Mental health recovery and social housing

A response to Social Housing in NSW Discussion Paper – NSW Family and Community Services

February 2015
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1. **About the Mental Health Commission of NSW**

The Mental Health Commission of NSW is an independent body which helps drive reform that benefits people who experience mental illness and their families and carers.

The Commission is working with the community towards sustained improvement in the support offered to people who experience mental illness and in their access to employment, education, housing, justice and general health care.

As drivers of reform, we are:

- reviewing, evaluating, reporting on and advising on services and programs
- undertaking and commissioning research and policy development
- promoting innovative programs and sharing knowledge about good practices in mental health promotion, early detection and support.

Established in 2012, the Commission’s first task was to develop a draft Strategic Plan for Mental Health in NSW, which it delivered to Government in 2014. The Plan was the result of an extensive community consultation, and proposed reform of the mental health system built on the values of Respect, Recovery, Community, Quality, Equity, Citizenship, and Hope. The Plan became Government policy in December 2014.

The Commission will now monitor the Plan’s implementation and report on this to the community, the Minister for Mental Health and the NSW Parliament. It will also bring together agencies and organisations that can contribute to these changes at state and regional levels, and support them to build positive collaborations focused on producing real, measurable improvements in the lives of people with mental illness and their families and carers.

The Commission ensures its own activities and those of its partners reflect the concerns of people who experience mental illness by involving them actively at all levels and all stages of its work.
2. **Summary of recommendations**

**NSW Government commitment to once-in-a-generation reforms**

The NSW Government has committed to a once-in-a-generation overhaul of mental health care service delivery set out in *Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024*. *Living Well*, developed by the Mental Health Commission of NSW and launched in December 2014, provides a ten year roadmap for strengthening mental health support and community resilience in NSW.

The NSW Government has accepted all actions outlined in *Living Well*, which includes the following actions that require changes to the way we deliver social housing and related services to people who experience mental illness:

2.1.2 Ensure district co-ordinating structures have access to timely, local and comparative data on the mental health and wellbeing of their populations, including in housing, health, justice and welfare. Districts should set up arrangements for the appropriate sharing of individual-level data for shared clients who have high rates of service access.

3.2.2 Health and other relevant services such as housing, education and justice should promote the use of online and other self-management tools as a legitimate pathway to care.

4.1.3 Define the intervention points – such as hospital discharge planning or a change in a person’s housing situation – at which a person’s carer and family circumstances and preferences must be considered.

4.4.3 Ensure that tailored training is provided to public sector employees whose work requires more frequent or specialist contact with people who experience mental illness, including housing, drug and alcohol, community services and emergency services workers. This includes mental health first aid training as well as training that supports therapeutic approaches in settings such as housing and justice or recovery-oriented and trauma-informed responses among emergency services personnel.

6.4.1 Build on the success of the Housing Accommodation and Support Initiative (HASI) by increasing the number of packages and expanding the model to include new cohorts. Develop a model to support people who experience mental illness to maintain their tenancies, such as through the provision of lower-intensity HASI-style packages.

6.4.2 Improve referral pathways to state and Commonwealth-funded housing, homelessness and mental health services. This will require district implementation and co-ordinating committees to work with specialist homelessness services to develop a better understanding of the mental health system.

6.4.3 Investigate mechanisms that assist people with mental illness to access the private rental market. This will require working with business and community-managed organisations, and consideration of economic disadvantage and discrimination in the private rental market.

6.4.4 Develop and implement therapeutic models for public, community and Aboriginal housing where a substantial number of tenants experience mental illness. This will require consideration of:
- the physical environment
- the local community environment and support structures
- the relationship between housing staff and tenants.
6.4.5 Use cross-agency data to identify issues and provide support to people with mental health and housing needs. This will require improved cross-sector, interagency information collection and sharing. The data collected must identify:

- people with a mental illness who are homeless
- public housing, Aboriginal housing and boarding house tenants with a mental illness
- people with a mental illness using crisis accommodation services

the housing status of people leaving mental health care facilities and people with a mental illness leaving corrective service facilities.

8.2.4 Benchmarks must also be set to stipulate peer worker numbers across the public mental health system, the community-managed sector and the broader government service sector, including housing, disability and justice.

