

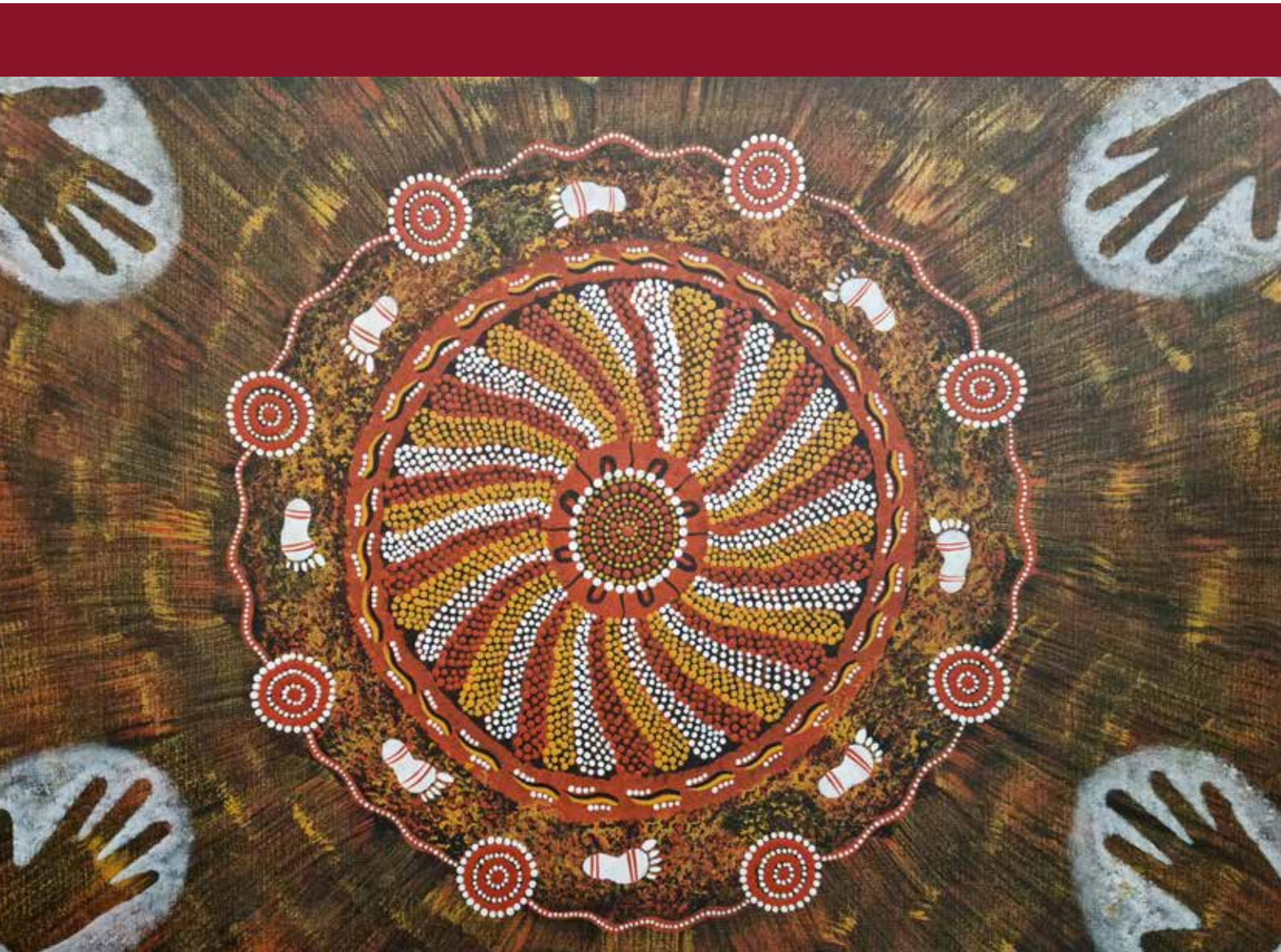


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**Australian Institute of
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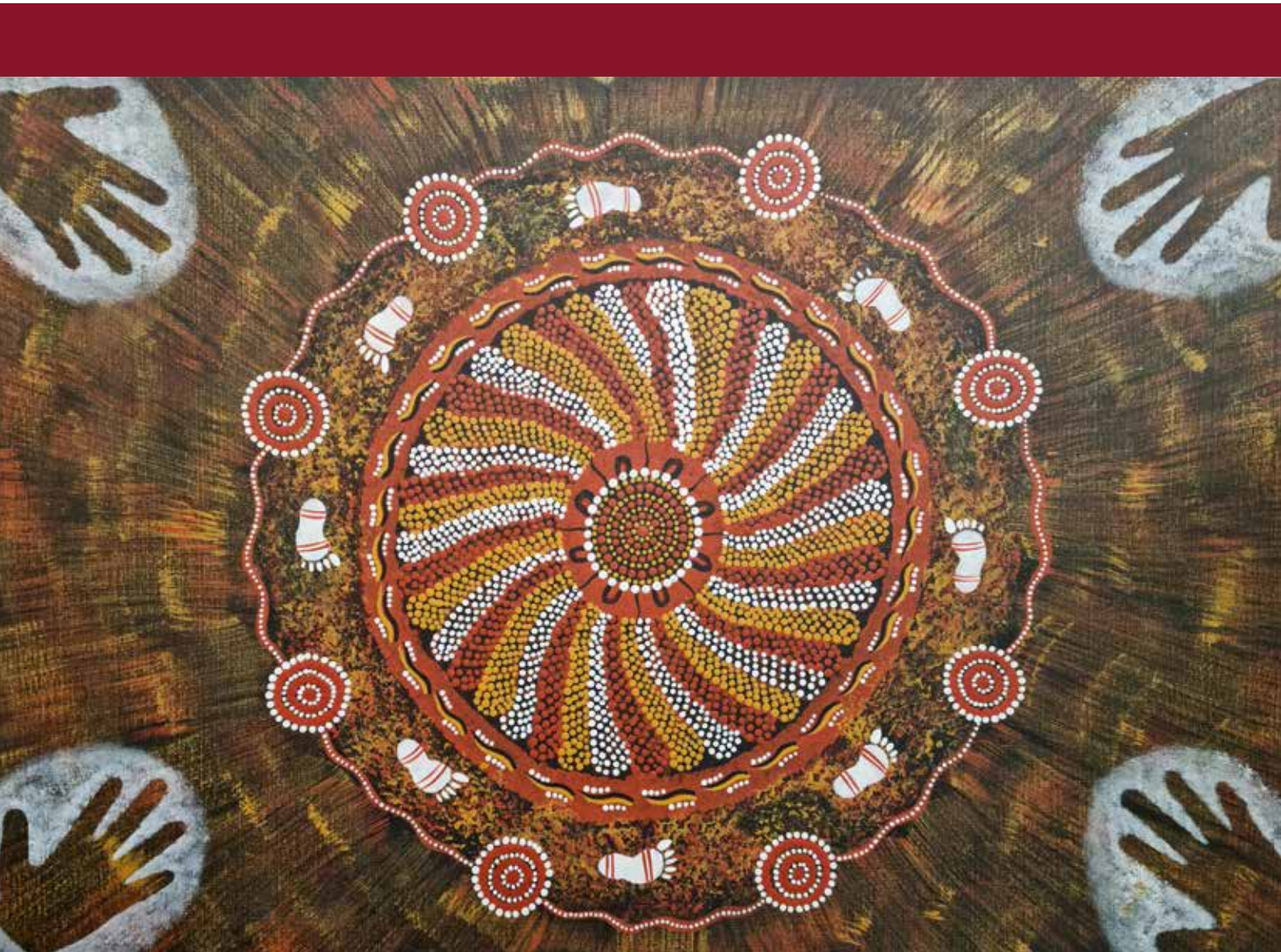
Indigenous mental health, housing and homelessness

Allen & Clarke Consulting



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Contents

	Summary	v
	What we know	v
	What works	v
	What doesn't work	v
	What we don't know	v
1	Introduction	1
2	Background	3
	Defining housing and homelessness	4
	Housing and homelessness among Indigenous Australians	5
	Housing, homelessness and mental health	6
	Housing, homelessness and risk of suicide	10
3	Methods	12
4	Key issues	14
5	Policy context	19
6	Relevant programs and initiatives	22
	Indigenous-specific programs	23
	Housing First models	25
	Other models	29
7	Overarching approaches and best practice	34
8	Gaps and limitations	36
9	Conclusions	38



Appendix A: Policies and frameworks.....	40
Appendix B: Programs.....	55
Appendix C: Methods.....	66
Acknowledgements.....	67
Abbreviations.....	68
References.....	69

About the cover artwork:

Artist: Linda Huddleston

Title: The journey towards healing

At the centre of the artwork is the Clearinghouse. The black half-circles are the people who come to the Clearinghouse for information about mental health and suicide prevention.

The waves of red, yellow and white dots surrounding the inner circle represent strength and healing.

The footprints represent the journey towards healing.

The red and white circles around the edge represent different programs and policies aimed at helping people heal.

The hands represent success and wellbeing.



Summary

Indigenous mental health, housing and homelessness

What we know

- The quality of housing and mental health affect each other: insecure or low-quality housing can lead to poor mental health, and poor mental health can influence someone's ability to obtain and maintain secure, adequate housing.
- Living in unaffordable, unstable, overcrowded, and low-quality housing contributes to poor mental health in Aboriginal and Torres Strait Islander people (Indigenous Australians).
- Existing policy approaches and programs aim to improve the affordability, availability and quality of housing for Indigenous Australians. These programs have varying degrees of focus on mental health outcomes and suicide prevention.

What works

- People tend to get the best health and housing outcomes when they receive wrap-around services that are delivered by a client-centred, collaborative team.
- Programs that include Indigenous workers, especially those with lived experience, achieve better engagement with Indigenous clients.
- Programs that provide strengths-based, trauma-informed, recovery-oriented and culturally responsive holistic case management are more effective.

What doesn't work

- Reducing involvement of community input and increasing the focus on mainstream notions of home ownership and tenancy are not effective.
- Making housing provision dependent on participation in education or training or workforce does not support people's housing needs.
- Implementing pilots and programs with little or no planning for the data that need to be collected limits the capacity to implement robust evaluation.

What we don't know

- There is limited evidence of the direction and magnitude of the relationship between suicide rates and the nature of housing, homelessness and poor mental health.





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Introduction



1 Introduction

Good health and wellbeing rests, in part, on access to good-quality housing. Having adequate housing and a place to call home supports ‘connection to body’, one of the 7 domains for Aboriginal and Torres Strait Islander social and emotional wellbeing (PM&C 2017). Unreliable or poor quality housing and homelessness contribute to and perpetuate health inequities between Aboriginal and Torres Strait Islander people (hereafter Indigenous Australians) and non-Indigenous Australians. The health and wellbeing of Indigenous Australians can be further compromised by (dis)connection from Country, which is another of the 7 domains of social and emotional wellbeing.

There is emerging evidence that providing housing and addressing homelessness is important for preventing mental ill-health and suicide among Indigenous Australians. The relationship between housing and mental health is bi-directional. This means that someone’s mental health could be negatively affected by the lack of safe, affordable and high quality housing, and the experience of mental illness could affect access to suitable housing.

This paper:

- synthesises the evidence of what works and does not work for mental health and suicide prevention programs and policy initiatives that address housing and homelessness for Indigenous Australians
- reports key information about research, evaluation, program and policy initiatives
- identifies best-practice approaches and critical success factors for implementation
- outlines limitations and gaps in the evidence.

This paper acknowledges that mental health issues and suicide among Indigenous Australians result from cumulative historical, cultural and social factors. These factors arise from the ongoing process of colonisation and its aftermath, which includes dispossession, racism, social exclusion, socioeconomic disadvantage, exposure to violence, forced removal of children from families (including the Stolen Generations), and the resulting trauma. Although Indigenous Australians have a shared history of colonisation, this paper acknowledges that the impacts of colonisation are not experienced uniformly.



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Background

2 Background

Access to good-quality housing is foundational for health and wellbeing (Marmot et al. 2008).

Housing deprivation and homelessness are key contributors to persisting health inequities between Indigenous and non-Indigenous Australians (Brackertz et al. 2018; Lowell et al. 2018). The effects of housing and homelessness on mental health are bi-directional:

- Housing affects mental health: living in unaffordable, insecure, poor-quality, or overcrowded housing has negative impacts on mental health (Baker et al. 2014; Bentley et al. 2011; Pevalin et al. 2017; Shah et al. 2018; Shepherd et al. 2012). Further, entry into homelessness and chronic homelessness can have a negative impact on mental health (Johnson et al. 2015; Memmott et al. 2012a).
- Mental health affects housing status: poor mental health can limit an individual's ability to obtain and maintain secure housing (Brackertz and Borrowman 2020).

A range of policies has culminated in the removal of Indigenous Australians from their homelands, families and communities. The effect has been the deliberate exclusion of Indigenous people from the economy, systematic dispossession of land, and forced relocation (Atkinson et al. 2014; Gee et al. 2014). Such policies have contributed to current homelessness and housing deprivation through:

- higher rates of unemployment and reduced financial resources to access secure and good-quality housing
- overcrowding
- discrimination when applying for accommodation
- housing that does not meet the needs of Indigenous Australians (Bailie and Wayte 2006; Memmott et al. 2012a).

Indigenous Australians are a priority population under the 2018 National Housing and Homelessness Agreement, which aims to support people who are homeless or at risk of homelessness (Commonwealth of Australia and the States and Territories 2018). Appendix A summarises the relevant policies and frameworks.

Defining housing and homelessness

The Australian Bureau of Statistics (ABS) defines someone as being homeless if they currently live in a dwelling that:

- is inadequate
- has no tenure, or has an initial tenure that is short and not extendable
- does not allow them to have control of, and access to, space for social relations.

According to this definition, homelessness includes the following situations:

- living in improvised dwellings, tents or sleep outs
- living in supported accommodation for the homeless

- staying with other households
- living in boarding houses
- living in other temporary lodgings
- living in severely crowded dwellings—dwellings that require 4 or more extra bedrooms to adequately accommodate the residents (ABS 2018).

Although this definition is used to produce national estimates of homelessness from census data, the literature suggests that definitions and interpretations of homelessness for Indigenous Australians could differ from those listed above. Definitions of homelessness for Indigenous Australians could include broader concepts (Brackertz et al. 2018; Memmott et al. 2003; Memmott et al. 2012a), such as:

- experiencing spiritual homelessness (being disconnected from one’s homeland, being unfamiliar with one’s ancestry, or separation from family or kinship networks)
- living in public-place dwellings (residing in public places like parks)
- living a transient lifestyle (typically travelling from remote communities and ‘sleeping rough’ close to major centres).

