessness are also dying younger and in increasing numbers with the death rate for people who are homeless 1.8 times that of the general population. Over the 10 years to 2021-22 there was a 63% increase in annual deaths for those accessing specialist homelessness services. Last year around 48,100 clients (17%) self-identified mental health as a reason for seeking support (AIHW 2024).

### **Solutions must include better housing and support**

Homelessness Australia has been working with a range of partners over the past year to develop an action plan aimed at federal, state and territory governments to provide sustained housing outcomes for people with psychosocial disability and other complex needs. This work is still under development, but this PC Review provides a timely opportunity to put forward some initial proposals around the type of joined-up responses needed to deliver better outcomes to people with mental health and psychosocial disability, as identified in your Interim Report.

As you will see in our attached paper, **Homes for All: 10 national actions to provide sustained housing outcomes for people with psychosocial disability and other complex needs**, there is an identified cohort of around 30,000 people experiencing chronic



and recurring homelessness many of whom have psychosocial disability, cognitive impairment or other complex support needs. We believe that there are proven models of permanent supportive housing – such as Housing First – that would provide the housing security along with appropriate intensive supports that would enable these people to sustain their housing, spend less time in care and institutional settings and provide them with the opportunity to participate in community life.

Our recommended national priority actions include:

1. Rapidly expand Housing First and supportive housing programs via a new national agreement to provide long term housing and support for people with complex needs
2. Expand specialist health and mental health expertise within Specialist Homelessness Services to enable intensive responses, and inform and uplift cross-sector capability
3. Embed homelessness support for inpatients in care, institutional and correctional settings to make longstanding commitments of no exits into homelessness a reality
4. Develop national model legislation to uplift safety and quality in boarding houses, supported residential services and other group home settings. This would provide consistent approaches for adoption by states and territories relating to standards, regulatory oversight, advancing resident rights and transitions to alternative housing.
5. Steward the rapid expansion of housing with support through NDIS funding and as part of addressing unmet need for psychosocial supports outside of the NDIS
6. Provide for trauma-informed social and affordable housing builds to provide people living with significant mental health challenges, cognitive impairment or complex behaviours with access to permanent housing and ongoing support
7. Establish a national program that assists people to sustain tenancies as part of the upcoming foundational supports for people with psychosocial disability
8. Develop a Targeted Action Plan for Homelessness and Housing under the Australian Disability Strategy, interlinked with the upcoming National Homelessness and Housing Plan, as recommended by the Disability Royal Commission
9. Phase down large group home settings operating with NDIS or other disability funding. Support residents to explore and transition to alternate housing that meets their needs
10. Urgently remove barriers to accessing aged care supports for people that have prematurely aged and have experienced homelessness

Further detail on the evidence behind these recommendations and how they could be implemented are contained in the attached paper. We welcome further discussion on this and look forward to seeing your final report on this important Review.

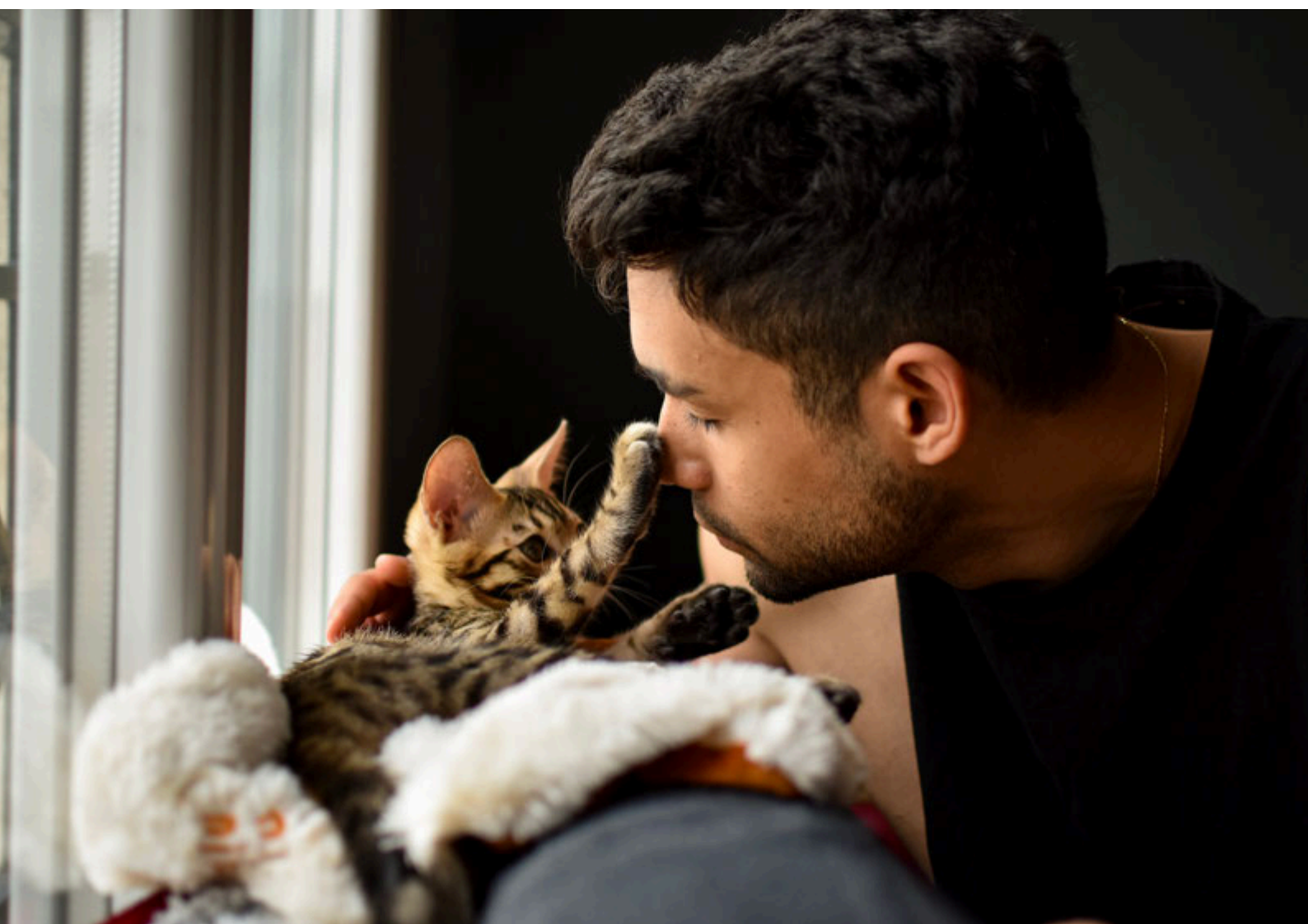
Yours sincerely

Kate Colvin  
CEO, Homelessness Australia

# Homes for all

**10 NATIONAL ACTIONS TO PROVIDE  
SUSTAINED HOUSING OUTCOMES FOR  
PEOPLE WITH PSYCHOSOCIAL DISABILITY  
AND OTHER COMPLEX NEEDS**

**FINAL DRAFT**



Homelessness  
Australia

# Overview

Australia has a known group of people experiencing chronic homelessness who are falling out of tenancies and churning between different systems. Many have psychosocial disability, cognitive impairment or complex support needs. They represent the bulk of repeat, long-term users of homelessness services despite being a small proportion of those that experience homelessness.

A dire lack of safe and recovery focused supportive housing options means they are unnecessarily cycling between chronic homelessness, crisis accommodation, health and acute mental health services, correctional facilities and exploitative institutional-style settings.

This has tragic consequences for individuals and their families and supporters. It also impacts public health and safety and creates repeated and intense avoidable demand for publicly funded services – resulting in substantial wastage of taxpayer funds.

Proven models of supportive housing - such as [Housing First](#) - provide housing with security of tenure, alongside recovery and wellbeing supports, to enable people to sustain their housing, spend less time in care and institutional settings and be involved in community life. Despite delivering strong returns on investment, these approaches are few and far between.

Major Australian reviews into homelessness, mental health and disability are collectively calling for measures to prevent chronic and repeat homelessness including:

- rapidly expanding safe, inclusive and recovery focused housing and support models
- a national program that combines psychosocial, recovery and tenancy sustainment support
- overhauling group accommodation settings to raise quality, safeguards, protect resident rights and support transitions to alternate settings
- using transitions from care and institutional settings to prevent further homelessness and systems churn
- enhanced capacity and capability in the specialist homelessness system to support people living with significant mental health challenges, cognitive impairment or complex behaviours
- mutually reinforcing approaches across national homelessness, housing, mental health, disability and aged care strategies and related intergovernmental partnership agreements.

Concerned that uptake of reform directions have to date been piecemeal and risk being overlooked or parked, Homelessness Australia and our partners seek to create a clear line of sight between what has been recommended and what is implemented and strengthen the impetus for action for those living at the pointy end of extreme vulnerability. Importantly, there are immediate opportunities to make rapid headway across a range of current reform processes.

# Opportunities for rapid action:

## 10 national priorities

### Upcoming 10-year National Housing and Homeless Plan (and partnership agreements)

- 1** Rapidly expand Housing First and supportive housing programs via a new national agreement to provide long term housing and support for people with complex needs
- 2** Expand specialist health and mental health expertise within Specialist Homelessness Services to enable intensive responses, and inform and uplift cross-sector capability
- 3** Embed homelessness support for inpatients in care, institutional and correctional settings to make longstanding commitments of no exits into homelessness a reality
- 4** Develop national model legislation to uplift safety and quality in boarding houses, supported residential services and other group home settings. This would provide consistent approaches for adoption by states and territories relating to standards, regulatory oversight, advancing resident rights and transitions to alternative housing.

### Disability reforms

- 5** Steward the rapid expansion of housing with support through NDIS funding and as part of addressing unmet need for psychosocial supports outside of the NDIS
- 6** Provide for trauma-informed social and affordable housing builds to provide people living with significant mental health challenges, cognitive impairment or complex behaviours with access to permanent housing and ongoing support
- 7** Establish a national program that assists people to sustain tenancies as part of the upcoming foundational supports for people with psychosocial disability
- 8** Develop a Targeted Action Plan for Homelessness and Housing under the Australian Disability Strategy, interlinked with the upcoming National Homelessness and Housing Plan, as recommended by the Disability Royal Commission
- 9** Phase down large group home settings operating with NDIS or other disability funding. Support residents to explore and transition to alternate housing that meets their needs

### Aged care reforms

- 10** Urgently remove barriers to accessing aged care supports for people that have prematurely aged and have experienced homelessness

# Context

## There is significant unmet need

Australia has a known group of people experiencing chronic or repeat homelessness who are falling out of tenancies and churning between different systems.(1) Many in this group have psychosocial disability, cognitive impairment or complex support needs. They represent the bulk of repeat, long-term users of homelessness services, despite being a small proportion of people who are homeless. We estimate there are at least 30,000 people currently facing these circumstances who require high intensity supportive housing options.

A much larger group - upwards of 100,000 – are at high risk of joining those experiencing long-term and repeat homelessness, systems and institutional churn. Timely access to secure housing coupled with effective support to build wellbeing and sustain tenancies will prevent this.

While the individuals behind these numbers crosscut different ages, genders and experiences, First Nations people, the LGBTIQ+ population, older adults aged 55 or over and young people who have experienced abuse or neglect in the home (2) are highly represented.

Quantifying unmet need	
<p><b>Productivity Commission Report on Government Services 2024: Homelessness services</b></p> <p>The number of clients experiencing persistent homelessness is around 36,760; an increase of 24% since 2018-19, representing an additional 7,115 people. This increase reflects the lack of housing or support that many people with complex needs need to gain and sustain housing. (3)</p>	<p><b>Productivity Commission Mental Health Inquiry:</b></p> <p>Of the ~300,000 people with 'persistent, severe and complex psychosocial disabilities: (4)</p> <ul style="list-style-type: none"><li>• more than 31,000 are experiencing or at risk of homelessness have an unmet need for long-term housing; over 2,000 are stuck in institutional care because of a lack of other options; many more are living in "unsuitable accommodation"</li><li>• over half (154,000) are not accessing the services they require – including finding and sustaining housing.</li></ul>
<p><b>Specialist homelessness data: persistent homelessness</b></p> <p>AIHW longitudinal analysis of 27,000 homelessness service 2019-20 users who had been homeless for more than 7 months in the preceding two years revealed 56% had mental health issues (5)</p>	<p><b>Specialist homelessness data: repeat homelessness</b></p> <p>AIHW longitudinal analysis of 16,000 people who were experiencing homelessness in 2019-20, who achieved housing and then returned to homelessness revealed 64% had mental health issues. (6)</p>

(1) Kavaarpuo, G and Johnson, G (2024), 'Inside the Front Door: A seven-year longitudinal study of six high volume homelessness services in Melbourne'. Unison Housing, Melbourne

(2) Victorian Royal Commission into Mental Health Final Report (Vol 2) 2021

(3) Productivity Commission (2024). Report on Government Services 2024. Homelessness services.

