Mental Health Supported Housing Codesign Project

Final Report

February 2022

homes victoria

Acknowledgment

Homes Victoria acknowledges the Traditional Owners of Country throughout Victoria and pays respect and recognises the contribution from their Elders past and present. We proudly acknowledge the strength and resilience of First Nation peoples as the world's oldest living culture and the contribution of generations of Aboriginal leaders who have fought tirelessly for the rights of their people and communities.

Key Terms

In this report:

'Lived experience' is defined as:

- Someone with personal experience of mental ill-health and recovery

- A family member, carer or supporter who has experience in supporting a person living with mental illness or psychological distress (a carer might be from a person's chosen family, rather than their family of origin).

- We acknowledge that the lived experiences of these groups of people and the individuals within them are separate and different.

- People use different terms for their experiences and may not agree with the terms listed above, however, this report is predominantly written using the terms included in the Royal Commission Report.

- In the circumstances where the terminology does not reflect the Royal Commission Report, this is because we have chosen to use the term that people identified with. For example, throughout the report we use the term carer, as all the people we engaged identified as carers.

'Mental illness' is defined as:

- "A medical condition that is characterised by a significant disturbance of thought, mood, perception or memory." [1]

- The above definition of mental illness comes from the *Royal Commission into Victoria's Mental Health System* report which acknowledges that people with lived experience may use terms such as; 'neurodiversity', 'emotional distress', 'trauma', and 'mental health challenges' to describe their experience in ways other than mental illness. [2]

'Supported housing' is defined as:

- Forms of social housing that will have ongoing mental health intensive, coordinated and multidisciplinary clinical and/or psychosocial supports.

1 Royal Commission into Victoria's Mental Health System Final Report Volume 1, 2021, p. xv.

2 Royal Commission into Victoria's Mental Health System Final Report Volume 1, 2021, p. xv.

A note on content

Homes Victoria and the Department of Health recognises the courage and strength of people living with mental illness, families, carers and supporters, as well as service providers who have contributed to this work.

Some of the material and quotes in this report could be distressing. We recommend that you might want to consider how and when you read this report.

Aboriginal readers are advised that this report may contain photos of people who are deceased.

If you are upset by any content in this report or if you or a loved one need support, the following services are available:

For crisis support, contact *Lifeline* on *13 11 14*.

For mental health and wellbeing support, contact *Beyond Blue* on *1300 224 636*.

If you are looking for a mental health service, visit *betterhealth.vic.gov.au*.

If you are looking for information about housing options, visit *housing.vic.gov.au*

For immediate health advice from a registered nurse, contact *NURSE-ON-CALL* on *1300 60 60 24*

Contact Triple Zero (000) in an emergency.

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A note on lived experience engagement and leadership for this project

To meet the Big Housing Build timeframes, this project had to commence ahead of any practice guidance from the Department of Health on how Victoria's mental health reforms would partner with people with lived experience.

A consultancy was commissioned to deliver this report, which is one piece of a range of work that will be required in this space.

Within this context, lived experience shaped this project in layers: in setting direction, in partnering in delivery, and in design.

Gareth Edwards and Avril Hunt reflected that:

We worked on this project as critical friends using our personal lived experience with professional experience as subject matter experts and sector leaders, including management of lived experience led supported housing services.

Throughout the project, we were part of the weekly project leadership team meetings, from planning through to delivery. We provided advice on the codesign approach (across the three stages of engagement), reviewed engagement materials, analysed outputs, discussed potential recommendations, and reviewed draft reports.

This was more than 'tick box consulting' and we felt deeply involved in shaping this project and helping the consultancy team understand the lived experience input they were receiving. We were part of the team, had influence on project decisions and analysis/findings.

Lived experience professionals were also partners in the project delivery. Focus groups were co-led by members of a lived experience panel through Mental Health Victoria (refer to page 9). Members of the panel helped to shape the approach to the sessions, co-facilitated the groups, and provided input on the analysis and interpretation of outputs. Leanne Ansell-McBride, Deputy CEO of Mental Health Victoria and Lorelle Zemunik, Director of Learning and Development, Mental Health Victoria, who are lived experience professionals, provided an ongoing link with panel members and participated in weekly meetings with the project team to shape the methodology, analysis, and recommendations.

The project facilitated input from people with lived experience of using mental health and supported housing services in three key stages: immerse, design, and test and deliver (refer to pages 21 and 22).

Finally, the consultancy team did well to own their own lived experience and reflect on the potential perspectives/unconscious biases they might bring to work like this. To hear team members talk about their own experiences of mental illness and psychological distress and how it was both shaping the work and being shaped by the work was unexpected and shows a promising shift in how this kind of work is progressing.

While the timeframes and project establishment created challenges for this project from the start, the lived experience leadership and codesign in this project was as good as any we've seen.

As the mental health reforms continue, there are opportunities to strengthen the partnership with people with lived experience in these kinds of projects, including by having 'out' or designated roles for lived experience staff in the core project team, and to have consultants in support roles working with lived experience leaders.

This piece of work is the beginning of a journey towards embedding lived experience in the development and delivery of mental health supported housing for both adults and young people.

Future work will seek to strengthen good practice of codesign, with people with lived experience taking leadership roles as partners in codesign, actively engaged in decision-making processes throughout policy, planning, procurement, delivery and evaluation. As this report recommends: 'The perspective of people with a lived experience should remain central at every stage of the ongoing design, decision making, implementation and evaluation of the future model. This should include people with a lived experience being part of teams across the strategic, operational and front-line layers of future work' (refer to page 11).

We look forward to seeing those next steps take shape.

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Gareth Edwards, Avril Hunt, and Kerin Leonard
Critical friends, Mental Health Supported Housing Project, 2022

01 Executive Summary

How this report is structured

This report sets out the key findings, advice and future considerations from a codesign project and will contribute to the ongoing design of a mental health supported housing model as well as guide the delivery of 2,000 homes to be dedicated for adult Victorians with mental illness who require intensive, ongoing treatment, care and support as part of the Big Housing Build.

Recommendation
Homes Victoria and the Department of Health should work together to define a person centred supported housing model that brings together the elements of a person's home and their supports and is delivered through service providers working in collaboration.

Implementation Principles:

01	02	03
Take a person centred approach	Amplify and elevate lived experience through ongoing codesign & coproduction	Embed choice and self-determination at every stage

04	05	06
Prioritise security, flexibility of tenure and supports	Embrace diversity and promote inclusion in all forms	Optimise people's wellbeing outcomes

07
Expand on success and innovate iteratively

Housing options, customised design and supports:
Specific advice is made to relay preferences relating to the housing options, customised housing design, quality supports and exploration of levers and mechanisms to support collaboration between housing and mental health and wellbeing service providers.

Housing options	Customised Design	Supports
Advice on the housing options and preferences	Advice on customised design features	Advice on guidelines that define quality support

Collaboration
Areas of exploration to support service coordination and collaboration

Background and context

Homes Victoria and the Department of Health are implementing a suite of reforms that respond to recommendations from the Royal Commission into Victoria's Mental Health system. The reforms includes ensuring an increased allocation of social housing to Victorians living with mental illness, both in the short/medium-term and into the future.

In support of recommendation 25 of the Royal Commission into Victoria's Mental Health System, one of the key reforms of Homes Victoria's Big Housing Build initiative includes a target for 2,000 additional homes for adult Victorians with mental illness who require intensive, ongoing treatment, care and support.

Of the 2,000 homes, Homes Victoria is planning for at least 500 to be customised design.

As recommended by the Royal Commission into Victoria's Mental Health System, these homes will be delivered through a codesign process to identify the composition and design of the housing and support that responds to differing levels of need.

This report is the output of a codesign process to inform the design of the homes and appropriate levels of integrated, multidisciplinary and individually tailored mental health and wellbeing treatment, care and support to accompany the dwellings.

Associated reform work being undertaken by Homes Victoria include the following:

- Revising the Victorian Housing Register (VHR) to give greater priority access to social housing for people living with mental illness.

- Developing improved processes for data collection and reporting to enable ongoing monitoring and evaluation of social housing allocations to people who are living with mental illness.

Collectively these reforms are aimed at ensuring that, over the next ten years and then ongoing, people living with mental illness are allocated social housing at a rate that better reflects the level of need in the community. As such, Victoria's 10-year strategy for social and affordable housing, which will be released in early 2022, will acknowledge the needs of people who are living with mental illness.
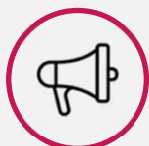
Transforming Social Housing through Victoria's Big Housing Build

Aligning with the Royal Commission into Victoria's Mental Health System

Embedding lived experience through codesign

Informing the design of a future model for housing and support, including different housing options, building design, supports and how supports can be delivered in a coordinated way

The scope of the Mental Health Supported Housing project

To ensure that the 2,000 additional homes through the Big Housing Build reflect the needs of adult Victorians with mental illness who require intensive, ongoing treatment, care and support, this project has codesigned with people with a lived experience of mental illness as well as housing and support providers. The codesign project has been delivered within the following scope:

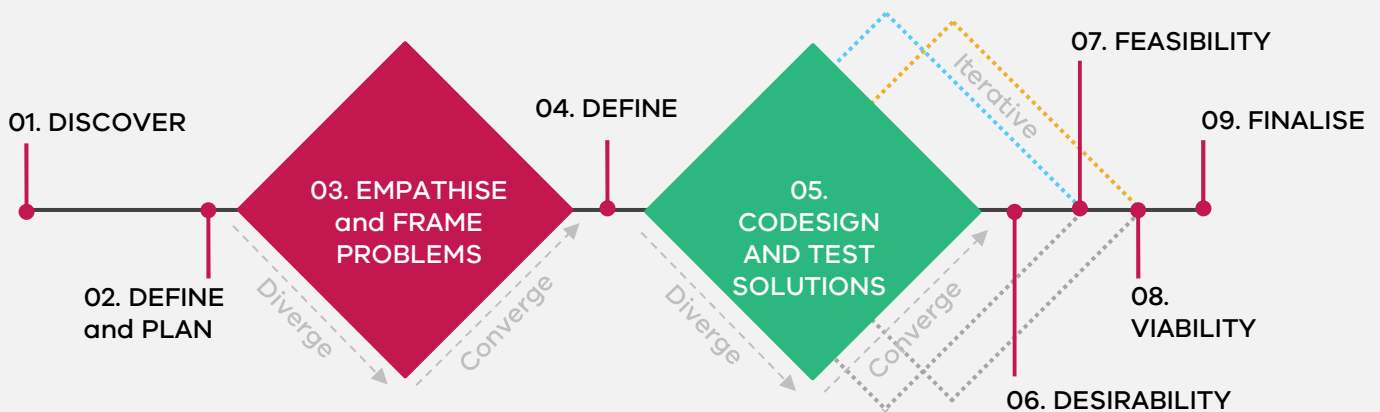|		
	01 HOUSING	Define the likely range of housing options that should be provided.
	02 HOUSING	Define a set of housing requirements (features) to support the procurement of customised housing.
	03 SUPPORT	Provide a summary of the appropriate levels of intensive mental health care, treatment, and support to accompany the supported housing initiative.
	04 COLLABORATION	Provide guidance on how housing, clinical and support provider services can collaborate to improve outcomes for people in supported housing

Note: The team conducted a global literature scan that investigated a number of key research topics including therapeutic design, models of housing, spatial typologies and demographics. While the literature scan is not included in this report, it has been referenced as a source when it has been used to inform elements of the report. The literature scan has also been used to inform the detailed housing requirements that are included as an appendix to this report.

Project methodology

The project methodology used an iterative codesign approach where people with a lived experience worked across every aspect and stage of the project. People with a lived experience helped shape the initial approach, facilitated and participated in focus groups and interviews and undertook analysis and shaping of this report. The approach is iterative where each stage builds on the last until there are a set of concepts that are desirable for people with a lived experience of mental illness and carers, and capture feasibility and viability considerations from service providers. Throughout this report we will refer to our approach as 'codesign'.

Iteratively codesigning with people with a lived experience to design homes and supports

01. DISCOVER

02. DEFINE and PLAN

03. EMPATHISE and FRAME PROBLEMS

04. DEFINE

Diverge

Converge

05. CODESIGN AND TEST SOLUTIONS

Diverge

Converge

Iterative

06. DESIRABILITY

07. FEASIBILITY

08. VIABILITY

09. FINALISE

Working together as a project team that included lived experience advisors and facilitators at every stage:

01 Work with Homes Victoria, understand the project context and objectives.

02 Prepare for focus groups and interviews. Commence recruitment of people to participate in focus groups and interviews.

03 Led by lived experience facilitators, explore and build understanding of what is important to people with lived experience, what pains and delights them.