Homelessness has also been defined as an inability to access socially and culturally appropriate housing (Birdsall-Jones et al. 2010, cited in Brackertz et al. 2018). There are differences in the ways that Indigenous and non-Indigenous Australians perceive the concept of ‘home’ and what is socially and culturally appropriate. Different house designs or locations may be more appropriate for one culture than another. For example, housing that accommodates visits from extended family (to support family and cultural obligations) would be appropriate for Indigenous Australians (Vallesi et al. 2020a). Some public-place dwellers choose to sleep rough and might not consider themselves as homeless (Brackertz et al. 2018).

Housing and homelessness among Indigenous Australians

Indigenous Australians are over-represented among homeless populations and are more likely than non-Indigenous Australians to live in severely crowded dwellings, improvised dwellings, or to ‘sleep rough’ (ABS 2018). Findings from the 2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) indicate that Indigenous Australians aged 15 years and over were more than twice as likely to experience homelessness compared to non-Indigenous Australians (ABS 2016). More than a quarter (29%) of Indigenous Australians aged 15 years and over reported experience of homelessness at some point during their lifetime (ABS 2016).

On census night 2016, 116,427 people were identified as experiencing homelessness, of which 23,437 (20%) were Indigenous Australians (ABS 2018). The majority (70%) of Indigenous Australians who identified as homeless lived in severely crowded dwellings; in contrast, 42% (32,455) of homeless non-Indigenous Australians reported the same circumstances (ABS 2018; AIHW 2019). The census figures are likely to be an underestimate because of undercounting of Indigenous Australians, the likely under-representation of those temporarily staying with other households, and the mobility of those camping in public places (ABS 2018).

Housing, homelessness and mental health

Housing affordability and availability

The cost of housing varies with the quality, tenure and location of available dwellings. Housing of high quality, which offers longer-term stability and is located conveniently to amenities, is more expensive than housing options that do not have these characteristics. Households on low incomes may be forced to settle for housing that is:

- of insufficient size or poor quality
- situated in unsuitable locations
- available only for a short-term accommodation.

Low housing affordability can lead to living in overcrowded dwellings: more people might be needed to contribute to the housing expenses to provide housing to people who cannot afford to pay for any housing. In many cases, unavailability or unaffordability of housing can lead to homelessness. Mental health may be negatively impacted when people can afford only poor-quality housing, or no housing at all (Bentley et al. 2011).


Data suggest that many Indigenous Australian households experience housing stress because they spend more than 30% of the household's gross income on housing costs (rent or mortgage). In 2016, 39% of Indigenous Australian households spent more than 30% of their gross income on renting from private landlords and public housing. A fifth (21%) of Indigenous Australian households with a mortgage spent more than 30% of their gross income on housing (AIHW 2019).

Living in unaffordable housing is associated with poorer mental health (Baker et al. 2014; Bentley et al. 2011). Bentley et al. (2011) found that entering unaffordable housing was associated with a small but statistically significant reduction in mental health status independent of changes to household income. This effect was limited to low-to-moderate income households (households in the bottom 40% of the income distribution) (Bentley et al. 2011). Declining social housing stocks and a shortage of affordable rental housing for low and very low-income earners have been cited as key issues contributing to unaffordable housing (Brackertz et al. 2018; Hulse et al. 2014).

There is also evidence suggesting that public housing has a protective effect against entry into homelessness. Brackertz and Borrowman (2020) reported that living in public rental housing reduced the risk of entering homelessness by 10% when compared to those living in private rentals. The lack of social and affordable housing for those living with a mental health condition is a key concern because individuals in this group may rely on this form of housing. The lack of long-term supported housing options for those transitioning out of institutional care for mental health conditions may also contribute to hospital overstays and homelessness among those in this group (Brackertz et al. 2018).

Housing tenure and instability

Housing tenure type and stability of tenure also affect mental health. Research suggests that home ownership, the most secure form of tenure, may have a small protective effect on mental health, while those renting from either public or private landlords typically experience poorer mental health (Brackertz and Borrowman 2020; Shepherd et al. 2012). Shepherd et al. (2012) noted the strong association between housing quality and tenure and Aboriginal child mental health, along with



carer occupation and family financial strain. Analysis of Household, Income and Labour Dynamics in Australian (HILDA) survey data also shows people with a mental health diagnosis are less likely to be home owners (Brackertz and Borrowman 2020).

Home ownership remains low among Indigenous Australians. In 2016, 38% of Indigenous households owned their home compared to 66% of non-Indigenous households (ABS 2018). The majority (57%) of Indigenous Australian households rented their home: 36% lived in private or other rental agreements and 21% lived in social housing (ABS 2018).

Remoteness also influences housing tenure. Indigenous Australians living in remote areas were more likely to rent than those living in non-remote areas (83% compared with 63%) (ABS 2018). Those living in remote areas were also less likely to own their home (with or without a mortgage) than those living in non-remote areas (6% compared with 23%) (ABS 2018). Limited financial resources to access housing, discrimination when applying for rental accommodation, and long waiting lists for public housing—particularly in remote areas—contribute to the housing instability experienced by Indigenous Australians (Brackertz et al. 2018; Lowell et al. 2018).

International evidence suggests that housing instability due to short or insecure housing tenure, forced eviction, or difficulty obtaining a secure place of residence is associated with poor mental health, particularly among women and children (Suglia et al. 2011). Suglia et al. (2011) defined 'housing instability' as moving 2 or more times in the previous 2 years. In their examination of the influence of housing quality and instability on mental health among 2,104 women in the United States of America, the researchers reported significant associations between housing instability and greater odds of experiencing depression and generalised anxiety disorder. This finding controlled for demographic factors, interpersonal violence, and economic hardship. Another study (Williamson et al. 2016) of 1,005 Aboriginal children aged 4–17 years found that living in more than 4 homes since birth was associated with a significantly lower likelihood of good mental health (as assessed using the Strengths and Difficulties Questionnaire), compared to those who had lived in fewer than 4 homes.

The relationship between housing tenure and mental health are bi-directional, as poorer mental health can also affect someone's ability to obtain and maintain secure housing (Brackertz and Borrowman 2020). Using logistic regression modelling, Brackertz and Borrowman (2020) investigated the effects of mental health status and worsening mental health on housing tenure and stability using data from the HILDA and Journeys Home: Longitudinal Study of Factors Affecting Housing Stability (JH) studies. They modelled the impact of potential mediating factors, including physical health, health service use, life events, and housing and non-housing factors. Housing instability was assessed using forced moves, financial hardship, and entry into homelessness as proxy measures. Forced moves occurred as a result of eviction, requirement to move to a new public housing property, the property becoming unavailable or health problems.

Brackertz and Borrowman (2020) reported strong evidence that poor and deteriorating mental health directly increased housing instability. For those experiencing severe psychological distress, the likelihood of experiencing a forced move in the next year increased by 28%. Similarly, for those diagnosed with mental illness or who had symptoms of mental illness without a diagnosis, the likelihood of experiencing a forced move within the next year increased by 39% and 44% respectively. Brackertz and Borrowman (2020) found that Indigenous Australians were 24% more likely than non-Indigenous Australians to experience a forced move within 24 months. As a result, Indigenous Australians experienced greater housing insecurity.



Housing quality

Living in poor-quality housing is associated with poorer mental health (Pevalin et al. 2017; Shah et al. 2018). The 2014–15 NATSISS (ABS 2016) found that 15% of Indigenous Australians live in housing where one or more basic facility was either unavailable or did not work. This was most pronounced in remote areas, where 28% of households reported problems with basic household facilities. Basic facilities were defined as facilities used for personal hygiene, washing laundry, safe removal of waste, and safe storage and cooking of food.

The NATSISS also found that, in 2014–15, 28% of Indigenous Australians aged 15 years and over (36% in remote areas, 25% in non-remote areas) were living in a dwelling that had major structural problems such as electrical or plumbing problems, major cracks in the walls or floors, termites or rot and problems with the foundation.


Housing quality issues are also experienced by Indigenous Australians living in social housing. In 2018, 55% of Indigenous Australian households living in state owned and managed Indigenous housing on 30 June 2018 reported their home had one or more structural problems (AIHW 2019). Structural problems included major cracks in walls and floors, sinking/moving foundations, major roof defects, major electrical problems, major plumbing problems, rising damp, wood rot or termite damage and walls and windows not square.

Shepherd et al. (2012) investigated the relationship between socioeconomic measures (including housing quality) and mental health in a sample of 3,993 Indigenous Australian children aged 4–17 years. In that study, indicators of poor-quality housing included the absence or lack of functioning facilities for bathing and washing clothes, the inability to remove waste safely, inadequate facilities for storing and cooking food, and the ability to control the temperature in the house. Children living in poorer-quality housing (housing with 3 or more indicators of poor quality) were 3 times more likely to be at high risk of clinically significant emotional or behavioural difficulties compared to those living in housing with no indicators of poor quality, after adjusting for age, sex and geographical isolation (Shepherd et al. 2012).

Intervention studies have reported mixed findings regarding housing upgrades and subsequent mental health improvements. A longitudinal study, conducted in 15 deprived communities in Glasgow (Curl et al. 2015), reported positive associations between different types of housing improvements and mental health scores at different points in the intervention. In contrast, Bailie et al. (2014) investigated the impact of housing improvements on the mental health of children's carers in the Northern Territory. The study found conflicting evidence of a relationship between improvements in household infrastructure and the mental health of children's carers. Other individual or community factors had a stronger relationship with mental health status, which could have confounded the effects of housing conditions.

Overcrowding

In Australia, housing is described as overcrowded if one or more additional bedrooms would be required to adequately house its inhabitants (AIHW 2021). This definition is based on the Canadian National Occupancy Standard. Overcrowding has harmful consequences for physical and mental health due to increases in psychological stress and infectious disease risk (AIHW 2014a; Osborne et al. 2013; Ware 2013). In 2016, 10% of Indigenous Australian households experienced overcrowding.



Overcrowding was most pronounced in remote areas (15% of Indigenous Australian households) and very remote areas (32%) (AIHW 2019).

Overcrowding among Indigenous Australian households is caused by a lack of housing availability, particularly public and community housing, and a shortage of affordable private rental properties. Also, many dwellings cannot accommodate large households. Strong family connections, cultural obligations to share resources, which includes providing accommodation to visiting kin, and higher rates of mobility finds Indigenous Australians living in larger households (Memmott et al. 2012b; Moran et al. 2016). In the absence of secure, safe, and affordable housing, individuals and families may rely on extended family to provide accommodation. This can lead to overcrowding if dwelling size is insufficient (Memmott et al. 2012b).

Overcrowding can have significant effects on physical and mental health and the physical infrastructure of the home (Booth and Carroll 2005). Living in overcrowded dwellings is often distressing for the occupants (Lowell et al. 2018). Indigenous Australian families living in overcrowded conditions have reported concerns about:


- hygiene
- privacy
- food insecurity
- infectious diseases—increased illness among children and adults also compromises parents' ability to attend work, and children's ability to attend school
- lack of dedicated quiet space for study, work and sleep—this can compromise children's ability to succeed at school.

Conflict over resources and roles and responsibilities among family members is common in crowded housing conditions and contributes to stress: there is often no way for people to physically remove themselves or their children from the conflict. Overcrowding may also undermine cultural protocols such as avoidance practices between family members. Overcrowding is often a major source of psychological stress for Indigenous Australian household members, who may experience the feeling of losing control over the physical and social environment in the household if overcrowding is prolonged (Lowell et al. 2018; Memmott et al. 2012b).

Homelessness

There is a strong association between homelessness and mental health. The 2014–15 NATSISS (ABS 2016) found that 55% (71,600) of Indigenous Australians aged 15 years and over with a mental health condition had experienced homelessness, or not having a permanent place to live, sometime in their life. Twelve per cent (8,600) said their mental illness was the reason for the period of homelessness.

Specialist Homelessness Services is a range of government-funded services to support those who are at risk of or are experiencing homelessness (AIHW 2019). In 2019–20, 71,600 clients who accessed Specialist Homelessness Services identified as Aboriginal and Torres Strait Islander (AIHW 2020). Of the 56,169 Indigenous clients aged 10 years and older in 2019–20, 31% (17,185) reported a mental health condition.



Brackertz and Borrowman's (2020) examination of mental health and housing stability found those with a previous mental health diagnosis were significantly less likely to be homeless than those who were identified as having a mental health condition but not previously diagnosed. Similarly, Johnson et al. (2015) reported that people diagnosed with bipolar disorder and schizophrenia were at lower risk of entering homelessness than those without a diagnosis. These findings may be explained by increased engagement with services to receive care and treatment among this group compared with those without a diagnosis (Brackertz and Borrowman 2020; Johnson et al. 2015). Over time, those who have experienced persistent homelessness may show signs of hopelessness for their situation and experience symptoms of depression (Memmott et al. 2012a).

Providing treatment for mental illness can be challenging when people are living in unstable accommodation, such as a boarding house or sleeping rough, as they have no control over their environment and are vulnerable to violence (Johnson and Chamberlain 2011). Indigenous Australians travelling from remote communities or homelands to town centres to access health and other social services may opt to sleep rough, particularly where appropriate familial or social supports and services are not available and accommodation options are too expensive (AIHW 2014b). Access to good-quality, secure housing in an appropriate location can assist with the management of and recovery from mental ill-health. Adequate housing reduced the stress linked with insecure tenure and ensures that people living with mental illness have access to care and support services (Brackertz et al. 2018).

Housing, homelessness and risk of suicide


There are few published studies that assesses the impact of housing and homelessness on suicide. This highlights a significant gap in the research base. There was evidence that a high incidence of undiagnosed and untreated mental illness among homeless populations may contribute to suicide risk among this group. There was also some evidence that housing affordability may contribute to suicide risk among an already vulnerable group. These issues are discussed below.

Undiagnosed and untreated mental illness among homeless populations

Limited research has been conducted on suicide and self-harm among homeless populations in Australia. A 20-year study in Queensland investigated the number and characteristics of 92 suicides among homeless populations (Arnautovska et al. 2014). Compared with those in secure housing, people experiencing homelessness who died by suicide were more likely to:

- have shown signs of untreated mental illness (26% compared with 17%)
- experienced at least one stressful life event before death (including significant financial hardship and child custody disputes) (74% compared with 64%)
- had at least one physical illness (39% compared with 31%).

High levels of undiagnosed and untreated mental illness were also reported among those presenting to the Wadamba Wilam (Renew Shelter) in Melbourne. Shelter staff reported high levels of trauma exposure among their clients. Many had experienced traumatic life events (Waring and Burns 2016).



Post-traumatic stress disorder (PTSD) is common among Indigenous Australians who are homeless, as many have experienced a large number of traumatic events. Data collected from 2,388 homeless people who were clients of Sydney inner city shelters showed that many had experienced high levels of trauma (Nielsen et al. 2018); 42% of them had experienced an early life or recent trauma (Nielsen et al. 2018). An earlier study of 70 homeless men and women in Sydney found 59% experienced PTSD before they became homeless (Taylor and Sharpe 2008). Neither study described the Indigenous status of respondents.

