



Shelter WA

Submission in relation to the

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

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Shelter WA

Shelter WA is an independent peak body, based in Perth Western Australia, that advocates for social and affordable housing and ending homelessness.

Our vision is that all people living in Western Australia have housing that enables them to thrive.

Shelter WA brings together a strong coalition committed to diverse, affordable housing choice for all, with a focus on housing for people on low to moderate incomes and groups that experience housing insecurity.

Shelter WA undertakes research, engagement, policy development and strong advocacy to drive solutions to build an effective housing system and alleviate housing-related poverty. We work by collaborating with:

- Our members
- The community services sector
- Government
- Business
- Industry and peak bodies
- Research and academic institutions

Housing unlocks opportunity, enhances health and well-being, provides access to education and employment options. It enables people to fully participate in community life. We believe housing is a basic human right. Everybody has a right to a place to call home.

Our Vision: All people living in Western Australia have housing that enables them to thrive.

Our Purpose: We work with our members, and others where appropriate, to provide a strong voice and lead the development of an effective housing system.

Our Values: Courage, Innovation, Collaboration and Leadership.

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Shelter WA (SWA) welcomes the opportunity to comment on the *Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025* (Draft Strategy). The Draft Strategy is important as it identifies key themes that need to be addressed. This submission is framed in relation to the following themes:

- A Whole of Government Approach
- Housing and Allocation
- Housing Supply and Finance
- Client/Citizen focused

The SWA submission proposes a way forward that identifies a key housing led solution that builds on previous work of the MHC. Shelter WA has partnered with Price Waterhouse Cooper to develop the thinking around the proposed model, an infographic is attached and the full Shelter WA and PWC proposal is forthcoming.

The submission closes with a set of recommendations for government to consider in the finalisation of the *Draft Strategy*.

Shelter WA supports the key philosophy of 'recovery', and it frames our response. 'Recovery' being, in short, that "people with mental health issues should be able to live within the community with a home and access to the services that they require to be able to live a good life."

A Whole of Government Approach

The recently published Interim Report of the Sustainable Health Review, states:

*"...there is also a significant opportunity for the health sector to partner with other providers, such as the human services sector, in relation to housing, education, vocational training and primary care to address some of the many issues faced by people with mental illness. Addressing the patient as a whole in relation to mental health is a key part of helping them stay well and managing their illness within the community. Addressing the patient as a whole in relation to mental health is a key part of helping them stay well and managing their illness within the community."*¹

The development of an integrated service system is a major theme running throughout the *Draft Strategy*. It uses a range of different terms such as: 'collaboration', 'coordination', 'partnership', 'provide integrated response', 'seamless system' and 'sign system changes'.

SWA has drawn all of this together, under the heading of 'A Whole of Government Approach'; however, we would emphasize it is primarily about the nature of the working relationship of the Mental Health Commission (MHC) and the Department of Communities; noting also that the Department of Health, Department of Justice (Corrections) and the WA Police Service play significant roles in the interface of mental health and accommodation.

¹Page 35, Sustainable health Review: Interim Report to the Western Australian Government, can be viewed at https://ww2.health.wa.gov.au/~/_/media/Files/Corporate/general%20documents/Sustainable%20Health%20Review/sustainable-health-review-interim-report.pdf.

SWA draws attention to the fact that accountability for housing and homelessness is within the new Department of Communities, while maintaining separate Ministerial responsibilities for each².

SWA notes that the WA Government is negotiating a new National Housing and Homelessness Agreement (NHHA) with the Commonwealth Government³. A key element of this agreement is that the Commonwealth allocates funding for homelessness services and for the supply of affordable housing stock. It is also noted that this funding, in isolation is not adequate to meet the present, and future, need.

Additionally, the Agreement requires that the WA Government (via the Department of Communities) produce a:

- State Homelessness Strategy; and
- Affordable Housing Strategy.