(4) Productivity Commission's Mental Health Inquiry Report (Vol 3) 2022

(5) AIHW (Aug 2024) Specialist homelessness services client pathways: Clients experiencing persistent homelessness in 2019–20.

(6) AIHW (Aug 2024), Specialist homelessness services client pathways: Clients returning to homelessness in 2019–20. Accessed 26/9/24

## Quantifying unmet need

### **Victorian Royal Commission into Mental Health**

Between 6,000-11,000 Victorians living with 'severe mental health issues' are homeless. (7)  
A further 20,000 are living in housing arrangements that are problematic for themselves and/or for those they live with.

### **Unmet need for psychosocial supports outside of the NDIS**

In 2022-23, 493,600 people aged 12-64 years with mental illness who require psychosocial support are not receiving this via the NDIA. This includes 230,500 people with severe mental illness and 263,100 with moderate mental illness. (8)

### **NDIS participants with psychosocial disability:**

Around 102,000 (8%) NDIS participants register psychosocial disability as their primary or secondary presentation. (9) This group disproportionately face housing challenges, (10) with many at risk of unsafe and exploitative living arrangements, unstable housing and homelessness. In 2022/23, 12,677 NDIS participants were assisted by Specialist Homelessness Services most of whom will likely have psychosocial disability. (11)

## Unmet need results in high costs for individuals and communities

Without adequate and timely support, people experiencing housing challenges alongside mental health, cognitive or behavioural complexities are highly susceptible to a lifetime of cycling in and out of service systems, homelessness and precarious accommodation arrangements.

This has tragic consequences for individuals and their families and supporters. Related harms accumulate over time, adding to barriers and exacerbating difficulties. There are also broader community and national consequences including public health and safety impacts and repeated and intense avoidable demand for a wide range of publicly funded services: health and hospital care, mental health services, emergency services and interactions with the justice system.

The siloed approach across service systems and governments results in massive wastage of taxpayer funds, as costly interventions in health and other services have minimal lasting impact while people remain homeless. Conversely, investment in housing with support generates significant benefits: for individuals, communities and public funds: both immediately and over the longer term.

(7) Victorian Royal Commission into Mental Health Final Report (Vol 2) 2021, citing evidence by Dr S Pollock for Mind Australia

(8) Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme. Final report, prepared by Health Policy Analysis and endorsed by Psychosocial Project Group on 14 May 2024, updated 15 August 2024

(9) NDIA Quarterly Report September 2024.

(10) People with psychosocial disability much more likely to identify 'where I live' as a priority in their plans

(11) NDIA Quarterly Report September 2024.

## **There is broad consensus on a clear and immediate pathway forward**

Challenges and opportunities outlined above are widely understood and have been starkly reflected in evidence presented to the NDIS Review (2023), the Disability Royal Commission (2023), the NDIS Quality and Safeguard Commission's Inquiry into Support Accommodation (2022), the Productivity Commission's Inquiries into Mental Health (2020) and the National Housing and Homelessness Agreement (2022), Victoria's Mental Health Royal Commission (2021) the Aged Care Royal Commission (2021) and various Parliamentary Inquiries into homelessness.

These landmark processes have made irrefutable findings and delivered critical recommendations (see Attachment 2). When pieced together, they collectively call for:

- rapidly expanding safe, inclusive and recovery focused housing and support models
- a national program that combines psychosocial, recovery and tenancy sustainment support across different forms of rentals – including private rentals
- overhauling group accommodation settings to raise quality, safeguards, protect resident rights and support transitions to alternate settings
- using transitions from inpatient and correctional settings to strategically prevent the churn of people through care, homelessness and institutionalised settings
- enhanced capacity and capability in the Specialist Homelessness System to support people living with significant mental health challenges, cognitive impairment or complex behaviours that are experiencing, or at risk of homelessness
- mutually reinforcing approaches across national homelessness, housing, mental health, disability and aged care strategies and related inter-governmental partnership agreements.

These reform directions reflect many years of concerted advocacy efforts from the homelessness, mental health and disability sectors, and lived experience communities.

What is needed now is rapid translation and urgent implementation of these consensus reform directions. However, the challenge is that they are complex to piece together and action as they sit across multiple government portfolios, with responsibilities straddling different areas and levels of governments and community partners.

Early indications are that responses to this suite of recommendations will be piecemeal and key aspects of the required reforms may be overlooked, enabling the current housing and support gaps to persist, and entrenched homelessness and exploitation to remain unaddressed.

Each of these broad reform directions is unpacked further below alongside a status update on implementation and identification of imminent opportunities for action.

# Priorities for rapid action

## Urgently expand the availability of Housing First and recovery focussed supportive housing models

- Rapidly expand Housing First and supportive housing programs via a new national agreement to provide long term housing and support for people with complex needs
- Undertake dedicated social housing builds and allocations to deliver housing with support for people living with significant mental health challenges or complex needs
- Steward the rapid expansion of housing with support through NDIS funding and as part of addressing unmet need for psychosocial supports outside of the NDIS

## Integrating housing with supports delivers strong outcomes

### Housing First programs

A recovery-oriented approach for people experiencing chronic homelessness and complex challenges, Housing First programs provide ongoing housing “with no strings attached” alongside specialist long term support.

#### Housing First Principles for Australia:

- people have a right to a home
- housing and support are separated
- flexible support for as long as it is needed
- choice and self-determination
- active engagement without coercion and
- social and community inclusion
- recovery oriented practice
- harm reduction approach

International and Australian research and practice evidence (12) consistently demonstrates that providing housing with support (particularly models adhering to Housing First principles for people experiencing chronic homelessness) delivers positive outcomes including:

- sustainment of housing
- improved health and wellbeing, increased participation, higher quality of life
- reduced hospital presentations and shorter stays
- prevention of further experiences of homelessness
- reduced reliance on other social services
- increased agency, rights and independence.

Economic analyses of these models demonstrate strong returns on investment. (13,14,15)

(12) Some recent summary papers of the evidence base include: Killaspy, H (2024), presentation on supported accommodation at the Enmesh Conference <https://www.enmesh2024-versailles.org/>; C Roggenbuck, C (2022) Housing First: An evidence review of implementation, effectiveness and outcomes, AHURI ; AHURI (2022) Brief: Post-crisis housing for patients experiencing mental health issues

(13) Housing First programs consistently report high levels of tenants sustaining their housing (typically ranging from 66% to 90%). See C Roggenbuck, C (2022) Housing First: An evidence review of implementation, effectiveness and outcomes, AHURI

(14) Provision of supported housing has been found to save \$13,100 per person annually. See Parsell, C, et al. (2017), Cost Offsets of Supportive Housing: Evidence for social work. British Journal of Social Work, 47(5)

(15) For every \$1 spent on integrated housing and support for young people with mental illness, \$3 in savings is created in the short term and \$6.70 is created in the long term. See KPMG and Mental Health Australia (2018), Investing to Save—The Economic Benefits for Australia of Investment in Mental Health Reform.

## A national approach to Housing First and supportive housing is long overdue

Despite the proven benefits, Housing First programs across Australia are few and far between. Often small scale or pilot programs, effective initiatives come and go (16) without being systemically embedded as part of Australia's homelessness response. Major barriers to systematising this approach include: (17)

- the lack of a national policy and funding approach. While Australia's first national homelessness strategy (The Road Home 2008) seeded innovative and effective pilots, these have not been sustained and the policy runway to support widespread expansion has not been built.
- necessary supports are located across multiple systems and levels of government. Many people needing Housing First programs and/or supportive housing have multiple support needs in addition to homelessness support, but system barriers prevent the integration of these supports at both the national policy and the local service delivery level. The disconnect between service funding – often in homelessness – and savings – in health and other systems – exacerbates these challenges.
- capacity and capability in commissioning and delivery of Housing First programs. Housing First programs differ from traditional homelessness programs providing short-term and crisis interventions. Few government decision makers, and only a limited number of providers, have the knowledge and skills to design, commission and deliver programs with the fidelity needed to maximise outcomes.
- the dire shortage of social and affordable housing and challenges in quarantining housing for Housing First initiatives.

Rapidly expanding the availability of Housing First programs, including permanent supportive housing ought to be a national priority.

*The lack of specialised long-term supported housing options for adults living with mental illness or psychological distress and who require ongoing treatment, care and support is a critical gap in the current system.*

– Vic Mental Health Royal Commission

*The Australian Government will need to work with State and Territory Governments to find innovative accommodation solutions...particularly for those with psychosocial disabilities, those experiencing homelessness, and other younger people ineligible for the NDIS.*

– Aged Care Royal Commission

A National Partnership Agreement and related national policy framework is needed and could be inspired by Queensland's recent Supportive Housing Policy and Victoria's recent Homes First initiative.

### **Queensland's Supportive Housing Policy**

Released September 2024, following extensive consultations with the homelessness sector, this policy is designed to guide state investment in long term housing with wrap around supports for people with complex needs who would otherwise be unable to sustain a tenancy and community connections.

Guided by Housing First principles, it sets out key features of supportive housing and service design elements. The outcomes framework supports indicators measuring tenancy sustainment, community connections, and savings across service systems

(16) Some promising models that have ceased include [Michael's Intensive Supported Housing Accord](#) (Mission Aus) see Conroy, E et al (2014), [The MISHA Project: From Homelessness to Sustained Housing 2010-2013](#), and Platform 70 (Bridge Housing).

(17) Bollen, P (2022) [Housing First: the challenges of moving from pilot to policy](#), Social Ventures Australia Quarterly

A national approach to Housing First would: (18)

- provide a nation-wide, well-targeted response for people experiencing (or at risk of) chronic homelessness with complex needs
- expand the stock of social housing available for supportive housing programs
- connect funding streams for delivering long term housing with enduring support
- strengthen sector capacity and capability to deliver long term, recovery focussed support
- establish an outcomes framework capturing cross-systems benefits
- enable systematic identification of need
- build and share the evidence-base.

### Models matched to different circumstances and preferences are required

A diversity of models are needed that are matched to people's changing needs, circumstances and preferences – ranging from long-term supportive housing with intensive onsite care to independent scattered housing with outreach support. (19)

Models appropriate for different life stages – young people as well as older adults and distinct population groups – including self-determined

models for First Nations communities, such as the [Moorditj Mia Aboriginal Housing First initiative](#) in WA - are required.

*A one-size-fits-all approach does not work when it comes to housing for people living with mental illness or psychological distress. Giving a person a sense of control over their living arrangements, including tenure, location and composition, is important to normalise the housing experience, establish a sense of home and to foster a sense of dignity. – Victorian Mental Health Royal Commission.*

*Given a home is foundational to genuine inclusion and participation, participants must have choice and control over where, how and with whom they live. – NDIS Independent Review*

Attachment 1 summarises promising examples of initiatives that integrate housing and support – some of which are Housing First aligned. Many have been developed as homelessness responses, but usually time out after two or three years. Others have been developed as mental health, disability or aged care initiatives, which in some instances have enabled an ongoing funding source for supports. We group these into three main categories, described in the table below.

Type	Description	Examples: see Attachment 1
Scattered site (dispersed) housing with outreach supports	Programs that integrate psychosocial, wellbeing and support to find, establish and sustain a tenancy.	<ul style="list-style-type: none"> <li>• Aspire (SA)</li> <li>• Journeys to Social Inclusion, Doorway &amp; Homes First (Vic)</li> <li>• HASI / CLS &amp; STEP to Home (NSW)</li> <li>• Supportive Housing for Families/ Keeping Families Together (QLD)</li> </ul>
Clustered housing with shared supports	Individual units, usually lower density, clustered for access to shared supports.	<ul style="list-style-type: none"> <li>• The Haven Model (multi-state)</li> <li>• Victorian Government's Mental Health social housing builds</li> </ul>
Single site accommodation with 24/7 onsite supports	Self-contained studios within the same building. 24/7 onsite support and shared common areas. Sometimes include meals, cleaning, social supports, medication administration etc.	<ul style="list-style-type: none"> <li>• Common Ground (multi-state)</li> <li>• HASI Plus (NSW)</li> <li>• Wintringham community (Vic)</li> </ul>

(18) This section draws on work in development by the Australian Alliance to End Homelessness, Micah Projects, Mission Australia, and Western Australian Alliance to End Homelessness to develop an Australian permanent supportive housing system

(19) Victoria's [Mental Health Supported Housing Codesign Project Final Report](#) (2022)

Irrespective of the model, effective approaches leverage the close interdependencies between a person's home, their mental health and wellbeing, their goals and aspirations, the supports they need and the way these are delivered. Best practice elements include: (20)

- safe and affordable tenure
- flexible support for as long as needed
- separation of tenancy management and support delivery

- tenancy is not conditional upon engagement with support
- supports are person centred, wholistic, rights based (maximising agency and freedom and not delivered in an institutional-like way), culturally responsive, trauma informed, recovery oriented and use harm reduction approaches
- built environment is trauma informed: private self-contained spaces; private entrances; access to green spaces; lower density.

