Where To From Here In Supported Housing?
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THE PRESENTATION

■ Brief description of a review of the WA Independent Living Program [ILP]
  ▪ Approach
  ▪ Key issues that emerged
  ▪ Future directions

■ Look at the ‘Supported Housing’ model
  ▪ Principles
  ▪ Evidence
  ▪ Future policy directions
  ▪ Adding to knowledge base
WHAT IS THE INDEPENDENT LIVING PROGRAM?

- Housing and Support Program
  - Houses headleased from Department of Housing and Works
  - Supportive Landlord (NGO/CHA – Funded by DoH)
  - Psychosocial Support (NGO – Funded by DoH)
  - Clinical Support (Community MHS)

- Commenced 1995

- Over 650 people in independent housing

- Grown at 60 housing units per year

- Based on ‘Supported Housing’ model
Emerged in late 1980s as alternative to ‘Transitional Housing’

Core elements

- Home – not a treatment facility
- Permanent – not transitional
- Ordinary housing & scattered site
- Individualized support – moves in and out
- Fosters social integration
Phase 1: Review of policy and operations - Auspiced by MH Division & WAAMH

**Establishment of Steering Committee**

- Consultation with Stakeholders
  - Literature Review
  - Consultation Vic and NSW

**Discussion Paper**
- Key Themes
- Options

**Stakeholder Workshop**

**Draft Report**

**Presentations of findings**

**Feedback**

**Final Report**

**EVALUATION PROCESS**
KEY FINDINGS

- Housing
- Support
- Program management
- Quality
Housing supply has not kept pace with demand

Access to housing poor in some areas

Situation has worsened with rising property prices
SUPPORT

Three types of support:

- Property & Tenancy Support (‘Supportive Landlord’)
- Psychosocial Support
- Clinical Support
All housing headleased from DH&W

Role shared by mix of NGOs and CHAs

Some NGOs provide only landlord support, while others provide both landlord and psychosocial support

Funding based on ‘houses’ acts as perverse incentive to retain houses and clients

Some landlords view housing as ‘theirs’ and ‘transitional’
PSYCHOSOCIAL SUPPORT

- Provision of PSS not kept pace with housing
- Particular problem for ‘Landlord only’ agencies
- Landlords expanded role to fill the ‘gap’
- High support need clients not being prioritized
- No funding ‘formula’ for provision of PSS
- Range of unmet consumer needs
CLINICAL SUPPORT

- No properly developed rehabilitation and support system
- Acute care & clinical support roles combined
- Lack of responsiveness to Landlords & PSS providers
- Works better with dedicated ‘Accommodation Coordinator’
PROGRAM MANAGEMENT

- ‘Grown organically’- lack of consistency in:
  - Roles of partners
  - Needs assessment
  - Management of waiting lists
  - Prioritizing entry
  - Individual service planning

- Lack of responsiveness to changing support needs/exiting

- Inequitable system housing allocation – based on clinic waiting lists
QUALITY

- No system for training or workforce development
- No system of monitoring performance or outcomes
- Inadequate quality framework
SHAPING THE FUTURE ….

Western Australian ILP

Supported Housing Program

PSYCHIATRIC REHABILITATION & SUPPORT SERVICES
FUTURE DIRECTIONS

- Improve the operational management of the ILP
- Grow the capability and capacity of the ILP
- Build the rehabilitation and support services system
IMPROVE ILP OPERATIONAL MANAGEMENT

- Priority access for people with psychotic illness
- Improve partnership arrangements at all levels
- Standardized, statewide operational guidelines
GROW THE CAPABILITY AND CAPACITY OF THE ILP

- Separate roles of the landlord & psychosocial support providers
- Landlord role to be provided by CHAs
- Expand NGO psychosocial support services
- Double the number of houses over 5 to 6 years
THE VISION --- BUILDING THE SYSTEM

Supported Housing Program

PSYCHIATRIC REHABILITATION & SUPPORT SERVICES

PSYCHIATRIC REHABILITATION & SUPPORT SERVICES

Supported Housing

Leisure

Employment

Education & Training

Other Services

Monitoring & Evaluation

Standards & Accreditation

Training & Workforce Development

Recovery

Social Inclusion
PRINCIPLES AND OPERATIONAL DOMAINS OF SUPPORTED HOUSING

Domains Related to Housing & Tenancy
- Typical & Normalized Housing
- Resource Accessibility
- Consumer Choice
- Consumer Control
- Individualized & Flexible Support

CORE PRINCIPLES
- Home in the community as a basic right
- Normal roles as regular tenants and community members
- Consumer empowerment
- Functional separation between support services and housing

Domains Related to Mental Health Support

[Wong, Filoromo & Tennille]
THE EVIDENCE

- Housing with support increases residential stability & reduces homelessness & hospitalization
- Improves quality of life and increases level of functioning
- Need a range of housing types
- Supported housing not been shown to be more effective than other forms of housing
- Most consumers prefer normal, independent, permanent housing with flexible supports
- People with very high support needs can be managed in supported housing
- People who don’t do well tend to be younger, more impaired & dual diagnoses
LIMITATIONS

- Term ‘supported housing’ not clearly & consistently defined
- Considerable diversity in ‘supported housing’ models
- Small sample sizes with varying/unspecified casemix
- Few controlled evaluations and almost no randomised studies
- No consistency in programs [e.g. type or level of support/interventions]
CHALLENGES

- Getting the supply of housing to match demand
- The place of the supported housing model in the range of housing programs
- Integration of the program into a psychosocial rehabilitation and support system
- Adding to the evidence base
INCREASING HOUSING SUPPLY

- Need for more innovative approaches

  [e.g. rental subsidy, joint ventures, Public-Private-Partnerships, Disability Housing Trusts]
PLACED OF SUPPORTED HOUSING

- Supported housing models are diverse

- Regardless of some of the specific physical features of housing –

  “Mental health authorities may do well in developing their housing portfolio in a manner that is aligned to the philosophy and spirit of supported housing.”

  [Debra Rog]
INTEGRATION OF THE PROGRAM

Most successful programs had the following features:

- Staff were consistently available
- Provided intensive, assertive follow-up
- Emphasized crisis or early intervention
- Worked in the life-space of the consumer
- Did not concentrate solely on housing issues
ADDING TO THE EVIDENCE BASE

Questions for further research:

- What aspects of housing and supports make the most difference and for whom?

- What housing and service factors assist in community integration?

- What interventions improve residential stability for people with complex needs?

- What are the long-term outcomes for supported housing?

- Cost effectiveness of various models?