In Canada, Bingham et al. (2019) investigated the experience of mental illness by indigenous status in a sample of 1,010 adults experiencing homelessness. Indigenous Canadians were statistically significantly ($p < 0.001$) more likely to meet the criteria for PTSD (49%) than non-indigenous Canadians (26%). Similarly, indigenous Canadians were more likely to experience current suicidality (87% compared with 77%) and to be living with multiple (2 or more) mental disorders (66% compared with 50%) than non-indigenous Canadians.

In another study in Canada, research into predictors of suicide attempts among participants in a Housing First intervention reported that indigenous status was predictive of suicidal ideation and attempts (Aquin et al. 2017). PTSD was also predictive of suicidal ideation and suicide attempts among adults experiencing homelessness (Aquin et al. 2017).



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Methods



3 Methods

The academic literature was searched for relevant items regarding housing, mental health, suicide and Indigenous Australians. Eleven journal articles were reviewed, which led to the identification of 11 further journal articles. From the grey literature, 55 items, such as strategic plans and reports about initiatives, were identified and reviewed. In total, 77 items were reviewed. Another 100 items were reviewed at least in part before being discarded. More information on the methods can be found in Appendix C.

The scarcity of initiatives specific to Indigenous Australians and to housing and homelessness meant the studies included might not be generalisable. In addition, the tools used to assess wellness are not necessarily validated with Indigenous Australians. Therefore, the study findings described here must be interpreted with caution.



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Key issues



4 Key issues

Current and historical limitations affect Indigenous home ownership. Before the 1967 Referendum, state and territory governments were responsible for making laws relating to Indigenous Australians, and only New South Wales and South Australia permitted Indigenous Australians to own property. The Referendum unified law making about Indigenous Australians under the Australian Government, and the existing state and territory restrictions were lifted. However, people who live in areas subject to Land Rights or Native Title may face legal restrictions on individual property ownership.


Regardless of where they live, Indigenous Australians have been prevented from accumulating wealth. Unequal opportunities for education and employment has led to Indigenous Australians having lower incomes than non-Indigenous Australians. When property ownership restrictions eased, it remained more difficult to generate the income needed to buy property.

The intergenerational impacts of home ownership are clear. Internationally, indigenous people are 3 times more likely to own a home if their parents owned a home (SCRGSP 2020). This finding is independent of their own income, education, location or relationship status. The relationship between parental home ownership and the likelihood of their children owning a home is becoming tighter. Property is becoming more expensive, and banks are becoming more risk averse with lending, so it is increasingly difficult for those who have not inherited wealth to generate it (Wood and Clarke 2018). Evidence also shows that institutional racism affects whether Indigenous Australians are able to access loans (Moodie et al. 2019).

It should not be assumed that home ownership is the goal for all Indigenous people. Memmott et al. (2009) conducted a study of 86 members of households from 5 communities, with a roughly even divide of householders who lived on communal and non-communal title land. The report demonstrated that there is a wide variety of views on home ownership: is owning better than renting; is it achievable? Despite the range of views, 70% of respondents agreed that home ownership is a right for all Australians (Memmott et al. 2009). The research also showed that people have varying levels of understanding of the differences in meaning, rights, and responsibilities of home ownership.

Similarly, Crabtree et al. (2018) surveyed Indigenous Australians living in Alice Springs Community Living Areas. They found that 63% of respondents did not understand home ownership, but 98% did understand renting. Only 38% of respondents said they would like to own their own home. Despite home ownership generally being a positive influence on mental health, physical health and wellbeing (Productivity Commission 2021), there may be circumstances in which this is not necessarily the case. It may be that having a choice, along with the connectedness to identity and culture that communal living offers, provides the best outcome for mental health (Crabtree et al. 2018).

The implicit and explicit barriers to home ownership can be more pervasive in remote areas, where housing options and economic mobility are limited, and legislative protections exist in many areas. Land Rights and Native Title decisions over particular parcels of land determine the type of tenure on that land. The type of governance over those parcels of land also determine who can make decisions about what is done on the land. Remote housing also comes with additional considerations such as the capacity of the house (how many people will live there compared with how many people is it designed to house), safety in a range of weather events that may be experienced in remote areas,



infrastructure such as plumbing and electricity, and the longevity of the fixtures, such as bathroom and laundry facilities, given a regular maintenance schedule is unlikely (Szava et al. 2007).

The cost of building houses in remote areas is significantly higher than in non-remote areas. In 2020, the Northern Territory Government set a target cost for a 3-bedroom home in a remote area at \$500,000. However, the actual cost is more than \$535,000. These prices are for pre-fabricated homes built in Alice Springs or Darwin. The houses are transported to remote communities by road, where possible, although some communities are only accessible by roads that are too small to transport the houses to (Ashton 2020). Given that Indigenous Australians in very remote areas averaged a low median gross personal income of \$350 per week (AIHW 2021), it is clear that privately funding home construction is out of financial reach of most people in these areas.

Most houses in remote communities are public housing stock. All Australian states and territories run schemes in which public housing tenants can apply to purchase the house they are living in, under particular circumstances, but given the lower incomes in remote areas, it is unlikely that many people would be able to access this opportunity. The undersupply of housing in remote areas also means that public housing is inadequate, which contributes to long waitlists for public housing and overcrowding. Because of the expenses of building houses in remote areas, and the lack of housing stock available, there is little to no rental market in most remote and very remote areas. This means that, even if people living in remote areas could afford private market rentals, there would not be many (or any) houses to rent. This leaves Indigenous Australians in remote communities with very little control over their housing circumstances. They are not able to choose which house they might get and when.

Problems arise for people who:


- are homeless because they are waiting for a housing allocation
- have a house but it is constantly overcrowded and underserviced
- are in communities where local governance structures do not provide an option to select tenants.

While it is the case that people living in urban centres also do not have the opportunity to choose their neighbours, this becomes particularly fraught in small communities with, for example, as few as 4 houses in a community. There may be people who the community deems should be allocated a house (such as certain family members or cultural custodians), or who the community deems should not be allocated a house, for cultural, social or historical reasons. Some comments from survey respondents in Alice Springs express the tension experienced by not having choices over who is allocated a house (Crabtree et al. 2018:13):

White man's rules and laws have made living on Town Camps frightening ... we can't make our own decisions, always white people looking over us.

We don't have much control of who can move into an empty house. Territory Housing puts anybody in the house, even though we know they are troublemakers.

Territory Housing or Government should not talk on our behalf. We should be the one talking because at the end of the day, we are the one who will be dealing with the issues.



These responses show that the lack of choice and control over housing in remote areas causes fear and stress to people living in remote areas. Combined with the stress of overcrowding, and the impacts of inadequate housing on mental and physical health, Indigenous people living in remote areas are additionally burdened by lack of options, choice, and control over their housing. Pevalin et al. (2017) observed in their study of the relationship between poor housing and mental health that:


One reason that mental health effects of housing problems may vary across tenure is housing autonomy, or the ability to move to solve problems. Private renters and mortgage holders ... have more autonomy to solve problems than social renters ... People who experience persistent housing problems have poor health, but those who move from one poor quality to another experience an additional penalty (Pevalin et al. 2017:9).

Such a penalty would particularly apply to Indigenous people in remote communities who not only have no control over their housing options, but who often move from house to house if they have no allocated housing of their own. Pevalin and others concluded that the lack of choice in housing (such as limited housing stock, limited financial resources and a lack of local input into housing allocations), combined with problematic housing infrastructure (such as overcrowding and inadequate facilities), create a 'strong, long-term impact of persistent poor housing on mental health' (Pevalin et al. 2017:10). The psychological effects of poor housing continue after the housing problems or homelessness are resolved. Pevalin and others (2017) found that evidence of psychological distress was still evident 4 years after the resolution of the housing issue. Clair (2019) points to a range of literature that suggests housing problems can impact children into their adulthood.

Children are the most vulnerable to the all-encompassing and long-lasting effects of poor housing. In remote areas in particular, seriously inadequate housing has been a problem for decades. That means that the children who were first affected may now be parents, grandparents, or even great grandparents. Generations of people will never experience the baseline of acceptable housing. This cycle continues beyond the control of people, who may identify themselves as the 'invisible homeless'. They are often misunderstood as wanting to live in overcrowded conditions for cultural reasons or blamed for their circumstances (Lowell et al. 2018:10)

There are positive aspects for children living with a large number of people, such as having more role models and supervision available to them. However, when a home becomes crowded when it does not have the capacity to house a large number of people. This brings more negative effects than positive ones. People living in crowded houses are often unable to get enough sleep, which has a negative effect on mental health and, for children in particular, for their development. (Lowell et al. 2018)

Crowded housing brings with it an increased risk of contagious infections, in part because of the number of people living in close quarters, and in part due to the difficulties of keeping a crowded house clean (Lowell et al. 2018). Scabies, for example can quickly spread through a crowded household, particularly one in which access to washing facilities is limited or non-existent. Aside from the discomfort that scabies brings while infected, scabies can lead to more serious infections that can cause chronic heart and liver disease, which can lead to early death. Respiratory virus also spread quickly through crowded households. As is the case with scabies, the effects of respiratory viruses may extend beyond the discomfort for the duration of the illness. Children are more susceptible to ear infections such as otitis media as a result of a virus, and it is particularly difficult to prevent the



progression of viruses without proper washing facilities. Children with acute or chronic ear infections can sustain hearing loss, which left untreated, has a negative impact on their ability to learn in a classroom. The short and long-term effects of everyday diseases are exacerbated by inadequate housing. They can lead to short and long-term absences from school and work, thereby effecting the child's long-term behaviour, development, education, employment and income prospects, which also have an impact on physical and mental health (Clair 2019; Lowell et al. 2018).

Children are not only affected by their own experiences of inadequate housing, but also by their parents' and other household members' experience, as they witness the social stressors and poor or deteriorating mental health of the adults in the household as a result of overcrowding, frequent moving or poor-quality facilities (Clair 2019; Lowell et al. 2018).

Children whose parents who experience stress due to housing are at higher risk of neglect or deprivation, largely due to financial constraints. Families who have to move frequently between houses experience the insecurity and instability through poor mental health in both children and adults. Children may experience poorer outcomes through loss of social capital among their peers and through poorer continuity of education. Frequent moving also renders children less likely to be up-to-date with their vaccinations (Clair 2019).

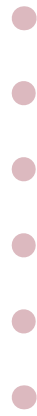
Teenagers and young adults can also experience new or increased mental health problems and suicide risk because of the circumstances of their housing, at the unique stage of their life where they are more independent than children but less so than more mature adults. Ensuring young people have their own, stable space during this crucial stage of their development can have dramatic effects on their physical, social, mental and emotional wellbeing. The Kids Under Cover Studio Program is an early intervention program aimed at young people who are homeless or at risk of homelessness. The program provides participants with a one or 2-bedroom studio on the grounds of the family home, which may be a rental, social housing or owner occupied property. The program provides a safer space for the participant and their families, developing the participant's independence, and maintaining strong connections to the family. A small evaluation of 32 of the households participating in the evaluation included 3 Indigenous households. Each of those was participating due to crowding, with biological relatives or foster families crowding the home. The evaluation showed improvements in family relationships, social and educational development, employment aspiration and acquisition, and physical and mental health (Stolz and Spinney 2020).

A longitudinal study—'Growing up children in 2 worlds'— of families in a remote Indigenous community in the Northern Territory sought to explore the challenges and strengths of raising children in a remote community. Problems with housing was the greatest challenge that families face (Lowell et al. 2018). All of the participants in the study said that they had challenges relating to overcrowded and insecure housing, such as lack of food, sleep and energy for school or work, and the presence of illness, conflict and stress. These problems rarely relent, and the cumulative and compounded effect of these issues grinds individuals and families down. As one grandmother put it:

... they just give up. They've had enough. They lose their courage (Lowell et al. 2018:10).



5



Policy context

5 Policy context

Policies, frameworks and strategies across Australia have provided guidelines and plans to address housing issues among Indigenous Australians. A list of policies and frameworks is in Appendix A.

Australia's first Commonwealth–State Housing Agreement (CSHA) was established in 1945. It aimed to provide funds for construction of additional dwellings to overcome the housing deficit. Two initiatives in 2009 saw an increasing role for government in housing provision:

- The National Affordable Housing Agreement (NAHA) (Parliament of Australia 2017) replaced the CSHA. The NAHA focused on housing assistance for those who were unable to be adequately housed in the private market.
- The National Partnership Agreement on Homelessness also started. It contributed to the NAHA and had a focus on assistance for people who were homeless or at risk of homelessness.

The NAHA was superseded by the National Housing and Homelessness Agreement (NHHA) in 2018. Indigenous Australians are a national priority cohort in the NHHA. Bilateral agreements exist between the Commonwealth and each state and territory. The agreements outline actions taken by each jurisdiction as part of its housing and homelessness strategy.

There are also reforms to address remote housing. The 2010 National Partnership Agreement for Remote Indigenous Housing (NPARIH) and the 2018 National Partnership on Remote Housing (NPRH) aim to reduce severe overcrowding, increase the supply of new houses, improve conditions of existing houses, and ensure rental properties are well maintained and managed in remote communities. The 2018 National Partnership Agreement for Remote Housing Northern Territory delivers funding over 6 years to improve housing outcomes in remote communities in the Northern Territory.

Governments are involved in housing assistance in 3 main areas: social housing services, financial assistance and homelessness services (AIHW 2021; see Box 1). Social housing is rental housing provided or managed by the Australian Government or other organisations. Provision of social housing focuses on assisting households experiencing financial instability, disadvantage or trauma (Groenhart et al. 2014). Homelessness agencies funded under the NHHA are referred to as Specialist Homelessness Services. Each state and territory manage their own system for the assessment, intake, referral and ongoing case management of Specialist Homelessness Services clients (AIHW 2020).

Box 1: Government-funded housing and homelessness assistance

Social housing

- public housing
- state owned and managed Indigenous housing
- community housing
- Indigenous community housing

Financial assistance

- Commonwealth Rent Assistance
- Private Rent Assistance
- Home Purchase Assistance

Specialist homelessness services

- prevention and early intervention services
- crisis and post crisis assistance
- youth services, family and domestic violence services (AIHW 2020, 2021).

Several national agreements and frameworks acknowledge the importance of housing for mental health for Indigenous Australians. National agreements include the:

- Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan)
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- Aboriginal and Torres Strait Islander Health Plan.

Access to suitable housing among Australians with a mental health condition is one of 24 performance indicators measured under the Fifth Plan.

A few state-level initiatives to integrate mental health and housing strategies exist. The Housing and Mental Health Agreement, established in 2011 between NSW Health and the NSW Department of Family and Community Services, aims to improve housing outcomes and wellbeing for people experiencing mental health conditions. It was particularly developed for those living in social housing or who are homeless or at risk of homelessness. In South Australia, the Memorandum of Understanding between the Minister of Housing (on behalf of Housing SA) and the Minister for Mental Health and Substance Abuse (on behalf of SA Health, Mental Health and Substance Abuse) aims to guide successful coordination of mental health, psychosocial support and housing service provision in the state (South Australian Government 2012).