Reform process	Current reform status
<p><b>The Parliamentary Inquiry into Homelessness in Australia (2021)</b></p> <p>recommended that the Australian Government, in making relevant funding agreements with state and territory governments and housing providers, incorporate the principles of 'Housing First', particularly for any priority groups identified in those agreements.</p>	<p>This has not been acted upon. The upcoming National Plan on Housing and Homelessness creates the opportunity to commit to a National Partnership Agreement on long term housing and support for people experiencing (or at risk of) repeat homelessness with complex needs.</p>
<p><b>The NDIS Independent Review and the Disability Royal Commission</b></p> <p>called for more inclusive, contemporary and recovery-oriented models of housing and support.</p>	<p>The Government response to the DRC states governments are committed to working together to expand the availability of more inclusive and alternative models of housing for people with disability and states that further detail will be given as part of the response to the NDIS Review (due by the end of 2024). Support for innovation; pricing signals; quality standards, the regulatory and safeguarding environment will all be crucial to driving change.</p>
<p><b>The NDIS Independent Review</b></p> <p>called for psychosocial supports – including housing supports – outside of the NDIS to be expanded as a matter of priority.</p>	<p>Consultation on targeted psychosocial foundational supports is soon to commence alongside work to update the National Mental Health and Suicide Prevention Agreement to address unmet need for psychosocial supports outside of the NDIS.</p>
<p><b>The Victorian Mental Health Royal Commission</b></p> <p>called for social and affordable housing builds for people with psychosocial disability</p>	<p>Victoria has commissioned its first tranche of trauma-informed social housing builds that integrate clinical and psychosocial supports.</p>

(20) See for example: [Housing First Principles for Australia](#) as adopted by the Homelessness Australia Board (2020); and design principles identified by the Victorian Govt sponsored [Mental Health Supported Housing Codesign Project Final Report](#) (2022).

# Priorities for rapid action

## Enhance capacity and capability in Specialist Homelessness Services to support people with psychosocial disability and other complex health issues

Expand specialist health and mental health expertise within Specialist Homelessness Services to enable intensive responses, and inform and uplift cross-sector capability

Australia's Specialist Homelessness Services sector needs enhanced capacity and expertise to prevent and address homelessness among people experiencing significant and chronic health and mental health challenges and complex needs.

Alongside funding to expand Housing First programs, area-based health and mental health specialisation in the SHS system would enable greater alignment between clinical and community health and mental health systems and the housing and homelessness systems, strengthening cross-sector and SHS capability and reducing churn.

This capacity could also help to address the significant inequities in access to the NDIS, health, and aged care supports for people experiencing homelessness, who often need specialised advocacy to navigate these services, and costly assessments to demonstrate eligibility. (21)

*Obtaining NDIS funding is predicated on having information from objective assessments from health professionals, for example cognitive, neuropsychology testing). To carry out such testing, people need to be in a more stable social situation, medically optimised and have completed detox*

*from any substance use, and this rarely occurs in the short time frame of most hospital admissions. Consequently, rough sleepers miss out the very testing that NDIS requires to obtain a suitable support package for their complex needs.*

*– Dr Amanda Stafford, Clinical Lead RPH Homeless Team in Vallesi, Wood and Turvey 2024*

Select SHS providers could be equipped to provide more intensive, and longer-term supports and coordinate a comprehensive range of offerings. They would be skilled at navigating the mental health and disability systems and breaking down barriers for clients to access and engage with mental health supports.

*The current level of funding to SHS is insufficient to deliver the flexible and sustained services some people with disability need to transition into and maintain adequate longer-term housing*  
*– Disability Royal Commission*

The Home in Mind Project (partnership of Orygen Youth Mental Health and Melbourne City Mission) will soon present findings of its research with respect to better coordination of homelessness and mental health supports for young people.

## Current reform status

Successive reviews have called for addressing the gap in homelessness support for people with severe mental illness and complex needs, including the need for more intensive and tailored homelessness services for this group. These have yet to be acted upon, with Australian Government responses characterising this as a matter for states and territories.

(21) Vallesi S, Wood L, Turvey J. (2024). NDIS and disability support access for People Experiencing Homelessness. Institute for Health Research, University of Notre Dame Australia.

# Priorities for rapid action

## Use transitions to prevent the future churn of people through care, homelessness and institutionalized settings

Embed housing support for inpatients in hospital, mental health units, step up/step down facilities and residential AOD rehabilitation service, and for people leaving correctional settings.

The aim would be to prevent evictions during admissions, avert discharges to homelessness or precarious accommodation, and provide supported transitions to promote recovery.

### People continue to bounce between homelessness, care and institutional settings

Every major inquiry/review has called for no exits into homelessness from health or mental health services, correctional facilities and out-of-home care and successive government policies have committed to this aim.

The dire lack of suitable supportive housing options result in people being discharged into accommodation that is unsafe or unsuitable for the individual or those they live with; discharged into homelessness; or kept for unnecessarily extended stays in inpatient settings - of a year or even longer. (22) Limited coordination between the homelessness, mental health, AOD and broader social care systems, coupled with significant unmet demand, exacerbates this.

*When discharged to inadequate housing (such as boarding houses) or homelessness, the mental health treatment, care and support received is compromised, often launching the person back into a cycle of housing uncertainty and deteriorating mental health.*

– Vic Mental Health Royal Commission

### Admissions provide a strategic opportunity to prevent future homelessness

There is significant opportunity to use admissions as a 'strategic intercept' through a systematic approach to preventing further churn between homelessness, care and institutional settings.

This would include:

- screening and assessment of inpatients for housing risks to identify those who may be at risk of housing insecurity upon discharge.
- support to maintain preadmission housing and avert eviction, which is a significant risk during inpatient admissions. Support including landlord liaison and temporary rental assistance may be critical. (23)
- a lead agency with responsibility for planning and coordinating transitions to safe and appropriate housing, bringing together housing and social care supports, and linking people with supports (such as aged care or NDIS) where eligible.
- safe, supported and age-appropriate housing options that people can be transitioned into following discharge from care, rehabilitation and institutional settings.

(22) In June 2023, there were approximately 443 NDIS participants with psychosocial disability who have been resident in public hospitals for more than 12 months, using an estimated 160,000 bed days (at a cost of \$211 million to the public hospital system. (NDIS Review Final Report)

(23) Duff, C, et al. (2021) Leaving rehab: enhancing transitions into stable housing, AHURI Final Report No. 359 DOI: [10.18408/ahuri53211](https://doi.org/10.18408/ahuri53211) notes that temporary assistance with rental payment is a feature of international best practice and points to potential to draw on Commonwealth housing and rental assistance and access discretionary funding available at the psychiatric ward level.

**NSW Housing and Mental Health Agreement**

NSW appears to be making headway in its no exits into homelessness commitment with a Housing and Mental Health Agreement (2022) which seeks to ensure that people with mental illness have access to safe, secure and appropriate housing, and have mental health supports in place to enable them to sustain housing, live well in the community and lead their recovery.”

The Agreement binds the Department of Communities and Justice and NSW Health to work with key signatory partners (housing providers, local health networks, key staff in DCJ and Health and a broad range of participants - including those with lived experience - on local and preventative approaches.

The 2024/25 NSW Budget included a range of related initiatives, including mental health housing liaison positions to link people at risk of, or experiencing homelessness, who are accessing mental health services to housing and help them sustain tenancies.

Reform process	Current reform status
No exits into homelessness	<p>The Australian Government’s response to the Disability Royal Commission’s call for no exits into homelessness provide in principle acceptance and states that Disability Ministers will work together in 2024 to identify responsibilities for planning and coordinating the transition of people with disability from service or institutional settings directly into safe, appropriate housing.</p> <p>The NDIS Review called for an integrated complex case coordination approach (Action 2.7) to provide joint management of mental health treatment and disability supports between the NDIS and public mental health systems. The NDIA is to take lead responsibility for participants who have been long-stay patients in hospital, have co-occurring conditions, been released from prison or forensic services or have complex behavioural management issues.</p>

# Priorities for rapid action

## Create mutually reinforcing approaches across national homelessness, housing, mental health, disability and aged care strategies

- Identify homelessness as a priority area Australia's Disability Strategy and develop a related Targeted Action Plan on Homelessness and Housing that is interlinked with the upcoming National Homelessness and Housing Plan
- Urgently remove barriers to accessing aged care supports for people that have prematurely aged because of experiences of homelessness

Joining the dots between key social supports to achieve mutually reinforcing approaches has been a strong theme across national reviews.

*People with disability are conspicuously absent from key national housing and homelessness policy frameworks ... Homelessness is also a stark omission from the priority areas of the ADS. This lack of integration between housing and homelessness policy and disability policy at a national level leads to a significant policy gap and fails to put appropriate focus on the housing and homelessness issues that affect many people with disability.*

– Disability Royal Commission

*There is no discernible connection between the Australian Government aged care program and any Australian or State or Territory Government housing program. This must change ... more integrated solutions to the housing and care needs of older people who are experiencing homelessness or are at risk of homelessness are needed*

– Aged Care Royal Commission. [24]

Reform	Current reform status
<b>Prioritising homelessness and housing in disability policy</b>	The Government's response to the Disability Royal Commission supported increasing the focus on homelessness in updates to Australia's Disability Strategy 2021–2031. Calls by the NDIS Review and Productivity Commission to develop a Targeted Action Plan for Homelessness and Housing as part of the ADS remain outstanding.
<b>Prioritising people with psychosocial disability in housing</b>	The DRC response fell short of agreeing to identify people with disability as a priority cohort in the National Social Housing and Homelessness Agreement because of the large degree of intersectionality and diversity among individuals and households. The response passed decisions regarding cohort prioritisation to states and territories.
<b>Access to aged care</b>	Although early access to aged care services (from age 55) is in theory available for people with experiences of homelessness that have prematurely aged, in practice frontline services report significant systemic barriers preventing use of this pathway. (25) Frontline providers of specialist accommodation for older people advise the needs of people experiencing chronic homelessness are quite distinct from the broader population receiving aged care supports and require a different response. It is unclear if and how existing barriers for people with experiences of homelessness, including those that have prematurely aged, will be addressed.

# Priorities for rapid action

## Establish a national program that combines psychosocial and tenancy sustainment support across different forms of rentals

- Establish a national program that assists people to sustain tenancies as part of the upcoming foundational supports for people with psychosocial disability.
- This should be available for people living in private rentals, as well as social and affordable housing

## Renters with psychosocial disability or complex needs are at high risk of eviction

People with psychosocial disability or complex needs are vulnerable to rapidly losing tenancies. The evidence shows that those leaving psychiatric inpatient facilities and going to social housing are at high risk of losing their tenancies early - often within 18 months. (26) The outcomes for those in private rentals is likely to be much worse.

Psychosocial tenancy support programs play a critical role in promoting recovery and preventing homelessness, (27) but are not

widely available, particularly for those living in community housing or private tenancies. Used proactively, they prevent evictions, blacklisting for future rental priorities, homelessness and unnecessary periods in care.

Successive reviews and community sector advocacy have called for the expansion of programs to support tenancy sustainment across all forms of tenancy, including community housing and private rentals.

Reform process	Current reform status
<p><b>The Productivity Commission’s Mental Health Inquiry</b></p> <p>called for extending tenancy support services provided to public housing tenants (and community housing tenants in some states) to people in private rentals with mental ill health. The NDIS Review calls for prioritisation of supports for people with psychosocial disability as part of foundation supports.</p>	<p>The upcoming design of targeted psychosocial foundation supports and revisions to the National Mental Health and Suicide Prevention Agreement provide important opportunities to advance this as part of addressing unmet needs for psychosocial support.</p>

(24) Royal Commission into Aged Care Quality and Safety Final Report: Care, Dignity and Respect Volume 3A The new system, Commonwealth of Australia 2021

(25) Care Finder Program (which links vulnerable older people with aged care and housing supports) providers have advised of barriers, including prohibitions on the Aged Care Assessment Service assessing people aged under 65 years - even if they meet the homelessness criteria for early access.

(26) Victorian Royal Commission into Mental Health Final Report (Vol 2) 2021 citing evidence from a Unison Housing study

(27) AHURI (2022), Brief: What is a sustaining tenancies program?