04 Analyse research findings and define areas to be further explored through the codesign of solutions/concepts.

05 Codesign possible solutions.

06 Test and shape solutions and gain feedback from people on **desirability**.

07 Test and shape solutions to understand their **feasibility and viability**.

08 Finalise and prepare concepts to form the report and recommendations.
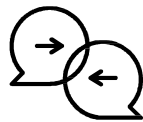
People with lived experience shaped the outcomes of the three stage codesign

The project team included people with lived experience and worked with service providers to develop this report and its findings

People with lived experience and carers

People with lived experience of mental ill health and homelessness, and their carers, have voiced their needs and challenges and co-created the ideas and future considerations outlined in this report as participants in the project.

Lived experience advisors

An advisory panel of people with a lived experience were part of the project team working to plan, design and execute the project, as well as formulating, reviewing and determining the outcomes.

Lived experience facilitators

Lived experience facilitators worked to design and facilitate group sessions and interviews throughout the project.

Housing, health and wellbeing organisations

Many organisations, such as providers, peak bodies and advocacy groups, across mental health, wellbeing and housing services provided their views on pain points, their key learnings and experiences as well as ideas to inform future design to the project as participants in the project.

The three key stages of the codesign process are outlined below. The project team worked with partners listed above to ensure that the codesign outputs accurately reflected the views and ideas of people with lived experience whilst also capturing sector expertise from mental health and housing organisations. Key stages of the codesign included:

Stage 1: Immerse

This stage focused on understanding the needs and wants of people and carers with a lived experience through in-depth focus groups and interviews. A *literature scan* on an international evidence-base for therapeutic building design to support people with mental illness was also undertaken at this stage.

Stage 2: Design

This stage focused on codesigning principles and features to inform future building design and support services as well as what integrated services might look or feel like. Service providers across housing and supports were also engaged in focus groups and or asked to *submit materials* for inclusion in the analysis related to the core scope.

Stage 3: Test and Deliver

During this stage, concepts developed in stage two were further iterated and tested with people with lived experience. Service providers were also engaged to iterate on collaboration as well as consider the *desirability, feasibility and viability* of housing and supports concepts.

Designing a person centred delivery model is recommended

The codesign project highlighted common themes that point to the interdependencies between a home and a person's mental health, between a home and the supports people need, and how all the supports a person receives must be linked and interconnected for them to achieve their individual goals. The correlated nature of these factors requires the design of an integrated model for housing and support.

This project has highlighted the need for an integrated model that puts the needs and experiences of each individual at the centre. This model should consider the elements of a supported home, holistic supports and how these supports will need to be integrated into the broader ecosystem of supports an individual may be accessing at any given time.

This report outlines key findings from the codesign, as well as guidance drawn from perspectives of people with lived experience, service providers and academic research that should be considered in the design of a housing and support model including:

1. Implementation principles
2. Housing options
3. Housing design features and guidance
4. Support guidelines
5. Consideration that may contribute to the better collaboration between services

Future mental health supported housing will need to reflect that "a person's experiences of mental health and wellbeing, and their recovery, is highly individual and often nonlinear. Consequently, the types of intensive, ongoing treatment, care and support they seek will change", as highlighted in the Royal Commission into Victoria's Mental Health System Final Report. It will also need to recognise that people will have varying pathways into supported housing including from those who have been in custody, homeless or a clinical setting.

This model should continue to be codesigned with people with a lived experience of mental illness or psychological distress, their carers, as well as the providers of services across the housing and mental health system.

Design Principles to inform the model design

1. Adopt a person centred approach

2. Amplify and elevate lived experience through ongoing codesign & coproduction

3. Embed choice and self-determination at every stage

4. Prioritise security, flexibility of tenure and supports

5. Embrace diversity and promote inclusion in all forms

6. Optimise people's wellbeing outcomes

7. Expand on success and innovate iteratively

Design principles to inform future design

A number of guiding design principles have been identified that Homes Victoria and the Department of Health can use to inform the design of this future model.
Whilst these principles are not exhaustive and do not address every element of a future model, they reflect common themes raised by all the partners in the codesign. Elements of the Housing First Principles of Australia were also referred to by people with a lived experience and are included in these principles, however are not referenced explicitly.

01	Adopt a person centred approach	Apply and emphasise a person centred, adaptive, non-stigmatising approach that recognises the different needs and aspirations of people living with mental illness.
02	Amplify and elevate lived experience through ongoing codesign & coproduction	The perspective of people with a lived experience should remain central at every stage of the ongoing design, decision making, implementation and evaluation of the future model. This should include people with a lived experience being part of teams across the strategic, operational and front-line layers of future work.
03	Embed choice and self-determination at every stage	Purposefully design housing and support programs which prioritise ease of use and understanding, provide sufficient choice and enable supported decision making. People should be informed of their rights, entitlements and available options not just at the beginning of their tenancy or support, but continuously throughout their experience.
04	Prioritise security, flexibility of tenure and supports	People need to be secure in the knowledge that their homes and supports can adapt to their needs and be available when they are well or times when they may need extra support. People should be continuously supported to sustain living in their home especially when and if they are in crisis.
05	Embrace diversity and promote inclusion in all forms	It is important that visible representations and considerations of intersectional diversity are interwoven throughout all aspects of the mental health supported housing model. Services should actively promote inclusion and partner with diverse communities to understand and act on what they need.
06	Optimise people's wellbeing outcomes	The future delivery model of mental health supported housing needs to identify and address a range of challenges that affect future residents, such as the impact of stigma surrounding mental illness, and the inequalities in wellbeing outcomes that may affect specific communities.
07	Expand on success and innovate iteratively	Embed processes around continuous improvement which can identify successful programs or initiatives and derive constructive learnings to ensure the needs of people are met. This will ensure people with lived experience, policy makers and providers of homes and services can inspire one another, and remain adaptable to changing needs.

Housing type preferences

Whilst people expressed a preference to live in a independent home as their long term housing option, some acknowledged that self contained units with shared amenities or clustered homes may be more suitable for when there is a need for higher levels of intensive treatment, care, and support.

People with a lived experience of mental illness overwhelmingly responded to questions surrounding the types of homes they would prefer with, *"it depends"*.

Someone's preference for one type of home over another will be influenced by a multitude of factors, such as life stage, their family circumstances, leaving an institutional environment, recovery from alcohol or substance misuse, leaving custody, how comfortable they are maintaining a home and the support network around them. Each individuals' circumstances, needs and wants should be considered when choosing a home.

It should also be noted that the non-linear nature of mental health and life stages, as well as cultural and lifestyle differences need to be considered across the housing options to ensure everyone has choice and flexibility to move between these housing types as they need.

Investment in a broad variety of housing types will provide more choice and the ability for people to move between housing types should their circumstances, preferences or needs change.

Homes Victoria has committed to providing 500 customised homes for adult Victorians with mental illness who require intensive, ongoing treatment, care and support. Given the preferences expressed through the codesign, deeper analysis, informed by market knowledge and data of the demand, supply of existing stock and availability of land across the regions in Victoria is needed to determine where there are gaps in the range and types of houses people with a lived experience preferred. This could also include a quantitative study with lived experience participants to supplement the below findings.

For definitions of each housing type outlined below, please see page 30.

Self Contained Homes with Shared Amenities	Clustered Homes

These two types of homes were seen by people with a lived experience and their carers to be most suitable for people needing intensive, ongoing treatment, care and support. Service providers considered both types to be feasible, noting that costs and funding for staff and the maintenance of communal areas and what on-site supports are required needs to be considered further.

Independent Homes in the Community	Single Tiny Homes and Mobile Homes *(not recommended)*

This option is a preferred long term housing option for people, particularly those who feel more able to maintain their own home and live independently. People with a lived experience acknowledged that living in an independent home could increase the risk of loneliness if they are not connected to their local community or provided with the right level of supports to help them maintain their home.

This option was not preferred. While people appreciated the concept, almost none of them saw this as the right option for them and it was not viewed as feasible or commercially viable for service providers.

Housing design features

This project highlighted a number of themes that have been summarised into design features. These are outlined in three fundamental pillars to create the right supported home. All are considered essential in making homes both safe and comfortable for the longer term.

The design features are based on ideas and concepts explored throughout the codesign with people with lived experience and carers, as well as the research in the literature scan. Each of the detailed design features should guide the design of homes for people with intensive treatment, care and support needs. This guidance should be built upon and iterated so it can continue to evolve as people's needs change and new research and evidence emerges.

These features complement the existing Homes Victoria design principles. This report recommends that these should be reviewed and tailored to meet the needs of adult Victorians with mental illness who require intensive, ongoing treatment, care and support. Appendix 01 outlines the detailed design features.

Protective layers

Supporting successful tenancies

Feeling at home
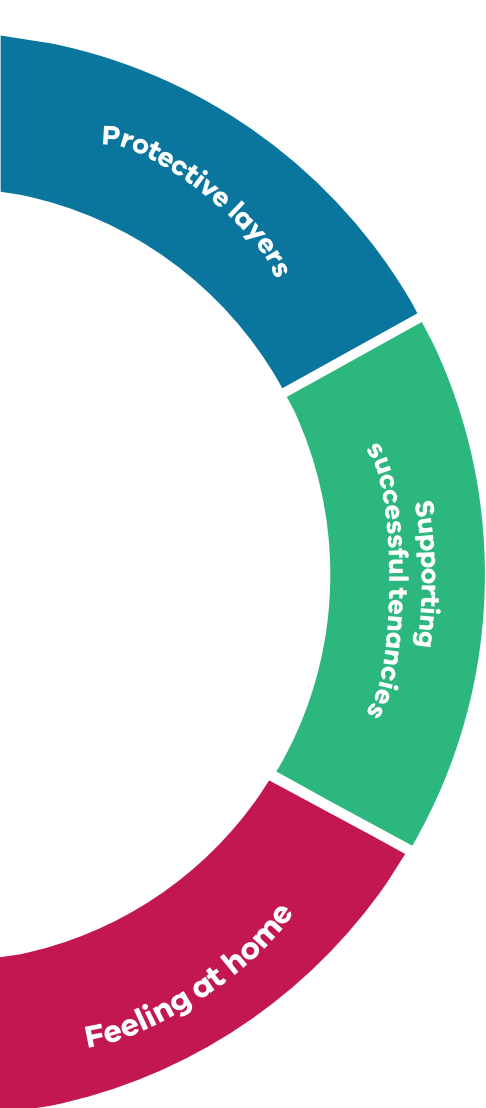
01	Create private spaces	Privacy can be created through a self-contained home and soundproofing but people should be able to remain aware of their surroundings.
02	Ensure accessibility	Basic accessibility designs should be provided in every home, and modifications should be offered for those that need it.
03	Safety and security first	Safety and security are fundamental and the level provided should be based on each individual's personal choice.
04	Make homes easy to use and maintain	Homes must be designed to be easy to use and maintain to help people have pride in their home.
05	Allow for flexibility and space	Homes should be accommodating and flexible to meet current and evolving needs of people.
06	Housing in convenient locations	Homes should be located in areas where essential services are in close proximity, and public transport is close and accessible.
07	Incorporate cultural design	All homes should create opportunity for people to practice cultural expression and maintain connections with culture.
08	Provide comfort through nature and greenery	A visible connection to nature and greenery, and access to natural light must be provided to encourage greater wellbeing.
09	Make a house a home	Houses should feel homely and warm, and should not reflect any form of institutional or clinical design.

Support guidelines

These support guidelines explain what 'good supports' look like from the perspective of people with lived experience, their carers and service providers in the context of supported housing. These guidelines should inform the future design and implementation of supports across housing and mental health and wellbeing to ensure provision of the appropriate level of integrated, multidisciplinary and individually tailored treatment, care and support.

Ensure the Person, their Needs and Goals are at the Centre

Supports should be person centred, with empowerment and personal choice at the forefront.

Build Connections with Community

Work with people to foster connections within the community to build a sense of belonging and to help limit feelings of isolation.

Design for Diversity and Be Inclusive

Embed and actively promote inclusion and diversity in all of its forms, whilst also proactively addressing discrimination.

Foster Collaboration and Ensure Easy Navigation

Prioritise collaboration between different people providing supports including both formal and informal forms of support.
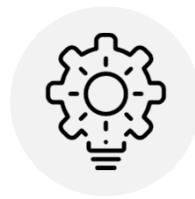
Provide both Flexibility and Consistency

Offer flexible, and consistent supports to meet people's evolving needs and ensure support is available when it's needed.

Take a Proactive Approach

Proactively plan and engage with the person and their support team to reduce and manage potential stress around transitions and accessing and providing support.

Have a Skilled and Informed team

People's support workers need to be skilled, informed and trained. This will ensure people receive professional and consistent care at all times.

Create a Culturally Safe Environment to Support Self-Determination for Aboriginal People

Provide culturally safe and representative services, and enable people to choose how they engage with supports.