This submission makes the following additional recommendations to improve the delivery of social housing services to people who experience mental illness:

**Discussion question 1:** Given tenants living in social housing often experience disadvantage which is disproportionate to other areas of the community, what measures are required to provide tenants of social housing with pathways to opportunity and independence?

- Implement a safety net to cover housing costs of people transitioning from social housing to private housing during times of mental ill health when a person cannot work and obtain income.
- Implement a state-wide tenancy support program for tenants in social housing with mental illness to help navigate the path to recovery.
- Develop robust measures of improved opportunity and pathways towards independence. This may include monitoring the number of social housing tenants with mental illness who are employed and or pursuing educational opportunities, along with other indicators of social participation and wellbeing.

**Discussion question 2:** The social housing system is often difficult to access for those most in need. What measures are required to create a system which is fair for those already in social housing, those on the waiting list and others who may need assistance?

- Prioritise and support older people needing to move into self-care, hostel and nursing home facilities whose only income is the aged pension. This will require commitment from the states and the Commonwealth.
- Remove the structural disincentives to work for social housing tenants. This will require commitment from the states and the Commonwealth.
- Develop a systematic mechanism for monitoring tenancies in order to intervene early when someone may be at risk of losing their tenancy as a result of issues arising from mental illness.
- Reform social housing applicant eligibility and prioritisation, waiting list management, dwelling allocation and rent practice to ensure these are informed by the needs of people with lived experience of mental illness. This should extend to evaluations of programs and services.
• Implement measurements of improved fairness in social housing that include clients with mental illness. These measures could include the number of:
  
  o clients with mental illness assisted each year,
  o priority applicants with mental illness on the waiting list,
  o tenants with mental illness who pay market rent
  o tenants with mental illness who sustainably exit the social housing system each year
  o tenants with mental illness who are supported to sustain a tenancy in social housing.

Discussion question 3: Creating a sustainable social housing system is an essential step in providing fairness, opportunity and pathways to client independence. What measures are required to create a sustainable social housing system?

• Explore the feasibility of private-public ventures, such as social benefit bonds, to:
  
  o develop mechanisms that assist people with mental illness to access the private rental market.
  o develop supported accommodation models – where people with mental illness can easily access wellbeing services under a therapeutic housing model such as Wellness Clinics and Social Service Hubs.
  o require a percentage of new private dwellings be allocated for social and or affordable housing,
  o promote shared accommodation arrangements for eligible social housing tenants who do not wish to live alone.
3. Social housing and mental health

This section provides a more detailed consideration of social housing and its significance and special issues for people who experience mental illness.

3.1 Introduction

A secure safe home is an essential component for good mental health (see page 18 of Discussion Paper). Social housing is an essential component of the housing spectrum - along with private rental and home ownership. Not everyone can afford to buy or rent a home in the private market in NSW. For many people who experience mental illness and economic disadvantage, social housing can be the difference between being on a path of recovery and being unwell. As outlined in the Discussion Paper (pg 22), it is estimated that around 19% of people who live in social housing experience severe mental illness. For many people, the need for social housing is also a long term need.

Research has demonstrated that secure housing helps recovery from mental illness\(^1\). Without access to social housing many people will not have access to secure housing and this has a negative impact on their recovery journey.

Since the closure of mental health and disability institutions, following the 1983 NSW Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled, there has been a gradual process of de-institutionalisation in NSW. The intention was to replace long-stay psychiatric hospitals with “a system of integrated community-based networks, backed up by specialist hospital or other services as required”\(^2\). This type of system is grounded in the principles of social inclusion and mental health recovery.

However, since that time there has not been sufficient development of community-based support services or improvements in access to care. In addition, the availability of affordable housing has diminished\(^3\). Consequently, for many who experience mental illness, social housing is their only housing option.

3.2 Disadvantage, discrimination and housing insecurity

Low incomes, stigma and discrimination make it difficult for many with mental illness to find stable, safe accommodation and, as a consequence, there is intense demand for and reliance on social housing\(^4\). The low incomes of people who experience mental illness can often be linked to the cyclical nature of illness, which impacts on the ability to maintain or access employment and education. The barriers to workforce participation among people with mental illness include: its episodic nature and the fear of losing income support and associated benefits; difficulties in accessing health, employment, rehabilitation and other services; unaddressed needs for continuing support; and stigma and discrimination. People with mental illness can also experience barriers to education and training.