The Department of Communities and the Supporting-Communities-Forum⁴ has established a working Group to draft the *WA State Homelessness Strategy*⁵ by the first quarter of 2019.

In July 2018, the Department of Communities released the *Affordable Housing Action Plan 2017-18 to 2019-20*(Action Plan)⁶; the Action Plan builds on the *Affordable Housing Strategy 2010-20*. The Department of Communities is beginning the work of preparing and drafting the *Affordable Housing Strategy 2020 to 2030*. The Department has commenced a *Community Housing Study* which will assist them to better understand the strengths of the sector and improve the social housing system⁷. In addition, the Department is initiating a *Social Housing Review*. These projects are designed to inform the development of the *Affordable Housing Strategy 2020 to 2030*.

Alongside this, the Housing Advisory Round Table (HART) has commissioned a project called *Tenancy Journey Mapping* which seeks to get a whole picture of tenant experiences through their housing journey and the touch points along the way that make a difference to the outcomes – whether that is eviction, homelessness, a sustained tenancy or addressing of social needs.

SWA notes that the Draft Strategy highlights that mental health and AOD issues are contributing factors to homelessness and that homelessness is a barrier to mental health recovery. In addition, the Draft Strategy mentions operational issues within the Department of Communities, such as the ‘wait list’. The fact that the Draft Strategy and the *State Homelessness Strategy* are being prepared simultaneously provides a significant opportunity for alignment between the two service systems.

A weakness of the Draft Strategy is that it does not substantially develop how an ‘integrated response’ or ‘seamless system’ will take shape.

A recently published report on homelessness data for Western Australia notes:

“The link between mental illness or mental health problems and homelessness is well established. A systemic review of surveys of mental disorders in people who experienced homelessness was conducted by Fazel, Khosla, Doll, and Geddes (2008), who found that the most common mental disorders were alcohol dependence, which ranged from 8.1% to 58.5% prevalence in studies, and drug dependence, which ranged from 4.5% to 54.2% prevalence in

² https://publicsector.wa.gov.au/sites/default/files/documents/psr_a3_overview_1.pdf.

³ http://www.federalfinancialrelations.gov.au/content/npa/other/other/NHHA_Final.pdf.

⁴ <https://www.dpc.wa.gov.au/Councils-and-Committees/Supporting-Communities-Forum/Pages/default.aspx>.

⁵ <https://www.communities.wa.gov.au/about/projects-and-programs/homelessness-strategy/>.

⁶ <http://www.housing.wa.gov.au/aboutus/affordablehousingactionplan/Pages/default.aspx>.

⁷ <https://www.communities.wa.gov.au/about/projects-and-programs/2018-community-housing-study/>.

studies. For psychotic illness, the prevalence ranged from 2.8% to 42.3%, with similar findings for major depression. For Fazel et al. (2014), this links in with poor physical health outcomes as well, as they found homeless people to have higher rates of premature mortality than the rest of the population, especially from suicide and unintentional injuries, and an increased prevalence of a range of infectious diseases, mental disorders, and substance misuse. High rates of non-communicable diseases have also been described with evidence of accelerated ageing. The prevalence of trauma in the homeless population in itself indicates that rates of mental illness would also be high. For example, in a Sydney study of 70 adults experiencing homelessness, of those who met criteria for current PTSD, 55% screened positive for psychosis; 69% scored in the severe or extremely severe range for depression; 50% scored in the severe or extremely severe range for anxiety” (Taylor & Sharpe, 2008)⁸.