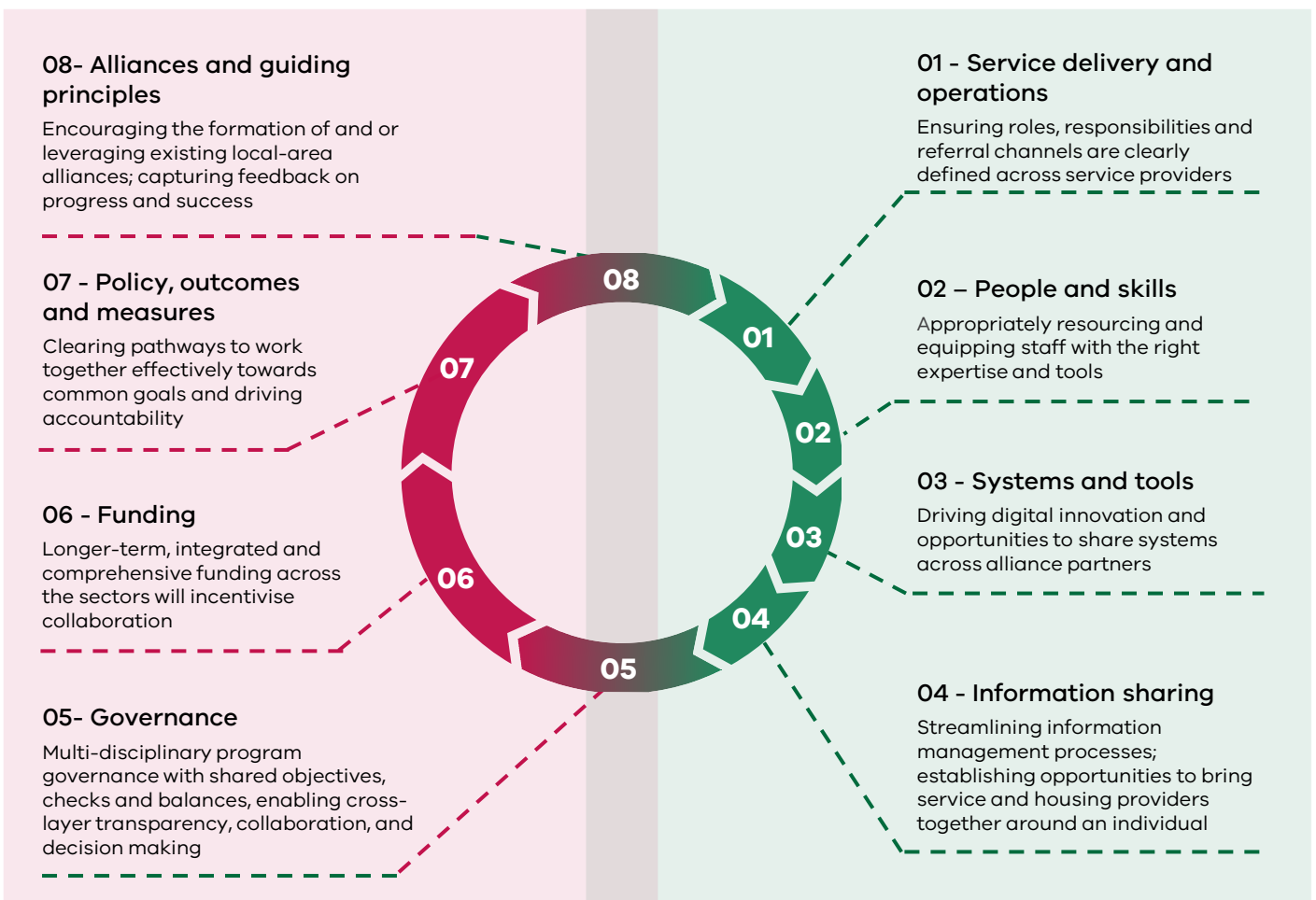# Key enablers driving effective cross-provider collaboration

Throughout the project, partners have highlighted a number of factors (as outlined below) that will be critical to strengthening collaboration. These factors can be divided into areas that government should consider leading, and areas that service providers should continue to innovate within.

When designing the housing and support model, Homes Victoria and the Department of Health should continue to consider the appropriate structures and levers that may impact sector collaboration such as policy, governance and funding structures. Providers need to continue to innovate within service delivery and operations, people and skills enablement, information sharing, and using systems and digital tools to enable collective teamwork. Government agencies and providers also need to incorporate guiding principle two across all their efforts, to ensure people with lived experience are at the centre.

It is important to note that the findings and considerations outlined in this section have been drawn from written submissions, input in a series of focus groups with service providers, and supplemented by insights from people with a lived experience. The considerations in this section are not exhaustive, they highlight some areas that could be considered and further explored as the design of the model and services evolve.

Structures and levers for government in overseeing collaboration

Mechanisms for service providers that enable coordination

08- Alliances and guiding principles
Encouraging the formation of and or leveraging existing local-area alliances; capturing feedback on progress and success

07 - Policy, outcomes and measures
Clearing pathways to work together effectively towards common goals and driving accountability

06 - Funding
Longer-term, integrated and comprehensive funding across the sectors will incentivise collaboration

05- Governance
Multi-disciplinary program governance with shared objectives, checks and balances, enabling cross-layer transparency, collaboration, and decision making

01 - Service delivery and operations
Ensuring roles, responsibilities and referral channels are clearly defined across service providers

02 – People and skills
Appropriately resourcing and equipping staff with the right expertise and tools

03 - Systems and tools
Driving digital innovation and opportunities to share systems across alliance partners

04 - Information sharing
Streamlining information management processes; establishing opportunities to bring service and housing providers together around an individual

02 Introduction

Context

This work takes place in a period of transformation and reform across both the housing and mental health sectors, through Victoria's Big Housing Build and response to the Royal Commission into Victoria's Mental Health System.

A model for coordinated delivery of housing and support for people living with mental illness will need to adjust and align to the ongoing transformation and reform whilst also ensuring focus is kept on the legislative environment that surrounds its delivery.

Transforming Social Housing via Victoria's Big Housing Build

In response to the demand for more social housing, the Victorian Government has allocated $5.3 billion to the Big Housing Build, which will deliver more than 12,000 homes throughout metropolitan and regional Victoria over the next four years. Of these new homes, 2,000 will be for adults Victorian's with mental illness who require intensive and ongoing treatment, care and support with a minimum of 500 having a customised design. Ten per cent of the homes will be designed for Aboriginal and Torres Strait Islander Victorians.

Homes Victoria has been established to work across government, industry and the housing sector to deliver the Big Housing Build.

Reforming Victoria's Mental Health System

This project has been undertaken within the context of a rapidly transforming mental health and wellbeing system in Victoria. Implementation of a broad range of recommendations made by the Royal Commission into Victoria's Mental Health System will continue to have an impact on delivery of this housing and support model, including:

- The commissioning of new area and local area mental health and wellbeing services.
- The expansion of access and navigation support by services and improved referral pathways.
- Leadership from the new Aboriginal Social and Emotional Wellbeing Centre.
- Further review of mental health laws.
- The establishment of new system governance, including Regional Mental Health and Wellbeing Boards.
- The new Victorian Collaborative Centre for Mental Health and Wellbeing that will drive exemplary practice and conduct interdisciplinary, translation research into new treatments and models of care and support.

Operating in the legislative context

The delivery of homes and support for people living with mental illness needs to occur within the context of relevant housing and health legislation. The below legislation should be considered in parallel with the recommendations of this report – including, but not limited to:

- The *Housing Act 1983* (Vic).
- The *Mental Health Act 2014* (Vic).
- The *Health Records Act 2001* (Vic).
- Legislation that establishes a number of independent complaints and oversight bodies, including the *Ombudsman Act 1973* (Vic), the *Mental Health Act 2014* (Vic), the *Equal Opportunity Act 2010* (Vic), and the *Health Practitioner Regulation National Law Act 2009* (Cth).
- In addition, services have a range of legal obligations that require them to take a human-rights based approach and to act to prevent discrimination (under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) and the *Equal Opportunity Act 2010* (Vic).

Background and purpose

Homes Victoria is transforming the way social housing is provided and is aligning with the recommendations from the Royal Commission into Victoria's Mental Health System. Homes Victoria will deliver housing to more people in need via Victoria's Big Housing Build.

Transforming Social Housing via Victoria's Big Housing Build

One of the key reforms as a part of the Homes Victoria's Big Housing Build initiative includes a target of 2,000 additional homes for adult Victorians with mental illness who require intensive, ongoing treatment, care and support. Of the 2,000 homes, at least 500 will designed to specifically support adults Victorians with mental illness who require intensive and ongoing treatment, care and support.

This investment is part of a wider set of reforms aimed at ensuring that, over the next ten years and then ongoing, people living with mental illness are allocated social housing at a rate that better reflects the level of need in the community. As such, Victoria's 10-year strategy for social and affordable housing, which will be released in early 2022, will acknowledge the needs of people who are living with mental illness.

Aligning with the Royal Commission into Victoria's Mental Health System

The Royal Commission into Victoria's Mental Health System emphasised the important role that people with lived experience can play in designing, planning and delivering a mental health system that meets societal needs, it called out the need for supported homes for adults needing intensive mental health care, treatment and support and at risk of homelessness.

Homes Victoria and the Department of Health recognise the need for genuine partnership with people with lived experience of mental illness and unstable housing. This includes the planning and designing of the homes, and delivery and provision of services and programs to support the Victorians who will live in these homes. This is central to creating a new support and housing system which works for all people.

Commentary from the Royal Commission that guided this codesign project

'The government must ensure new supported housing dwellings for Victorians with mental ill health are delivered through a thorough codesign process to identify the composition and design of housing types that respond to differing levels of need and the related support model.'

'Supported housing homes for people living with a mental illness should be delivered in a range of housing configurations including stand-alone units, self- contained units with shared amenities and various forms of clustered independent units on a single-site property'

'The dwellings must reflect contemporary physical designs that are sensitive to the unique needs of people living with mental illness or psychological distress.'

Background and purpose cont.

Homes Victoria is transforming the way social housing is provided and is aligning with the recommendations from the Royal Commission into Victoria's Mental Health System. Homes Victoria will deliver housing to more people in need via Victoria's Big Housing Build.

The following topics were explored in the codesign project:

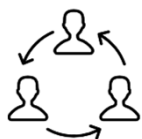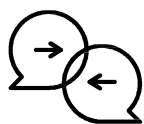|		
	01 HOUSING	The likely range of housing options that should be provided.
	02 HOUSING	The housing features needed to support people with mental illness.
	03 SUPPORT	The appropriate level of integrated, multidisciplinary and individually tailored mental health and wellbeing treatment, care and support needed to accompany the housing.
	04 COLLABORATION	How housing and mental health and wellbeing support services can collaborate to improve outcomes for people

People with lived experience shaped the outcomes of the three stage codesign

The project team included people with lived experience and worked with service providers to develop this report and its findings

People with lived experience and carers

People with lived experience of mental ill health and homelessness, and their carers, have voiced their needs and challenges and co-created the ideas and future considerations outlined in this report as participants in the project.

Lived experience advisors

An advisory panel of people with a lived experience were part of the project team working to plan, design and execute the project, as well as formulating, reviewing and determining the outcomes.

Lived experience facilitators

Lived experience facilitators worked to design and facilitate group sessions and interviews throughout the project.

Housing, health and wellbeing organisations

Many organisations, such as providers, peak bodies and advocacy groups, across mental health, wellbeing and housing services provided their views on pain points, their key learnings and experiences as well as ideas to inform future design to the project as participants in the project.

The three key stages of the codesign process are outlined below. The project team worked with partners listed above to ensure that the codesign outputs accurately reflected the views and ideas of people with lived experience whilst also capturing sector expertise from mental health and housing organisations. Key stages of the codesign included:

Stage 1: Immerse

This stage focused on understanding the needs and wants of people and carers with a lived experience through in-depth focus groups and interviews. A *literature scan* on an international evidence-base for therapeutic building design to support people with mental illness was also undertaken at this stage.

Stage 2: Design

This stage focused on codesigning principles and features to inform future building design and support services as well as what integrated services might look or feel like. Service providers across housing and supports were also engaged in focus groups and or asked to *submit materials* for inclusion in the analysis related to the core scope.

Stage 3: Test and Deliver

During this stage, concepts developed in stage two were further iterated and tested with people with lived experience. Service providers were also engaged to iterate on collaboration as well as consider the *desirability, feasibility and viability* of housing and supports concepts.

People who participated in codesign focus groups and interviews

Over the course of the codesign nearly 40 people with a lived experience of mental illness and/or homelessness and carers participated in over 21 focus groups and interviews. Many participants were involved in sessions through each stage of the project.

Additionally, 21 organisations from the housing, support and mental health services sector participated in the project by either attending one of 10 focus groups or by making formal submissions. An in-depth, global literature scan on international evidence-base for therapeutic building design to support people with mental illness was also undertaken.

The project team, which included lived experience advisors and facilitators, worked to review, synthesise and analyse the outputs from the focus groups, interviews, document reviews and literature scan to produce the findings in this report.