In 2012, consultations and a survey were undertaken in NSW with mental health consumers and carers that found that accessing affordable housing was a major problem\(^5\). People with mental health issues are disadvantaged in the private rental market and have high levels of housing insecurity\(^6\).
Many mental health consumers on low incomes reported living in unstable and marginal housing such as boarding houses, backpacker accommodation, crisis accommodation, pubs and other forms of temporary housing. People also reported that obtaining public housing was difficult because of long waiting lists and the burden on individuals to “continually prove their needs and advocate for their ‘case’”7.

These challenges are compounded for people:

• with complex needs arising from coexisting conditions such as drug and alcohol use, intellectual and physical disability and physical health needs
• who are vulnerable and/or from marginalised communities such as young people, Aboriginal and Torres Strait Islander people, immigrants and refugees.

3.3 Social inclusion and consumer choice

Mental health recovery is being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues. The right of a person who experiences mental illness to live, as much as possible, in the community is recognised within NSW8 and internationally9. Implicit in this is the importance of consumer preference and choice. People with mental illness have a right to live in safety and with stability, and to choose where they want to live, with whom, and the amount of support they require10.
4. **Response to Social Housing in NSW Discussion Paper Question 1**

*Given tenants living in social housing often experience disadvantage which is disproportionate to other areas of the community, what measures are required to provide tenants of social housing with pathways to opportunity and independence?*

4.1 **A therapeutic framework for social housing**

As recognised in the Discussion Paper, alignment of investment in mental health with reform of the social housing system can strengthen clients’ pathways to independence by providing them with access to therapeutic support systems (pg 18). An effective social housing system facilitates access of tenants with mental illness to psychosocial support, early intervention, and links to specialist social and health services. Social housing tenants who experience mental illness often require ongoing support of differing levels of frequency and intensity. That support needs to be focused on recovery, while recognising that past traumatic experiences may have a continuing impact on the lives of some clients and affect their functioning.

In order for the right measures to be available to people, social housing service providers need to have the skills and knowledge to provide appropriate service and referrals to clients with mental illness. People with a lived experience of mental illness and trauma, and their carers and family, often find the complex service system difficult to navigate and are likely to require additional support to do so successfully. Without appropriate training, front-line staff are unlikely to be able to meet this need.

Difficult encounters with service providers may be traumatic for people who live with mental illness and, as a result, they may avoid further interactions and risk not getting the support they need. Mental health first aid training as well as training that supports therapeutic approaches in a social housing setting may assist in services responding better to the needs of clients with mental illness.

We need to develop and implement therapeutic models for public, community and Aboriginal housing where a substantial number of tenants experience mental illness. This will require consideration of:

- the physical environment
- the local community environment and support structures
- the relationship between housing staff and tenants.

4.2 **Housing transitions and sustaining tenancies**

Transitioning from social housing to the private rental market is not a feasible option for all social housing clients who experience mental illness. As illustrated in the personal story below, the episodic nature of some mental illness can impact on employment and earning capacity – leaving people unable to work and pay rent during long periods of illness. For such people, social housing is the most stable and financially feasible option for them to have a home along with access to the appropriate delivery of mental health services, with a focus on the sustainability of tenancies and prevention of homelessness.
For other people who experience mental illness, social housing may be an ideal jumping off point to transition to the private rental market if they have access to the appropriate support systems. However, the fear of homelessness means that people living with mental health problems are less likely to transition out of social housing. There needs to be a safety net for people making this transition, such as a scheme to assist paying rent in the private market during times of illness when a person cannot work and obtain income.

The ability for people to transition between supported living programs and social housing is important as people sometimes need extra support and development that is better achieved in a more structured, recovery-focused and community-based environment for a period of time. The transition to living on their own may be a part of this journey. A state-wide tenancy support program for tenants in social housing with mental illness could help navigate the path to recovery. Where appropriate, people with mental illness need to be supported to transition to the private housing market. This transition should only occur when it is clearly established that the person is equipped to manage the financial and other stresses of the private housing sector and ongoing support and assistance is available.

NSW has shown it can find innovative solutions to meeting housing and other support needs:

4.3 Innovative models

Housing and Accommodation Support Initiative (HASI)

HASI supports people who experience mental illness to live independently and sustainably in the community in a range of tenure types (see page 32 of the Discussion Paper). One of the initiative’s main aims is to give people access to secure housing and support to maintain their tenancy. It is a proven model for homelessness prevention that merits consideration when exploring innovative solutions to support other social housing clients who experience mental illness.