The Draft Strategy implies a client/citizen focus in terms of design and architecture of systems. The Draft Strategy frames the ‘how’ terms like ‘exploration of co-commissioning’, ‘implementation of strategic direction’, and developing integrated service systems by: improving communication, information sharing, and leadership. SWA recommends that the MHC and the Department of Communities need to take a step back and consider each of the constituent parts of a system and how they inter-relate towards a common goal. This would be a major undertaking; however, it would provide a framework that could bring to life the thinking behind the Machinery of Government reforms and thereby enable better access for people and families seeking accommodation, housing and other services of state government.⁹

A recent AHURI study on the health, social and economic benefits of providing public housing and support to formerly homeless people¹⁰ found that:

- the provision of public housing significantly reduces health service use.
- reduction in health service use greatest for tenancies sustained between one and four years.
- direct calculable government health care cost savings associated with reduced health service use following public housing entry in the linked administrative data sample was nearly \$16.4 million in the first year (\$4,846 per person/year).
- prior to entering their public tenancy, many individuals were receiving support for diverse issues.
- individuals were highly confident in maintaining their current public housing tenancy arrangements.¹¹

This AHURI research has the following policy implications which are relevant to WA:

- The provision of stable public housing for people experiencing or at risk of homelessness results in reduced health service use (both in terms of the number of people and the frequency and duration of use), and associated cost savings to the health system and public purse.
- Providing stable housing with support should be a priority to improving not only housing outcomes, but health outcomes and consequently reducing health care costs. This is particularly the case for individuals who experience mental health issues.

⁸ Page 59, Homelessness in Western Australia a review of the research and statistical evidence, Kaleveld, Seivwright, Box, Callis and Flatau Centre for Social Impact UWA 2018 can be viewed at https://www.communities.wa.gov.au/media/1296/co-037-homelessness-in-wa-report_web.pdf.

⁹ There is growing body of work in this area called ‘system thinking’ or ‘system theory’.

¹⁰ What are the health, social and economic benefits of providing public housing and support to formerly homeless people? Wood, Flatau, Zaretsky, Foster, Vallesi and Miscenko. AHURI, July 2016.

¹¹ Ibid.

- The findings support the role of public housing as a foundation for non-shelter outcomes and, in particular, health outcomes.
- They also point to the importance of continued support for highly vulnerable entrants to public housing, particularly for those with a history of severe and persistent mental illness who are either homeless or at risk of homelessness.
- They further support the need for integrated care arrangements and for a holistic approach to health issues that recognise the importance of housing and of support in terms of improved health outcomes.

Housing and Allocation

“Contemporary Housing and Support Models” is a theme that is used throughout the Draft Strategy. SWA suggests that ‘Housing’ and ‘Support’ models need to be treated separately. This will enable more clarity around the financial modelling.

Likewise, SWA strongly recommends that the costing of provision of bed-based services in contrast to cost of people living independently in housing with support be shown.

The ‘allocation’ of housing which is about how housing is provided to a client or citizen is a fundamental issue. In this section, SWA gives a brief overview of housing type, and provides some comment on models of housing support. In the next section SWA will give an overview of financing.

For clarity, SWA offers the following definitions of service providers and ‘types of housing’ used in the provision of housing by the Government and the community sector.

- **Affordable housing:** Housing that is affordable for households on very low to moderate income and priced so that they can meet other basic living expenses such as food, clothing, transport, medical and education. As a general rule, affordable housing is defined by the 30/40 rule; where households in the bottom 40% of the income scale are not paying more than 30% of gross household income.
- **Social housing:** Affordable rental housing provided to eligible tenants on low incomes by public and community housing providers.
- **Public housing:** Affordable housing provided to eligible tenants on low incomes, owned and managed by a government authority. In WA, the Department of Community (formerly the Housing Authority) owns and manages public housing.
- **Community housing:** Affordable housing provided to eligible tenants on low incomes, owned by, or under the legal control of, a community housing provider. These organisations are generally, but not always, not-for-profit. Local governments also provide community housing.

The key contemporary examples mentioned in the Draft Strategy are ‘Housing First’ and ‘50 Homes 50 Lives’ which are models of housing allocation with appropriate support services to meet the needs of the individual and to enable them to maintain and sustain their tenancy. This has been evaluated and the report demonstrates the model works and there are cost savings made¹².