People with a Lived Experience*

37 people with lived experience of mental illness or psychological distress and unstable housing contributed in focus groups and interviews.

People engaged in focus groups and interviews currently live in **7 different living and family compositions,** such as living alone, with family, shared houses etc.

8 carers of people living with mental illness contributed during focus groups and interviews.

14% of people who contributed identified as being **Aboriginal and/or Torres Strait Islanders.**

65%/35% of people with lived experience who participated in sessions **identified as female and male** respectively.**

16% of people who contributed identified as **LGBTQI+.**

22% of people who participated in focus groups identified as **culturally and linguistically diverse**.

8% of people who contributed had **experience with being in custody.**

*The project did not take a diagnosis or specific experience based approach (such as substance misuse or domestic violence). This was deliberate following the advice of people with lived experience, and their preference not to be identified by their diagnosis or specific experience.

**No participants identified as non-binary, and transgender people were represented as their identified gender

Sector Engagement

51 **documents** were analysed **from 19 different organisations.**

Representatives from **21 organisations** across **housing, health and support** sectors contributed in focus groups and interviews.

Literature Scan

170 **Literature sources** were evaluated and reviewed.

3 topics were explored, including **therapeutic design, models of housing** and **spatial typologies.**

22

Key stakeholders of supported housing

The following stakeholders are key players in the delivery and implementation of the recommendations and advice from this project:

01

Victorians with lived experience of homelessness and mental illness

People experiencing mental illness who require ongoing, intensive treatment, care and support are a key stakeholder of this project.

The advice in this report will be used to build homes with bespoke design and wraparound supports to improve the wellbeing outcomes of this group of people. It should be acknowledged that all people who experience mental illness and at risk of homelessness will have completely different experiences, needs and wants, however this project aims to influence the design of the homes and services through a representative group of people with lived experience.

02

Government agencies

Government agencies will use the advice provided in this report to inform future policy design to deliver the housing and support model.

- Homes Victoria and the Department of Treasury and Finance will use the advice in the report to inform the procurement of the homes in the community housing sector through the social housing growth fund

- Homes Victoria and the Department of Health will use the recommendation to design the housing and support model, the advice in this report will assist in determining the services and how they will be delivered.

03

Housing, mental health and wellbeing support service providers

Housing and mental health and wellbeing service providers will use the advice provided in this report to inform the design of services that will deliver the housing and support model.

- This report will provide a guide for housing and mental health and wellbeing service providers to structure and implement their services in the housing. The advice in the report will also inform them on how they might better collaborate with each other to improve the experience of the people living in the homes.

03 Findings and advice

Mental health housing and support model

The following sections of this report have been divided into advice and key findings across the four key focus areas of the project. Throughout this report the views and perspectives of all of the stakeholders are presented, supplemented with findings from the literature scan.

3.0	Codesign a person centred mental health housing and support model and principles
3.1	Housing options that meet the differing needs of Victorian adults aged 26 and over, living with mental illness
3.2	Suggested housing design features that support tenancy and wellbeing
3.3	Appropriate levels of treatment, care and support to accompany housing
3.4	Collaboration and partnership working between housing and mental health and wellbeing support services

This report includes the key themes explored by all stakeholders across the project including people with a lived experience, carers and service providers. Whilst many of the themes and insights were similar across these stakeholder groups each group at times brought a different perspective on each topic. For example:

- People with a lived experience identified what is desirable or is needed to support their journey to recovery.

- Service providers provided their views on how feasible and sustainable certain housing features or approaches to supports might be.

- Carers focused more frequently on what might be needed to better support people with a mental illness and what more needs to be done to help people navigate a complex system.

These different perspectives across the stakeholder groups are reflected in the different preferences highlighted in each section.

Designing a person centred mental health housing and support model is recommended

The project highlighted common themes that point out interdependencies between a home and a person's mental health, between a home and support delivery, and how all the supports a person receives must be linked and interconnected for them to achieve their individual goals. The correlated nature of these factors requires the design of an integrated mental health housing and support model.

The project has highlighted the need for an integrated model that puts the needs and experiences of each individual at the centre. This model should consider the elements of a supported home, holistic supports and how these supports need to be integrated into the broader ecosystem of supports an individual may be accessing at any given time.

This report outlines key findings from the codesign, as well as guidance drawn from perspectives of people with lived experience, service providers and academic research that should be considered in the design of a housing and support model including:

1. Implementation principles
2. Housing options
3. Housing design features and guidance
4. Support guidelines
5. Better collaboration between services

Future housing and support models will need to reflect that "a person's experiences of mental health and wellbeing, and their recovery, is highly individual and often nonlinear. Consequently, the types of treatment, care and support they seek will change" as highlighted in the Royal Commission into Victoria's Mental Health System Final Report. It will also need to recognise that people will have varying pathways into supported housing including from the justice system, homelessness or a clinical setting.

This model should be coproduced with people with a lived experience of mental illness, their carers, as well as the providers of services across the housing and mental health and wellbeing systems.

Bringing all together in an integrated Mental Health Housing and Support Model

Design Principles to inform the model design

1. Take a people centred approach

2. Amplify and elevate lived experience through ongoing codesign & coproduction

3. Embed choice and self determination at every stage

4. Prioritise security and flexibility of tenure and supports

5. Embrace diversity and promote inclusion in all forms

6. Optimise people's wellbeing outcomes

7. Expand on success and innovate iteratively
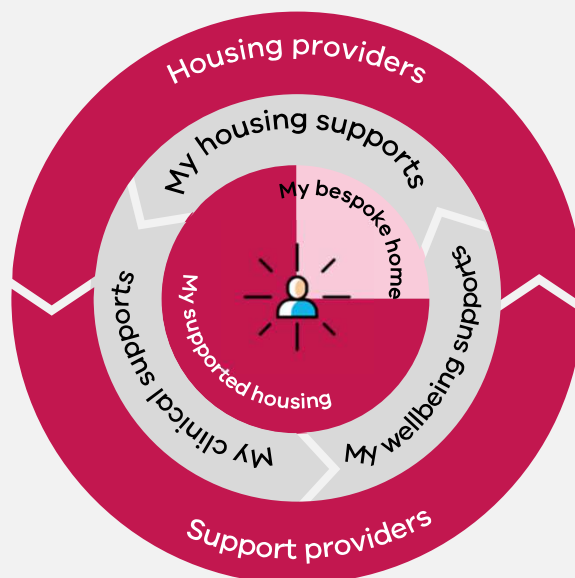
Design principles

Throughout the project a number of guiding design principles have been identified that Homes Victoria and the Department of Health can use to inform the design and delivery of this future model. Whilst these principles are not exhaustive and do not address every part of a future model, they reflect common themes raised through the codesign.

01	Adopt a person centred approach	Apply and emphasise a person centred, adaptive, non-stigmatising approach that recognises the different needs and aspirations of people living with mental illness. This can be brought to life through recognising and validating the different wishes, challenges and aspirations of people living with mental illness, without trivialising the multifaceted nuances around people's individual circumstances.
02	Amplify and elevate lived experience through ongoing codesign & coproduction	The perspectives and insights of people with lived experience should remain central at every stage of the ongoing design, decision making and implementation of the future model. This should include people with a lived experience being part of teams across the strategic, operational and front-line layers of future work. This may include: • Embedding lived experience roles within leadership or board levels and within project and delivery teams. • Seeking input, incorporating advice, and gathering regular feedback throughout new and ongoing initiatives, policy or process. • Embedding roles for lived experience representatives with a broad range of experiences on decision-making committees or advisory groups.
03	Embed choice and individual self-determination at every stage	Purposefully design housing and support programs which prioritise ease of use and understanding, provide sufficient choice and enable self-directed decision making. People should be informed of their rights, entitlements and available options not just at the beginning of their tenancy or support, but continuously throughout their experience. This may cover: • Possibilities around housing options at the start of someone's tenancy or at key milestones throughout their life • Decisions or re-evaluations of the different types, frequency and locations of available supports • Assistance and guidance for people in navigating support structures, delivered by dedicated experts and peer supporters with lived experience
04	Ensure the security and flexibility of housing tenure and supports	People need to be secure in the knowledge that their homes and supports can adapt to their needs and be available when they are well or times when they may need extra support. People should be continuously supported to sustain living in their home especially when and if they are in crisis.

Design principles

05	Embrace diversity and promote inclusion in all forms	It is important that visible representations and considerations of intersectional diversity of people are interwoven throughout all aspects of the housing and support model. Services should actively promote inclusion and proactively address discrimination.

This may include:

- Achieving culturally-sensitive, intersectional and inclusive physical design of built form, configuration, and space decoration.
- Robust cross-sectional representation of different cultural backgrounds, language, physical ability, neurodiversity, and gender identity across all levels of support delivery, including program implementation and staffing.
- Obtaining feedback from subject matter experts and people with lived experience on the suitability and continuity of maintaining inclusive spaces.

06	Optimise people's wellbeing outcomes	The future delivery model needs to identify and address a range of challenges that affect future residents. This can relate to:

- Addressing the impact of stigma surrounding mental health and mental illness.
- Compounding complexities relating to substance use and addiction.
- Reducing inequalities in wellbeing outcomes that may affect specific communities, particularly for Aboriginal and Torres Strait Islander people.

07	Expand on success and innovate iteratively	Embed mechanisms and processes for continuous improvement which can identify successful programs or initiatives and derive constructive learnings from challenging situations, to ensure policy makers and providers of homes and services, and people with lived experience inspire each other, and remain adaptable to ever-changing needs. This may include:

- Building evaluation and continuous improvement processes which are led or co-led by people with lived experience.
- Sharing open and transparent cross-sector information and progress.
- Continued awareness and visibility of contextual national and global delivery models relating to supported housing including links to the new Collaborative Centre for Mental Health and Wellbeing.
- Undertaking formal evaluations and measurement on housing and support outcomes,
- Dedicating resourcing capacity and capability to enable continuous improvement and innovation over time.

3.1 Housing options that meet the differing needs of Victorian adults aged 26 and over, living with mental illness

This section details the housing options and preferences as defined by people with a lived experience. Specific descriptions, benefits, limitations, and critical success factors of the range of housing options were ideated, explored and tested by people with lived experience, service providers and informed through a literature scan.

Summary of Findings

People with a lived experience of mental illness overwhelmingly responded to questions surrounding the types of homes they would prefer with, *"it depends"*.

Someone's preference for one type of home over another will be influenced by a multitude of factors, such as life stage, family circumstances, leaving an institutional environment, recovery from alcohol or substance misuse, leaving custody, how comfortable they are maintaining a home and the support network around them. Each individuals' circumstances, needs and wants should be considered when choosing a home.

It should also be noted that the non-linear nature of mental health and life stages need to be considered across the housing options to ensure everyone has choice and flexibility to move between these housing types as they want and need.

Investment in a broad variety of housing types will provide more choice and the ability for people to move between housing types should their circumstances, preferences or needs change.

Homes Victoria has committed to providing 500 customised dwellings for adult Victorians with mental illness who require intensive, ongoing treatment, care and support. Given the preferences expressed through the codesign, deeper analysis, informed by market knowledge and data of the demand, supply of existing stock and availability of land across the regions in Victoria is needed to determine where there are gaps in the range and types of houses people with a lived experience preferred.

1. **Self Contained Homes with Shared Amenities**

2. **Clustered Homes**

These two types of homes were seen by people with a lived experience and carers to be most suitable for people needing intensive, ongoing treatment, care and support. Service providers engaged considered both types to be feasible, noting that costs and funding for staff and the maintenance of communal areas and what on-site supports are required needs to be considered further.

3. Independent Homes in the Community

This option is a preferred long term housing option for people, particularly those who feel more able to maintain their own home and live independently. People with lived experience acknowledged that living in an independent home could increase the risk of loneliness if they are not connected to their local community or provided with the right level of supports to help them maintain their home.

4. Single Tiny Homes and Mobile Homes (not recommended)

This option is not preferred. While people appreciated the concept, almost none of them saw this as the right option for them and it was not viewed as feasible or commercially viable for service providers.

Housing Options

The range of options that have emerged out of the project are defined below.

01 - Self Contained Homes with Shared Amenities

Each person has their own self-contained home with a private bedroom, bathroom, laundry, kitchen, and (open plan) living area. On the wider site, there are multipurpose indoor and outdoor spaces to facilitate interactions and encourage socialisation between residents. Amenities such as multipurpose spaces for activities, such as a communal kitchen and dining area, communal garden, outdoor cooking space or quiet common areas, are provided in addition to people's own self-contained homes.

People agreed that this housing type should have a high level of on-site support. People with lived experience advised that this housing option would be best for people who would benefit from 24/7 support on site. To facilitate this, they also suggested that there should be extra room on site to be space for staff to provide support and meet with residents along with a break room for staff.