The 90 Homes for 90 Lives

The 90 Homes project is a successful collaboration aimed at rough sleepers in Woolloomooloo, a central Sydney suburb with one of the highest concentrations of rough sleepers in NSW. It is a partnership between community-managed, corporate and philanthropic organisations to secure independent supported accommodation via private rental opportunities. The program’s first target, to house 70 homeless individuals in 18 months, has been exceeded and it is now working towards housing 90 individuals.

The Inner City Cadre Project

The Cadre Project is a ‘mental health neighbourhood watch’ funded in 2011 by Sydney Lord Mayor Clover Moore’s lord mayoral trust to support inner-city residents, including those with experience of mental illness, to care for one another. A cadre is a community group that promotes positive mental health and community outcomes. A cadre member might be called on to assist people in distress, provide support for someone with a mental illness, help a neighbour, act as a community leader or spokesperson, and understand and facilitate recovery. The project is a collaboration among a number of organisations including St Vincent’s Hospital, Mind Australia and the Inner City Mental Health Recovery Working Group. Public housing communities in Surry Hills, Woolloomooloo, Glebe, Ultimo, Waterloo, Potts Point and Redfern have participated in the program. It is an example of ground-up change to achieve mental health recovery.
NSW Greenway Housing Estate

The Greenway Housing Estate is a public housing estate of 308 households in North Sydney. It provides affordable accommodation for a diverse community. Two high rise buildings are occupied by tenants aged 55 and over, while a further two walk-up complexes are occupied by tenants of all ages. A Wellbeing Clinic is now to be constructed at the Greenway Buildings in Milsons Point. The Wellbeing Clinic has been designed by NSW Family and Community Services, Land and Housing Corporation, Medicare Local (Sydney North Shore & Beaches), the Northern Sydney Local Health District and the Greenway Tenants Group. The clinic will aim to improve the health and wellbeing of the tenants of Greenway by increasing residents’ access to a wider variety of health services and wellbeing options to improve community engagement and social connections. The Greenway Housing Estate will also be used by the Mental Health Commission of NSW as a demonstration site for assessing the application of a Mental Health Wellbeing Impact Assessment tool developed by UK-based Mausdley International. The aim of this project is to measure the impact of multi-agency responses such as the Wellbeing Clinic to the mental wellbeing of the tenants.

4.4 Data and outcome measurement

Improved opportunity and pathways for client independence could be measured by the number of social housing tenants with mental illness who are employed and or pursuing educational opportunities, along with other social participation and wellbeing measures. In order to monitor the success of such pathways, there needs to be provision to collect, maintain, analyse and share data on the number of social housing applicants and tenants with a mental illness.
5. Response to Social Housing in NSW Discussion Paper Question 2

The social housing system is often difficult to access for those most in need. What measures are required to create a system which is fair for those already in social housing, those on the waiting list and others who may need assistance?

5.1 Addressing disadvantage and inequalities

Assessing the fairness of a system requires an examination of the relative status of people within that system. People with mental illness are among the most disadvantaged in the community.

Physical health

There are significant disparities between the general health and wellbeing of people with mental illness compared to the general population. For example, people who experience serious mental illness are at higher risk of physical health problems, including heart disease and diabetes, than the general population\(^{13}\). The risk for those with mental illnesses involving psychosis is even higher\(^{14}\). About 27 per cent of Australians with a mental illness that involves psychosis develop heart or circulatory conditions, compared with 16 per cent of the general population\(^{15}\).

Criminal justice over-representation

People with mental illness are also over-represented in the criminal justice system. This is not because of a simple relationship between mental illness and crime, but due to a complex interaction between a person’s mental illness and a host of other factors, such as disrupted family backgrounds, family violence, abuse, drug and alcohol problems and unstable housing. As such, these people often need access to a broad spectrum of services\(^{16}\). People living with mental illness are also over-represented as victims of crime.

Drug and alcohol issues

Almost three-quarters of people using mental health services also have drug and alcohol issues and 90% of those undertaking drug and alcohol misuse treatment are also living with mental illness\(^{17}\). The average life expectancy for people living with both mental illness and a drug or alcohol problem is 25 to 30 years shorter than for people in general.