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Relevant programs and initiatives

6 Relevant programs and initiatives

This section provides a brief description of 7 evaluated programs and initiatives across 5 states and territories. Appendix B summarises these programs and initiatives.

Indigenous-specific programs

Wongee Mia

Wongee Mia is a special initiative designed by Ruah, a not-for profit community service based in Western Australia to meet the housing, health and social needs of Aboriginal families experiencing homelessness. The program works with the extended family network to support all members of the family system with input from Elders (Vallesi et al. 2020b). The interconnected caseload helps protect the key participant from losing their property. The program offers a similar service to the 50 Lives 50 Homes program (see below) and responds to the need to support Indigenous families (Vallesi and Wood 2021). It specifically accommodates kinship obligations.

The program has 6 key elements:

- Elders lead the program design and set goals.
- Yarning sessions are client-led, and the time and location are chosen by the family.
- Trust and relationships between the family and caseworkers are built.
- Families can seek assistance at their discretion.
- There is a connection to 50 Lives and other organisations in that collaboration.
- There are cultural connections with the caseworker.

Clients eligible for Wongee Mia support were recruited by snowball sampling. One participant was identified with all family members that posed a risk to the participant's tenancy. The entire family group was approached to be supported by the program. In 2019, 29 members of this family (the participants' aunties, uncles, cousins, brothers and sisters) were supported by Wongee Mia (Vallesi et al. 2020b). One caseworker supports the key participant and another caseworker has been added to assist the extended family.

Strategies to increase accessibility, control and communication contribute to Wongee Mia's success and include:

- an appointment-free diary
- a physical location where family members can visit whenever they wish
- a simplified housing application form
- a game to explain the stages of the process.

The caseworkers have built strong relationships with the clients' Elders. Yarning groups help people to discuss issues that the clients may be experiencing. This informal setting and the rapport built by the caseworkers reduces intimidation and enable participation without judgement.

Evaluation

An evaluation conducted by Vallesi et al. (2020b) was co-produced by Aboriginal Elders, Wongee Mia caseworkers, service managers, and the evaluation team. Since commencement of the program, the key participant has sustained his property for 2.5 years, longer than previously. The key participant's 4 family members (who had previously stayed in temporary accommodation or rough sleeping) have moved into stable long-term accommodation (Vallesi et al. 2020b). Another 6 family members (who had previously been rough sleeping) have moved into temporary accommodation.

Success relied upon:

- the establishment of trusting relationships between the case workers, the participant, the family and Elders
- sharing of culture between caseworkers and Indigenous participants.

The evaluators note that this program is an example of an innovative approach that uses self-determination to address homelessness among Indigenous Australians. They recommended scaling up this program to help more Indigenous families with housing issues.

Main challenges of success were the result of limitations of housing providers and shortages of affordable and appropriate housing. Elders involved in the program recommended cultural practices to be included in the program, such as participation in smoking ceremonies and trips to the bush (Vallesi et al. 2020b).

Wadamba Wilam

Wadamba Wilam was established in 2013; it is operated by Neami National and funded by the Victorian Department of Health and Human Services. Wadamba Wilam works with Indigenous Australians who have a history of homelessness and mental illness, and present with complex needs related to cumulative trauma, substance abuse, family violence and legal issues. The program is based on an Indigenous understanding of social and emotional wellbeing and is available to Indigenous Australians over the age of 16 years. The interdisciplinary and interagency approach commits to long-term engagement and provides care that is person-centred, culturally respectful, culturally safe, and trauma-informed. The team also works with multiple members of the client's immediate or extended family. A fundamental tenet of the program is to deliver services that assist the consumer in their physical location while also responding to their healing journey (Chiera et al. 2021).

Evaluation

An analysis of Wadamba Wilam service data about consumers who received support from the program between July 2016 and June 2020 (n = 48) showed improvements in housing, mental health, physical health, alcohol and drug use and criminal justice outcomes (Chiera et al. 2021). Among this group of consumers:

- 52% did not re-enter homelessness
- 81% were living in sustainable tenancies
- 89% of those who had a mental health inpatient stay prior to referral experienced a decrease in the number of admissions post-referral
- 73% showed increased engagement with medical support.



Housing First models

The Housing First model prioritises rapid, unconditional access to housing before attempting to address psychosocial or health issues. It began in the US in the 1990s.

50 Lives 50 Homes

The 50 Lives 50 Homes program is based on the Housing First model. The program, delivered by Ruah Community Services, helps people in Perth who experience housing and homelessness issues connect with appropriate housing and mental health services. More than a third of clients between 2015 and 2019 were Indigenous Australians (Vallesi et al. 2020a). A core component of the program is the effective collaboration between homelessness services, housing agencies, health providers and community services. While many homelessness programs have capacity to support people for around a year or less, 50 Lives aims to provide support for as long as clients require.

Eligibility for support through this program is established through the Vulnerability Index and Service Prioritisation Decision Assistance Tool (VI-SPDAT), which assesses the current vulnerability of people rough sleeping, their future risk of housing instability and risk of premature mortality. Supporting people to obtain housing and remain housed is a key outcome for the program, but the program also recognises that stable housing can address broader health and psychological issues (Vallesi et al. 2020a).


In October 2020, the 50 Lives program transitioned into the broader and expanded Zero Project (Vallesi and Wood 2021) which works with communities in Perth, Geraldton, Mandurah, Bunbury and Rockingham.

Evaluation

There were 341 clients supported by the program to 30 September 2019. Before entering the program, clients spent an average of over 5 years in homelessness; the shortest period was 3 weeks and the longest was 40 years (Vallesi et al. 2020a). The results of the program were as follows:

- Just under half of clients (162) plus their partners and family members were housed, and 81% had retained their tenancy.
- Health outcomes improved with the increased length of tenancy. Diagnoses of alcohol or drug-use disorders reduced, as did emergency department and hospital presentations and re-presentations.
- Rates of offending decreased with ongoing accommodation.

Qualitative research indicated that people described feeling safe since being housed and feeling more job ready since participating in community programs through 50 Lives (Vallesi et al. 2020a). They also felt comforted and reassured knowing that support is available. Increased confidence and increased social engagement was also reported. The evaluators suggested that the program could be strengthened through greater availability of appropriate housing, sector capacity-building, the use of trauma-led services, and the involvement of people with lived experience of homelessness in program delivery (Vallesi et al. 2020a).



Vallesi and Wood (2021) analysed housing outcomes for Indigenous clients and compared data with non-Indigenous clients and found:

- A smaller proportion of Indigenous clients was housed than non-Indigenous clients.
- It took nearly 2 months longer to house an Indigenous client than a non-Indigenous person.
- It took nearly double the time for an Indigenous client to be housed in public and community housing after being priority listed than it took for a non-Indigenous person.

The evaluators provided several reasons for these differences in housing outcomes, such as bureaucratic challenges, sustainability of housing options, and cultural appropriateness of housing providers:

- Some Indigenous families did not meet eligibility criteria due to children or grandchildren not being specifically listed on their Centrelink details.
- Certain policies meant that a tenant with previous tenancy breaches may be required to wait longer than usual for assistance or that specific conditions may be applied to their tenancy (such as liquor restrictions), even though previous tenancy breaches could have been due to visitors, disruptive neighbours or family feuding.
- Strong kinship relations and pressures to accommodate extended family members who are homeless can lead to overcrowding, which can contribute to risks of tenancy eviction and homelessness.

Qualitative evidence through interviews and case studies showed that many people were unable to let family stay due to fear of losing their homes. This often resulted in feelings of sadness and loneliness and eventual abandonment of properties to move closer to family.

The evaluators found that stakeholders, workers and clients of 50 Lives reported a need for more Indigenous support workers and Indigenous housing providers. This was identified as potentially helping to reduce feelings of shame or judgement by non-Indigenous workers. Other calls for improvement in policy included larger housing options for people to accommodate extended families and more housing provided through Aboriginal Community Controlled Organisations (Vallesi and Wood 2021).

Doorway

Doorway is a housing and recovery program established by the Victorian Government in 2011 and delivered by Wellways. It brings together mental health, housing, and economic participation supports and has an explicit focus on reducing social isolation and increasing client confidence. The program is a version of the Housing First model, which has been adapted to enable clients to select their housing from private rental stocks, rather than housing being allocated to them. By renting directly, the client establishes a rental history and builds their confidence. Clients are supported to maintain their tenancies and to build skills to deal directly with property managers and landlords.

To be eligible for a referral to the program, people need to be homeless or at risk of homelessness and have a serious mental health condition, among other criteria. Clients are supported by an integrated team whose composition is in part identified by the client with respect to their needs. Integrated team collaborators include mental health case worker, housing worker and family and friends (core team elements) and alcohol and other drug worker, employment consultant, physical health professionals and cultural and spiritual support (flexible elements).



Evaluation

Two evaluations of Doorway have been conducted by NOUS Group (2014a, 2014b). The first reported that psychosocial support was organised through integrated support teams, which were considered critical (NOUS Group 2014a). Core members of the integrated support team were:

- family, friends and community
- the Area Mental Health Service (AMHS) case manager or clinical worker
- the Housing and Recovery Worker (H&RW). This role was highlighted as being critical to the success of the pilot.

Optionally, the integrated support teams could also include an employment consultant, an alcohol or drug worker, health professionals, and cultural and spiritual advisers. The combined responsibilities (housing support and recovery support) were a departure from other services, where these supports are usually fragmented.

The second evaluation found the following positive mental health outcomes (NOUS Group 2014b):

- There was a decrease in the average time spent in bed-based clinical facilities. These visits were more likely to be planned than unplanned events as clients started proactively seeking help.
- Mental health improved to the extent that a third of clients were discharged from AMHS.
- Use of general practitioners and alcohol or drug workers increased and there was less reliance on specialised mental health supports.
- Significant improvements in mean scores associated with depression/anxiety, daily living/role function and showed relation to self/other.

Patients attributed their improved mental health outcomes to having stable housing and an integrated support team. The evaluation also noted that participants reported:

- improved housing stability
- better managing their overall health
- improved participation in voluntary or paid work, with an increase from 16% to 27%
- improved social relations with family and friends, which are considered to be 'natural support networks' (NOUS Group 2014b).

Program improvements were suggested by both evaluations:

- Allow sufficient time for clients to explore housing possibilities and choose a house (NOUS Group 2014b).
- A thorough understanding of the systems and processes involved in the private rental sector is needed by support organisations, preferably through existing relationships, as this work consumed more effort than planned (NOUS Group 2014a).
- A dedicated homelessness team in the AMHS is needed (NOUS Group 2014a).



NSW Homelessness Action Plan projects

The NSW Homeless Action Plan 2009–2014 (HAP) aimed to implement state-wide reforms to achieve better outcomes for people who were homeless, at risk of homelessness (which is implied to include people living in crowded conditions), or having a history of homelessness. Four projects funded through HAP aimed to provide long-term accommodation and support, rather than crisis support. The programs were as follows:

- Riverina Murray Homelessness Action Plan (RMHAP)
- Rural Homelessness New England project (RHNE)
- North Coast Accommodation Project (NCAP)
- South East NSW Community Connections.

The long-term supported housing projects were based on the 'supportive housing' model. Each project using a different service delivery model with differences in housing types and client profiles. There was a range of service types. Some models used the Housing First approach; some focused on early intervention; one (the South East NSW Community Connections project) focused on people with complex needs.

Evaluation

All 4 projects were found to be providing timely access to housing, reliable case management, and links to an appropriate range of services (ARTD Consultants 2013a, 2013b). Across the 4 projects, 33% of people assisted were Indigenous Australians. Two of the projects (RHNE and RMHAP) had a clientele of about 40% Indigenous Australians. Both of these projects worked closely with Aboriginal organisations to promote their project (ARTD Consultants 2013a). A third project (NCAP), which achieved Aboriginal engagement of 33%, included Aboriginal caseworkers in their team. The fourth project, the Community Connections project, had only 16% Indigenous Australian participation. ARTD Consultants (2013b) identified this as an area for improvement.

The critical success factors for these projects were the (ARTD Consultants 2013a, 2013b):

- strategies for engaging with Indigenous Australians, such as working with Aboriginal organisations to promote the project or having Aboriginal caseworkers
- high levels of commitment from key organisations
- effective coordination
- a holistic and client-centred approach to case management
- innovative approaches to assisting people to secure housing, including developing good relationships with housing providers.



Other models

Mission Australia's Cairns Homelessness Services

Three services operated in Cairns by Mission Australia are designed to provide accommodation and case management support for people with histories of chronic homelessness or rough sleeping:

- Going Places Street to Home Homeless Program
- Douglas House
- Woree Supported Housing Accommodation.

The 3 services work at different points in the homelessness trajectory. They all operate under a trauma-informed, strengths-based, and culturally responsive model that aims to assist clients to build the skills they need to achieve housing stability, independence and social inclusion. Many clients will transition between 2 or more of these services, according to the level of support they require. The programs are funded by the Queensland Department of Communities, Housing and Digital Economy.

Going Places supports up to 100 people age 16 and over for up to 12 months at any one time. It operates on the Housing First model by providing additional services once accommodation is secured. Douglas House is a 22-bed supported-accommodation facility that supports people for up to 24 months into sustainable housing. Woree Supported Housing Accommodation supports 20 adults aged 18 and over, for a period of up to 24 months.


Evaluation

An evaluation of the 3 services in 2019 focused on their effectiveness to improve client wellbeing, living skills, housing outcomes, economic participation and integration into the community. A total of 113 clients responded to 2 surveys in 2017 and 2018, of whom 38% identified as Aboriginal, 11.5% identified as Torres Strait Islander and 6.2% as Aboriginal and Torres Strait Islander. The evaluation noted that this response rate under-represented the number of Indigenous Australians supported by the 3 services (Perrens and Fildes 2019).

The evaluation calculated the mean Personal Wellbeing Index (PWI) of respondents from their responses to questions about their satisfaction with their personal circumstances, personal relationships, health, safety and future security. The PWI increased from 'Challenged' at the first survey to 'Normal' at the final survey, which was the same as the 2018 Australian general adult population. Increases were observed in the mean wellbeing scores recorded in 2017 and 2018 across the 8 questions included in the PWI. The largest increase (24.6 points) was for the question How satisfied are you with your standard of living? The question with the smallest increase (10%) was health-related: How satisfied are you with your health? Respondents also reported improvements in family and community connection and participation in education and employment.

Critical success factors for this program include:

- a holistic case management approach
- a strengths-based, trauma-informed, recovery-oriented, and culturally responsive model of care
- a workplace culture of respect, innovation, and learning
- the ability to collaborate widely, within and beyond the homelessness sector (Perrens and Fildes 2019).