02 - Clustered Homes

Each person has their own fully self-contained home, with a private bedroom, bathroom, kitchen, (open plan) living area, laundry, outdoor space and parking space(s). There are no shared indoor amenities but the homes share the same land with other social housing residents who have a similar lived experience and values. There are outdoor shared spaces, such as a shared communal garden or outdoor space with a barbeque for residents to socialise if they desire.

Less intensive on-site supports would be available, as these homes would likely be more suitable for people transitioning to living more independently and have less need for support. There should still be support services available to the residents, but they can be accessed off site, or conducted as home visits where needed, therefore there would be no need for facilities on site specifically for staff or support delivery.

03 – Independent Homes

Each person has their own independent home with private bedroom, bathroom, kitchen, open living area, laundry, outdoor space and parking space(s). These homes are located separate from other social housing dwellings and there are no shared spaces to interact with neighbours.

Support services would be available for the person off site or through home visits.

04 - Single Tiny Homes and Mobile Homes

These are smaller, compact homes with a bed, kitchen, bathroom and living area that can either be located within a cluster of tiny homes with other social housing residents or independently on a property.
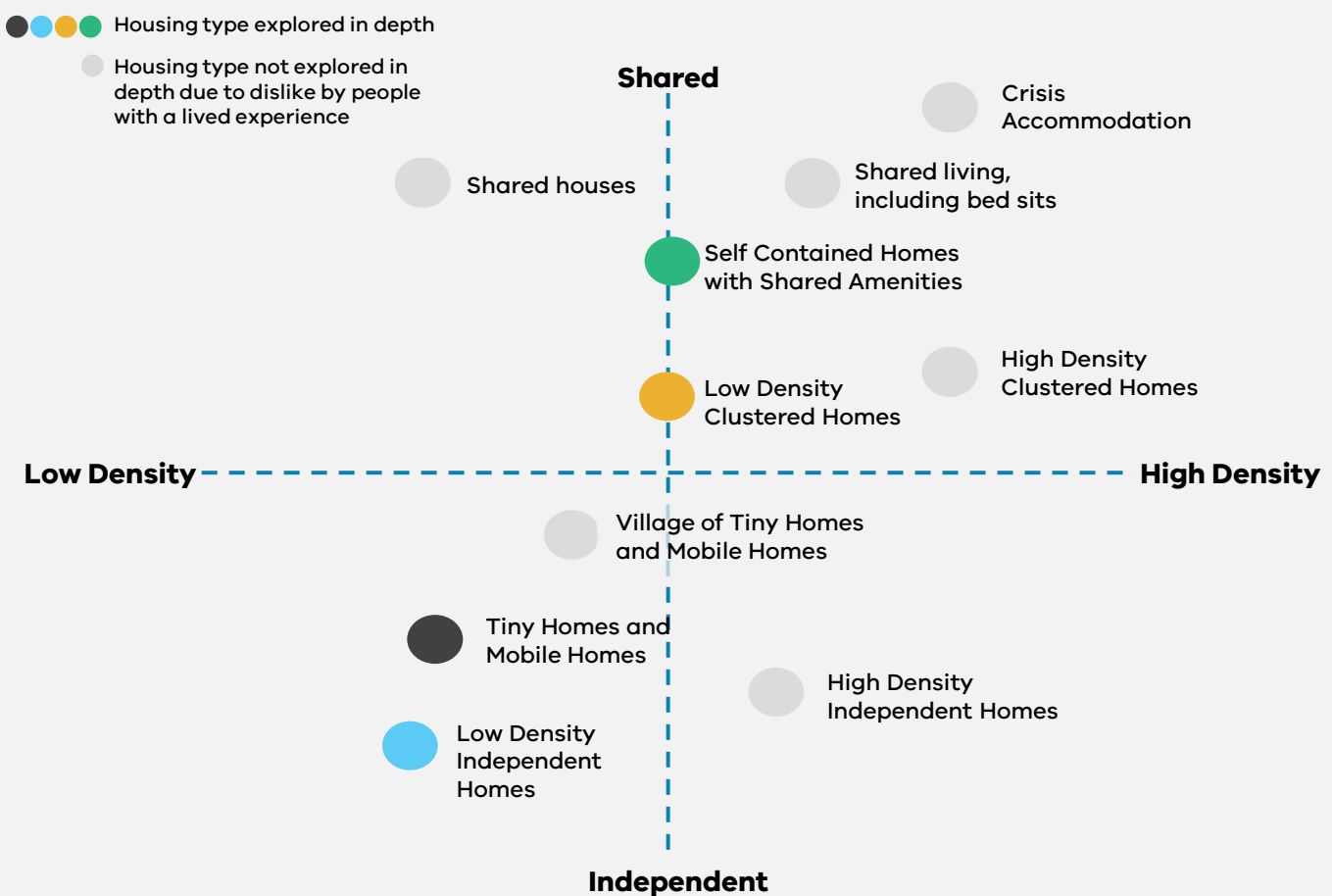
Mobile homes would have the ability to be moved around if the person needs.

Range of Housing Options Explored

Throughout the project, a range of housing options were explored with people with lived experience and service providers. The range of options that have emerged are outlined in the diagram below and are contrasted by the levels of shared vs independent living, and high vs low density.

The preferred housing types are outlined with further detail on the following pages:

Housing type explored in depth

Housing type not explored in depth due to dislike by people with a lived experience

Shared

Crisis Accommodation

Shared houses

Shared living, including bed sits

Self Contained Homes with Shared Amenities

High Density Clustered Homes

Low Density Clustered Homes

Low Density ————————————————————— **High Density**

Village of Tiny Homes and Mobile Homes

Tiny Homes and Mobile Homes

High Density Independent Homes

Low Density Independent Homes

Independent

---

1. Self Contained Homes with Shared Amenities

- Separate bedroom, kitchen, bathroom and lounge room.
- Shared multipurpose spaces on site.

2. Low Density Clustered Homes

- A number of self-contained homes on a single site with shared communal outdoor spaces.

3. Independent Homes in the Community

- Independent properties located within the wider community.
- Limited control over mix of neighbours.

4. Tiny Homes and Mobile Homes

- Small, compact homes that can be moved.
- Can be located on another property, or in a cluster of similar tiny homes.

Housing Option Considerations

Many people with a lived experience expressed that first and foremost they want a home that is safe and secure. As stated by one participant; "They are all good options, but what you really want to achieve is permanent housing, as soon as you lose that stability, everything else around you.. you can't work without a house, you can't do certain things without that stability first. If it's raising a family, going to school, etc.. you need to have that foundation." [1] Choice and control should continue to be a key principle - people should have access to housing that suits them, reviewed on an ongoing basis to make sure their needs are always met. The following table outlines the benefits, limitations and suitability of each of the housing types, excluding tiny homes and movable houses which were not seen as a desirable option by people with a lived experience.

	1. Self Contained Homes with Shared Amenities	2. Low Density Clustered Homes	3. Independent Homes in the Community
Key Benefits	Most suitable for people requiring higher levels of support [1] Beneficial for service providers because it provides ease of keeping in touch and continuous connection to residents. [2] Shared amenities provide spaces to socialise and create a community. [1]	People are able to live more independently, but have the benefit of sharing the area with neighbours they can build a community with. [1] Option to socialise in shared outdoor spaces. [1]	Provides opportunity to live in a more independent setting and integrate within the wider community, as there is reduced stigma compared to clustered social housing dwellings on a single site [1]
Key Limitations	This was not seen as a long term living option for most people, and extra supports need to be offered to ensure shared spaces are clean and conflicts are minimised. [1, 3.1] High recognisability of the site and associated stigma could act as a barrier to broader community integration. [1, 3.3] Operational cost and resourcing constraints must be factored in to make it commercially viable for service providers. [2]	Resources required to provide ongoing supports, upkeep and staffing that to maintain shared common areas. [2]	Potential for increased feelings of isolation and loneliness if there is inadequate support (formal or informal). [1, 3.2] Land and real estate availability and costs may limit location choices. More difficult to deliver scalable care with longer physical distances between properties, and the relative lack of opportunities for workers to keep in touch with residents which may negatively impact people's wellbeing. [2]
Suitability	Shows benefits for people with comorbidities, such as mental illness coupled with alcohol or substance misuse, through shared experience and understanding of individuals, if this is what the person wants [2] While this housing is not often seen as a long term option, the choice to live here long term should be offered [1]	People who are developing their independence and able to live with lower levels of support, but prefer to be surrounded by a community of neighbours who have similar experiences to them [1]	People with neurodiverse needs who may have sensory sensitivities and specific physical disabilities [1] Preferred option for families, as it provides extra space and independence [1] Some people who have experienced a long period in an institutionalised setting, such as in custody or in acute care, expressed a desire for more social support and access to socialisation opportunities. [1]

*Please note that an individual's preference supersedes presumed knowledge about their needs and their own preferences and choices must be acknowledged and accommodated. This commentary is only a summary of what was tested through focus groups with people with lived experience and is not exhaustive, more should continue to be explored further.

33

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

1 ◯ ◯

"I'm an independent person, I would like unit living, [and] to have communal space […] where you can get together and have some fun, make some connections and be social would be good.." [1]

Benefits	>	Limitations	>	Critical Success Factors
• There can be a sense of community and support between people living on site[1, 3.4]		• 'Grouping' people with similar needs together can result in communities discriminating against this type of housing and might be a barrier to integrating into the wider community [1, 3.5]		• Support the creation of a shared culture and community, to foster inclusion and mitigate isolation[1] • Community engagement with the wider community through education[2] • Design to integrate into the community (see also page 46)[1] • Maintain safety for all residents while using shared spaces, including when visitors are present (see page 40)[1]
• Shared spaces provide people with the opportunity to connect socially through shared experiences and build informal support networks with other members of the community[1,2, 3.6] • Advantages exist for people with additional health issues, such as substance misuse, to share spaces with people with common experiences[3.7]		• Unkempt communal spaces can lead to a decrease in wellbeing[1] • There is a potential for tension and conflict between residents where there are communal spaces[1] • Engaging with broader communities, like families or partners, can be more difficult where there are guidelines around having visitors in shared spaces[1]		• Dedicated cleaners to maintain communal spaces can help reduce tensions and ensure the communal areas function properly[1,2] • Staff on site who are trained in de-escalation and conflict resolution to act as a mediator between people to reduce conflict[1] • Identifying collective values and enforcing guidelines within shared spaces to keep people accountable[1]
• Shared spaces and amenities can be used as an informal way to learn routines, engage in wellness activities, and build life skills and social skills through active interactions and observations of others[1]		• Privacy issues can arise when there are large shared spaces. Some females spoke of how they sometimes felt watched when in large shared spaces[1]		• Areas that are partitioned off and layered to give people feelings of privacy in open spaces, (see page 38) [2,3,8]
• Awareness of organised social activities in the communal areas on site[1]		• People may feel social pressure to participate in activities in common areas[1]		• Each person has their own private space to retreat into when needed, (see page 38)[1]
• The relative ease of keeping in touch and continuous oversight of people's wellbeing when they are living on the same site[2]		• The associated operational cost and resourcing constraints must be factored in to make this financially viable for providers[2]		• Sufficient funding for service providers to deliver high touch quality care[2]

34

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Detailed Considerations:
Low density clustered homes

○ **2** ○

"The smells kept us close...An outdoor kitchen, for Aboriginal people, with all those smells, they're a calling. They're part of the environment too. We love our soups and our curries and our dampers." [1]

Benefits	>	Limitations	>	Critical Success Factors
• Residents can bond and build a community based on shared experiences. This is particularly valuable for people recently transitioning into housing from other environments, such as people who have been in custody[1] • People have their own independent home while having the option of interacting casually with neighbours in shared outdoor spaces[1,3,6]		• Some people prefer not to share their spaces with other people with similar mental health experiences[3,9] • Having limited shared spaces may reduce the opportunities for people to socialise with others[1]		• Actively work with residents to build a shared culture and community through creating shared values and guidelines and organising social events to foster a sense of community and belonging[1]
• Shared outdoor spaces can facilitate connection to community and culture, for example it provides opportunities for Aboriginal people to connect to country in outdoor areas; other people can also cook shared meals from different cultures and share experiences[1,2,3,10]		• Additional funding may be needed to support community events and to maintain and clean the outdoor areas[1,2]		• Cleaner and maintenance workers who regularly maintain communal areas[1,2]
• Shared communal gardens were seen as beneficial for the community, and gave people the autonomy to maintain a garden and take pride in their home[1,2]		• Tensions can potentially arise between people when common areas have depletable resources[1]		• A housing association that consists of people who can monitor and encourage shared values and support adherence to agreed guidelines to ensure that the communal spaces function effectively (see page 60)[1]
• Economically feasible to have highly supported housing across a larger group of people with similar needs[2]		• If support staff are not on site or easily accessible, people with higher support needs may not be able to access support quickly [1,2] • If support staff are not on site, conflicts between people may intensify without staff to mediate or intervene[1]		• Guidelines that are established collectively within the people living on the site, and maintained by support staff or a community association (see page 60)[1]
• Some people appreciate having a more independent unit and the ability to have visitors to stay for extended periods of time[1,2]		• Having visitors around the property could have the potential to be disruptive to neighbours and overcrowd communal spaces[1]		• Maintain the safety of other residents, including when visitors are present (see page 40)[1]