# Priorities for rapid action

## Overhaul group accommodation standards, oversight and resident rights

- Develop national model legislation to uplift safety and quality in boarding houses, supported residential services and other congregate settings. This would provide consistent approaches for adoption by states and territories relating to standards, regulatory oversight, advancing resident rights and transitions to alternative housing.
- Rapidly reduce the high prevalence of institutionalised accommodation settings.

## Institutionalised group accommodation settings are often harmful and unsafe, yet remain the dominant form of supported accommodation

Group accommodation settings including supported residential services and boarding houses are principally operated by for-profit providers (with some community sector providers) as a last resort option for people needing support with nowhere else to live.

*There has been little innovation in housing and living supports ... outdated group homes still dominate the system.*  
– NDIS Review

“Pension-level” services typically combine congregate accommodation and assistance with daily living (meals, laundry, cleaning, medication support etc) for a fee equivalent to 85-95% of the disability support pension.

While there are some high-quality, mission-driven providers, providing tailored support that meets the needs of specific groups, such as people experiencing chronic homelessness, this is not the norm. (28)

Many people living in supported residential services and boarding houses have been subject to exploitation, abuse, and exclusion. This widespread and systemic abuse has been starkly documented in the Disability Royal Commission (2023), the NDIS Review (2023), and an investigation by the Mental Health Legal Centre (2023).

*The complex needs of residents living in SRS are not being adequately met, including their need for safe and clean accommodation and adequate supports... squalid and unsafe living conditions ... residents having no choice regarding mealtimes ... prescribed medication times being changed to be more convenient for the proprietor*  
– Disability Royal Commission

*Group homes are generally provider-led, where the rhythm of everyday life is dictated by staff and service providers and residents have little or no say over who they choose to live with.*  
– NDIS Independent Review

An issue of such gravity and import, Council to Homeless Persons dedicated a recent edition of Parity magazine, to call for urgent change.

*Many people accommodated in private supported boarding houses do so as part of a long trajectory of homelessness and inadequate housing and support... Residents experience chronic poverty, higher mortality rates, increased hospital re-admissions, and limited opportunities for participation and recovery. Women living in these settings are at significant risk of sexual violence [29]*

*Many people stay stuck within this system for years as there is no imperative or financial benefit for SRS facilities to move them. Increasingly, due to the endemic housing crisis, there is nowhere to go. [30]*

(28) See single site models described in Appendix 1:

(29) Dearn, E (2024) No other option? Supported residential services and private supported boarding houses and homelessness, Parity Magazine, Council to Homeless Persons

(30) Turton-Lane, N (2024) On Being Alone and Unsafe in Crowded Places, Parity Magazine, Council to Homeless Persons

## Standards and stronger regulation and oversight is urgently needed

The urgent need to improve standards, regulation and oversight of group accommodation settings (31) is universally acknowledged and was a strong theme across the NDIS Review and the Disability Royal Commission. Substantial gaps that currently exist leave residents at the whim of accommodation providers. Due to the closed and private nature of these settings, there is often no one to turn to, and few opportunities for residents to access independent advice or support.

*... people can be exposed to violence, abuse, neglect and exploitation in these institutionalised, under-regulated and high-risk settings.*

– Disability Royal Commission

*We have heard particular concern around restrictive practices becoming entrenched in congregate care settings, such as group homes*

– NDIS Independent Review

The Disability Royal Commission called for:

- Closing regulatory gaps between schemes and settings including accommodation funded via SRS payments, the NDIS, aged care and mental health services.
- Minimum standards requiring all SRS providers and their equivalents to develop support plans for each resident, records of how services are delivered; establish clear complaint management and reporting processes; guarantee access to independent advocacy services and community visitor schemes, including to identify alternative accommodation options.
- Monitoring and oversight mechanisms including central registration for all SRS and equivalent services with the relevant state or territory departments; ongoing audits against minimum standards and related compliance

actions; proactive complaint monitoring and regulator investigations; extended role of community visitors.

- Regulatory entities with adequate powers to enforce all standards. Centrally maintained records of infringements, enforcement action and remedies shared between different oversight bodies.
- Consistent and decent occupancy and tenure protections. Accommodation providers principally dictate the terms of service agreements with residents. While some states have improved protections, there is huge variability between settings and across jurisdictions. Protections need to be regularized across settings and jurisdictions to provide a basic safety net.
- Where practicable, extension of these approaches to other forms of marginal accommodation for people with disability, including general boarding houses and caravan parks.

## Client capture is a live issue needing urgent attention

As operators have increasingly moved into NDIS service provision, risks of 'client capture' have escalated. The in-house provision of disability supports coupled with a lack of outside scrutiny can be a fertile breeding ground for abuse (32) and poaching of NDIS-funded residents. (33) (34)

*The NDIS ... seems to have supercharged the exploitation of vulnerable residents... [it] has turned some of our most vulnerable citizens into valuable commodities. [35]*

*I heard stories from SRS residents about the pressure SRS providers apply to sign service agreements and engage in NDIS services provided by the SRS that they know nothing about, with little or no prior discussion. [36]*

(31) Including privately operated and government-funded board and lodging-type supported accommodation services such as supported residential services (SRS) (in Victoria), assisted boarding houses (in New South Wales), Level 3 residential centres (in Queensland) and supported residential facilities (SRF) (in South Australia).

(32) Clark, A (2024) Supported Residential Facilities in South Australia, Parity, Council to Homeless Persons (CHP)

(33) Harris, M (2024) A Path to Progress: Towards Effective Regulation of Licensed/Assisted Boarding Houses in New South Wales (1994-2024), Parity, CHP

(34) Connolly, A et al (2023) People with disabilities are being 'trafficked' for their NDIS funding, insiders say, ABC News, 25 September 2023, <https://www.abc.net.au/news/2023-09-25/ndis-providers-abducted-disability-funds-four-corners/102879640>.

(35) Woodbridge, L (2024) Commercialisation, Exploitation and Systemic Failure: Supported Residential Services in Victoria, Parity, CHP

(36) Turton-Lane, N (2024) On Being Alone and Unsafe in Crowded Places, Parity, CHP

Reform process	Current reform status
<b>Standards, regulatory oversight and protections</b>	<p>With the exception of access to the Community Visitors Scheme, no response has yet been provided on the extensive recommendations made by the DRC in relation to standards and regulatory oversight of congregate accommodation settings on the basis this is an areas of state/territory responsibility. Without a national approach, there is a huge risk that these key recommendations will not be progressed. Developing national model legislation would provide for a consistent floor for protections across states and territories.</p>
<b>Community visitors</b>	<p>The Government's response to the DRC commits to development of a nationally consistent approach to state and territory operated disability community visitor schemes to ensure equitable and consistent access as a safeguarding mechanism.</p> <p><i>This will help prevent and better respond to instances of violence, abuse, neglect and exploitation in congregate disability settings (includes specialist disability accommodation, supported independent living, mental health facilities, and registered boarding houses) and influence the provision of high quality and accountable disability support and service delivery</i></p>
<b>Protection for NDIS participants</b>	<p>In its response to the DRC, the Australian Government provided in-principle support for separating and increased safeguards where accommodation and NDIS supports are delivered by the same provider.</p> <p>By September 2025 NDIS plans of all people living in supported accommodation are to include funding for support coordination – enabling at least one face to face visit per month.</p> <p>The NDIS Quality &amp; Safeguard Commission is implementing its Own Motion Inquiry into Aspects of Supported Accommodation (including quality of SIL services and voice of residents) and has elevated private supported boarding houses as a national compliance priority, including surveillance and education.</p>

# Attachment 1:

## Promising supportive housing initiatives

This attachment summarises some currently operating Australian supportive housing initiatives, some of which adhere to Housing First principles. They vary in program length, intensity, target groups, geography of support and funding sources – principally homelessness, but also mental health, disability and aged care responses.

Short term rehabilitation programs and Step Up/ Step Down facilities have been intentionally excluded because of the short timeframes and eligibility criteria, which typically require the person to have housing to return to once the program ends. However, transitional or medium term programs have been included, because Australia has so programs providing support for as long as is needed. However, it should be noted that many people with complex needs require housing models that provide housing and support for as long as is needed to avoid reentry to homelessness.

### Scattered site (dispersed housing) with floating supports

Aspire Social Impact Bond	
<b>Overview</b>	Following Housing First principles, Adelaide based Aspire was Australia's first Social Impact Bond in homelessness, has been robustly evaluated and is delivering strong results.
<b>Funding</b>	Private investor Social Impact Bond
<b>Target group</b>	<ul style="list-style-type: none"> <li>Single people aged 18 to 55 experiencing homelessness in metropolitan Adelaide (average of 3 years homeless) or at risk of being discharged into homelessness from a correctional or health facility.</li> <li>Evaluation reported: nearly two thirds of participants are male, average intake age; 39</li> </ul>
<b>Built form</b>	Scattered site housing using a combination of public and community housing allocations, but difficulty in securing housing has limited program's reach.
<b>Elements</b>	<ul style="list-style-type: none"> <li>3-year program</li> <li>Access to social housing and tenancy supports</li> <li>Intensive case management (highest intensity in year 1)</li> <li>Education and employment pathways</li> <li>Life skills development</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>Projected government savings \$72,000 per person (health, justice and SHS systems)</li> <li>78% housed – of those 86% sustained tenancies</li> <li>37% reduction in criminal convictions</li> <li>27% reduction in hospital bed days</li> <li>An effective intervention for people with complex needs, notably mental health issues, disability and problematic drug and alcohol use, and/or experiencing chronic or recurrent homelessness.</li> </ul>
<b>Scale and availability</b>	Limited to people in central Adelaide.
<b>Links</b>	<a href="#"><u>Evaluation of the Aspire Social Impact Bond 2022</u></a>

## Scattered site (dispersed housing) with floating supports

<b>STEP to Home (NSW)</b>	
<b>Overview</b>	Commenced in 2018 and was recently extended, this Housing First inspired program is delivered through a partnership of community housing providers (Bridge; Women's Housing Co, Metro) and mental health provider Neami National,
<b>Funding</b>	NSW Department of Justice and Communities (housing)
<b>Target group</b>	<ul style="list-style-type: none"> <li>• People sleeping rough or experiencing secondary homelessness in Inner-Sydney and experiencing barriers to accessing accommodation</li> <li>• Prepared to engage with Neami, eligible for priority social housing</li> </ul>
<b>Built form</b>	Scattered site delivery in properties head-leased from the private rental market enabling matching of properties to individual needs
<b>Elements</b>	<ul style="list-style-type: none"> <li>• Post Crisis Support is provided by Neami National for between 18 months—3 years with different levels of intensity subject to each individuals needs and stage on their STEP to Home journey.</li> <li>• Neami team includes peer workers, Aboriginal Liaison Officers and employment specialists.</li> <li>• Subsidised rent</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• 85% sustained tenancy rate</li> <li>• 93% of people housed reported high satisfaction with their housing and community (headlease model found to facilitate greater outcomes in the areas of housing satisfaction, retention and has positive impacts on community integration)</li> <li>• 72% reported health and mental health improvements since being housed</li> <li>• Improved employment</li> <li>• Decreased justice and health system interactions</li> </ul>
<b>Scale and availability</b>	Initial program provided 90 long term housing places. Extension provides for 70 places.
<b>Links</b>	<a href="#"><u>Step to Home program evaluation 2022</u></a>

## Scattered site (dispersed housing) with floating supports

Journey to Social Inclusion (Vic)	
<b>Overview</b>	A Sacred Heart Mission program aimed at ending the cycle of chronic homelessness. Provides an intensive response for combining permanent housing and round-the-clock support. Delivered by Sacred Heart Mission, The Salvation Army, Uniting Vic/Tas and VincentCare. First piloted in 2009, it has since evolved and expanded.
<b>Funding</b>	Vic Government Social Impact Bond - Early Intervention Investment Fund; and further expansion using a payment by results structure.
<b>Target group</b>	<ul style="list-style-type: none"> <li>• People aged between 25 and 65 years who are experiencing sustained and chronic homelessness (sleeping rough continuously for at least one year and/or experienced three or more episodes of homelessness over the past three years)</li> <li>• Intentionally targets heavy users of a range of government services, including hospitals, mental health, and alcohol and other drug services.</li> <li>• Key referral partners: Launch Housing Southbank, VincentCare Ozanam House &amp; Homeless Resource Centre, The Salvation Army Australia Flagstaff, Open Doors, Sacred Heart Mission Central, the Women's House and Homefront Crisis Accommodation.</li> </ul>
<b>Built form</b>	84 scattered community-based head leased properties (taken from private rental market)
<b>Elements</b>	<ul style="list-style-type: none"> <li>• A three-year intensive case management service supplemented by rapid access to stable housing.</li> </ul> <p>Five key components:</p> <ul style="list-style-type: none"> <li>• assertive case management and service coordination</li> <li>• housing access and sustaining tenancies</li> <li>• trauma informed practice and relationship-based approach</li> <li>• building skills for inclusion</li> <li>• fostering independence</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Bond payment is measured against two outcomes: stable housing/ sustained tenancy and improved health and wellbeing / reduced hospital bed days</li> </ul> <p>1st tranche of results:</p> <ul style="list-style-type: none"> <li>• 90% of clients in stable housing and 60% reduced use of hospital beds</li> <li>• Expected to save government over \$45m in avoided costs.</li> <li>• Reduced use of government funded health, homelessness and justice services by empowering participants to be economically and personally self-reliant and enjoy better health outcomes</li> </ul>
<b>Scale and availability</b>	<ul style="list-style-type: none"> <li>• Scaled up via Social Impact Bond</li> <li>• Three intakes of 60 individuals over three years across inner city Melbourne: 180 participants over a five-year period.</li> </ul>
<b>Links</b>	<a href="#">Victorian Department of Treasury &amp; Finance Brief</a> , <a href="#">Sacred Heart Mission: J2SI flyer</a> ; <a href="#">J2SI webpage</a> <a href="#">Centre for Social Impact research results</a>