Economic participation

In 2009 the employment participation rate of Australians with a disability was 54%, compared with 83% for people without a disability. People whose disability was psychological had the lowest participation rate (29%), and the highest unemployment rate (19%). This disparity in part results from prejudice towards people with mental illness. In the OECD countries, the employment rate is between 55% and 70%. Australia has one of the worst unemployment rates for people with mental illness.

A fair social housing system must not have any structural impediments to pathways for opportunity and independence, such as employment, because this will compound disadvantage. This is especially important for people with mental illness as for many people employment is integral to recovery.
Within the current system a twofold disincentive exists for social housing tenants to work:

- income earned from employment can put someone outside the income level eligibility criteria for social housing, but not high enough to access the private rental market, making unemployment the best option for maintaining their accommodation
- unemployed tenants may have higher net disposable income when unemployed than when working due to the loss of government assistance, both state and/or federal, and the impact of tax and other deductions which reduces the net gain from being employed.

To create pathways for people to access the independence and opportunities present in employment, a state-Commonwealth commitment is required to remove the structural disincentives to work for social housing tenants. Strategies must also be developed to overcome the apparent disadvantage in access to social housing experienced by people with mental illness who also have drug and alcohol issues, or who have a criminal history.

5.2 Who is a priority?

An assessment of the fairness of the social housing system can only be made on information about who uses it and why they use it, as well as who is unable to use and why. Our eligibility and prioritisation processes need to be informed by this data. A fair system does not only pay attention to those who meet the eligibility criteria or are classified as a priority client, but also gives consideration to those others who are ineligible or deemed low priority. An unsuccessful social housing application or placement on a long waiting list should not be the end to assistance or support. An unsuccessful application or waiting list placement could be the pathway to other support mechanisms available other government and community partners.

5.3 Assessing needs

A fair social housing system would prioritise and address the needs of people who experience mental illness where appropriate and relative to other clients. This requires us to collect, maintain, analyse and share data on the number of social housing applicants and tenants with a mental illness. Under the National Disability Insurance Scheme (NDIS), people with a psychiatric disability will be offered support if their impairment affects their communication, social interaction, learning, mobility, self-care or self-management and the impairment affects or is likely to affect the person’s capacity for social or economic participation.

For people with severe mental illness, the NDIS acknowledges that severe psychological symptoms can be just as disabling as physical illness. The scheme’s emphasis on people’s level of functioning rather than their diagnosis is in line with thinking that mental health is part of a person’s overall wellbeing. While it is not yet certain how well the NDIS will meet the needs of people with mental illness, it demonstrates a different approach to assessing and prioritising need that could inform changes to the allocation of social housing.

Older people living with mental illness may experience difficulty living on their own and caring for themselves. The expense of moving into assisted care (self-care units, hostels, nursing homes) mean that this option is not available to vulnerable and economically disadvantaged people living in social housing. In order to be fair to these people, a state-Commonwealth commitment is required to ensure prioritisation and support is provided for older people needing to move into self-care, hostel and nursing home facilities whose only income is the aged pension.
5.4 Right home for the right person

Allocation of social housing, and client choices regarding allocation, must be allowed to take into account proximity to support networks, mental health treatment and employment services that are essential to mental health recovery. Tenant choice is especially important to recovery. Support needs and risks to recovery should be identified at the time of allocation by the client in order to improve the likelihood of the client being about to sustain the tenancy.

After allocation, consistency of accommodation must be a priority for tenants with mental illness. Familiar support – such as neighbours, relatives, and friends in the community, as well as health and social service providers – are crucial to supporting recovery, prevention of periods of illness and homelessness, and early intervention in times of need.

5.5 Responding to red flags with a helping hand

We have a responsibility to support vulnerable social housing tenants to maintain their tenancies and avoid homelessness or housing insecurity. A systematic mechanism for monitoring tenancies for red flags could facilitate the implementation of early intervention strategies by housing, social services or health services. This would involve support being offered to tenants in circumstances where someone may be at risk of losing their tenancy due to rent arrears, violence, neighbour disputes, damage to property, being on remand and changes to family circumstances (relationship break ups, deaths, child protection issues etc).

Early intervention supporting people to avoid termination of their tenancy could also contribute to a reduction in the long term cost and time associated with people who have lost a tenancy re-applying for social housing.