35

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Detailed Considerations: Independent homes in the community

○○③

"I want to have my own space and my daughter she's 12, she needs to have her own space, she's always saying "privacy mum", we live only in one room, it'll be best thing to have my own place and be independent." [1]

Benefits	>	Limitations	>	Critical Success Factors
• More suitable for people who can and want to live more independently, who have existing personal networks, and feel able to maintain their home[1] • May provide greater choice on where and when people want to access support[1]		• People may not receive the help they need if their mental health deteriorates and they are unable to self manage and supports are not there to assist them.[1,2] • Independent living can sometimes exacerbate feelings of being disconnected from community or challenges with making regular connections[1,3.11] • Difficult to deliver scalable care with longer physical distances between properties resulting in increased travel and expenses for delivery of support[2] • Limited benefits for individuals with substance use experiences, who reported feelings of isolation and increased substance use when living in independent homes[3.11]		• Proactive check-ins from support workers and pre-planning before people move in[1] • Regular maintenance of the home and property[1] • Increased support at the beginning of tenancy to establish and maintain a routine[1]
• Preferred option for people with families or those wanting to reunite or start a family, as it provides space and privacy[1]		• Land and real estate availability and costs may limit location choices.[2]		• Homes need to be in the right location, such as within close proximity to childcare and schools[1]
• Independent homes are often the preferred option for people with neurodiverse needs who may have sensory sensitivities and specific physical disabilities[1]				• Homes can be modified to suit the needs of the individuals[1]
• Likely to increase the opportunity to integrate into the community, and not live separately from wider society[1,3.12] • Provides the opportunity to learn routines and life skills from others in the community[1]		• Some people may experience increased feelings of isolation and loneliness, compared to those living in supported group accommodation[2]		• Wellbeing supports to help people engage with their communities[1]
• People have greater autonomy over having visitors on the property[1]		• People in independent housing may feel more unsafe in their locality, compared to those in more clustered or supported housing[3.13]		• Having alternative security features and options in place to help support people to feel safe, (see page 40)[1]

3.2 Housing Design to support tenancy and wellbeing

This section details design features that were identified to support wellbeing and sustained tenancies. These features are provided in further detail in Appendix 01 Design Features. These features are those most likely to impact a person's mental health and wellbeing, and apply in parallel to existing social housing guidelines and requirements.

The rationale for and advice accompanying each feature is reflective of the outputs of codesign and the literature scan. The features can be used to inform the design of all housing types identified for the mental health housing and support model.

*Note: Design features outlined in this section are in addition to the minimum housing requirements already implemented by Homes Victoria, but some insights may also reinforce existing guidelines.

Summary of Findings

The design features have been defined based on ideas and concepts explored throughout the codesign as well as research outlined in the literature scan. The detailed design features should guide the design of homes for people with intensive treatment, care and support needs. These should be built upon and iterated so they continue to evolve as people's needs change and new research and evidence emerges, although information has been provided where there was a range of preferences and what factors may play into those preferences.

This guidance complement the existing Homes Victoria design principles. This report recommends that these should be reviewed and tailored to meet the needs of adult Victorians with mental illness who require intensive, ongoing treatment, care and support. Appendix 01 outlines the detailed design features.

Protective layers

Supporting successful tenancies

Feeling at home

01	Create Private Spaces within the Home and in Shared Spaces	Privacy can be created through a self-contained home and soundproofing but people should be able to remain aware of their surroundings.
02	Ensure accessibility	Basic accessibility designs should be provided in every home, and modifications should be offered for those that need it.
03	Safety and security first	Safety and security are fundamental and the level provided should be based on each individual's personal choice.
04	Make homes easy to use and maintain	Homes must be designed to be easy to use and maintain to help people have pride in their home.
05	Allow for flexibility and space	Homes should be accommodating and flexible to meet current and evolving needs of people.
06	Homes in convenient locations	Homes should be located in areas where essential services are in close proximity, and public transport is close and accessible.
07	Incorporate cultural design	All houses should create opportunity for residents to practice cultural expression and maintain connections with culture.
08	Provide comfort through nature and greenery	A visible connection to nature and greenery, and access to natural light, must be provided to encourage greater wellbeing.
09	Make a house a home	Houses should feel homely and warm, and should not reflect any form of institutional or clinical design.

1. Create Private Spaces within the Home and in Shared Spaces

Privacy can be created through a self-contained home, and including sound reducing features can provide comfort to those in the home and neighbours whilst still enabling people to be aware of their surroundings.

RATIONALE

Privacy is key to not only being safe, but also feeling safe. Through this project, there were incidents described by people where their privacy had been violated, such as having their home searched without their consent.

Many people felt that sharing rooms with others could result in overcrowding and increase the potential for conflict. People emphasised the importance of having their own private, independent home as a way to establish a safe space for themselves.

Features to reduce noise are fundamental to feeling comfortable within the home and not causing disturbance to neighbours. This was especially important for people with neurodiverse needs who felt overstimulated by external noise and others who were experiencing night terrors. It is also important to consider that people would prefer to balance this with the ability to see and hear their surroundings in case of an emergency, as this person explained:

"Soundproofing is an absolute must, but it would make me bit scared because if I screamed and something happened, would anyone hear me? Not hearing something on road is actually really scary and being unaware of your surroundings." [1]

People spoke about how they felt watched when in shared spaces, so they value having private spaces where they do not have to worry about others. Having multiple entrances and walkways was suggested as a way to decrease these unwanted interactions and increase levels of freedom and independence.

ADVICE

01 Provide private spaces

All homes need to have private spaces for people to retreat to when they need without fear that someone will invade it. However, it is important that people don't feel closed in by their surroundings. This can look different for each housing option, for example:

- **Self-contained homes with shared amenities**

  Homes should enable complete autonomy with independent bedroom(s), kitchen, bathroom, and laundry so that people are not forced to share amenities to meet their basic needs and reduce the potential for conflict.[1]

- **Privacy screens for independent homes**

  Incorporate privacy screens so neighbours can't see into each others' homes. For example, use of screens or room dividers between balconies or windows that cannot be seen into from street level.[1]

- **Incorporate nested layers into shared spaces**

  Nested layers refer to well-ordered spaces that enable choice in the level of social, physical and sensory engagement. Shared communal spaces should be available on an opt-in basis, and should incorporate layers and private nooks so people have the option to retreat into a private space within the larger communal area if they need. [3,8]

- **Provide multiple entrances and walkways**

  Reduce the feeling of being watched with multiple entrances and walkways. This is particularly relevant in shared living, where shared spaces can create a 'fishbowl' effect.[1,3,8]

02 Balance need for quiet and awareness of surroundings through soundproofing

Soundproofing, blinds and hedges acting as privacy screens and fences are fundamental to provide to enable people feeling comfortable within the home and not causing disturbance to neighbours. [1]

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Please see Appendix 01 for a detailed list of features that correspond to this guidance

2. Ensure Accessibility

Basic accessibility designs should be a given, and modifications should be available for those that need them.

RATIONALE

People expressed concerns about housing not accommodating physical accessibility needs as well as sensory sensitivity needs, and mentioned that it is important to customise/modify housing to meet accessibility needs in order to make day-to-day living easier. [1] One person has described having modifiable housing as:

"life changing for me, I can reach everything, I can live independently with a dog"[1]

Multilevel, high-density housing was not preferred, as it can be difficult to modify for accessibility, i.e. stairs, narrow corridors. [1]

ADIVCE

01 **Make accessible design the standard**

Design buildings and homes to be accessible for all through the inclusion of wide doorways, little to no stairs, ramps, a well-lit perimeter, and elevator can make facilities more accessible to all with the option for modifications for those with additional requirements to live comfortably. [1,3,14]

Additionally, clearly defined and easily identifiable paths, facilities, and amenities provides easy wayfinding and simplifies tasks for people with cognitive difficulties. [3,14]

Soundproofing can also be used to support those with sensory sensitivity needs. [1]

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

3. Safety and Security First

Safety and security are fundamental but the level provided should be a personal choice.

RATIONALE

Having a safe and secure home is paramount, so that people are able to focus on other aspects of their lives. This encompasses people feeling physically and psychologically safe as well as feeling secure in their housing tenure. The level of security required to achieve a feeling of safety is different for each person, so adaptability of security features was valued to allow for the range of preferences.

People reflected on how they felt potentially vulnerable to negative influences and violence from neighbours, other residents and visitors, so they valued having a sense of control over who is able to access their property through security features. These features contribute to more than physical safety, as explained by someone with lived experience:

"[At] every place I've been at prior to getting my own private home, I have had issues where individuals thought it was okay to get something out of my vulnerable state... [I want to make] sure that is considered in the security features -it's a lot more than physical security" [1]

Security features like fences, gates, doorbells and CCTV cameras can sometimes feel institutional, so security features should not be designed to inhibit people's activity or impinge on their privacy and freedom. Ongoing security presences in and around people's homes were not viewed as necessary or appropriate.

Housing options with shared spaces and amenities have a higher need to oversee visitors and guests due to the higher chance of these guests entering shared spaces, which can make other residents to feel unsafe. This was not seen to be as much of a concern in independent properties, as guests will be visiting the person's private space and not a communal area. Monitoring visitors should not be done in a way that limits resident activity or creates stigma within the community, e.g. security cameras, guards, or security fences.

People with children also wanted housing that is safe for children and meets the needs of their whole family. One person spoke about how their supported housing had staircases without safety rails, which made her nervous about the safety of her child.

ADVICE

01 **Offer a choice of security features**

Some security features need to be adaptable and flexible to people's different preferences, where others will be foundational to provide in homes and surrounding property. For example, some people, particularly within our female cohort, preferred to have CCTV installed within the home itself, with one person setting up cameras within their home as it was the only way she would feel safe with her newborn. However, other people raised privacy concerns, so this should be a personal choice. [1]

Some example 'must have' features were: locked door with control over who has the keys, a doorbell, discreet fences and gates, alert buttons, and sensor lights.

"[Housing] massively impacts my mental health. If I'm in an environment that I see as unsafe or too loud, or far away from places in an area where I don't know, or in a place where there's just noise all the time." [1]

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

4. Homes that are Easy to Use and Maintain

Design the home to be functionally simple to use and maintain to help people have pride in their home

RATIONALE

Housing that is made with durable materials was identified as the best way to mitigate maintenance and housing damage issues. Homes built with durable materials can provide ease of maintenance and make the home easier to use. One person said:

"... my building is relatively new [but] because they used the wrong materials it's causing issues." [1]

People felt that they lose pride and faith in their home if things are constantly breaking and this directly impacted their wellbeing.

When living in housing that has dirty spaces and rubbish in communal areas, people said that conflict with fellow residents/neighbours may occur and feelings of pride in the home were reduced. However, the maintenance of shared spaces and the home can be both overwhelming for someone to do on their own and to manage that responsibility with others.

People shared that they would like to be more ecofriendly and sustainable in their homes, wherever possible. [1]

Ecofriendly designs and the use of sustainable appliances were generally preferred, as they reduce energy usage and therefore less costly to use. Furthermore, the use of natural materials can help improve people's wellbeing by making the place feel more homely. [1,3.15]

ADVICE

01   **Design for functionality**

Homes should be designed to be functionally simple to operate and clean so people can maintain their homes independently. For example, having surfaces that are easy to clean and ensuring devices are easy to use and tolerant of error.

02   **Build for the long term**

This can look like providing durable and sturdy furniture, sound absorbent materials, low maintenance flooring that is easy to clean, and designing electrical fittings and plumbing fixtures to be suitable for heavy use and humidity / temperature appropriate. [3.14]

03   **Use natural design and ecofriendly appliances**

Use natural materials and design patterns in the design of the property, such as wooden flooring, dynamic and diffused light, and natural ventilation. Ecofriendly appliances should also be used wherever possible to make maintenance easy and typically affordable. [1, 3.14]

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Please see Appendix 01 for a detailed list of features that correspond to this guidance

5. Allow for Flexibility and Space

Homes should be accommodating and flexible to meet current and evolving needs of people

RATIONALE

People's needs for space and flexibility change over time as their life circumstances change. For example, people highlighted the importance of being able to have space for their family to visit, and those with children noted that they desired extra spaces to help accommodate their children's growing need for privacy, with differing needs requiring differing sizes of housing.

"It's important to have enough space for your hobbies and clothes, and having enough space where you can have a table to do your art etc. It's about having enough space and enough storage for your hobbies." [1]

People from culturally diverse backgrounds specifically noted that space for larger and extended families was important and whilst enjoying having visitors staying over for extended periods, finding housing that can accommodate this was difficult.