The program is constrained by a shortage of suitable housing, citing the need for a greater number of houses, and a variety of housing options including more supported accommodation. The evaluators also noted that there is a need to reduce the number of people relocating to Cairns by addressing service and resource gaps within Torres Strait and Cape York communities (Perrens and Fildes 2019).

Brisbane Common Ground

This South Brisbane supportive housing program, which started in 2012, aims to assist tenants to retain tenancies, improve their health, social and economic wellbeing and to reduce their need to use acute, crisis and emergency services (Parsell et al. 2015).

This was the first supportive housing initiative in Queensland. The housing complex included 146 apartment-style units with onsite support services and security. The apartments were mostly for single people with low-to-moderate incomes. Common Ground was considered a flagship initiative under the National Partnership Agreement on Homelessness. While this program is not Indigenous-specific, Indigenous Australians have been supported by the program.

Evaluation

The evaluation included a longitudinal survey, administered in 2 rounds, of people living at Common Ground; 15% of participants identified as Aboriginal or Torres Strait Islander. As the program did not collect baseline data, it was not possible to accurately determine the effect of being housed at Common Ground.

Common Ground tenants are not required to use the support services available to them, but the evaluation reported that the majority of tenants did use these services. Tenants rated the services extremely positively and self-reported improved mental health after moving to Common Ground. Administrative data demonstrated that, in their first year of tenancy at Common Ground, people made less use of state-funded services than in the year before taking up residence.

Tenants also reported high satisfaction with their units, with almost all tenants considering their unit to be 'home'. There was no evidence that tenants were stigmatised by people in neighbouring properties.

Critical success factors identified by the evaluation include:

- the shared vision of stakeholders
- the critical translation of supportive housing theory into practice
- stakeholder understanding of the complexities and opportunities
- establishing Common Ground as a 'home' for the tenants (Parsell et al. 2015).

Housing and Accommodation Support Initiative (HASI)

Established in 2011, the Housing and Accommodation Support Initiative (HASI) links stable housing to appropriate mental health and accommodation support by collaborating with NSW Health, Housing NSW and non-government organisations. Its aim is to assist the transition to independent community living through the provision of recovery focused, wrap-around support services including psycho-social rehabilitation, daily living skills, physical health and workforce participation. The program targets people experiencing mental health conditions who are homeless or at risk of homelessness.

Evaluation

Bruce et al. (2012) evaluated HASI between 2002 and 2012. Nine per cent of a total 719 consumers identified as Indigenous Australian. This is higher than in the NSW population and people with mental health problems in the community, indicating successful recruitment into the program. HASI had supported 1,135 mental health consumers in New South Wales. Evaluators found that stable housing was linked to appropriate mental health and accommodation support. As a result of the initiative, people were able to overcome the effects of mental ill-health, live independent lives, and connect to their community (Bruce et al. 2012).

The majority of people supported by HASI (about 90%) were successfully maintaining their tenancies. There was a clinically significant improvement in mental health, and there was an overall reduction in hospital admissions and length of hospital stay since joining the program. There were also improvements in social and community participation, involvement in education or work (paid and unpaid), and independence in daily living. The quality of physical health of consumers remained below that of the general population (Bruce et al. 2012).

The evaluation identified a number of factors that enabled successful system integration between housing and mental health services. These factors include:

- coordination at the state and local levels, and regular consumer contact with Accommodation Service Providers
- clear roles and responsibilities of clinical and non-clinical roles to develop working relationships with HASI partners
- open communication among HASI partners to promptly share information relevant to staff and client risk management
- commitment to the program, to working together and respecting other organisations' values
- sound governance structures facilitated by the commitment of people involved, strong formal and informal communication channels, the use of regular meetings to discuss a range of processes and service level agreements.


The evaluation found that partners within HASI had established effective ways to coordinate at both state and local levels.

Housing and Support Program (HASP)

The Housing and Support Program (HASP) supports people with a psychiatric disability to live with stable social housing and enables an improved quality of life within the Queensland community. HASP commenced in 2006 and was established by the Queensland Government. Funding has since transferred to the Commonwealth under the National Disability Insurance Scheme. Each individual accessing HASP is provided with a package of services consisting of mental health services, disability support services and normal community housing (Meehan et al. 2010).

Evaluation

The evaluation focused on factors such as interagency communication and working relations, and the outcomes for consumers (Meehan et al. 2010). Interviews with staff and clients showed that 82% of clients believed HASP helped clients achieve their goals. Goals included staying well, staying out



of hospital, making a new friend, obtaining a job or volunteer work. Most clients (80%) were happy that things had gone their way, and 77% were proud that someone had complimented them on something they had done. Clients reported appreciating the holistic approach of HASP and noted that collaboration between the agencies involved was integral to its success. Further results of the evaluation showed:

- a high level of satisfaction with housing
- the majority of HASP tenancies remained stable
- a reduction in the amount of weekly support hours provided to clients
- a reduction in the average number of admissions
- improvements in general and clinical functioning
- a reduction in need for inpatient care
- relaxations on restrictions placed on clients such as involuntary treatment orders
- clients reported experiencing a good quality of life at follow-up (Meehan et al. 2010).

The Michael Project

The Michael Project, run by Mission Australia, was a 3-year initiative that combined accommodation support services with assertive case management and access to coordinated specialist allied health and support services.


Evaluation

As part of the evaluation, a comprehensive survey was administered to 253 men aged 19 to 82, who were experiencing primary or secondary homelessness. The survey was administered at baseline (entry to the program) and 3 and 12 months after entry into the program. A total of 107 of 253 participants completed the 12-month follow-up survey (Spicer et al. 2015).

Aboriginal men accounted for 9% of the baseline sample, and they were mainly recruited through Mission Australia's 'outreach/emergency' service, which included an Aboriginal outreach worker who also administered the survey to these participants (Spicer et al. 2015). An ethics-informed decision saw a short form of the survey developed for use with the emergency/outreach service cohort (n = 97), which was the main avenue through which Indigenous participants were recruited (14% compared to 6%).

At baseline:

- Half of the participants were experiencing high (27%) or very high (22%) psychological distress, as assessed through the Kessler 10 (K10).
- The Severity of Dependence Scale showed one in 3 participants had experienced drug and/or alcohol dependence in the last month; and half of those who were alcohol dependent were also drug dependent.
- One in 5 of those screened for PTSD (n = 156) were positive for psychosis in the last year (this was through the full survey, so there were few Aboriginal men).



At follow-up, 48 of 107 participants were housed in stable, long-term accommodation ('housed'). Their survey data were compared with the 59 participants who were not in stable, long-term housing ('non-housed'). The findings were (Spicer et al. 2015):

- No significant differences were found between these cohorts in any of the reported demographics.
- Those recruited through the outreach/emergency service (predominantly Aboriginal men) were less likely to be housed at follow-up (27%) than those recruited through short-to-medium-term services (52%).
- Men who were experiencing drug dependence at baseline were also significantly less likely to be housed at follow-up.
- The presence or absence of mental illness at baseline was not a significant indicator of housing status at follow-up.
- There was no overall change in psychological distress: men in both the housed and non-housed cohorts remained in a moderate degree of distress.
- Although both alcohol dependence and drug dependence were reduced, the reductions were not statistically significant.
- There was no statistically significant change between baseline and follow-up for either psychosis or PTSD among the 156 participants who had been screened.

The evaluators concluded that further research was needed to determine how best to administer effective treatments for affective disorders to people who are or have been experiencing homelessness, given the extreme physical and social deprivation endured through long-term homelessness. They noted that, despite assertive case management, participants made minimal use of either the psychologist or the alcohol and other drugs counsellor who were part of the integrated approach to homelessness and mental health adopted by the Michael Project.



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Overarching approaches and best practice



7 Overarching approaches and best practice

The programs described above and in the broader literature have emphasised the following points as critical to program success:

- Housing provision in urban settings predominantly take a *Housing First* approach, where housing is prioritised, backed up by voluntary, secondary supporting services that aim to improve mental health, physical health, and psychosocial participation (ARTD Consultants 2013a, 2013b; NOUS Group 2014b; Vallesi et al. 2020a).
- Wrap-around support—through client-centric multidisciplinary teams that focus on housing, health and psychosocial factors—tends to generate the best overall client outcomes (Spicer et al. 2015; Vallesi et al. 2020a). Direct client participation in multidisciplinary team meetings and decisions can be empowering and generate buy-in (NOUS Group 2014a, 2014b).
- Client needs are best addressed through assertive case management, innovation, and flexibility (Spicer et al. 2015).
- Capacity and capability building is essential, especially for Indigenous Australian workers (Vallesi et al. 2020a, 2020b). This will go some way to building a sector workforce that can provide a high standard of culturally appropriate care to Indigenous Australian clients.
- Include people who have lived experience of homelessness and mental health issues in program design and delivery (Vallesi et al. 2020a, 2020b).
- Collaboration between organisations within the housing and mental health sectors and beyond is essential (ARTD Consultants 2013a, 2013b; NOUS Group 2014a, 2014b; Parsell et al. 2015; Perrens and Fildes 2019; Vallesi et al. 2020a). Program clients tend to have a smoother and quicker journey out of homelessness and towards improved mental health when they are receiving consistent, informed, messaging.

Decolonising housing policy, planning and improved decision-making processes to meaningfully engage Indigenous communities and stakeholders, can shift mainstream thinking to an empowerment model that benefits Indigenous Australians (Habibis et al. 2019).



8



Gaps and limitations



8 Gaps and limitations

There are a number of limitations in the evidence within the area of housing and mental health for Indigenous Australians.

Few programs provide both housing and mental health or suicide prevention support, and fewer still are Indigenous-specific. Successful programs include culturally competent case managers that invest time to build relationships and understand the experience of the individual and their family. However, this strategy is not always neatly incorporated into mainstream clinical interventions (Vallesi et al. 2020b), nor is the consideration of housing options that are appropriate to family and cultural needs. A lack in the quantity and appropriateness of housing stock can make this consideration difficult to achieve (Vallesi and Wood 2021). This issue could be addressed through cultural training of property managers or increasing the number of operating Indigenous-specific housing and recovery programs.

A second limitation is the small number of evaluations from which evidence can be drawn. Some programs that aim to address homelessness and mental health among Indigenous Australians have either not been evaluated, or they have been evaluated but the findings are not publicly available. Accordingly, some programs that might have contributed important insights to this article cannot be included.

Related to the paucity of evaluations is the absence or incomplete nature of quantitative or qualitative data to enable examination of outputs as well as short-term and long-term outcomes for participants. Pilots and programs are frequently implemented with little or no planning for the data that need to be collected, let alone the collection methods that will be used. Sample sizes may be small and difficult to extrapolate, and information may be collected using non-validated tools. Findings may not be disaggregated by Indigenous status, which limits the ability to assess the effect on this population of participants.

More robust evaluative findings of health outcomes have arisen from studies using appropriate, validated tools coupled with the judicious use of pre- and post-administrative data. A best-practice measure is that a core dataset is agreed and consistently collected to enable a more robust understanding of what strategies, approaches and practices are working, what needs refinement, and what should be set aside.



9



Conclusions

9 Conclusions

Housing is a key socio-environmental determinant of mental health, and poor mental health affects housing stability. Australian housing and mental health policies recognise this dual relationship and state-based initiatives have similarly incorporated responses that address both housing and mental health support needs. However, housing conditions such as affordability, availability, quality and overcrowding remain an issue for many Indigenous Australians who also experience higher rates of homelessness. Access to safe and secure housing is further affected by the utility and cultural appropriateness of mainstream housing options accessible to Indigenous Australian families.

The information presented in this paper suggests that there is emerging evidence of the importance of addressing housing and homelessness in the prevention of mental illness among Indigenous Australians. However, it is also apparent that there is a gap in the evaluation evidence to comprehensively assess best-practice approaches to supporting both housing and mental health outcomes for Indigenous Australians.

Among the programs reviewed for this paper, the most effective included wrap-around services that were:

- delivered by a client-centred collaborative team that included experts from both the housing and health sectors
- well led by an empathetic and culturally competent case manager.

Similarly, improved mental health and tenancy outcomes were evident from programs that were:

- strengths-based and trauma-informed
- recovery-oriented
- culturally responsive
- based on holistic case management.

Further, the inclusion of Indigenous Australians, especially those with lived experience of homelessness (Vallesi et al. 2020a), in program design and service delivery roles has been attributed with improved participation and outcomes for Indigenous Australians. Capability and capacity-building in Indigenous communities may be necessary to reap the full benefits of this inclusive approach (DoHA 2013; Mental Health Commission of New South Wales 2018; NOUS Group 2014b; PM&C 2017, 2018; Queensland Mental Health Commission 2019; Vallesi et al. 2020a). The review also suggested that programs that include Indigenous workers, especially Indigenous caseworkers, achieve better engagement with Indigenous clients (ARTD Consultants 2013a, 2013b; Vallesi et al. 2020a).

There is a shortage of suitable housing, and this limits the potential impact of programs intended to assist people experiencing or at risk of homelessness, with or without mental health issues. Inadequate supplies of suitable accommodation prevent programs reaching their potential (Aquin et al. 2017; Bailie et al. 2011; Bailie et al. 2014; Brackertz et al. 2018; Hulse et al. 2014; Memmott et al. 2012b; Vallesi et al. 2020a). Even when support services are made available, uptake of or adherence to programs may be low (Spicer et al. 2015). This highlights the need for holistic approaches to mental health and suicide prevention with the recognition that housing is one of the many important sociocultural determinants of mental health outcomes and suicide among Indigenous Australians that must be addressed.