## Scattered site (dispersed housing) with floating supports

NSW Housing and Accommodation Support Initiative and Community Living Supports (HASI/CLS)	
<b>Overview</b>	Running since 2002 in various forms across NSW, combines housing and psychosocial supports for people with severe mental illness. Seeks to prevent avoidable mental health related hospitalisations and emergency department presentations
<b>Funding</b>	<ul style="list-style-type: none"> <li>Partnership of NSW Health, Housing NSW, community support providers and community housing providers.</li> <li>NSW Health funds clinical services (via local health districts) and wellbeing supports (delivered by community support providers).</li> <li>Housing NSW funds community housing providers to deliver housing and tenancy services Average cost of CLS-HASI per consumer was \$35,622 (\$80.71 per hour) in 2018-19.</li> </ul>
<b>Target group</b>	<ul style="list-style-type: none"> <li>People who would otherwise be in hospital often or for the foreseeable future</li> <li>Program focus groups are: people living in social housing; people serving community-based detention orders; Aboriginal people; people living in boarding houses; people leaving prisons; and refugees (NSW started a specific program for refugees, CLS-R, in 2019).</li> <li>Cohort profile: 53% men and 47% women; average age 42 years; 13.8% First Nations; 20% had legal orders in place at some time (community treatment order most common); most prevalent mental health diagnosis: schizophrenia; high rates of co-occurring AOD dependency</li> </ul>
<b>Built form</b>	<p>On entry to program:</p> <ul style="list-style-type: none"> <li>43% social housing</li> <li>40% in private or other stable accommodation 1</li> <li>2% unstable housing</li> </ul>
<b>Elements</b>	<ul style="list-style-type: none"> <li>Individual Support Plan is developed identifying recovery goals, services and supports tailored to individual need and choice.</li> <li>Combines housing/tenancy sustainment support; psychosocial support and clinical services</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>The economic modelling results for a 5-year timeframe show the CLS-HASI program is highly cost effective with a net cost saving per person of about \$86,000. (Cost effectiveness falls when captured over 1 year timeframe.</li> <li>Improvements to participants' wellbeing, mental health management, physical health, social inclusion and finding secure housing. Reduced hospital admissions and length of stay.</li> <li>About 28% of CLS-HASI consumers moved onto a housing waitlist or obtained housing, or both, after entering CLS-HASI with average wait times substantially less than general wait times.</li> </ul>

## Scattered site (dispersed housing) with floating supports

NSW Housing and Accommodation Support Initiative and Community Living Supports (HASI/CLS)	
<b>Enablers of effective implementation</b>	<p>Major program success factors:</p> <ul style="list-style-type: none"> <li>• evidence-based and consumer-centred practice</li> <li>• filling a gap in the system</li> <li>• intensive support in the home, allowing early intervention when person becomes unwell</li> <li>• having consistent support staff from day to day and retaining long-term staff (a factor that was not always present) built trust</li> <li>• strong program partnerships between the community organisations, local health districts and Ministry.</li> </ul> <p>The evaluation identified opportunities for more effective implementation of CLS-HASI</p> <ul style="list-style-type: none"> <li>• Fostering and widening program partnerships at the local and state levels</li> <li>• Review the functions of CLS-HASI governance structures, monitor implementation</li> <li>• Clarify referral processes into CLS-HASI and address barriers</li> <li>• Fill gaps in staff capacity by using the specialised expertise of Aboriginal and culturally diverse staff and staff with lived experience of mental health issues</li> <li>• Review how staff apply personal recovery approaches to maximise choice and autonomy</li> <li>• Align support services with individual consumer preferences</li> <li>• Increase the focus on CLS-HASI priority groups, by connecting with relevant local community groups and local providers, and with relevant state agencies</li> <li>• Involve family and carers, consistent with consumer preferences</li> <li>• Support relationships between local CLS-HASI agencies and NDIS providers and improve knowledge about each other's services</li> <li>• Discuss the goal to exit CLS-HASI with all consumers at or near entry</li> <li>• Continually review the content, usefulness and accuracy of program data collected</li> <li>• Clarify roles of program partners in improving consumers' mental health and wellbeing</li> <li>• Find ways to enable consumers to make sustained changes to benefit their physical health</li> <li>• Improve social inclusion by addressing individual preferences and barriers</li> <li>• Further reduce consumer hospital stays by maintaining contact with consumers</li> <li>• Build on staff knowledge and local partnerships to help people access safe and secure housing when needed.</li> </ul>
<b>Scale and availability</b>	State-wide but limited places, dependent on case manager in public mental health system
<b>Links</b>	<a href="#"><u>Program evaluation summary; Full evaluation</u></a>

## Scattered site (dispersed housing) with floating supports

Homes First (Vic)	
<b>Overview</b>	New Victorian Government funded program commenced 1 July 2024. Using Housing First principles and building on learnings from the earlier Homelessness to a Home program, it combines access to long term housing and multi-disciplinary support.
<b>Funding</b>	<ul style="list-style-type: none"> <li>• \$48M over 3 years</li> <li>• At least 10% funding for Aboriginal community-controlled organisations</li> </ul>
<b>Target group</b>	People experiencing persistent homelessness
<b>Built form</b>	84 scattered community-based head leased properties (taken from private rental market)
<b>Elements</b>	<ul style="list-style-type: none"> <li>• Delivered by 8 community organisations, including ACCOs, Melbourne City Mission, Sacred Heart Mission, Quantum Support Services, Junction Support Services and Catholic Care Victoria</li> <li>• Social and affordable housing.</li> <li>• Participants matched with a multidisciplinary team that can help them with mental health, alcohol and other drug issues as well as family violence.</li> </ul>
<b>Impact</b>	Implementation only begun in 2024
<b>Scale and availability</b>	<ul style="list-style-type: none"> <li>• 500 households</li> <li>• Limited LGAs: Metro: Melton, Brimbank, Hume and Merri-bek local government areas – as well as the outer-eastern suburbs. Regional: Goulburn, Ovens Murray, inner Gippsland, Loddon and Wimmera south-west regions.</li> </ul>
<b>Links</b>	<a href="#"><u>Victorian Government press release 11 July 2024</u></a>


## Scattered site (dispersed housing) with floating supports

Doorway (Vic)	
<b>Overview</b>	An integrated housing and recovery support program delivered by Wellways (community organisation), providing care for people with severe and persistent mental illness with precarious housing, on referral from the Victoria public mental health sector.
<b>Funding</b>	Victorian Department of Health (mental health budget) and Wellways
<b>Target group</b>	Targeted towards people at risk of/or homeless with case managers attached to the public hospital mental health system in select parts of Victoria.
<b>Built form</b>	Delivered in head leased and private rental properties
<b>Elements</b>	<p>A Housing and Recovery Worker connects with participants over 18 months to provide and coordinate:</p> <ul style="list-style-type: none"> <li>• Psychosocial recovery supports: weekly support in home; support with building life skills and relationships</li> <li>• Housing and tenancy support: Participants choose properties through the open rental market and receive support to enter lease and maintain tenancy; establish a home; manage rent and bills; help to transition out of the Doorway program into sustainable permanent housing.</li> <li>• Economic participation: help with looking for work or starting study</li> <li>• Fixed term rental subsidies (participant pays 30% income in rent)</li> <li>• HRWs are co-located at a partnered clinical service with a team that is providing ongoing clinical support. Their dual roles are unusual as typically their activities have been divided between a Home-Based Mental Health Worker and a Housing</li> </ul>
<b>Impact</b>	An evaluation of the 2015-18 period found it reduces hospital stays and improves health and housing outcomes.
<b>Scale and availability</b>	Very limited: 4 locations across Victoria
<b>Links</b>	<a href="#"><u>Doorway program</u></a>

## Clustered housing with shared supports

The Haven Model	
<b>Overview</b>	Delivered by the Haven Foundation (a community housing provider) and subsidiary of Mind Australia, NDIS and psychosocial services provider. This mental health recovery focussed model provides a small cluster of independent units on each site. Onsite support is shared across residents.
<b>Funding</b>	<ul style="list-style-type: none"> <li>State Government funding for new sites (Vic – including through mental health social housing build round, SA, NSW)</li> <li>The current model relies on residents being eligible for social housing and NDIS living supports.</li> <li>Resident must agree to Mind Australia delivering their living supports, enabling economies and efficiencies across clustered residents</li> </ul>
<b>Target group</b>	People with more intense, but fluctuating or episodic psychosocial support needs who require support workers to be on-hand, but not necessarily delivering constant high-levels of active support or supervision
<b>Built form</b>	<ul style="list-style-type: none"> <li>Haven residences feature up to 16 private apartments, each with its own bedroom, kitchen, living room, bathroom, laundry facilities and private outdoor area.</li> <li>Each Haven also includes large indoor and outdoor community and shared living areas. Residents are not obligated to use these spaces; however, they facilitate opportunities for social connection and peer-support.</li> </ul>
<b>Elements</b>	<ul style="list-style-type: none"> <li>Participants enter into a residential tenancy agreement with The Haven Foundation and a NDIS Service Agreement with Mind Australia. This creates separation between participants' housing and support provider and enables pooling of funds for support.</li> <li>Safe, secure, long-term housing.</li> <li>Tenancy support</li> <li>Psychosocial and wellbeing support</li> <li>A Family Hub to provide a safe place for families, carers and supporters to support each other with their shared challenges.</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>2013 evaluation by Monash University of the Haven in South Yarra, Melbourne, found residents had a reduced need for acute psychiatric care, had increased participation in vocational education and training, and improved connections with family members and the broader community.</li> <li>Preliminary findings from evaluation by La Trobe University currently underway indicate residents had improved independence and reduced symptoms of mental distress (86% reduction in hospitalisations).</li> <li>Cost effectiveness: Mind Australia reported the Haven model is cost-effective because of a shared supports between participants delivered by a single provider. The average annual Assistance with Daily Living (ADL) support budget for participants in a Haven with standard intensity needs was \$119,000. By comparison, the average annual ADL budget for all SIL participants was \$296,700 in 2022-23.</li> </ul>
<b>Scale and availability</b>	<ul style="list-style-type: none"> <li>As of October 2024, 158 homes across 12 locations.</li> <li>A further 274 homes across a further 17 locations are under development – including in SA and NSW</li> <li>By 2027, 412 Haven social housing residences will be established across 28 locations</li> </ul>
<b>Links</b>	<a href="https://www.mindaustralia.org.au/haven-foundation">https://www.mindaustralia.org.au/haven-foundation</a> The Haven Foundation   The Haven Foundation

## Clustered housing with shared supports

Mental Health Supported Social Housing (Vic)	
<b>Overview</b>	Responds to parts of Rec 25 of the Royal Commission into Victoria's Mental Health System. Delivers social housing that will have ongoing mental health intensive, coordinated and multidisciplinary clinical and/or psychosocial supports, some that will be custom designed.
<b>Funding</b>	<ul style="list-style-type: none"> <li>Dwelling construction funded by Homes Vic (Victorian Government)</li> <li>The Vic MH Supported Social Housing Funding Round 2023 \$85 million</li> </ul>
<b>Target group</b>	Adult Victorians (aged 26 and over) living with mental illness who require intensive, ongoing treatment care and support
<b>Built form</b>	1–2-bedroom individual clustered dwellings. Housing to feature: natural light, flexible living spaces, safety and security, private entrances, green landscaping, and holistic support models.
<b>Elements</b>	<ul style="list-style-type: none"> <li>Nominations by areas mental health units</li> <li>Aligns delivery of area MH clinical supports with psychosocial (non-clinical) delivered via NDIS or state based psychosocial programs</li> <li>Community housing organisation manages tenancy</li> </ul> <div> <p><b>Design Principles to inform the model design</b></p> <ol style="list-style-type: none"> <li>1. Adopt a person centred approach</li> <li>2. Amplify and elevate lived experience through ongoing codesign &amp; coproduction</li> <li>3. Embed choice and self-determination at every stage</li> <li>4. Prioritise security, flexibility of tenure and supports</li> <li>5. Embrace diversity and promote inclusion in all forms</li> <li>6. Optimise people's wellbeing outcomes</li> <li>7. Expand on success and innovate iteratively</li> </ol>  </div>
<b>Impact</b>	<ul style="list-style-type: none"> <li>MEL being developed</li> </ul>
<b>Scale and availability</b>	<ul style="list-style-type: none"> <li>Target of 2,000 additional homes delivered as part of the Government's Big Housing Build, at least 500 to be custom designed.</li> <li>Round 1 (2023): 32 projects; 214* homes</li> </ul>
<b>Links</b>	<a href="#">Funding to 3 community housing organisations (including Haven Foundation and Blue CHP)</a>