In regards to communal or shared spaces (both indoors and outside), a plain, blank space with no clues to its use can be perceived as confusing or dull. By 'activating' spaces, people can feel a sense of belonging in communal or meaningful areas. Communal areas which have a purpose (e.g. a barbeque area), can spark regular activity and social interaction. Activating individual or private spaces can also enhance feelings of autonomy. [3.16]

While service providers preferred higher density builds as it was more commercially viable[2], high density housing was identified as feeling overcrowded and noisy for some people, which could lead to conflict and discomfort. Density should be managed to enhance people's feelings of safety, to encourage sustained and successful tenancies.

ADVICE

01 **Prioritise low density housing over medium and high density**

Density need to be managed to provide sufficient space for people to be independent, but also to facilitate socialisation when desired. People felt that the ideal density of dwellings per shared/clustered property was up to 10.

02 **Provide multipurpose space**

There needs to be adequate room for people to live comfortably and have additional space for whatever they choose, such as having family stay over or pursue a hobby.

Design of housing should caters for flexibility, such as enabling people to pursue their hobbies, welcome guests and family members, or where relevant, support workers into their home.

Flexibly-constructed homes that enable features such as extra sleeping or living spaces, fold-out furnishings and moving partitions, are viewed as feasible by service providers if specified and designed appropriately from the beginning.[2] Where this is not possible, single bedroom homes can be designed so that the use of available spaces can be divided and adjusted where needed to create additional sleeping or living spaces. [2]

In housing with communal areas, offer multipurpose spaces, such as outdoor barbeques or a music room, to facilitate community interaction and provide space for people to connect with friends and family.

03 **Activate spaces**

Activating a space refers to using signals to exemplify to people what the space can be used for. For example, placing chairs in a communal area to invite people to sit together and socialise, or musical instruments to signal that playing music is encouraged. This includes outdoor spaces which can be activated by sporting equipment or cultural meeting spaces, quiet spaces in a garden with comfortable chairs or outdoor dining furniture.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

6. Homes in convenient locations

Homes should be located in areas where essential services are in close proximity, and public transport is close and accessible

RATIONALE

Housing location preferences vary based on individual needs, priorities and expectations. For example, people with young families highlighted the need to be located close to primary schools, some people wanted to be walking distance to all essential services like shops and healthcare facilities whilst others were happy to catch public transport as long as it was close to their home.

Ensuring homes are located within easily accessible public transport or walking distance of services is a must, as not everyone owns a car or is able to drive. Many people highlighted that a community bus was desirable to assist with mobility.

Willingness to travel further distances was dependent on people's wellbeing, health, and comfort levels with public transport. Although people from rural and regional areas were generally more willing to travel further distances than their metropolitan counterparts, there is still a need to be close to supports.

Being located close to family and friends was also valued, as many people relied on their support network for care or for general wellbeing purposes. As a grandmother said:

"I want my daughter and grandchildren across the road [to] have brekkie with them, that would help with my health and concerns." [1]

ADVICE

01 **Ensure easy access to public transport**

Housing needs to be located close (within 10 minute walk) to public transport, support services, and other essential services to enable greater autonomy and independence.

Furthermore, the option for a private car space should be provided so that people with a car can access services outside of walking distance.

02 **Consider support access for regional homes**

Housing in regional Victoria should be built in larger towns, so people can access supports more easily.

"We have issues because we don't have the professional people that we need to support people. You wouldn't be putting the housing in a town with only 2000 people in it. " [1]

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Please see Appendix 01 for a detailed list of bespoke features that correspond to this guidance

7. Incorporate Cultural Design

All houses should create opportunity for people from culturally and linguistically diverse communities and Aboriginal people to practice cultural expression and maintain connections with culture

RATIONALE

Cultural design is important to supporting people's wellbeing and cultural connection in their homes:

"The cultural support and cultural connection is important, that's what you take with you from one place to the next, from one environment to the other." [1]

Many people from culturally diverse backgrounds reflected the need for outdoor spaces and the presence of nature as an easy way for people to relax, socialise, and connect with their environment. For example, having a backyard makes the natural environment easier to access and may facilitate Aboriginal people's connection to Country.

In regards to incorporating culture in build design, it was reflected by a person with lived experience:

"When we look at buildings we tend to think very western in our design how do we include the other intersectional lens community " [1]

Aboriginal people highlighted the value of congregating with their community to share stories and learn about their shared values and experiences. Additionally a number of people from culturally and linguistically diverse communities referenced the benefits of having shared, multipurpose spaces for their community, as they would allow people to eat together, socialise and share their stories.

Service providers have acknowledged the significance of embedding cultural sensitivity and inclusion into housing and the provision of supports and are keen to ensure that this is further prioritised.[2]

ADVICE

01
Use outdoor spaces to support connection to community

Shared outdoor spaces can facilitate socialisation between neighbours in housing types that have communal areas, which was identified as particularly important for Aboriginal people. Outdoor cooking spaces are especially desired as food and the aromas can bring people together[1] and even providing an area for traditional dance/ceremonial practice. [3.17]

02
Reflect the diverse cultural needs of people in building designs and configuration

Cultural nuances and sensitivities have to be considered when developing homes. Spaces that reflect people's culture and identity enhance their attachment to the house and strengthen their sense of belonging and ownership. For example, prayer rooms and incorporating visual displays and designs for different cultures.

03
Embed cultural sensitivity and inclusion considerations in all stages of design, delivery and ongoing management of housing

Priority should be given to embedding cultural sensitivity and inclusion in designing homes and services at every stage from procurement through to design and delivery and finally, evaluating how cultural sensitivity is delivered and the outcomes of more culturally sensitive and inclusive housing.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Please see Appendix 01 for a detailed list of features that correspond to this guidance

8. Promote Wellbeing Through Nature, Greenery and Natural Light

A visible connection to nature and greenery, and access to natural light, must be provided to encourage greater wellbeing

RATIONALE

Having access to natural light and greenery, such as through shared communal and independent gardens, and visible connections to nature through an abundance of greenery and natural light can improve people's wellbeing.

"I would like to be ecofriendly [and have] solar panels, I like it developed from an architectural perspective to have lots of natural materials, like wood and lots of greenery and natural light. " [1]

Furthermore, when contact with nature is achieved successfully, it can provide an immersive sensory experience which distances people from any potentially highly emotional experiences they may be having. Gardens are a practical way to achieve this.. As well as providing a space to be within for relaxation, gardens also provide the opportunity of improved outlooks and views from internal spaces. [3.18]

ADVICE

01 **Use natural design**

Use natural materials and design patterns in the design of the property, such as wooden flooring, dynamic and diffused light, and natural ventilation. [1, 3.14]

02 **Ensure a close connection to greenery**

Gardens must be present on the property, whether that be a shared communal garden or independent gardens for each home as the opportunity to maintain a garden and take pride in one's home over a long period of time was seen to contribute to positive feelings of stability and security.

Within the home, it should be easy to access the outdoors. This could be an outside dining area or windows with views onto nature.

Additionally, homes should be located in close proximity to parks to offer opportunities for connecting with nature and socialising with people outside of the house.

Please see Appendix 01 for a detailed list of features that correspond to this guidance

9. Make a House a Home

Houses should feel homely and warm, and move away institutional and clinical design.

RATIONALE

Homes that look short-term or institutional, with minimal storage, bare furniture and cold lighting, can detract from people's wellbeing. On the other hand, homes that can be personalised and designed for the long-term help people feel comfortable and may facilitate longer tenancies, as described by one person:

"You want me to live in this place for a long time but you give me the bare minimum ... it's not home ... it's very short-term thinking." [1]

People emphasised the importance of being involved in customising their housing so that they live in an environment that feels comfortable to them, and like their real home. For example, one person mentioned being an artist and expressed her desire to create a home that reflects her and her preferences.

People raised concerns that high density social housing builds that don't fit in with the natural streetscape can create a stigma and cause issues within the community.

Service providers and the literature scan highlighted the need for therapeutic and trauma informed design, to reduce environmental stressors and cultivate a calm atmosphere and promote recovery.

This can be done practically through:

- Colour - Use colours that elicit positive reactions. For example, blue can elicit trust and loyalty and green can remind people of nature and healing. [3.14]
- Property Architecture - Curvilinear outlines and higher ceilings should be used to contribute to feelings of homeliness and generate positive responses. [3.19]
- Storage - Homes should also include ample storage, such as built in shelving, for people to store their personal items [3.20]
- Lighting – Avoid bright fluorescent lights that can look institutional [3.14]
- Flooring - Use natural materials wherever possible and avoid tiles [3.20]

02 **Integrate the home into the surroundings**
Build homes that match the local streetscape to reduce the stigma associated with social housing, and provide an opportunity for residents to engage with the community.

03 **Support personalisation of the home**
Encourage people to personalise their homes to lead to potentially longer term tenancies. While service providers said that drastic changes to the home can be difficult to accommodate[2], simple solutions could look like providing built-in places for personalisation like mural walls, bookshelves, and ledges outside of each unit door. [3.8]

04 **Support people to have pets**
People felt that pets are essential for wellbeing needs, so it is important that homes and outdoor spaces are designed to be suitable and safe for pets.

ADVICE

01 **Incorporate therapeutic design where possible**
Therapeutic design refers to the important relationship between humans and their surrounding environment. Therapeutically designed spaces should be used wherever possible to create environments which encourage healing and wellbeing, unlike institutional design.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Please see Appendix 01 for a detailed list of features that correspond to this guidance

Design Principles for Aboriginal people

Aboriginal people who participated in the project spoke about how important it is to incorporate Aboriginal design and culture into the housing builds. These findings align with the existing Aboriginal Housing Victoria Design Principles, as outlined below, although the advice provided is generated through this project.

01	Involve Aboriginal people through all stages of the planning, design, build and maintenance of the property to ensure that their perspectives and needs are heard and implemented

Culturally Responsive

Ongoing partnership with Aboriginal people when designing housing and support is essential, to provide opportunity for direct input into the housing and support model and also to ensure houses are culturally relevant to particular areas, and cultural appropriateness of housing and supports are considered. [1]

Service providers believe that Aboriginal design needs to be interwoven holistically, by working in partnership with cultural knowledge holders and experts throughout the process of designing, procuring, and building homes. [2]

"...I do take an issue of non-Aboriginal architects [interpreting] these Design Principles – Especially in architecture, non-Aboriginal architects [could often] have a colonial mindset... I would advise they involve Aboriginal and Torres Strait Islander people at every stage of the procurement process... Also working with Aboriginal artists to have a sense of cultural pride in the building."[2]

Culturally-responsive design could also manifest in strategic placements of culturally-significant imagery, art, or artefacts. A service provider shared that *"a long time ago I went to the VACCHO office, they had a gum leaf which was significant for the Country the office was placed on, and then all the other groups were separate... It welcomes everyone in, everyone across Victoria... "*

Design Principles for Aboriginal people

Aboriginal people who participated in the project spoke about how important it is to incorporate Aboriginal design and culture into the housing builds. These findings align with the existing Aboriginal Housing Victoria Design Principles, as outlined below, although the advice provided is generated through this project.

02 Homes need to facilitate a connection to Country by ensuring there is open space, appropriate access between indoor and outdoor spaces and views to natural sites

Connection to Country

Aboriginal people emphasised that outdoor spaces and nature assists in facilitating connection to Country and socialisation. Embedding backyards and natural environments into homes is important so people are able to connect to their culture and take pride in their home. [1]

Incorporating natural elements is extremely important for people. This may look like big windows and gardens to facilitate connection to Country. The importance of place also facilitates the use of outdoor spaces as being of equal value to interior spaces.[1] Similarly, Aboriginal service providers highlighted the importance of orienting homes towards natural landscapes beyond the immediate site boundaries such as creeks, waterways and mountains.

Consequently, the capacity to strengthen culture can be amplified through gathering places and convivial activities to ensure families remain connected, with outdoor activities enabling the promotion of healthy living.[2]

"I don't know if you understand is when we go to a place we go to be with that place, not just because it's there, to be with it. The pathway into that open space is just as important as the place itself, that sounds like a good idea." [1]

An Aboriginal service provider spoke about how connection to Country could be implemented by incorporating the colours and textures of the homes' surrounding natural environment into the colour schemes of indoor spaces.

"Colour schemes [can be] so subjective and varied based on people's experiences and their different cultures.. Taking colours from that location and that Country, [even if you] don't like the green, it will still connect to the land outside...."[2]

Source: AHV Design Principles Summary, (1) Lived Experience (2) Service Provider (3) Literature Scan

Design Principles for Aboriginal people

Aboriginal people who participated in the project spoke about how important it is to incorporate Aboriginal design and culture into the housing builds. These findings align with the existing Aboriginal Housing Victoria Design Principles, as outlined below, although the advice provided is generated through this project.

