

Ending chronic homelessness & taking permanent supportive housing to scale

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Linking Housing & Homelessness Services Conference,
September 2015

Overview

- Housing First & Permanent Supportive Housing (PSH)
– solves chronic homelessness
- Pilots, projects & packages doth not a system make
- Multiple PSH models
- Exactly who needs PSH (& a bit about TBI)
- 7 specific suggestions
- Our summary to do list

Housing First & PSH

- Scatter site with visiting support (eg. Platform 70).
- High density with on-site support (eg. Common Ground).
- Mixed tenancies (eg. CG – people with high needs, people who just need affordable housing)
- Supportive housing only tenants
- Mix of housing types for a particular demographic group (eg. Wintringham)

That Common Ground Woman



Who doesn't need PSH

- People who are homeless once or briefly and who have no additional permanent support needs.
- They may need some short term support.
- Young people without disability.
- People who are living in poverty and simply need affordable housing options.

Who needs PSH

- People with a long history of homelessness and/or multiple failed tenancies.
- Who have additional support needs because of mental illness or substance misuse or brain injury or intellectual disability.
- Who have additional serious health care needs.

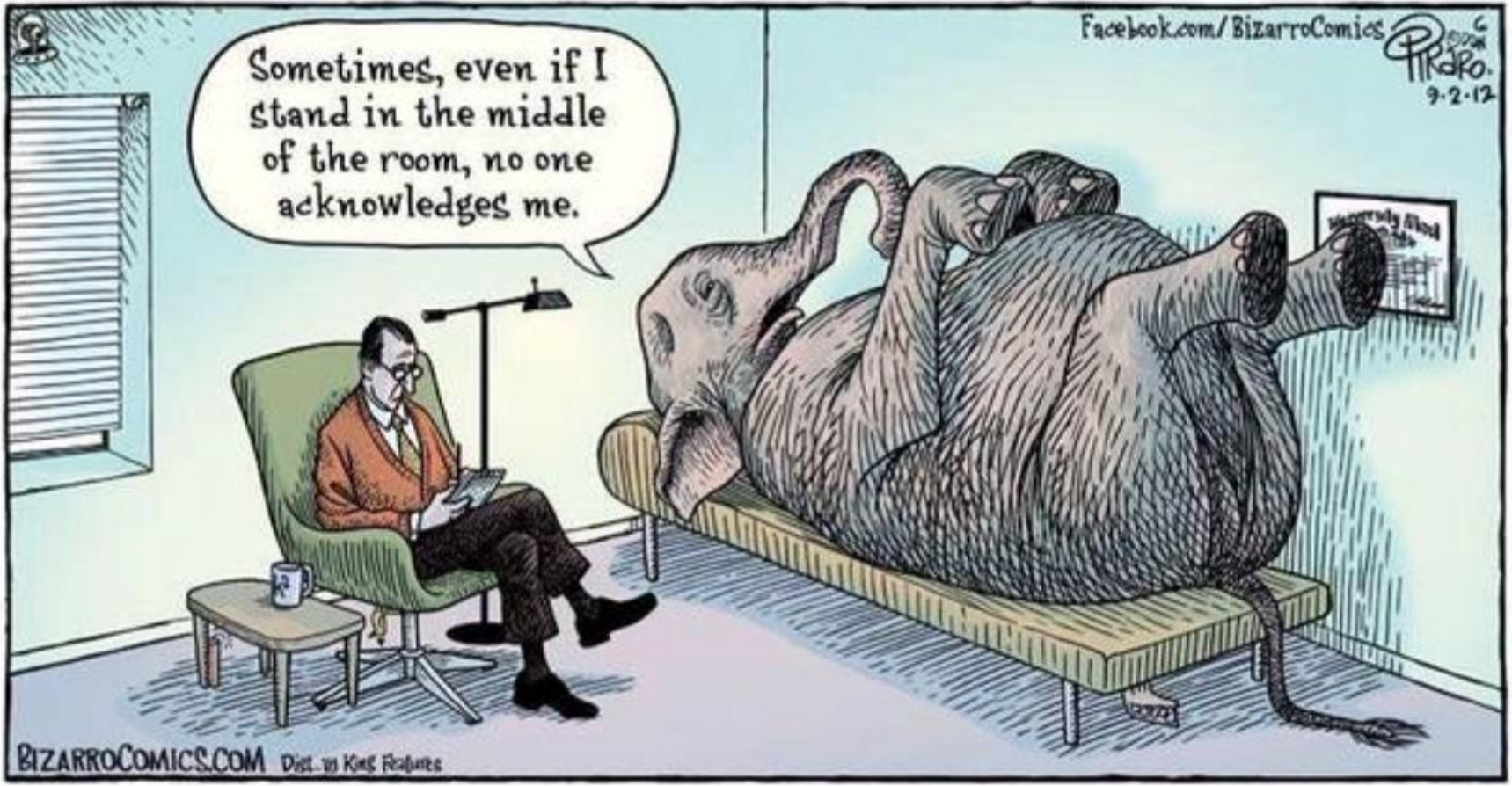
Estimate of 20,000 PSH units needed

- NSW – 5,000
- Vic – 4,000
- Qld – 4,000
- SA – 2,000
- WA – 3,000
- Tas – 1,000
- NT – 1,000

Estimates only – we need much better data to get this right.
The point is: we don't need 105,000 units of PSH.

How SAAP went to scale

- 1985 Commonwealth/State agreement.
- Brought together a previously fragmented system that had been grown by charities, community groups, women's groups etc.
- SAAP agreement provided certainty of funding to a system designed at the time to respond to homeless people and families.
- It's time to improve that system.



Sometimes, even if I stand in the middle of the room, no one acknowledges me.

Facebook.com/BizarroComics
P. Pro.
9-2-12

Acknowledge our system works for many, but not all. A smaller group will need PSH.

We need to know the scale and extent of the numbers of people who need PSH.

Advocacy – loud, strong and accurate. We will keep being ignored if we don't make a fuss. Seriously vulnerable and unwell people will keep dying on our streets.

We need the political will.
Perhaps the most effective
way to get this will be using
economic arguments.

We need a new
Commonwealth/State Agreement
that specifically funds capital and
ongoing support for PSH.
Once the goal has been reached,
only the recurrent support funding
will be needed.

Measurable targets. Baseline data and progress data. We need other systems to join in. Can LG require a % of units be PSH?

Use effective models. All those pilot projects have created a base from which we can build.

Summary*

- Data
- Framework for understanding the extent of the problem and ending the problem
- Numerical goals
- Advocacy
- Capacity building
- Sustained funding (not 2 year funding – not for this problem)
- Targeting – must be used those that need it (not those who have the best advocate)
- A range of models
- A systemic response to solving chronic homelessness