## Single site accommodation with 24/7 onsite support

Common Ground	
<b>Overview</b>	Common Ground uses a Housing First approach and combines permanent housing on a single site with onsite tailored supports and social services.
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Models often combine public funding from health, housing and justice budgets, and philanthropic investment</li> <li>• Residents pay fixed proportion of income</li> </ul>
<b>Target group</b>	<ul style="list-style-type: none"> <li>• Single adults (tend to be male dominated)</li> <li>• Experiencing chronic homelessness or rough sleeping.</li> <li>• Most have complex needs including mental illness, substance use, trauma, justice system connections</li> </ul>
<b>Built form</b>	Often purpose built, with multiple self-contained apartments and common areas
<b>Elements</b>	<ul style="list-style-type: none"> <li>• Provides long-term housing plus a range of supports that the tenant can opt into, which can vary in intensity over time.</li> <li>• Typical day-to-day supports including case management, cleaning, communal meals, social activities, medication support</li> <li>• Separation of property management from other supports.</li> <li>• Housing First approach means tenancy is not contingent on engaging with supports</li> <li>• Staff are trained to manage and respond to complex needs and behaviours.</li> <li>• Typically use harm minimisation rather than zero tolerance approaches to alcohol and drugs.</li> </ul>
<b>Impact</b>	
<b>Scale and availability</b>	<p>Common Ground (and similar) models exist in most Australian states and territories including:</p> <ul style="list-style-type: none"> <li>• Common Ground Camperdown (NSW)</li> <li>• Common Ground Brisbane (Qld)</li> <li>• Common Ground Adelaide and Port Augusta (SA)</li> <li>• Common Group Elizabeth St (Vic): 131 self-contained apartments; half for people that have experienced chronic homelessness</li> </ul>

## Single site accommodation with 24/7 onsite support

Common Ground	
ESCG as an example	<p>Elizabeth Street Common Ground (ESCG)</p> <ul style="list-style-type: none"> <li>• Partnership of Unison Housing (tenancy and property management) and Launch Housing (support services and 24-hour concierge)</li> <li>• Both agencies co-located on site.</li> <li>• Combines Health, Homelessness and Justice budgets and social housing funds</li> <li>• 131 self-contained apartments: half is social housing for people that have experienced long term homelessness; half is affordable housing for people on low incomes. Around 70% residents are men. Mental illness highly prevalent, alongside cognitive impairment.</li> </ul> <p>ESCG Common Ground model comprises five components:</p> <ul style="list-style-type: none"> <li>• Permanent housing - offering self-contained high-quality accommodation.</li> <li>• Voluntary on-site support services – available to the 50% social housing tenants to help them settle into and maintain their housing</li> <li>• Safe housing - providing 24-hour concierge and support staff</li> <li>• Affordable – rents set at a maximum of 30% of income</li> <li>• Social mix of tenants – 50% are affordable housing</li> </ul> <p>ESGC evaluation (Launch Housing 2021) found:</p> <ul style="list-style-type: none"> <li>• funding changes impacted the model and likely had far reaching (adverse) consequences</li> <li>• overall, ESCG provided housing stability for many residents and enabled positive changes in health and wellbeing.</li> <li>• congregate model was not necessarily a good fit for all, especially where people had a tendency towards aggressive and violent behaviours creating issues in relation to tenancy mix and suitability for concentrated living (referral and assessment processes changed to address this)</li> <li>• the need for a range of long-term housing options, including scattered site housing, when clients want or need to exit congregate setting</li> <li>• pathways to live independently as residents stabilise and recover</li> <li>• on-site support critical in developing ongoing relationships, de-escalating situations, helping keep residents on an even keel and providing support with daily living issues</li> <li>• residents were linked in with a range of services that provided support for mental and physical health needs. These included GPs, nurses, psychologists, psychiatrists, counselling, outreach support, optometry and dental clinic, and employment support.</li> </ul>
Links	<ul style="list-style-type: none"> <li>• <a href="http://ahuri.edu.au">AHURI Common Ground Housing Model Practice Manual (ahuri.edu.au)</a>,</li> <li>• <a href="#">Launch Housing Elizabeth St Common Ground booklet</a></li> <li>• <a href="#">Launch Housing: Victorian Mental Health Royal Commission Submission Appendix 10: permanent supportive housing</a></li> <li>• <a href="#">Brisbane Common Ground Evaluation: Final Report</a>.</li> </ul>

## Single site accommodation with 24/7 onsite support

<b>Housing and Accommodation Support Initiative Plus program (HASI Plus) NSW</b>	
<b>Overview</b>	A high intensity transitional program combining accommodation and onsite support
<b>Funding</b>	<ul style="list-style-type: none"> <li>• NSW Health</li> </ul>
<b>Target group</b>	<ul style="list-style-type: none"> <li>• People with severe mental illness and significant difficulties managing day to day living for whom living independently in the community with other supports has not worked well.</li> <li>• Priority group is people who cannot otherwise be discharged from hospital or another institution.</li> </ul>
<b>Built form</b>	Either self-contained apartments or modified houses with shared cooking facilities and living areas.
<b>Elements</b>	<ul style="list-style-type: none"> <li>• Delivered by community-managed organisations</li> <li>• Tenancy support: Participants in HASI Plus program have a tenancy agreement and are responsible for their accommodation. Support is provided to understand tenancy rights and responsibilities, build skills in managing the tenancy and resolve problems that arise.</li> <li>• Flexible daily living skills: Participants get a range of support to build independence in daily life, designed around recovery goals. This could include daily living skills like shopping, looking after finances, cooking or catching public transport.</li> <li>• Intense clinical supports to help with rehabilitation and recovery and address other health needs.</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• <u>HASI Plus Evaluation 2022</u> found consumers and their families liked the model of safe and secure housing and intensive onsite supports and reported a wide range of positive experiences. It reduced mental health related hospitalisations and supported transition to living in the community.</li> </ul> <p>Program success factors:</p> <ul style="list-style-type: none"> <li>• the access to safe and secure housing as part of the service model</li> <li>• intensive on-site supports</li> <li>• strong local partnerships between community managed organisations and Local Health Districts</li> <li>• the flexible, person-centred approach to service provision.</li> </ul>
<b>Scale and availability</b>	<ul style="list-style-type: none"> <li>• Eight community accommodation sites exist across NSW (Sydney - North Ryde; Chatswood; Narraweena; Eastwood; Carlingford; Tamworth; Newcastle; Kempsey).</li> </ul>
<b>Links</b>	<u><a href="#">UNSW, Social Policy Research Centre, Evaluation of NSW Community-based Mental Health Programs: Housing and Accommodation Support Initiative Plus (2022)</a></u>

## Single site accommodation with 24/7 onsite support

Wintringham community	
<b>Overview</b>	Specialist, rights-based housing ranging from full care to supported accommodation to affordable housing with support for older people with complex needs.
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Capital builds funded by Vic and Tas Governments and philanthropy</li> <li>• Operations funded by combination of Homelessness Assistance – Vic and Tas state Govt's; Vic SAVVI (SRS); C'wealth Aged Care; NDIS (core supports, psychosocial support, support coordination, behaviour support); Vic Dep't of Justice; social housing, own investment and philanthropic funds</li> </ul>
<b>Target group</b>	<ul style="list-style-type: none"> <li>• People with intersectional needs relating to ageing, homelessness, disability, mental health, alcohol and drug use, complex clinical issues, trauma and social isolation.</li> <li>• Wintringham have rehoused former residents of various supported residential services that have been forcibly closed by authorities.</li> <li>• Aged care profile is younger than the norm (premature aging due to homelessness) and needs are different (eg lower need for nursing support, greater need for psychosocial and wellbeing supports)</li> </ul>
<b>Built form</b>	Various formats including small cottages with self-contained rooms, a communal lounge and dining area. Cottages have easy access to outdoors; many have a street frontage.
<b>Elements</b>	<ul style="list-style-type: none"> <li>• Grouping people with similar interests and levels of capacity to promote positive interaction, friendships and quality of life.</li> <li>• Strong emphasis on choice and independence and avoiding institutionalised approaches</li> <li>• Therapeutic recreational support and connection with community.</li> <li>• Tenancy supports are delivered by a separate team</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Person centred support</li> <li>• Housing stability &amp; long-term sustainable tenancies</li> <li>• Living well with mental health &amp; chronic physical health issues</li> <li>• Maximising independence</li> <li>• Reduction in premature ageing &amp; premature aged care placement</li> <li>• Reduction in experiences of isolation, neglect &amp; exclusion</li> </ul>
<b>Scale and availability</b>	<ul style="list-style-type: none"> <li>• Wintringham accommodation exists in select locations across Victoria and Tasmania</li> </ul>
<b>Links</b>	<a href="#"><u>Wintringham</u></a>

# Attachment 2:

## Key points from major reviews

### Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023)

Status:

- Federal Government released its [initial response](#) on 31 July 2024, committing to a phased response, that partially implements the DRC’s 222 recommendations
- Initial response supported (and budgeted for) or provided in principle support to 130 recommendations (out of 170 recommendations that are the Australian Government’s primary or shared responsibility. States are yet to respond.
- A national Implementation Taskforce, backed by a Working Group of federal departments and agencies and an Inter-jurisdictional Committee with state and territory governments.
- [Disability Reforms Roadmap Sep 2024](#)

Links

[DRC summary report link](#)  
[Full Inclusive homes and living report](#)  
[DRC hearing Homelessness, boarding houses, hostels](#)  
[Australian Government response](#)

Rec 7.33	Prioritise people with disability in key national housing and homelessness approaches
<p>Expressly identify people with disability as a priority group in:</p> <ul style="list-style-type: none"> <li>National Housing and Homelessness Agreement (NHHA)</li> <li>proposed National Housing and Homelessness Plan</li> <li>National Housing Supply and Affordability Council, which should include people with disability as a priority group in the development of housing supply and affordability policy advice, data collection and reporting.</li> <li>All state and territory governments include people with disability in housing and homelessness strategies, policies and action plans developed under the NHHA. This should include people with disability as a priority group, and the monitoring and evaluation of implementation and outcomes for people with disability.</li> </ul>	
Status	Accepted in principle

<b>Rec 7.40</b>	<b>Address homelessness for people with disability in the National Housing and Homeless Plan</b>
<ul style="list-style-type: none"> <li>• Identify people with disability, particularly people with intellectual disability or cognitive impairment, as a discrete cohort or cohorts for intensive homelessness support, recognising their needs, circumstances and diversity</li> <li>• Review the adequacy of funding for homelessness, with particular regard to the cost of providing more intensive homelessness support for people with disability and complex needs, and current levels of unmet demand</li> <li>• Expand pathways and support for people with disability out of homelessness, including through Housing First programs</li> <li>• Consider establishing free, independent legal advice and advocacy services for people with disability experiencing homelessness to help them navigate the different homelessness supports</li> </ul>	
Status	Subject to further consideration: plan not anticipated to prioritise cohorts

<b>Rec 7.34</b>	<b>Include homelessness in Australia's Disability Strategy</b>
<ul style="list-style-type: none"> <li>• Ensure consultations concerning, and reviews of, Australia's Disability Strategy include people with disability at risk of experiencing homelessness and their representative organisations</li> <li>• Expressly include homelessness as a policy priority within the 'Inclusive Homes and Communities' key outcomes.</li> </ul>	
Status	Accepted: being prioritised in 2024 review of the Australian Disability Strategy

<b>Rec 7.36</b>	<b>Improve social housing operational policy and processes</b>
<ul style="list-style-type: none"> <li>• State/territories to develop and implement accessible and inclusive processes for allocating and modifying social housing for people with disability,</li> <li>• Reviewing, amending and publishing (in accessible formats) housing allocation and 'reasonable offer' policies and procedures to ensure these can be easily understood and do not disadvantage people with disability seeking particular adjustments or modifications, or people who decline housing for accessibility reasons</li> </ul>	
Status	No response: state-led

**Rec 7.38****Minimum standards, monitoring and oversight of supported accommodation**

State and territory government entities responsible for regulating privately operated and government-funded board and lodging-type supported accommodation services – including supported residential services (SRS) (in Victoria), assisted boarding houses (in New South Wales), Level 3 residential centres (Queensland), and supported residential facilities (SRF) (in South Australia) should develop and implement minimum service and accommodation standards, strengthen oversight mechanisms, and increase service-level monitoring activities and compliance action, as follows:

**Minimum standards**

Minimum standards should require all SRS providers and their equivalents in other jurisdictions to:

- develop support plans for each resident, covering personal care, financial management, medication management, and the use of restrictive practices
- keep up-to-date records of how services are delivered in line with support plans, to allow regulatory bodies to more effectively monitor the quality of supports and services
- establish clear complaint management processes, including how complaints are reported to the central registration body, and a feedback loop for residents, their family and advocates
- guarantee access to independent advocacy services through advocacy organisations and community visitor schemes
- support residents to access independent advocacy services focused on identifying alternative, longer term accommodation options in recognition of the transitional nature of these services.