Appendixes

Appendix A: Policies and frameworks

Table A1: Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<i>National housing policies and frameworks</i>			
National Housing and Homelessness Agreement (NHHA)	<p>In July 2018, the NHHA replaced the National Affordable Housing Agreement, and took over the funding associated with the National Partnership Agreement on Homelessness. The establishment of the NHHA followed a recommendation of the Remote Housing Review that ‘the costs of a remote Indigenous housing program should be equally shared (50:50) between the Commonwealth and the jurisdictions’ (PM&C 2018:4). The Review had found that co-funding was necessary to incentivise efficiency and improvements.</p> <p>In 2019–20, the NHHA set aside \$125 million for homelessness services, with this sum to be matched by states and territories. Housing priority policy areas included affordable housing, social housing, encouraging growth and supporting the viability of the community housing sector, tenancy reform, home ownership, and planning and zoning reform initiatives. Priority homelessness cohorts included women and children affected by family and domestic violence, children and young people, Indigenous Australians, people experiencing repeat homelessness, people exiting from care or other institutions into homelessness, and older people.</p>	<p>Six outcomes were agreed, including one specific to Indigenous Australians. These are:</p> <ul style="list-style-type: none"> • A well-functioning social housing system that operates efficiently, sustainably and is effective in assisting low-income households and priority homelessness cohorts to manage their needs. • Affordable housing options for people on low-to-moderate incomes. • An effective homelessness service system that responds to and supports people who are homeless or at risk of homelessness to achieve and maintain housing and addresses the incidence and prevalence of homelessness. • Improved housing outcomes for Indigenous Australians. • A well-functioning housing market that responds to local conditions. • Improved housing outcomes for Indigenous Australians. 	<p>Under the NHHA and associated National Partnership Agreements, the Commonwealth Government provides funding to assist with the achievement of housing and homelessness related outcomes for which states and territories have primary responsibility. Outcomes are influenced by all 3 levels of government and the private market.</p>

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>National Partnership Agreement for Remote Indigenous Housing (NPARIH)</p>	<p>Established in 2008 and intended to run for 10 years, the NPARIH had 3 objectives:</p> <ul style="list-style-type: none"> • Significantly reduce severe overcrowding in remote Indigenous communities. • Increase the supply of new houses and improve the condition of existing houses in remote Indigenous communities. • Ensure that rental houses were still maintained and managed in remote Indigenous communities (COAG 2008). <p>The NPARIH was considered 'a central plank to achieving the targets for "Closing the Gap" on Indigenous disadvantage' (COAG 2008). Parties to the NPARIH Agreement (the Commonwealth, the states and the Northern Territory) recognised their mutual interest in improving housing outcomes for Indigenous Australians living in remote communities as well as the need to work together to achieve the desired outcome. The NPARIH was to contribute to an outcome identified in the National Affordable Housing Agreement, namely 'Indigenous people have improved amenity and reduced overcrowding, particularly in remote and discrete communities'.</p>	<p>Nine outputs were agreed (listed below). Roles and responsibilities were agreed for the Commonwealth, the states and the Northern Territory.</p> <ul style="list-style-type: none"> • Supply of safe and adequate housing that will contribute to improved living standards for Indigenous people in remote communities. • Robust and standardised tenancy management of all remote Indigenous housing that ensures rent collection, asset protection and governance arrangements consistent with public housing standards. • A program of ongoing maintenance and repairs that progressively increases the life cycle of remote Indigenous housing from 7 years to a public housing-like lifecycle of up to 30 years. • Construction of new houses and ongoing repair and maintenance of houses in remote Indigenous communities. • Increased employment opportunities for local residents in remote Indigenous communities. • Accommodation such as hostels and subsidised rental housing in regional areas to support people from remote communities to access training, education, employment and support services. • Progressive resolution of land tenure on remote community-titled land in order to secure government and commercial investment, economic development opportunities and home ownership possibilities in economically sustainable communities. 	<p>A review of progress of the NPARIH, in 2018, showed that progress had been made against some objectives. These included the delivery of 4,000 new homes and 7,500 refurbishments. It reduced overcrowding in remote and very remote communities: the proportion of overcrowded homes reduced from 52% in 2008 to 41% in 2014–15, according to the ABS (PM&C 2018).</p> <p>The review noted the high and growing need for additional housing to reduce overcrowding, with 50% of additional need being in the Northern Territory. The importance of timely, ongoing maintenance to protect the initial investment was emphasised. It was noted that property management and tenancy management needed to be faster. It was suggested that more use could be made of local workforces to carry out repairs and maintenance.</p> <p>The review also highlighted the misconception that tenants are usually responsible for damage and deterioration, whereas only 9% of household faults were caused by tenants. Poor-quality workmanship, which sometimes failed to meet building standards, may account for many of the 'damage and deterioration' issues.</p>

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Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>National Partnership on Remote Housing (NPRH)</p>	<p>The NPRH was agreed between the Commonwealth, Queensland, Western Australia, South Australia and the Northern Territory. The Agreement covered the period 1 July 2016 to 30 June 2018.</p> <p>The NPRH replaced the NPARIH. It expanded the aims of the NPARIH by introducing goals for employment, workforce participation, and education, in addition to addressing the housing needs of Indigenous Australians from remote communities.</p> <p>The Agreement was also noted to be supporting the outcomes of the National Affordable Housing Agreement and the National Indigenous Reform Agreement.</p> <p>Through the NPRH, a new agreement was formalised in 2019 between the Commonwealth and Northern Territory Government. The agreement allocated up to \$550 million from the Commonwealth to the extent that this was matched by the Northern Territory Government, for reducing overcrowding in 73 remote Northern Territory communities and 17 Alice Springs town camps.</p> <p>The agreement noted expectations for governance and the inclusion of local Indigenous Territorians and businesses.</p>	<ul style="list-style-type: none"> Upgraded housing and housing-related infrastructure in town camps where appropriate. Improved data collection through a 3-yearly Community Housing and Infrastructure Needs Survey collection. 	<p>Implementation measures unidentified</p>

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<i>National mental health and suicide prevention policies</i>			
<p>The Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan)</p>	<p>The Fifth Plan (NIMHC 2017) was developed in consultation with a wide range of stakeholders, including Indigenous organisations. It includes a specific priority area (Priority Area 4) that aims to improve Indigenous mental health and suicide prevention.</p> <p>'Housing' was included in the Indicator Set under the <i>Meaningful and contributing</i> life domain. The indicator shows the proportion of mental health consumers in suitable housing. Greater integration between mental health services and housing services was called for, providing 'better recognition of the broader determinants of mental health and issues that affect people with mental illness' (p. 19). The Plan also acknowledges that suicide attempts are often linked to stressful life events, including housing stress. Substandard housing (not defined) was one of many stressors that were identified as potentially contributing to complex and interrelated problems experienced by Indigenous Australians experiencing intergenerational harm and social and economic disadvantage in addition to mental and physical health and wellbeing challenges.</p>	<p>Four 'Action Items' were identified:</p> <ul style="list-style-type: none"> • Implementing regional integrated planning and services planning for Indigenous Australians. • Establishing an Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee of the Mental Health Drug and Alcohol Principal Committee. • Improve access to and experience of mental health and wellbeing services for Indigenous Australians. • Strengthen the evidence base needed for mental health services and outcomes for Indigenous Australians. 	<p>The indicator showing the proportion of mental health consumers in suitable housing is proposed to be sourced from the Living in the Community Questionnaire or the National Outcomes and Casemix Classification.</p> <p>The Living in the Community Questionnaire is not yet implemented in mental health services. This indicator requires developmental work to confirm methodology and feasibility. The questionnaire is likely to be implemented in state and territory mental health services.</p>

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Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSIIPS)	<p>The NATSIIPS was developed under the guidance of the Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group. Its development followed the recommendation of the Senate Community Affairs References Committee in 2010, that 'the Commonwealth Government develop a separate suicide prevention strategy for Indigenous communities within the National Suicide Prevention Strategy' (SCARC 2011, in DoHA 2013:5).</p> <p>The objective of the NATSIIPS was to 'reduce the cause, prevalence, and impact of suicide on individuals, their families, and communities' (2013:5).</p>	<p>There were 6 goals:</p> <ul style="list-style-type: none"> • reduce incidence • communities are supported to respond to high levels of suicide and/or self-harm • effective reduction of risk factors • capability and capacity-building in Indigenous communities • evidence-base-building and evaluation of prevention activities • the development of high quality resources to support suicide prevention. 	<p>Implementation measures unidentified</p>
<i>State-level housing policies and frameworks</i>			
Strong Family, Strong Communities 2018-2028	<p>This implementation plan sets the strategic direction for the NSW Aboriginal Housing Office. It seeks to develop:</p> <ul style="list-style-type: none"> • localised initiatives that focus on improving tenancy stability • access to culturally appropriate services • health and wellbeing through an integrated co-design approach (Aboriginal Housing Office 2018). 	<p>A partnership approach was taken to roll out the Implementation Plan.</p> <p>The Plan has 4 priorities:</p> <ul style="list-style-type: none"> • Housing solution • Client outcomes • Growing the sector • Data and evidence 	<p>Implementation measures unidentified</p>

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Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>Mana-na woorn-tyeen maar-takoort Every Aboriginal Person Has a Home: The Victorian Aboriginal Housing and Homelessness Framework</p>	<p>This Framework takes a holistic view of housing assistance, recognising that the housing market, life-course transitions and household resources must be addressed to improve Aboriginal housing deprivation (Aboriginal Housing Victoria 2020).</p>	<p>The purpose of the Framework is to achieve housing outcomes for Aboriginal Victorians in a generation. This purpose is to be achieved by:</p> <ul style="list-style-type: none"> • establishing secure affordable housing • sustaining tenancies through culturally strong, Aboriginal-focused systems and practices • making housing a life aspiration and platform for successful education and employment outcomes • build the supply of homes owned by Aboriginal people and community • meet supply needs for transitional and short-term and special needs housing • support Native Title and Treaty to grow affordable housing. 	<p>Implementation measures unidentified</p>
<p>Aboriginal and Torres Strait Islander Environmental Health Plan 2019-2022</p>	<p>The Health Plan seeks to address environmental determinants of health through improved public health infrastructure and the integration of services, alignment of primary care with environmental health and strengthening the environmental health workforce within Indigenous communities (Queensland Health 2019).</p>	<p>The Health Plan 'takes a multistrategy approach to improving environmental health conditions in Aboriginal and Torres Strait Islander local governments' (Queensland Health 2019:1).</p> <p>Three key actions were identified for primary and environmental health care:</p> <ul style="list-style-type: none"> • Investigate and evaluate programs in other jurisdictions for potential approaches to improve the alignment of primary care with environmental health. • Establish a clinical referral framework between primary health care and the environmental health workforce to improve health outcomes and embed environmental health considerations into primary health care practice. • Educate community groups and individuals on interactions between the environment and human health. 	<p>Implementation measures unidentified</p>

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Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>All Paths Lead to a Home Western Australia's 10-year Strategy on Homelessness 2020-2030</p>	<p>This Strategy (Department of Communities 2019) focuses on:</p> <ul style="list-style-type: none"> improving wellbeing providing safe, secure and stable housing preventing homelessness integrating and coordinating services for Indigenous Australians. 	<p>Five priorities are stated:</p> <ul style="list-style-type: none"> Provide people access to safe and stable housing, in which flexible and appropriate services can be tailored to individual needs. People experiencing or at risk of homelessness can get assistance regardless of the service or agency they have connected with Include whole-of-community in the design and delivery of housing options Implement place-based responses to reflect local needs, context and capacity Initially target rough sleepers. 	<p>Implementation measures unidentified</p>
<p>Our Housing Future 2020-2030</p>	<p>This 10-year plan describes key initiatives, including 2 that are highly relevant to Indigenous Australians' housing and homelessness (South Australia Housing Authority 2019).</p> <ul style="list-style-type: none"> <i>Future directions for homelessness</i> aims to transition the sector to an outcome-based service that rewards positive outcomes, funded through a \$20 million Homelessness Prevention Fund (South Australia Housing Authority 2020a). The <i>Aboriginal Housing Strategy</i> is a 10-year plan to improve housing outcomes for Aboriginal people through an approach that is specific to Aboriginal people. The South Australian Government is committed to engaging with South Australian Aboriginal communities to develop the strategy (South Australia Housing Authority 2020b). 	<p>A strategic approach is called for, requiring 'fundamental changes... in the way we approach system design and implementation' (South Australia Housing Authority 2019:19). Priorities are:</p> <ul style="list-style-type: none"> a people-first approach a focus on innovation through collaboration cultural inclusivity resilience and growth environmental sustainability 	<p>Implementation measures unidentified</p>

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Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
Tasmania's Affordable Housing Strategy 2015-2025	<p>This 10-year strategy has 2 purposes: 'a decrease in the proportion of low-income Tasmanian households experiencing housing stress; and a decreased in the proportion of Tasmanians experiencing homelessness' (Department of Communities Tasmania 2015:7).</p> <p>There have been 2 Action Plans drawn from the Strategy, and a third is in development.</p> <p>The Second Action Plan includes key priorities for the supply of new housing, with specific action items stipulated for the development of 'more short-term accommodation to ensure there is adequate crisis and transitional accommodation for those who need it, when they need it' (Department of Communities Tasmania 2019:13).</p>	<p>The Second Action Plan identifies 3 key priorities:</p> <ul style="list-style-type: none"> • new supply (including social housing and homeless accommodation targets) • improved access (into affordable home ownership, private rental and supported accommodation) • responsive services (improvement of services for people seeking housing assistance and better housing data to forecast changing demand). 	Implementation measures unidentified
ACT Housing Strategy	<p>This Strategy includes goals of reducing homelessness, strengthening social housing assistance, increasing the stocks of affordable rental housing and the supply of affordable homes for homebuyers.</p> <p>Although Indigenous Australians make up only 1% of the ACT population, they are over-represented among those assisted through service for homeless people, at 17% (ACT Government 2018).</p>	<p>Five goals were identified:</p> <ul style="list-style-type: none"> • an equitable, diverse and sustainable supply of housing for the ACT community • reducing homelessness • strengthening social housing assistance • increasing affordable rental housing • increasing affordable home ownership. 	Implementation measures unidentified

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
Northern Territory Housing Strategy 2020-2025	<p>This 5-year strategy promotes increased access to social and affordable housing, private rental and home ownership.</p> <p>The strategy recognises that access to 'appropriate, accessible and affordable housing is central to social, economic and community wellbeing' (Department of Local Government, Housing and Community Development 2019:5)</p>	<p>Four high-level objectives were identified:</p> <ul style="list-style-type: none"> • the creation of a housing and homelessness system that is contemporary, flexible and accessible • an improvement in the long-term sustainability of the housing system in the territory • provision of appropriate housing that aligns with the needs and aspirations of households and communities • strengthening of the range of housing options available to Northern Territorians. 	Implementation measures unidentified
Pathways out of Homelessness: Northern Territory Homelessness Strategy 2018-23	<p>This strategy aims to strengthen the foundations of the service system to deliver improved housing and support outcomes for people who are homeless or at risk of homelessness. Aboriginal people top the list of priority groups (Northern Territory Government 2018).</p>	<p>The strategic action plan for 2018 to 2023 aims to develop the foundations upon which to build a reformed system; the reforms are to be embedded from 2023 to 2028. The first-phase budget of \$5.2 million focuses on:</p> <ul style="list-style-type: none"> • transitional assistance for people exiting prison • assistance for people travelling for medical care • the needs of young people leaving out-of-home care • responding to housing needs of victims of domestic violence. • The Strategy takes a holistic approach through improved system integration and coordination across homelessness, housing, domestic and family violence, health, justice, corrections, child protection, policing and education). 	Implementation measures unidentified