The social housing ‘wait list’ is currently being revised from a length of time-based list to a ‘needs based register’¹³. This should go part of the way to addressing the MHC’s concerns with the social housing waitlist. However, the fundamental problem with the waitlist is the lack of supply. There are over 14,000 people on the waitlist with an average of 2.5 years to receive a home. There are a range of other barriers to entering the private rental market, including the rents, in relation to income. These often far exceed the thirty percent ratio of rent to income that is used in rent setting for tenants in the social housing sector.

At a SWA forum on ‘Mental Health, Housing and homelessness’ (Aug 2017), the Mental Health Commissioner, Mr Tim Marney, said “43% of mental health patients could have been discharged, if they had a home to go to...”¹⁴

¹² http://www.csi.edu.au/media/50_Lives_50_Homes_FINAL_REPORT.pdf

¹³ Housing Minister, Peter Tinley at Shelter WA AGM, October 2018.

¹⁴ Can be viewed at <https://www.youtube.com/watch?v=wDRAs3kzXrE>.

Housing Supply and Finance

The Draft Strategy does not contain any modelling of dollars in, and dollars out, with relation to outcomes. There is no measure of success, no targets. The Draft Strategy contains no specifics regarding evaluation, what is to be evaluated and by who. It suggests that savings can be made; however, there is no indication of how any savings are going to be harnessed and applied.

Alongside this, the supply of housing is a major theme throughout the Draft Strategy; this is primarily about provision of more dwellings. The MHC identifies potential income streams such as the National Housing Finance and Investment Corporation (NHFIC) and the National Disability Insurance Scheme (NDIS) as mechanisms. The NHFIC is potentially a significant stream of finance for the supply of social and affordable housing in WA that reduces the cost of finance for community housing providers. The community housing sector is willing to work with the WA State Government on how to enable that finance to flow to increase social and affordable housing supply. As mentioned earlier, SWA and PWC are preparing financial modelling around this in relation to housing and mental health. The MHC, together with Treasury and Department of Communities need to undertake detailed financial modelling about how the WA State Government can establish incentives and enablers for Community Housing Providers to more harness this opportunity to increase appropriate housing supply, along with the services required to enable people to maintain their homes.

SWA notes that the MHC has previously prepared a budget bid for the establishment of the Individualised Community Living Strategy (ICLS)¹⁵. SWA is keen to understand if the MHC preparing a business case for the purchase (or building) of dwellings in relation to the Draft Strategy for the Mental Health Commission's submission to the 2019-20 State Budget?

Furthermore, the 'Divestment and Decommissioning of Graylands Hospital' is mentioned in the Draft Strategy and that planning for this site is underway. Nevertheless, no mention is made of the income from the sale of the Graylands site and how those funds can be harnessed for developing alternative accommodation options, including housing.

Client/Citizen focused

It appears that the Draft Strategy is only addressing the accommodation needs of WA clients and citizens with 'Acute' mental illness, not 'sub-acute' or people who are deemed 'high need AOD'. It would be helpful if the MHC could outline how they propose to address those who are not seen to be 'Acute'.

While considering a whole of government approach and system reform, SWA outlined that a key point of evaluation should be outcomes for the client or citizen. 'Substantive equality' directs attention to equality of outcome or to the reduction or elimination of barriers to participation in certain activities. The recognition of growing need for the implementation of substantive equality is not new.

In 2004, the Western Australian government adopted 'The Policy Framework for Substantive Equality' (The Framework) exemplifying a positive acknowledgement of the concept that equal treatment for all does not necessarily result in equitable outcomes for disadvantaged members of society. The

¹⁵ Evaluation of the Individualised Community Living Strategy (ICLS) For the MHC, Government of WA, Dr. Peter Smith May 2015. Page 15.

Framework seeks to eliminate systemic discrimination in the provision of public sector services, whilst simultaneously building upon the strategies of the Equal Opportunity Commission (EOC).