**Monitoring and oversight mechanisms**

Monitoring and oversight mechanisms for SRS and their equivalents in other jurisdictions should:

- require central registration for all SRS and equivalent services with the relevant state or territory department responsible for SRS standards
- require all SRS and their equivalents to undergo an initial audit when seeking registration, as well as ongoing audits (minimum yearly) for monitoring and compliance with all minimum standards. Audits should include direct engagement with people with disability residing in SRS and their equivalents, and should be undertaken centrally by the responsible state or territory department
- establish procedures to monitor services in response to complaints and incidents, including when and how the relevant state or territory department will undertake investigation
- establish compliance activities in response to audit results and investigations following complaints and incidents, including when registration will be impacted
- include the specific rights of community visitor programs to attend and report on standards within SRS and their equivalents
- be developed in consultation with other regulatory systems to identify and close regulatory gaps between schemes and settings including SRS, the National Disability Insurance Scheme, and in aged care and mental health services.

**Regulatory entities should have adequate powers to enforce all standards**

- Up-to-date records of infringements, enforcement action and remedies should be maintained centrally. The regulatory entities should notify substantiated infringements by providers to other oversight bodies with responsibilities for those providers, including the NDIS Quality and Safeguards Commission.
- States and territories should consider whether these recommendations should be implemented in other forms of marginal accommodation for people with disability, including general boarding houses and caravan parks.

Status

No response: state-led

**Rec 7.39****Prevent homelessness when people with disability transition from service or institutional settings**

Governments and agencies should commit to a policy of 'no leaving into homelessness' for people with disability.

- A lead agency should have responsibility for planning and coordinating the transition of people with disability from service or institutional settings (including health services, mental health services, correctional facilities, and out-of-home care) directly into safe and appropriate housing. The lead agency should be the NDIA when the person is a NDIS participant. Otherwise, the lead agency should be the agency responsible for the service or institutional setting at the time the person leaves.

The role of the lead agency should include:

- developing and implementing individual plans for people with disability leaving service or institutional settings to identify housing, services and supports for a successful transition into secure housing
- ensuring supports can be put in place before a person with disability leaves the service or institutional setting
- coordinating the implementation of the plan until the person with disability has successfully transitioned to safe and appropriate housing

Status

Accepted in principle

**Rec 7.42****Increase access to alternative, inclusive housing options**

The NDIA should work with governments to expand alternative housing options and support for people with disability to access and transition to these options through a proactive market enablement strategy. This should include:

- an increase in innovative housing options: expand NDIA Home and Living Demonstration Projects; explore diverse market mechanisms for sustainable housing models; evaluation and dissemination of emerging best practice to help bring new models to scale; establish a policy unit to co-design, guide and influence the development and implementation of more contemporary accommodation models
- market research to assess market demand and understand NDIS participants' housing preferences
- reform of NDIS participant funding models to provide greater flexibility and ensure that administrative and pricing mechanisms do not favour group home living over other models of inclusive housing.
- supportive transition pathways with access to advice, advocacy and support for people with disability to understand and explore their housing options, make decisions about transitioning to the housing of their choice, and receive support for that transition.
- prioritise implementation of the NDIA Home and Living Framework, with explicit timeframes that recognise the urgency of these reforms

Status

Accepted in principle

<b>Rec 7.41</b>	<b>Group home reform</b>
<p>The NDIS Quality and Safeguards Commission should prioritise the implementation of the Own Motion Inquiry into Aspects of Supported Accommodation – Action Plan (the Action Plan) and expand actions to include:</p> <ul style="list-style-type: none"> <li>• review of mechanisms to transition away from allowing the same provider to provide Supported Independent Living and Specialist Disability Accommodation services, with interim arrangements to strengthen oversight to address and monitor conflicts of interest (under Action 8)</li> <li>• strengthening how disability providers implement models of practice, such as Active Supports, to ensure that people with disability living in group homes are actively supported to have opportunities for greater social interaction and community participation and inclusion (under Action 2)</li> <li>• developing an implementation plan for the Action Plan, with explicit timeframes for delivery</li> <li>• annual reporting on progress and outcomes to the Disability Reform Ministerial Council.</li> </ul>	
Status	Accepted in principle

<b>Rec 7.37</b>	<b>Strengthen tenancy and occupancy protections</b>
<p>States and territories should review legislation governing the tenancy and occupancy rights of people with disability and adopt the best regulatory and legislative models currently in force, including:</p> <p><b>in the case of tenancies:</b></p> <ul style="list-style-type: none"> <li>• enacting legislation to replace landlords' 'no-grounds' termination rights with 'reasonable grounds' as currently specified in Victoria, Queensland and Tasmania</li> <li>• for both social housing and private housing tenancies, where a tribunal has discretion whether or not to order termination of the tenancy or that the tenant give up possession, empowering the tribunal to take the tenant's or a co-occupier's disability and the nature of that disability into account.</li> </ul> <p><b>in the case of non-tenancy accommodation -</b></p> <ul style="list-style-type: none"> <li>• adopting the provisions included in the Residential Tenancies Act 1997 (Vic) Part 12A to protect residents of Specialist Disability Accommodation (SDA) under the NDIS</li> <li>• introducing 'occupancy principles' similar to those under the Boarding Houses Act 2012 (NSW), to cover all non-SDA housing, such as assisted boarding houses in New South Wales and supported residential services in Victoria</li> <li>• extending these occupancy principles to cover 'general boarding houses' in New South Wales and unsupported boarding and rooming houses in other jurisdictions where many people with disability live. This reform should include conferring jurisdiction on the appropriate tribunal to resolve disputes, particularly in relation to eviction</li> <li>• in hearing disputes about eviction, tribunals be required when determining whether to make an eviction order to consider the occupant's disability, the nature of that disability, the possibility of retaliatory eviction, and the likelihood of finding suitable alternative accommodation.</li> </ul>	
Status	No response: state-led

<b>Rec 7.43 and 7.44</b>	<b>Phasing out group homes</b>
<p>Although Commissioners were split on timeframes, consensus directions were to phase down (and for some commissioners phase out) group homes over time.</p> <p>Immediate commitments to reduce the reliance on group homes, including:</p> <ul style="list-style-type: none"> <li>• not approving new four-to six-bedroom group home models for Specialist Disability Accommodation</li> <li>• only allowing new NDIS participants to enter group home accommodation as a last resort</li> <li>• prioritising moving existing residents of group homes to move into smaller groups over time</li> <li>• development of a staged approach to phasing out group homes, including consideration of housing availability, transition logistics and financial impacts.</li> </ul>	
Status	Subject to further consideration: including alongside NDIS Review recommendation 8 and 9

<b>Rec 10.5</b>	<b>Advocacy for NDIS participants living in supported accommodation</b>
<p>The NDIA should develop a co-designed program to connect NDIS participants living in supported accommodation with an appropriate disability advocacy organisation. The program should commence by Jan 2025 and:</p> <ul style="list-style-type: none"> <li>• promote advocacy in the course of NDIS planning processes</li> <li>• increase awareness of the role of advocacy in disability services among NDIS participants and their families and supporters</li> <li>• strengthen advocacy referral processes when participants and their families and supporters raise concerns, make complaints or report incidents</li> <li>• foster relationships between NDIS participants, their families and supporters, and disability advocacy organisations</li> <li>• strengthen collaboration between disability service providers and disability advocacy organisations to enable advocates to maintain periodic contact with people with disability so they can identify potential or emerging issues</li> </ul> <p>Following an evaluation of the program's impact and outcomes, the NDIA should consider expanding the program to reach other groups of people with disability who are identified as being at heightened risk of violence, abuse, neglect or exploitation.</p> <p>The NDIS Quality and Safeguards Commission, when reviewing complaints and reportable incidents, should also actively promote the value of independent advocacy for NDIS participants identified as being at heightened risk of violence, abuse, neglect or exploitation, and/or those who live in supported accommodation.</p>	
Status	Accepted in principle: new disability support program being developed

<b>Rec 10.3</b>	<b>Adequate support coordination</b>
<ul style="list-style-type: none"> <li>Participants in the NDIS identified as being at heightened risk of violence, abuse, neglect or exploitation, particularly those living in supported accommodation, have funding for support coordination included in their NDIS plans (by Sep 2025) sufficient to facilitate face-to-face contact at least monthly.</li> <li>NDIS participant plans should be updated by 30 September 2025.</li> </ul>	
Status	Accepted

<b>Rec 11.12 and 11.13</b>	<b>Community visitor schemes</b>
<p>States and territories should:</p> <ul style="list-style-type: none"> <li>urgently implement community visitor schemes (CVS) for people with disability, if they have not done so already</li> <li>ensure CVS are resourced to conduct frequent visits to individuals who may be at elevated risk of abuse or harm</li> <li>agree to make CVS nationally consistent regarding people with disability, including in relation to: the scope of schemes; powers to visit people with disability, inspect records and provide information to other relevant bodies; common monitoring standards; the type of data that CVS should capture and report on</li> <li>as a priority, define the scope of CVS with reference to: 'visitable services'; mechanisms for identifying factors that may place a person with disability at increased risk of violence, abuse, neglect or exploitation</li> <li>ensure CVS legislation enables relevant information to be shared between CVS, the NDIS Quality and Safeguards Commission and the National Disability Insurance Agency</li> </ul> <p>The Commonwealth should amend the National Disability Insurance Scheme Act 2013 (Cth) to formally recognise community visitor schemes as a safeguard for people with disability and provide the authorising environment for information-sharing between the NDIS Commission and CVS.</p> <p>The Australian Government should: enter into a national agreement with states and territories that commits CVS and the NDIS Commission to: – sharing relevant information to effectively exercise their respective functions – developing common standards for guiding the work of CVS relating to people with disability. update the NDIS Quality and Safeguarding Framework to formally recognise the important safeguarding role played by CVS.</p>	
Status	Accepted in principle

## NDIS Independent Review (2023)

### Status:

- National Cabinet response due before end of 2024.
- NDIS 2.0 to have an incremental roll out over five years (subject to budget, government and political changes).
- Various changes underway: First tranche of legislative changes made via the NDIS (Back on Track) Bill impacting Scheme eligibility, assessment, plan and budget setting processes; what will be funded.
- Ministers are being guided by the NDIS Implementation Advisory Committee and an inter-governmental NDIS Review Implementation Working Group.

Rec 7	A new approach to psychosocial disability focused on personal recovery
	<p>To be based on personal recovery and optimizing independence (Action 7.1)</p> <ul style="list-style-type: none"><li>• access to psychosocial specialist navigators who will also provide proactive outreach and support for people to access the NDIS</li><li>• supports that can be stepped up and down to reflect episodic and changing circumstances</li></ul> <p>An early intervention pathway (intensive, time limited supports) as the main entry point for people with psychosocial conditions and would include supports to find and maintain housing, illness self-management, cognitive remediation, family psychosocial education, social skills training and employment support (Action 7.2)</p> <p>An integrated complex care coordination approach focusing on participants who have been long-stay patients in hospital, have co-occurring conditions, been released from prison or forensic services, and/or with complex behavioural management issues that require an integrated treatment and disability support approach (Action 7.3).</p> <ul style="list-style-type: none"><li>• This would include joint management of mental health treatment and disability support between the NDIS and public mental health systems.</li></ul> <p>Strengthening regulation and oversight: registration of providers delivering psychosocial supports; and introduction of a Psychosocial Practice Standard (Action 7.4)</p> <p>Increasing the supply of providers with psychosocial expertise – including for housing supports</p>

The NDIS Review made a range of recommendations impacting on home and living. The most relevant to this paper are summarised below.