5.6 Guided by lived experience of mental illness

People with mental illness know best what safety nets they require to support them in social housing, and they and their carers should be invited to contribute to the design of social housing systems. Consumer and carer participation will result in programs and services that are better tailored to support to tenants, work better to address the needs of people who are deemed ineligible or low priority. Any further policy and practice development in relation to applicant eligibility and prioritisation, waiting list management, dwelling allocation and rent practice must be informed by people with lived experience of mental illness, including evaluations of programs and services.
5.7 Data and outcome measurement

Given the significant number of existing social housing clients with mental illness, measurements of improved fairness in social housing must include measurements specific to clients with mental illness. These measures could include the number of:

- clients with mental illness assisted each year,
- priority applicants with mental illness on the waiting list,
- tenants with mental illness who pay market rent
- tenants with mental illness who sustainably exit the social housing system each year
- tenants with mental illness who are supported to sustain a tenancy in social housing.

We also need to collect and use cross-agency data, while also protecting the privacy of clients, to identify issues and provide support to people with mental health and housing needs. This will require improved cross-sector, interagency information collection and sharing. The data collected must identify:

- people with a mental illness who are homeless
- public housing, Aboriginal housing and boarding house tenants with a mental illness
- people with a mental illness using crisis accommodation services
- the housing status of people leaving mental health care facilities and people with a mental illness leaving corrective service facilities.
6. Response to Social Housing in NSW Discussion Paper Question 3

Creating a sustainable social housing system is an essential step in providing fairness, opportunity and pathways to client independence. What measures are required to create a sustainable social housing system?

6.1 Innovation

A sustainable social housing system needs to be based in long term commitment and ongoing accountability of government coupled with the innovation and flexibility of private sector partners. Government-private sector partnerships can be used to explore social benefit bonds, outcome-based funding models (for assets and tenancies), public-private partnerships and joint ventures. This will require Government to work with business and community-managed organisations, while considering issues of of economic disadvantage and discrimination in the private rental market, as well as discrimination against people with mental illness in recruitment and in the workplace.

Issues to be explored could include:

- mechanisms that assist people with mental illness to access the private rental market.
- supported accommodation models – where people with mental illness can easily access wellbeing services under a therapeutic housing model eg Wellness Clinics and Social Service Hubs.
- mandating a percentage of new private dwellings be allocated for social and or affordable housing,
- promoting shared accommodation arrangements for eligible social housing tenants not wanting to live alone.

6.2 Social Benefit Bonds

The first step in establishing a sustainable system is to invest in testing the feasibility of options. Exploring the use of Social Benefit Bonds for the provision of social housing for people who experience mental illness could unearth the innovations required to achieve improved outcomes for people who experience mental illness as well as the management of social housing stock.

Social Benefit Bonds involve the injection of private sector funds into preventative programs that address social issues and that generate a financial return for investors. A government enters into a contract with a private-sector entity that provides funds for a social service program. The government pays the private sector entity a set amount of money depending on the success of the service in achieving its agreed performance targets. The payments made by the government represent a cost saving where the program is shown to address social needs and therefore reduces the financial burden on government to pay for services that would have arisen out of the unmet needs. A Social Benefit Bond has a time limit, like a trial or pilot program, so a bond can work as a ‘proof of concept’ strategy.

- Possible benefits of Social Benefit Bonds include:
  - An ability to focus on outcomes rather than just outputs
  - A vehicle for investment in early intervention
• A way of rewarding innovation
• Improvement in the evidence base by encouraging the collection of data to inform choices of possible bond ventures, and more robust measurement of outcomes due to the link between payments and results.
• Improvement in accountability and transparency of government expenditure as Social Benefit Bonds requires a focus on clear outcomes measurement.

Social Benefit Bond schemes allow for a more flexible and innovative approach to service delivery which may increase the likelihood of services being able to meet the needs of special populations such as Aboriginal people, culturally and linguistically diverse, rural and remote, and LGBTI communities, as well as people with complex needs relating to mental illness, alcohol and other drugs, physical health, and disability.

The NSW Government has committed to learning, sharing knowledge and developing the capacity of NSW to be involved in Social Benefit Bonds. The NSW Government has conducted two Social Benefit Bond trials:

• The Newpin Bond: A $7 million bond over seven years funding UnitingCare Burnside’s to provide support for families to facilitate their child’s return from foster care. Principal repayment and financial returns are paid to investors dependent on the restoration rate of children to their families.
• The Benevolent Society Bond: A $10 million bond over five years funding the Resilient Families service to provide intensive work with families and children. The Benevolent Society Bond has been developed with a consortium of The Benevolent Society, Westpac and Commonwealth Bank.