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p><i>State-level mental health and suicide prevention policies and frameworks</i></p> <p>Strategic Framework for Suicide Prevention in NSW 2018–2023</p>	<p>The Strategic Framework recognises the importance of social determinants of health, including housing, to suicide prevention. It aims to prevent homelessness and break disadvantage, increase access to supports that prevent homelessness and create an integrated, person-centred service system' (Mental Health Commission of New South Wales 2018:23), and provide intensive support for people with complex mental illness who would otherwise be at risk of homelessness.</p>	<p>The Strategic Framework describes 5 priority action areas:</p> <ul style="list-style-type: none"> • building resilience and wellbeing • strengthening the community response to suicide and suicidal behaviour • supporting excellence in clinical care and services • promoting a collaborative, integrated approach • innovating for a stronger evidence base. 	<p>Implementation measures unidentified</p>
<p>Victorian Suicide Prevention Framework (2016–2025)</p>	<p>This Framework notes that the suicide rate among Indigenous Victorians is twice that of the general population: suicide tends to occur at a much younger age than in the general population (Department of Health and Human Services 2016a). It also acknowledges the need to 'work with Aboriginal Elders and communities to strengthen connection with culture, self-determination and opportunities for Aboriginal Victorians' (2016a:3).</p> <p>Through \$27 million in funding over the 4 years to 2025, the framework aims to halve Victoria's suicide rate.</p> <p>The Framework notes that it is important to have a coordinated approach to suicide prevention; housing organisations are identified for inclusion in such an approach.</p>	<p>Five objectives are described:</p> <ul style="list-style-type: none"> • build resilience • support vulnerable people • care for the suicidal person • learn what works best • help local communities to prevent suicide. 	<p>Implementation measures unidentified</p>

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>Every life: The Queensland Suicide Prevention Plan 2019–2029</p>	<p>This Plan is backed by a budget of \$80.1 million over 4 years from 2019 (Queensland Mental Health Commission 2019). The Plan recognises suicide to be complex. Social factors, including housing, potentially influence vulnerability to suicide. The need for social agencies, including housing, to work collaboratively to support the most vulnerable people is highlighted.</p>	<p>Four action areas are described:</p> <ul style="list-style-type: none"> • building resilience • reducing vulnerability • enhancing responsiveness • working together—an action area that includes the need to ‘strengthen Aboriginal and Torres Strait Islander leadership in suicide prevention’ (Queensland Mental Health Commission 2019:5). 	<p>Implementation measures unidentified</p>
<p>Western Australian Suicide Prevention Action Plan 2021–2025</p>	<p>A Consultative draft for the Western Australian Suicide Prevention Action Plan 2021–2025 was published in October 2019 (Mental Health Commission 2019). The draft Action Plan builds on 2 previous state suicide prevention strategies (One Life (2009–2013); and Suicide Prevention 2020 (2014–2020)). The plan is aligned with the Fifth Plan.</p> <p>The draft Action Plan recognised that the importance of the social determinants of health, including housing, was emphasised by people and organisations that engaged in consultation activities, such as yarns, focus groups, workshops and surveys (Mental Health Commission 2019). The draft Action Plan acknowledged the Western Australian Government as ‘responsible for the development of state-wide strategies and plans and includes delivery and funding of programs and services that improve wellbeing at the community, organisational and individual levels. These include housing, employment, health, disability and financial support, transport assistance, workplace supports, the justice system and education programs’ (Mental Health Commission 2019:31).</p>	<p>The Action Plan has 4 main streams:</p> <ul style="list-style-type: none"> • prevention • intervention • postvention • Aboriginal people. 	<p>Implementation measures unidentified</p>

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
Tasmanian Suicide Prevention Strategy (2016–2020): Working together to prevent suicide	<p>Through this strategy, the Tasmanian Government allocated \$3 million in additional funding for targeted suicide prevention initiatives (Department of Health and Human Services 2016b).</p> <p>The Strategy stressed the need for an ‘all-of-government, all-of-service system and whole-of-community approach to the prevention of suicide’ (2016:18), specifically including the housing sector.</p>	<p>The funding was intended to:</p> <ul style="list-style-type: none"> • assist with the development and implementation of community suicide prevention action plans • fund the installation of suicide prevention measures at sites known for repeat suicides • establish a new early intervention model following self-harm episodes • establish a Tasmanian Suicide Register. 	Implementation measures unidentified
Australian Capital Territory Mental Health and Suicide Prevention Plan 2019–2024	<p>This Prevention Plan (Capital Health Network et al. 2019) is aligned with the Fifth Plan.</p> <p>The Plan recognises that social and economic factors, including housing, are significant for mental health and wellbeing. It ‘seeks to influence the broader social and economic determinants of health and wellbeing, including housing’ (Capital Health Network 2019:5). It called for improved integration of services, including housing, justice, education and employment. This is aligned with ‘a reoccurring theme throughout consultations ... for a holistic response that considers ... housing, employment, education and other factors’ (2019:12).</p>	<p>The Prevention Plan describes 7 strategic priorities:</p> <ul style="list-style-type: none"> • improved mental health outcomes for everyone • responsive and integrated services • a workforce that is highly skilled and sustainable • early intervention • whole-of-person care • reduced self-harm and suicide prevention • improving the social and economic conditions of peoples’ lives. 	Implementation measures unidentified

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>Northern Territory Suicide Prevention Strategic Framework 2018-2023</p>	<p>The Strategic Framework acknowledges the association between mental health conditions and suicide, and 'the hardship and social determinants experienced by Aboriginal and Torres Strait Islander peoples'. Inadequate and overcrowded housing were specifically mentioned as factors that negatively impact mental health (Department of Health 2018). Housing is highlighted as preventative.</p>	<p>Three goals are identified:</p> <ul style="list-style-type: none"> • building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma • informed, inclusive services that provide timely, integrated, compassionate and culturally safe responses that meet the diverse needs of people across the Northern Territory • focused and evidence informed support for the most vulnerable people. 	<p>Implementation measures unidentified</p>
<p><i>Housing and mental health agreements</i></p>			
<p>The Housing and Mental Health Agreement</p>	<p>The Housing and Mental Health Agreement in New South Wales was established in 2011. The agreement is between New South Wales Health and New South Wales Department of Family and Community Services, which includes Housing NSW, Aboriginal Housing Office, Ageing, Disability and Home Care and Community Services. The agreement aims to improve housing outcomes and wellbeing for people experiencing mental health conditions, particularly those living in social housing, those experiencing homelessness, and those who are at risk of homelessness. The agreement recognises the role of non-government organisations in providing mental health services (NSW Health and NSW Department of Family and Community Services 2011).</p>	<p>Key elements of good practice include:</p> <ul style="list-style-type: none"> • Communicate regularly with other service providers. • Understand the roles and responsibilities of other providers. • Share information about strategies, programs and resources for supporting clients with mental health problems and disorders. • Exchange client information with other services appropriately and effectively within the relevant privacy legislation. • Provide services in a recovery oriented framework. 	<p>The Agreement is to be implemented through local structures. Each local structure will develop its own workplan that is based on an agreed template. They will be required to report on an agreed set of outcomes. The reporting under the Agreement will focus on information on how the agencies are working together. Reporting on the implementation of the Agreement will occur through governance arrangements (NSW Health and NSW Department of Family and Community Services 2011).</p>

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Detail	Key recommendations	Implementation
<p>Memorandum of Understanding (MoU) between Housing SA and SA Health, Mental Health and Substance Abuse</p>	<p>The MoU between Housing SA and SA Health, Mental Health and Substance Abuse was established in 2007 and updated in 2012 to guide and promote coordinated delivery of housing services with mental health services.</p> <p>The agreement provides management guidelines for information sharing; timely pro-active, early intervention and preventative approaches; sensitive tenancy monitoring approaches; and collaborative and flexible arrangements between housing agencies (South Australian Government 2012).</p>	<p>Outcomes include:</p> <ul style="list-style-type: none"> • Maintenance of coordinated planning and services ensure that people who experience mental health conditions will receive housing and appropriate clinical support. • Housing outcomes are improved by the adoption of joint planning, system integration, review and evaluation. • People will receive services that are culturally appropriate and service providers recognise the importance of maintaining family and cultural relationships. 	<p>Implementation measures unidentified</p>

Appendix B: Programs

Table B1: Program descriptions, methods and evaluations

Program	Program details			Evaluation			Evaluation details			Outcomes
<p>Wongee Mia</p> <p>Offers support by connecting clients to appropriate housing, and identifying the client's family members who require housing assistance and providing them with support.</p> <p>The program was developed in response to a recognised gap in 50 Lives 50 Homes program, to better meet the needs of Indigenous clients.</p> <p>The caseworkers build strong relationships with the client, the family and Elders to help maintain housing and improve social outcomes.</p>	Location(s)	Perth	<p>Vallesi et al. (2020b)</p> <p>Evaluation was co-produced by Aboriginal Elders, Wongee Mia case workers, service managers, and the evaluation team.</p> <p>Data were collected through monthly research meetings, yarning sessions with Elders and the Wongee Mia case notes reported in Ruah's electronic client management system.</p>	Location(s)	Perth	<p>Since commencement of the program:</p> <ul style="list-style-type: none"> the key participant has sustained his property for 2.5 years, the longest he has stayed in social housing 4 family members (who had previously stayed in temporary accommodation or rough sleeping) have moved into stable long-term accommodation 6 family members (who had previously been rough sleeping) have moved into temporary accommodation. 				
	Participants	n.a.		Participants	1 client and family					
	Duration	n.a.		Duration	n.a.					
	Indigenous specific	Yes		Indigenous specific	Yes					

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Outcomes
<p>50 Lives 50 Homes</p> <p>The program</p> <ul style="list-style-type: none"> offers support by connecting people in Perth who experience housing and homelessness issues with appropriate housing and mental health services is funded by the Sisters of St John of God and the WA Primary Health Alliance. <p>Key objectives:</p> <ul style="list-style-type: none"> to provide rapid access to housing, ongoing- intensive support, and wrap-around support to maintain tenancies to find meaningful use of time and community connections for clients to foster innovative solutions and responses to address needs. 	<p>Location(s)</p> <p>Perth</p>	<p>Vallesi et al. (2020a)</p> <p>Explores the key elements of the 50 Lives model; documents the progress and outcomes from client and project perspectives</p> <p>Longitudinal mixed methods, with numerous quantitative and qualitative data sources.</p> <p>Sources were from administrative data from 50 Lives on housing outcomes and tenancy retention</p> <ul style="list-style-type: none"> matched data from hospitals (emergency department, inpatient admissions and ambulance use) and justice data (WA Police Force contacts and court appearances) qualitative data from semi-structured interviews with client sample, lead workers, housing workers and other stakeholders measured housing outcomes, tenancy retention, hospital use, justice system contacts. <p>Vallesi and Wood (2021)</p> <p>Analysed qualitative data to determine differences in housing outcomes between Indigenous and non-Indigenous clients supported through the 50 Lives program.</p>	<p>Location(s)</p> <p>Perth</p>	<p>Outcomes included:</p> <ul style="list-style-type: none"> 162 people (out of 341) plus families and partners were housed through the program (a total of 237 people in 186 properties) 81% (132 out of 162 people) retained tenancies after year 1 28% reduction in diagnoses of alcohol or drug-use disorders after year 1 13% reduction in hospital presentations resulting in a mental health diagnosis after year 1 47% reduction in Emergency Department presentations among clients who had been housed for 1 year, and a 34% reduction for clients who had been housed for 2 years a 32% reduction in injury/poisoning after year 1
	<p>Participants</p> <p>n = 341, with 162 housed between 2012 and 2015</p> <p>People with a score of 10 or more on VI-SPDAT</p>	<p>Participants</p> <p>n = 341 (housing) n = 327 (hospital) n = 315 (justice)</p>	<p>Duration</p> <p>2012–2015</p>	<p>Participants</p> <p>n = 30</p>
	<p>Duration</p> <p>As long as the client requires</p>	<p>Duration</p> <p>May 2018 to December 2019</p>	<p>Perth,</p> <p>No, 38% Indigenous</p>	<p>Duration</p> <p>Yes</p>
	<p>Indigenous specific</p>	<p>Indigenous specific</p>	<p>Participants</p> <p>n = 30</p>	<p>Indigenous specific</p>
	<p>Duration</p> <p>As long as the client requires</p>	<p>Duration</p> <p>As long as the client requires</p>	<p>Participants</p> <p>n = 30</p>	<p>Duration</p> <p>May 2018 to December 2019</p>
	<p>Indigenous specific</p>	<p>Indigenous specific</p>	<p>Indigenous specific</p>	<p>Indigenous specific</p>

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Outcomes
<p>People who obtain a score of 10 or more on the Vulnerability Index and Service Prioritisation Decision Assistance Tool (VI-SPDAT) are eligible for the program.</p> <p>The majority of clients (83%) have tri-morbidity, most commonly including depression, anxiety, amphetamine misuse, hepatitis C and schizophrenia.</p>				<ul style="list-style-type: none"> • 35% reduction in criminal offences after 1 year housed and 43% after 2 years housed. • Individuals reported: <ul style="list-style-type: none"> • feeling safe since being housed • feeling more job ready since participating in community programs • feeling comforted and reassured knowing that there is support available • feeling more self-confident • engaging more in social activities.

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details		Evaluation	Evaluation details		Outcomes
<p>Mission Australia's Cairns Homelessness Services</p> <p>Mission Australia operates 3 services in Cairns: Going Places Street to Home Homeless Program, Douglas House, and Woree Supported Housing Accommodation. They are designed to provide accommodation and case management support.</p> <p>The services work with clients at different points within their homelessness trajectory, all operating under a trauma-informed, strengths-based, culturally responsive model that aims to assist clients to build the skills they need to achieve housing stability, independence, and social inclusion.</p>	Location(s)	Cairns	<p>Perrens and Fildes (2019) Effectiveness of the 3 Mission Australia services operating in Cairns for the largely Indigenous Australian client group, who have multiple and complex needs. A key focus of the evaluation was exploring how Mission Australia's Cairns homelessness services work together, and with the broader Cairns homelessness sector, to achieve client outcomes. The evaluation sought to explore the potential of the Café One model in providing clients with opportunities for training and employment, and in doing so, impacting upon client's broader wellbeing. Mixed methods design. Quantitative survey responses gathered as part of Mission Australia's standard Impact Measurement program over the 2017-18 period; in-depth interviews with staff members across the 3 services; and a review of previous external evaluations.</p>	Location(s)	Cairns	<ul style="list-style-type: none"> • 14 point increase in Personal Wellbeing Index (PWI) with mean score moving from 'challenged' to 'normal' • Clients involved with more than one service experienced greater improved PWI, with mean score improvement of 20.1 • Improved quality of life reported by clients, evidenced through data showing roughly 30% increase in number of clients who needed little or no assistance with tenancy issues • Staff are confident and proud of the work
	Participants	Individuals who have histories of chronic homelessness or rough sleeping		Participants	Survey: 113 clients and their case workers; Client age: 20-74 years, 38% identified as Aboriginal, 12% Torres Strait Islander and 6% a s both	
	Duration	12-24 months		Duration	2017-18	
	Indigenous specific	No		Indigenous specific	No	