In 2015, the Public Sector Commission released the Public Sector Commissioner's Circular on Substantive Equality requiring 31 listed departments to comply with *The Framework* in the provision of services. It may be timely that Government revisits the Framework and adapts it into a structure that can be built into all streams of service delivery.

Though the Framework intended to overcome structural inequality, it has become an internal memorandum as opposed to a policy directive that should guide the delivery of government services.¹⁶

Comments

SWA makes the following general observations regarding the report:

1. A comparative analysis of what is happening in other States and Territories around the intersection of mental health, homelessness and housing policy. This could include investigation of best practise in other jurisdictions¹⁷.
2. *The Strategy* does not include any analysis or mapping of current mental health services, Homelessness services, and Women's & Family DV Refuges (including bed tallies) in WA.
3. *The Strategy* does not include any consideration of alignment with other major WA government initiatives such as MetroNet and housing precincts.
4. While there is a Glossary, there are words and terms used that do not have clear definition and have different meanings in various government departments.

Housing Led Solutions

The MHC has previously trialled a *Housing Led* solution, it was called the Individualised Community Living Strategy (ICLS).

The 2011/12 State Budget allocated \$150.7m to the Department of Housing to deliver 284 dwellings that would house long stay residents in psychiatric institutional care. The budget allocation resulted from a multi-agency submission to Government known as the Combined Capital Bid (CCB), involving the Department of Housing, Disability Services Commission (DSC), the Mental Health Commission (MHC) and the Drug and Alcohol Office (DAO).

The ICLS commenced in 2012 and it provided housing with support for people to live in their own home in the community. The principles of choice, personalised planning, self-direction and portability of funding were central to the operation of the ICLS. The number of Individuals supported by the end of 2014 included 115 house and support packages and an additional 22 support packages (without housing). This was subsequently evaluated¹⁸.

¹⁶ On the Cusp of Change: Western Australia's timely need for a substantive equality framework to respond to homelessness, Annabel Seow, Shelter WA 2017.

¹⁷ Housing, homelessness and mental health: Towards systems change—Appendices, Dr Nicola Brackertz, Alex Wilkinson, Jim Davison, AHURI June 2018.

¹⁸ Evaluation of the Individualised Community Living Strategy (ICLS) For the MHC, Government of WA, Dr. Peter Smith May 2015

This was a major initiative of the WA State Government in seeking to find an integrated pathway out of institutional care for people with severe and persistent mental illness. Perhaps, one of its major shortcomings was that there was no apparent closure of beds that occurred when the 137 people left institutional care. The savings that could have realized from closure of beds at Graylands could have enabled resources to be used differently.

The *Draft Strategy* notes that the “Housing First is a contemporary best practice approach that has been known to assist people with complex needs sustain and sustain accommodation”¹⁹.

Housing First is a contemporary best practice approach that has been known to assist people with complex needs sustain and sustain accommodation. The Western Australian Alliance to End Homelessness (WAAEH) defines Housing First as:

“Traditionally, people experiencing homelessness were expected to address the issues that led to their homelessness, such as mental illness or addictions, before they were housed.

The principles of housing first underpin our approach to chronic homelessness in this strategy. Under a Housing First approach, the priority is to quickly move people experiencing homelessness into appropriate housing.

Housing First programs respect client choice, follow a harm reduction approach, believe that support provided while in housing is more effective than without a house, provide a stronger platform for education and employment and transition out of support services, and see permanent housing as a basic human right.

This approach advocates that people experiencing homelessness are better able to access support and achieve long-term positive outcomes from the stability of a home.”²⁰

Housing First is international best practice^{21,22} and as outlined and defined above by the WAAEH it is the basis of the forthcoming State Homelessness Strategy. Housing First is a contemporary model and is supported by Shelter WA.