An evaluation of these trials found that:

• Social benefit bonds are viable in NSW
• The development of the bonds has produced positive outcomes for both NGOs and government
• If future bonds are to be developed, capacity needs to be developed within government, in NGOs and within financial intermediaries, to develop future bonds, improve data and contracting capacity, and develop and catalyse the social impact market.

### 6.3 Data and outcome measurement

Possible outcome measurements using social benefit bonds or other innovative funding models for social housing tenants with mental illness could include:

• The number of people with a mental illness in social housing with employment
• The number of people with a mental illness experiencing homelessness or accessing housing crisis services
• Consumer reported improvements in recovery related to sense of wellbeing, use of medication, number of times accessing access to crisis services
• Decrease in mental health hospital admissions and presentations to Emergency Department.
7. **A personal story of housing and recovery**

**Security and hope**

This personal story has been provided by Ms Paula Hanlon. Ms Hanlon is a member of the NSW Mental Health Commission’s Community Advisory Council and employed as the Manager, Consumer Services for North Shore Ryde Mental Health Service.

I was told by my mother while in hospital at the age of 18 that I was not welcome back to home. My belongings were delivered to the hospital. My relapse into mental ill health and hospitalisation resulted in me losing my job and my rental accommodation. This was the beginning of a decade in a cycle of social housing, temporary housing and hospitalisation. During this time, whenever I became unwell, my housing and employment were disrupted.

Finally, after being in hospital during a period of mental illness, a social worker assisted me to secure social housing and the support I needed to stay there and make it my home. I was put in touch with a community mental health service and provided a case manager. This was the first time I lived in one place for more than two years. My case manager later helped me to move into a two bedroom social housing unit with a friend, allowing our one bedroom units to be available for other social housing applicants. A couple of years later my friend and I moved into a private rental house with a third friend.

Unfortunately, this arrangement only lasted a year before mental health issues and one person moving out meant that we couldn’t afford the rent. I had to move to smaller private rental in a place far away from the supports I needed to keep well. I became very unwell in this situation and moved back to a social housing property closer to my supports. I also began working as a part time consumer worker. I have now been in that social housing property for 17 years. I had many years of ongoing positive mental health, with only one hospital admission of three weeks during this time. Over the past decade I gradually increased the amount of hours I work to 32 hours a week.

As my hours and wages increased my rental rebate decreased, eventually to zero and my rent being at the private market rent rate. Once I had to have major surgery that meant I was off work for six months and had heavy financial difficulties with loan repayments and credit card debts. Thankfully my rent was reduced during this time and I did not lose my home. The Centrelink benefit would not have been enough for me to pay the private market rental rate. When I returned to work my rent increased but I still had financial difficulties and ended up in a Part IX Debt Agreement to pay off the principal of my debts. Over the last few years the market increase in rent has been quite significant. In 2013 my weekly rent increased by $70 per week. This was a huge burden for me with my other bills and expenses.

“I have thought a few times about whether I could live in a private rental but I don’t feel secure to make this transition”.

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Over the past three years my mental health has not been 100% stable and I have had numerous hospital admissions. These used up all of my leave entitlements very quickly adding to my stress of maintaining the large rent, bills and expenses. In addition, my medication expenses are between $150 and $200 per month.

I have thought a few times about whether I could live in a private rental but I don’t feel secure to make this transition. I’m not sure if I will be become unwell again. If I do, I may have to go to hospital again, which will mean I will run out of leave entitlements at work, and not have enough money. Another reason is that I own a cat. Private rental is difficult to obtain with pets. My cat is very important to my wellbeing and recovery. Without her I believe I would not cope living on my own. She is a source of comfort and love.
8. References

4 Sowerwine, S. and L. Schetzer (2013). Skating on thin ice: Difficulties faced by people living with mental illness accessing and maintaining Social Housing. Sydney, Public Interest Advocacy Centre Ltd.
8 Mental Health Act 2007 (NSW). s68 (c).
10 Sowerwine, S. and L. Schetzer (2013). Skating on thin ice: Difficulties faced by people living with mental illness accessing and maintaining Social Housing. Sydney, Public Interest Advocacy Centre Ltd.

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