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details		Evaluation	Evaluation details		Outcomes
<p>Brisbane Common Ground</p> <p>This supportive housing program that was adopted from New York City's Common Ground project aims to assist tenants to:</p> <ul style="list-style-type: none"> • retain tenancies • improve their health, social and economic wellbeing • to reduce their need to use acute, crisis and emergency services. <p>The housing complex offers 146 housing units (mostly studios) in an 8-floor building, for tenants (mostly single) with low-to-moderate incomes.</p>	Location(s)	South Brisbane	<p>Parsell et al. (2015)</p> <p>To assess whether the initiative was successful at assisting tenants to maintain secure housing and improve health, wellbeing, social and economic outcomes</p> <p>Mixed methods. Literature review; summary of tenancy management database; analysis of financial and costing info; interviews with tenants (n = 27); interviews with other stakeholders (n = 12); 2 tenant satisfaction survey 12 months apart (n = 63 and n = 47); analysis of tenant service usage administrative data (n = 41)</p> <p>4 of the 27 interviews were with Indigenous tenants</p> <p>Post-occupancy (tenants) survey (n = 120)</p> <p>Validated tools used:</p> <ul style="list-style-type: none"> • Satisfaction with Life Scale • Warwick-Edinburgh Mental Well-being Scale 	Location(s)	South Brisbane	<ul style="list-style-type: none"> • Implemented as intended: secure, long-term housing linked with voluntary support services that were highly regarded by tenants • 50% of tenants have experienced chronic homelessness • High satisfaction among tenants, with no evidence of stigma associated with the program • Improved workforce participation among tenants • Many tenants reported improved physical and mental health, and improved life satisfaction and mental wellbeing (65% reduction in mental health episodes comparing the 12 months pre-tenancy to 12 months post-tenancy) • Tenants have reduced use of Queensland Government services, saving \$13,100 per tenant a year. • Indigenous and non-Indigenous tenants achieved similar positive outcomes • Tenants benefited from friendships and peer-support networks developed among themselves
	Participants	People who are working and have connections in the area, and people who have experienced chronic homelessness, focusing on 'rough sleepers' who would benefit from coordinated service delivery and 24/7 security and support		Participants	n = 120	
	Duration	2012 to present		Duration	mid-2012 to early 2015	
	Indigenous specific	15% of tenants identify as Aboriginal and /or Torres Strait Islander		Indigenous specific	No	

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Outcomes
<p>The Michael Project</p> <p>Run by Mission Australia, this program provided combined accommodation support services with assertive case management and access to coordinated specialist allied health and support services.</p> <p>It was a comprehensive wrap-around initiative and included an Indigenous Outreach Worker with a focus on housing.</p> <p>The <i>Michael Project</i> expanded an existing program by including access to a suite of specialist services, including drug and alcohol counselling, a psychologist, outreach nurse, Indigenous outreach worker, recreational officer, barber, computer tutor, and literacy and numeracy tutoring. It also provided assistance to find housing.</p>	<p>Location(s) Sydney</p> <p>Participants Men experiencing homelessness</p> <p>Duration 2007–2010</p> <p>Indigenous specific No</p>	<p>Spicer et al. (2015)</p> <p>To describe a sample of homeless people and document their needs; and to examine the mental health impacts of stable, long-term housing at 12-month follow-ups.</p> <p>Longitudinal survey (2 surveys, 12 months apart) of 7 homelessness services in the Sydney vicinity, recruiting 253 homeless men aged 18 years or more involved in the Michael Project. Follow-up with 107 participants 12 months later. 9% of research participants identified as Indigenous Australians.</p> <p>Validated tools used:</p> <ul style="list-style-type: none"> • Kessler Psychological Distress Scale • 5-item Severity of Dependence Scale • PTSD Checklist-Civilian Version • 10-ITEM Psychosis Screener 	<p>Location(s) Sydney</p> <p>Participants 253 men aged 18 years or over</p> <p>Duration 2007–2010</p> <p>Indigenous specific No</p> <p>9% Indigenous Australian</p>	<ul style="list-style-type: none"> • The type of support provided at the first presentation was the best indicator for tenancy stability 12 months later. • Those with short-to-medium term accommodation and support were significantly more likely to be housed in stable, long-term housing at 12-month follow-up than those who received outreach or emergency accommodation support. • There were no significant differences in mental illness rates between housed and non-housed groups.

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Outcomes
<p>Doorway</p> <p>An evidence-based housing and recovery program that aims to support people who are homeless, or at risk of homelessness and experiencing mental health issues to secure and sustain a home in the private rental market.</p> <p>The program incorporates mental health, housing and economic participation.</p> <p>The program aims to enhance the capacity of people with a serious mental illness (schizophrenia and depression are the most common diagnoses among participants; more than one-third of participants have multiple diagnoses) who are either homeless or at risk of becoming homeless.</p> <p>The program was established by the Victorian Government and delivered by Wellways.</p>	<p>Location(s)</p> <p>Victoria</p>	<p>NOUS Group (2014a, 2014b)</p> <p>To:</p> <ul style="list-style-type: none"> determine social and economic impacts for participants determine whether or not the program has been effectively implemented identify opportunities for improvement develop a monitoring and continuous improvement approach <p>Mixed methods (no further information)</p>	<p>Location(s)</p> <p>Auston, St Vincents, and Latrobe</p>	<ul style="list-style-type: none"> Mental health outcomes were very positive. Average yearly bed-based clinical care declined from 20.4 days to 7.5 days and use of acute services declined from 13.9 days to 6.6 days. Most participants had become more actively engaged in managing their overall health and wellbeing. Stable accommodation contributed to their ability to keep appointments. Most participants have achieved stable and secure private rental accommodation for the first time in their lives. Slow but positive progress has been made against economic participation indicators. There was an increase from 16% to 27% of those engaged in paid and unpaid work.
	<p>Participants</p> <p>n.a.</p>	<p>Participants</p> <p>Duration</p> <p>Indigenous specific</p>	<p>Participants</p> <p>50</p>	
	<p>Duration</p> <p>3-year pilot</p>		<p>Duration</p> <p>n.a.</p>	
	<p>Indigenous specific</p> <p>No</p>		<p>Indigenous specific</p> <p>No</p> <p>About 2% of participants were Indigenous Australians</p>	

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Outcomes
<p>NSW Homelessness Action Plan</p> <p>Four projects:</p> <ul style="list-style-type: none"> Rural Interagency Homelessness Projects in Riverina and New England North Coast Accommodation Project South East NSW Community Connections project <p>The NSW Homelessness Action Plan (HAP) sets the direction for state-wide reform of the homelessness service system to achieve better outcomes for people who are homeless or at risk of homelessness' (ARTD Consultants 2013b:vii).</p> <p>HAP is a state-wide reform of homelessness services, aiming to achieve better outcomes for people who are homeless or at risk of homelessness.</p>	<p>NSW</p> <p>Australians experiencing or at risk of homelessness</p> <p>2009–2014</p> <p>No</p>	<p>ARTD Consultants (2013a)</p> <p>To assess the effectiveness of the service delivery model in reaching and working with the client group, providing more integrated support.</p> <p>Mixed methods including project self-evaluation reports, HAP portal data, a literature search, plus new data through online surveys (n = 201) and in-depth interviews (n = 81 stakeholders and 23 clients).</p>	<p>NSW</p> <p>n.a.</p> <p>2009–2014</p> <p>No</p> <p>33% Indigenous Australian</p> <p>10 remote Indigenous communities</p> <p>About 2 years</p> <p>Yes</p>	<ul style="list-style-type: none"> Four projects were largely successful in assisting their clients reach targets. The impact has varied, with greater impact apparent in the rural interagency homelessness projects 'which had shared responsibility for case management across organisations in their regions' (ARTD Consultants 2013b). There was a shift from crisis intervention to prevention and long-term housing intervention. Clients appear to be better off due to their engagement with the service. Success at supporting clients into private rentals was reported. All 4 projects provided value for money.

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details		Evaluation	Evaluation details		Outcomes
<p>Housing and Accommodation Support Initiative (HASI)</p> <p>HASI is a program that links stable housing to appropriate mental health and accommodation support by collaborating with NSW Health, Housing NSW and non-government organisations.</p> <p>The program targets people experiencing mental health conditions who are homeless or at risk of homelessness. HASI provides accommodation support and rehabilitation associated with disability, which are delivered by non-government organisations and funded by NSW Health.</p> <p>Clinical care and rehabilitation services are delivered by specialist mental health services. Long-term, secure and affordable housing, property and tenancy management services are delivered by social housing providers.</p>	Location(s)	NSW	<p>Bruce et al. (2012)</p> <p>Objective: To determine the effectiveness of HASI</p> <p>Methods: Quantitative and longitudinal analysis for factors such as:</p> <ul style="list-style-type: none"> • mental health hospital admissions • housing stability • social and community participation • independence in daily living. 	Location(s)	NSW	<p>Evaluators found that HASI had supported 1,135 mental health consumers in NSW. The level of support ranged from very high (8 hours per day) to low (5 hours per week). When stable housing was linked to appropriate mental health and accommodation support, people were able to overcome the effects of mental ill-health, live independent lives and connect to their community.</p> <p>The majority of people supported by HASI (around 90%) were successfully maintaining their tenancies. There was a clinically significant improvement in mental health and there was an overall reduction in hospital admissions and length of hospital stay since joining the program. There were also improvements in social and community participation, involvement in education or work (paid and unpaid) and independence in daily living. The quality of physical health of consumers remained below that of the general population.</p>
	Participants	Over 16 years old with mental health diagnosis n = 1,135 in 2012		Participants	n = 719	
	Duration	2002 to present		Duration	n.a.	
	Indigenous specific	No		Indigenous specific	No	

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Outcomes
<p>Housing and Support Program</p> <p>Established by the Queensland Government, the Housing and Support Program (HASP) supports people with a psychiatric disability to live with stable social housing and clinical support to enable an improved quality of life within the community. Individuals receive a 'package' of services consisting of mental health services, disability support services and normal community housing. The program is a collaboration between Queensland Health and the Department of Communities (Housing and Homelessness Services and Disability and Community Care Services).</p>	Location(s)	Queensland	Queensland	<ul style="list-style-type: none"> 82% of clients helped or were currently being helped to achieve their goals through HASP. 80% were happy that things had gone their way, and 77% were proud that someone had complimented them on something they had done. Clients reported appreciating the holistic approach. 90% were very satisfied/ most satisfied with their housing. 83% lived in the initial accommodation provided through HASP at follow-up. Number of support hours provided each week decreased by 7.13 hours, from an average of 27.6 hours on entry into HASP to an average of 20.4 hours at the follow-up time. Decrease in average number of admissions from 1.22 admissions in the 12 months prior to HASP to an average of 0.66 admissions per person in the following 12 months.
	Participants	n.a.	Participants	
	Duration	n.a.	Duration	
	Location(s)	Queensland	Indigenous specific	No

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Outcomes
				<ul style="list-style-type: none"> • 51% demonstrated improvement in general functioning, 40% had an improvement in clinical functioning in the 12 months since joining HASP. • Average inpatient care time per person decreased from an average of 227 days in the 12 months prior to HASP to an average of 18.9 days in the 12 months post-HASP. • Involuntary treatment orders decreased from 46% to 22%. • Voluntary status increased from 43% to 70%. • Relaxation of legal restrictions suggests that client functioning and compliance with treatment improved following HASP. • Clients reported experiencing a good quality of life at follow-up. 1 was worst and 10 was best. The mean rating was 7.

Appendix C: Methods

The search strategy

The literature search was conducted using Pubmed, Scopus, CINAHL and OVID PLATFORM DATABASES (MEDLINE, Embase and PsychINFO). Seeking literature published in the past 10 years, the following search strings were used:

1. (Aboriginal and Torres Strait Islander) AND (housing) AND (Mental health), resulting in 1,548 hits
2. (Aboriginal and Torres Strait Islander) AND (Housing) AND (Mental Health) AND (evaluation), resulting in 1,103 hits.

After deleting duplicates and reviewing the abstracts, 11 documents were downloaded. The reference lists of these 11 documents were then examined, with further papers identified and accessed. Specific articles were included on the advice of AIHW or from a subject matter expert engaged to provide such advice and to conduct technical reviews of the report.

We also used Google (using similar search strings), particularly to locate grey literature, such as evaluations, reviews and reports about initiatives. For this search, we also attempted to locate literature about initiatives running in the states and territories.

We directly contacted several organisations about reviews and evaluations specific to Indigenous Australians. The evaluations were not available, either because the report was yet to be approved or the report was not developed with the intention of publication or public release.

Programs that addressed mental health, suicide or social and emotional wellbeing outcomes were included as was any published evaluations of these programs. In the absence of reports about initiatives specific to Indigenous Australians, it was necessary to use evaluations and reviews of initiatives that include but are not specific to Indigenous Australians. These resources can reveal what looks promising, and what does not, in the contexts of those initiatives, bearing in mind that things that work well in one context will not necessarily work well in another. This matters enormously across cultures and also according to the specific needs of the people participating in the program. For example, an initiative designed for homeless youth will not necessarily meet the needs of long-term homeless people, regardless of ethnicity.

The program evaluations and reviews included in this article were, without exception, new, innovative, and hold some promise, but their impact is not proven.

The studies reviewed in the development of this article mostly include people from multiple cultures: it is uncommon for the study population to be mainly or wholly Indigenous. It cannot be assumed that study findings from one population will be generalisable to another. Consequently, the study findings described in this review must be read and interpreted with caution.

Finally, some of the articles reviewed describe the use of assessment tools to gauge program participants' wellness, for example, or recovery. We note that such tools have rarely been validated with Indigenous Australians. We stress that the results of such tests must be cautiously interpreted.



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We acknowledge the traditional custodians of all the lands of Aboriginal and Torres Strait Islander peoples. We honour the sovereign spirit of the children, their families, communities and Elders past, present and emerging. We also wish to acknowledge and respect the continuing cultures and strengths of Indigenous peoples across the world.

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AMHS	Area Mental Health Service
CSHA	Commonwealth–State Housing Agreement
H&RW	Housing and Recovery Worker
HAP	NSW Homeless Action Plan 2009–2014
HASI	Housing and Accommodation Support Initiative
HASP	Housing and Support Program
HILDA	Housing Income and Labour Dynamics in Australia
JH	Journeys Home: Longitudinal Study of Factors Affecting Housing Stability
MoU	Memorandum of Understanding
NAHA	National Affordable Housing Agreement
NATSISPS	National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCAP	North Coast Accommodation Project
NHHA	National Housing and Homelessness Agreement
NPARIH	National Partnership Agreement for Remote Indigenous Housing
NPRH	National Partnership on Remote Housing
NSW	New South Wales
PTSD	Post-traumatic stress disorder
PWI	Personal Wellbeing Index
RMHAP	Riverina Murray Homelessness Action Plan project
RHNE	Rural Homelessness New England project
SDS	Severity of Dependence Scale
VI-SPDAT	Vulnerability Index and Service Prioritisation Decision Assistance Tool

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This paper covers evidence on the importance of housing and homelessness in the improvement of mental health outcomes for Aboriginal and Torres Strait Islander people. It also includes key information about research, evaluation, program and policy initiatives and outlines limitations and gaps in the evidence.



Stronger evidence,
better decisions,
improved health and welfare