There are pressures on the existing social housing system in terms of lack of diverse appropriate supply and wrap around service provision. Clearly, Housing First needs to be integrated with a wider strategy including accessing finance that is becoming available through the National Housing Finance and Investment Corporation²³ along with appropriate funding for wrap around service provision.

An evaluation of the ‘50 Lives 50 Homes’ project has quantified the cost to government of a housing first approach. The savings of Emergency Department presentations alone identified a saving of \$373,820 for 84 clients 570 ED visits in a six-month period (based on an average cost of \$656 per visit)²⁴. A detailed individual case study, that also includes 53 days of inpatient psychiatric admissions (at an average of \$1,175 per day) and 25 day of inpatient admissions (at an average of \$2,415 per day);

¹⁹ Mental Health Commission (2018). Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025. Mental Health Commission, Government of Western Australia. Page 16.

²⁰ The Western Australian Strategy to End Homelessness: A 10 Year Plan to End Homelessness in Western Australia 2018-2028, Western Australian Alliance to End Homelessness (WAAEH). Retrieved from: <https://www.endhomelessnesswa.com/strategy> Page 11.

²¹ Goering, P.N., Streiner, D.L., Can J Psychiatry. 2015 Nov; 60(11): 465–466. Putting Housing First: The Evidence and Impact.

²² Waegemakers Schiff, J., John Rook, J. Housing First - Where is the evidence? Faculty of Social Work, University of Calgary 2012.

²³ <https://www.directory.gov.au/portfolios/treasury/national-housing-finance-and-investment-corporation>.

²⁴ P. 40, http://www.csi.edu.au/media/50_Lives_50_Homes_FINAL_REPORT.pdf.

this showed a total estimated cost with health service use during 2016 for client being \$141k; while in the '50 Lives 50 Homes' in 2017 the client made no ED presentations.

SWA has commissioned Price Waterhouse Coopers to undertake some financial modelling for an increase in social housing stock in the community housing sector as a way of implementing the 'Housing First' as a pathway from acute care to living in the community. An infographic of this work in progress is attached and the final report is forthcoming.

Recommendations

1. **System Reform:** that the Community Safety and Family Support (CSFS) Cabinet Sub Committee direct the MHC and the Department of Communities jointly consider how they are each of the constituent parts of a system and how they inter-relate towards a common goal. That a working group be formed, that also includes representation from the Department of Health, Department of Justice (Corrections) and the WA Police Service.
2. **System Reform:** that the MHC in partnership with the Department of Communities develop a comprehensive 'Housing first' strategy to address the accommodation needs of people with mental illness as a part of the development of the State Affordable Housing Strategy.
3. **System Reform:** that the MHC work with the Department of Communities to develop housing models that align with other major WA government initiatives such as METRONET.
4. **System Reform:** that the MHC actively partner with the Department of Communities in the *Social Housing Review* to ensure that the housing and wrap around service provision needs of people with mental health issues are considered as part of Social Housing Review.
5. **System Reform:** that the MHC actively partner with the Department of Communities in the *Community Housing Study* to ensure there is a better understanding of the strengths of the community sector.
6. **System Reform:** that as a priority, the MHC work with the Department of Communities to ensure there is strong system alignment between the Revised Mental Health Accommodation Strategy and the State's homelessness strategy for people with mental health issues.
7. **System Reform:** that the MHC work with Department of Communities to undertake analysis or mapping of current mental health services, homelessness services, and women's and family domestic violence refuges (including bed tallies) in Western Australia.
8. **Investment:** that the MHC undertake comprehensive planning and financial modelling for an investment in new supply of dwellings and a sustained investment in wrap around services.
9. **Investment:** that the MHC prepare a business case for the purchase (or building) of dwellings in relation to the Draft Strategy for the Mental Health Commission's submission to the 2019-20 Budget.
10. **Research:** that the MHC consult with AHURI and the National Mental Health Commission in relation to any comparative analysis of what is happening in other

States and Territories around the intersection of mental health, homelessness and housing policy.

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