Multiple Reccs	Major changes to home and living options
	<ul style="list-style-type: none"> <li>• Participants being able to choose from and try out a suite of different living arrangements</li> <li>• Specialist housing and living navigators to help advise on options and support transitions</li> <li>• A move away from large group homes and institutional like settings where participants have little choice over how they live or who they live with. Transition support for people currently living in group homes to explore options, grandfathering arrangements for those who wish to stay, timeframes for ceasing construction of new group homes, ceasing placement of participants into group homes.</li> <li>• Interim improvements in group home oversight and practices to ensure that people with disability living in group homes are safe and have greater choice and control during this transition period (see also Recommendation 7.41)</li> <li>• Budgets for housing and living based on pooled supports, with a typical support ratio of 1:3 with shared support facilitation to enable participants with shared supports to exercise joint decision making (NB: there will also be individualised or higher intensity housing and living supports in limited, specified circumstances)</li> <li>• Separation of accommodation and support provision for those eligible for SDA. All participants eligible for 24/7 livings supports would be eligible for an SDA payment, and able to live in an SDA enrolled property that is subject to the mandatory requirement of separation. This means that no participant receiving 24/7 living supports would be forced into a closed system arrangement with a non-SDA provider.</li> <li>• Those who do not require 24/7 living supports would be able to choose a housing arrangement that is managed by their living support provider. Recommendations of the Review including graduated, risk-proportionate regulation of all providers (Rec 17), the support of Navigators (Rec 4) and independent Shared Support Facilitators (8.4) will provide strengthened safeguards.</li> <li>• Residential tenancy rights for people living in shared SDA accommodation (following Victoria's lead)</li> <li>• The NDIA has invested \$1.02 million in grant funding for Home and Living Demonstration Projects that focus on empowering participants. The Project works with four organisations to test different ways of delivering high quality information, assistance and connections support to NDIS participants looking to explore home and living options.</li> <li>• A comprehensive national adult safeguarding framework</li> <li>• Improving the safety and timing of hospital discharges for NDIS participants including more hospital liaison officers and specialised discharge planners.</li> <li>• A targeted action plan for housing under Australia's Disability Strategy linked to National Housing and Homeless Plan (Action 9.11)</li> </ul>

## NDIS Quality & Safeguard Commission's Own Motion Inquiry into Supported Accommodation (2023)

**Status Update: the NDIS Quality and Safeguard Commission have an Action Plan to implement actions from its Inquiry into Supported Accommodation**

### Findings

- There is a need for specific regulation of group home settings to enhance the quality and safety.
- Greater engagement with people living in group homes is required to support choice and control.
- Workforce attitude and aptitude drives a high number of issues evident in group home settings.
- The interaction of supported independent living (SIL) and specialist disability accommodation (SDA) arrangements affects the ability of people with disability in supported accommodation to make changes to their living arrangements.
- There is a need to better understand the supported accommodation market and how people interact with it
- The interface between the health and supported accommodation systems is not effective for many people living in these settings.

### Actions (reflecting status update)

Elevate the quality and safety of supported independent living services

- Action 1 - Enhance Regulation and monitoring of supported accommodation. Practice standards are being developed – co-design work has started.
- Action 2: Educate Providers and Workers. Resources in the Commission's Workforce Capability are being progressively updated.
- Action 3 - Increase oversight of SIL services. Elevated as a current enforcement and compliance priority.
- Action 4 - Enhance guidance for reportable incidents.
- Amplify the voice of people with disability living in supported accommodation
- Action 5 - Increase participant's understanding of their rights.
- Action 6 - Support exercise of choice and control by participants living in larger sites. Home & Living Supports team has been established to focus on participants receiving 24/7 living support in shared accommodation settings. Aim is to strengthen the regulation of home and living supports and improve outcomes for participants, including better choice over where, how and with whom they live.
- Action 7 - Embed the voice of participants in supported accommodation into the design of the audit scheme. Project underway to adjust the current audit approach. Includes consideration of how to strengthen the voice of participants in the NDIS audit process.

Improve the NDIS to maximise the choice, control and experience of participants living in supported accommodation.

- Action 8 - Deepen understanding of supported accommodation market. Review of the NDIA and NDIS Commission Market Stewardship Oversight Operational Protocol is underway with SDA information to be included.
- Action 9 - Develop understanding of participant personal wellbeing and choice. A participant Wellbeing Index is currently being developed.

## Supports outside of the NDIS (Foundation Supports)

See Fact Sheet #7:

[https://www.ndisreview.gov.au/sites/default/files/resource/download/psychosocial-disability\\_0.pdf](https://www.ndisreview.gov.au/sites/default/files/resource/download/psychosocial-disability_0.pdf)

### Status update on implementation

- Consultations on targetted Foundational Supports outside the NDIS, including supports for people with psychosocial disability, due to commence late 2024.
- The analysis of unmet need in psychosocial supports commissioned by Health & Mental Health Ministers is intended to form the basis of expanded and consolidated approach to psychosocial supports (including housing supports) for people not receiving NDIS packages.
- The National Mental Health and Suicide Prevention Agreement will be the main vehicle for psychosocial supports outside the NDIS.

National Cabinet has committed to providing targeted and general foundation supports outside of the NDIS. A Foundation Supports Strategy is being developed (led by DSS) with the intent of this being embedded (as scheduled) in the new Disability Intergovernmental Agreement.

Action 1.11 of the NDIS Review called for the National Cabinet to agree to jointly invest in psychosocial supports outside the NDIS to assist people with severe and persistent mental ill-health currently unable to access supports.

- Targeted supports: non-clinical services to help with relationships, daily living skills, housing and education.
- More “step-up, step-down” mental health residential services to support participants in community
- General foundational support: information and capacity-building programs, peer support, and recovery colleges.
- A coordinated approach between the NDIS foundational supports and public mental health systems for people with complex support needs who require active mental health management.
- Expansion and consolidation of supports (Commonwealth and State/Territory) are to be managed and delivered under the National Mental Health and Suicide Prevention Agreement.

Action 7.5 of the NDIS Review calls for prioritisation of supports for people with psychosocial disability as part of general foundation supports

Action 7.6 of the NDIS Review calls for improved access to mental health services for people with severe mental illness and a stronger interface between mental health systems and the NDIS

## Productivity Commission Mental Health Inquiry (2020)

### Status

The PC's subsequent Stocktake Report: Mental Health and Suicide (2022) was released to inform development of the National Mental Health and Suicide Prevention Agreement 2022.

The Inquiry and its Stocktake Report noted little evidence of targeted mental health and suicide prevention programs for people experiencing homelessness. Recommendations of particular relevant to this brief included:

- addressing the shortfall in the number of supported housing places and the gap in homelessness services for people with severe mental illness. (Action 20.3)
- increasing NHHA funding for housing and homelessness services for people with mental illness. (Action 20.3)
- amending the NDIS Specialist Disability Accommodation strategy and policies to encourage development of long-term supported accommodation for participants with severe and persistent mental illness. (Action 20.3)
- a nationally consistent policy of no exits into homelessness for people with mental illness when discharged from institutional care, as a priority measure.
- information sharing between housing authorities, acute mental healthcare facilities and correctional facilities. (Action 20.1)
- mental health training and resources to social housing workers, real estate agents and their industry bodies (Action 20.1)
- extending social housing tenancy support services to people in private rentals with mental ill health. (Action 20.1)
- reforming residential tenancy legislation, including 'no grounds' evictions, understanding the implications for people with mental illness. (Action 20.1)

## Aged Care Royal Commission (2021) and Aged Care Act 2024

### Status

New Aged Care legislation will come into force from 1 July 2025. The Act has retained early access pathway for people with histories of homelessness that have prematurely aged.

#### Aged Care Royal Commission (2021)

The Aged Care Royal Commission noted there is currently no discernible connection between the Australian Government aged care program and any Australian Government or State or Territory Government housing program.

*"This must change. We urge that the National Cabinet Reform Committee on Ageing and Older Australians, which we have recommended be established, work with housing ministers on options to provide for more integrated solutions to the housing and care needs of older people who are homeless or at risk of homelessness."*

*Many younger people living in, or at risk of entering residential aged care are not eligible for the National Disability Insurance Scheme or, if they are, they are not specifically eligible for Specialist Disability Accommodation. We therefore recommend that the Australian Government should develop, fund and implement, with State and Territory Governments, short-term, long-term and transitional accommodation and care options for this group of younger people. Social and community housing has the potential to deliver more accommodation for younger people at risk, particularly for more vulnerable younger people, including those with psychosocial disabilities or experiencing homelessness.*

Recommendation 5 (d)(v) The Department of Health and Aged Care should proactively manage the interface between aged care services, health services, accommodation services, homelessness and disability services and services for those with diverse needs to ensure that barriers to older people receiving fair and equal access to services are removed.

#### Aged Care Act 2024

The Aged Care Act 2024 also promotes the right to an adequate standard of living by providing that individuals with care needs aged 65 or older, and certain individuals who are aged 50 or over and an Aboriginal or Torres Strait Islander person or homeless or at risk of homelessness, can apply to the System Governor for access to funded aged care services and are assessed against a set of eligibility criteria by an approved needs assessor. The aged care needs assessment process will ensure an individual is assessed for specific types of aged care services that will meet their needs. For some individuals, they may be assessed as requiring access to residential care services, which includes accommodation (including meals and bedding) and other services to assist with daily living activities.

The right to health under the Bill is restricted to individuals who are eligible to receive funded aged care services. The Bill provides that only individuals with care needs who are age 65 or over, or age 50 or over and an Aboriginal or Torres Strait Islander person, or homeless or at risk of homelessness, are eligible to undergo an aged care needs assessment by an approved needs assessor (clause 58).

### Status

- Recommendation 25 is in the early phases of implementation with construction of 2,000 dwellings through the Big Housing Build to be delivered as housing with supports (referrals from areas mental health units) and 500 supported housing places for young people (to date unfunded).
- Misalignment of funding timing has meant that additional mental health and wellbeing funding has not been finalised in time to inform proposals for housing builds.

### Recc 25: Supported housing for adults and young people living with a mental illness

Allocate a substantial proportion of social and affordable housing to people living with mental illness over the next decade. The housing needs to be:

- delivered in a range of configurations (stand-alone, self-contained units with shared amenities, clustered ILUs)
- appropriately located across metropolitan Melbourne and regional and rural Victoria
- accompanied by a level of integrated, multi-disciplinary and individually tailored mental health wellbeing treatment care and support.

Specific housing solutions must be available for certain population groups with additional support needs and living requirements, including families with young children, women and gender-diverse people, Aboriginal and Torres Strait Islander people and individuals with dual disability (mental illness alongside an acquired or neurodevelopmental disability such as intellectual disability, autism spectrum disorder).

- The Victorian Government must engage the relevant cohorts in a co-design process to ensure the specific housing solutions reflect their housing and support needs

Area Mental Health and Wellbeing Services involved in the selection process. The typical referral pathway into supported housing will be through the new integrated community mental health services, where comprehensive care planning and coordination will occur, and support needs identified. Access should be given to:

- long-stay consumers in an acute inpatient setting who are unable to be discharged due to a lack of appropriate discharge options
- individuals who are experiencing long-term homelessness or are at high risk of becoming chronically homeless
- individuals who have highly unsustainable or unsafe living arrangements with friends, families, carers and supporters.

Revise the Victorian Housing Register's Special Housing Needs 'priority access' categories to include people living with mental illness, including people who need ongoing intensive treatment, care and support.

Ensure that the 2,000 dwellings assigned to Victorians living with mental illness in the Big Housing Build are delivered as supported housing and prioritised for people living with mental illness who require ongoing intensive treatment, care and support, with Area Mental Health and Wellbeing Services assisting with the selection process.

- Supported housing must be safe for all residents. At a minimum, residents will need to have access to adequate privacy, control over their personal space and readily available support as required.

In addition to the 2,000 dwellings, invest in a further 500 new medium-term (up to two years) supported housing places for young people aged between 18 to 25 who are living with mental illness and experiencing unstable housing or homelessness.

## ABOUT HOMELESSNESS AUSTRALIA

Homelessness Australia is the national peak body for homelessness in Australia. We provide systemic advocacy for the homelessness sector. We work with a large network of organisations to provide a unified voice when it comes to preventing and responding to homelessness.

Visit [homelessnessaustralia.org.au](http://homelessnessaustralia.org.au)

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Thanks to Nicole Rees from [Policy.Fox](#) for supporting this work

Homelessness Australia acknowledges the Traditional Custodians of all of the lands on which we meet and work. We pay our respects to First Nations peoples and elders past, present and future. Always was, always will be, Aboriginal land.