03 Encourage people to personalise their homes and make material changes	

'Home'

The ability to personalise homes is important to people, as it makes them feel safe and ensure that it reflects them, as some social housing can feel cold and institutional when you are unable to personalise it.[1]

"I'm an artist and I like to create a home that feels safe and that's me"[1]

04 Use quality, durable, natural materials	

Quality Informing Selections

People preferred to have natural materials that reflect the natural environment in their home, rather than man-made materials[1]. It was found that the use of robust materials, such as brick, concrete and metal, as well as prioritising natural materials, such as timber or tiles over carpet was important.[3,10]

An Aboriginal service provider emphasised that *"I think just [because it's a] social housing or mental health accommodation it doesn't mean it should be of a lower standard and as cheap as possible. I really believe that in terms of equity, so it is a conversation that we have a lot... if anything we should be delivering a higher standard as we are supporting the most vulnerable in the community."*

Design Principles for Aboriginal people

Aboriginal people who participated in the project spoke about how important it is to incorporate Aboriginal design and culture into the housing builds. These findings align with the existing Aboriginal Housing Victoria Design Principles, as outlined below, although the advice provided is generated through this project.

05	Facilitate community connection through shared, multipurpose spaces

06	Ensure the needs, wishes and perspectives of the community continue to be incorporated

Building Community/Addressing Needs

Aboriginal people involved in the project highlighted the value of congregating with their community to share stories and learn about their shared values and experiences. Some people felt that they currently did not have that connection to community in their current social housing, and a number of people referenced the benefits of having shared, multipurpose spaces for their community, as they would enable people to eat together, socialise and share their stories.[1] *"I feel disconnected from my community, where I am from [...] I have a family, community, speaking my lingo is important. At the moment I don't feel safe, I live in pretty much high density white populated area"* [1]

Service providers emphasised the importance of continuously working with Aboriginal people and community, in line with encouraging self-determination. *"So that things are led by asking the community what they want constantly.... We do need to check or assumptions and old ideas about what's required."* [2]
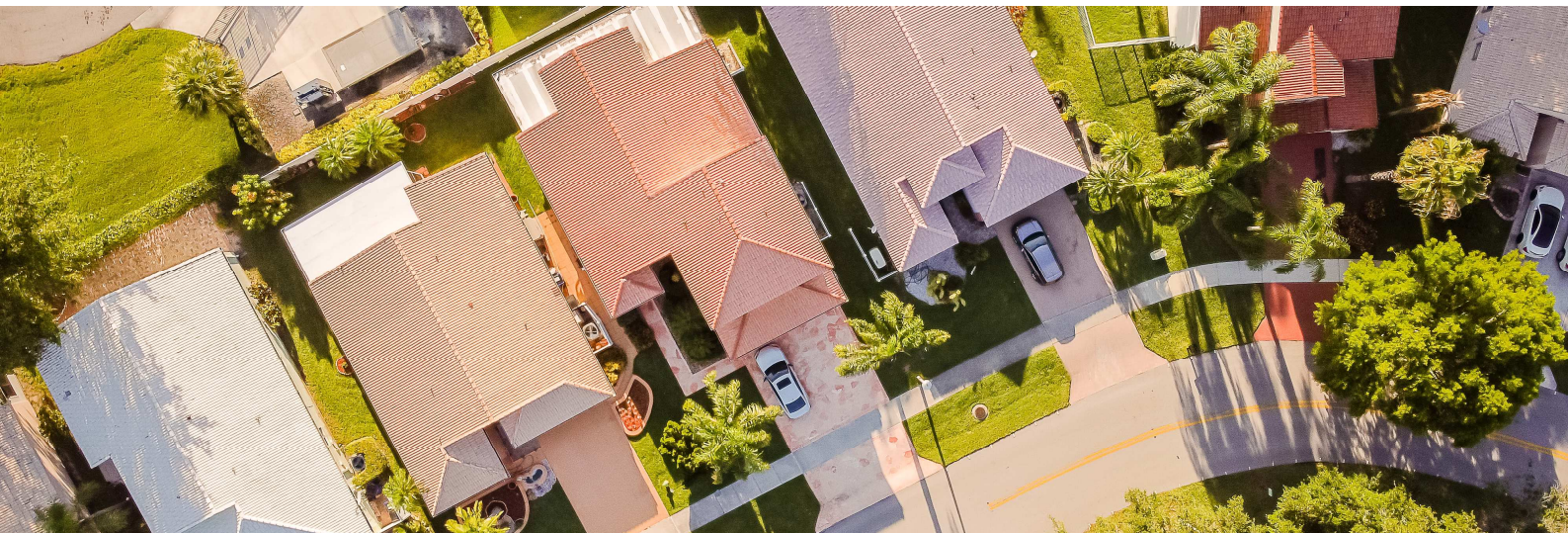
Source: AHV Design Principles Summary, (1) Lived Experience (2) Service Provider (3) Literature Scan

Please see Appendix 01 for a detailed list of features that correspond to this guidance

Design Principles for Aboriginal people

Aboriginal people who participated in the project spoke about how important it is to incorporate Aboriginal design and culture into the housing builds. These findings align with the existing Aboriginal Housing Victoria Design Principles, as outlined below, although the advice provided is generated through this project.

07	Prioritise ecofriendly, durable materials with a focus on sustainability	

Energy Efficient and Comfort

Building for sustainability is important to Aboriginal people. One person described how they make a concerted effort to live sustainably through recycling and upcycling so they would appreciate the homes being ecofriendly, for example, having solar panels.[1]

08	Explore designing for a variety of sizes and configurations to meet changing needs	

09	Design buildings and spaces that provide adequate space for flexibility to meet the changing needs of families	

Size Matters

Design for larger households should allow for at least two general-purpose internal living spaces. Additional storage in the form of sheds also relieves the internal areas of the house from having to store items that cannot fit due to increased household numbers. Even if occupied by a single Elder, it is important to provide space for family or others to come stay, and a large enough kitchen-dining area. [3.10]

"We have long tenancies with the families living together for 30 years, they really become family houses. We often have elders that live alone in large houses and need to live in smaller ones that are easier to maintain… We have larger families than usual, although that is changing [according to census data]. We [also] have a lot of young people and couples [for smaller units]." [2]

3.3 Mental health and wellbeing treatment, care and support to accompany housing

This section describes the considerations for the following types of supports to accompany housing for people living with mental illness:

- **Housing supports: supports that assist people maintain their home and a successful tenancy**
- **Wellbeing supports: psychosocial supports that improve people's overall wellbeing and promote recovery**
- **Clinical support: services that focus on the assessment and treatment of people with a mental illness in a clinical setting**

The rationale and subsequent advice accompanying each guideline is reflective of the input provided by people with a lived experience and service providers and should inform supports provided to people as part of the housing and support model. The guidelines are primarily guided by the opinions of people with a lived experience and carers, but commentary by service providers is offered throughout.

Support Guidelines

These support guidelines explain what 'good supports' look like from the perspective of people with lived experience, their carers and service providers in the context of supported housing. These guidelines should inform the future design and implementation of supports across housing and mental health and wellbeing to ensure provision of the appropriate level of integrated, multidisciplinary and individually tailored mental health and wellbeing treatment, care and support.

Ensure the Person, their Needs and Goals are at the Centre

Supports should be person centred, with empowerment and personal choice at the forefront.

Provide both Flexibility and Consistency

Offer flexible, and consistent supports to meet people's evolving needs and ensure supports are always available.

Build Connections with Community

Support people to foster connections within the community to build a sense of belonging and help to limit feelings of isolation.

Take a Proactive Approach

Proactively plan and engage with the person and their support team to reduce and manage potential stress around transitions and accessing and providing support.

Design for Diversity and Be Inclusive

Embed and actively promote inclusion and diversity in all of its forms, whilst also proactively addressing discrimination.

Have a Skilled and Informed Team

People's support workers need to be skilled, informed and trained. This will ensure people receive professional and consistent care at all times.

Foster Collaboration and Ensure Easy Navigation

Prioritise collaboration between different people providing supports including both formal and informal forms of support.

Create a Culturally Safe Environment to Support Self-Determination for Aboriginal and Torres Strait Islander People

Provide culturally safe and representative services, and enable people to choose how they engage with supports.

Ensure the Person, their Needs and Goals are at the Centre

Supports should be person centred, with empowerment and personal choice at the forefront.

RATIONALE

Personal choice over who provides support, what types of support are provided and how it is provided is important to people. However, it is also important to note that not everybody will be ready or confident enough to make decisions unassisted, as some people felt that they may need help to build the confidence and feel empowered enough to be able to determine and enact what they want. This was especially pertinent in people from cultures where mental health issues can be stigmatised and asking for help is harder.

"It could be my...cultural background but it was drilled into me that if I get anything I have to be grateful, there's no challenging what you get." [1]

People want to be considered as a whole person, rather than just their diagnosis. Support services commonly respond to people's diagnosis or crisis, not always to the range of needs they may have. The importance of having support workers who understand people and their experiences and are focused on providing quality care that is holistic was emphasised.

"They don't tend to look at your whole situation, they only look at what crisis you're in." [1]

Self-empowerment is an important anchor in assisting people's recovery journey, and services must demonstrate understanding and respect for people to retain control and autonomy over their personal information and ability to make their own decisions on the level of supports.

"...[We need to have] consistency around how someone can stay in control of what's happening for them, to ensure the person feels safe, well, and in control of their supports." [2]

Supports that communicate in jargon or language that is difficult to understand left people confused. This can create a barrier for people accessing the supports they need.

"Talking without the jargon, that to me is important. When you start using big words and [you] don't understand, it kinda makes you feel a bit awkward and you don't question it" [1]

People want support services to not only help to maintain their mental health, but to help them learn new skills, grow as a person and achieve their goals.

Peer support workers were highly valued, as people recognised the importance of having someone who understands them in a way that people who haven't been through similar experiences themselves may not.

Privacy and protection of personal information was important to people, which has implications for how service providers communicate with each other and access and store data.

"I've been fooled by the system before, [so I'd like to be] involved as much as possible. Before confidential information is shared [they] should get consent, [meaning] I'm sighting it, writing my initials and I'm always in the loop" [1]

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Ensure the Person, their Needs and Goals are at the Centre

Supports should be person centred, with empowerment and personal choice at the forefront.

ADVICE

01 - Choice should be at the centre of all decision making regarding the person's supports

This would look like:

- People making their own decisions by being offered choices about the wellbeing supports they receive.

- Having the option to opt in or out of activities and supports depending on how someone is feeling at the time. This is especially important in highly supported settings or housing with shared amenities, where people valued having the option to engage in activities when they desired, rather than feeling obliged to participate.

- Being able to have an input into who the support team is, so people are surrounded by people that are right for them. This is particularly important when considering the way self-efficacy may change during peoples' mental health journeys.

- Obtaining agreement or consent before collaborating or sharing any personal information and ensuring people are kept informed about how their information will be stored, used or shared.

02 - Supports need to be grounded in empathy and have the person at the centre

- Supports should be reflective of where the person is now and where they want to go to. For example, for someone who hasn't had opportunity to live independently, support might be focused on living skills, managing a household and maintaining a tenancy; whilst for others the focus might need to be on building connections in their community.

- Supports should provide care to people in a way that resonates with them and so people are able to make decisions regarding their care.

- Access to peer support workers who can provide support and guidance from having been through similar experiences.

- Ensure that people are considered as a "whole person", not just responded to by their diagnosis or crisis issue.

Ensure the Person, their Needs and Goals are at the Centre

Supports should be person centred, with empowerment and personal choice at the forefront.

ADVICE

03 – Stimulate and assist people to learn new skills and think about their future goals

- Supports should help people build new skills over time and achieve their short and long term goals. This could relate to increasing their level of independence or building good routines.

- This was especially relevant for household supports, as people and service providers agreed that having support with home maintenance and cooking was a helpful tool in promoting recovery.

04 - Supports should be personalised and guided by the person, their needs and their preferences.

- Cater supports for different people's needs, goals and level of independence. For example, some people need extra help cooking and cleaning when first moving into a home whereas other people may need extra wellbeing supports to help socialise and prevent isolation.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Provide Both Flexibility and Consistency

Offer flexible, and consistent supports to meet people's evolving needs and ensure supports are always available.

RATIONALE

Supports were commonly only available to people in times of crisis, which made the system difficult to navigate. It often took huge amounts of effort from carers and support staff to get the right type of support that the person needed to manage through a crisis, but also to recover or to prevent reaching crisis points.

People said that it was common for supports to fall away when they were perceived to be relatively 'well'. They also felt that there were rarely supports available at all times, no matter how they felt.

"As soon as someone is seen as high functioning, all of the supports are dropped" [1]

As highlighted by service providers, it is important for service providers to have an upfront and accurate understanding of the 'core' and 'ancillary' support services people may require, including any applicable costs and availability considerations such as wait times or frequency, as early as possible. This timely alignment will be key to ensuring consistency and maintaining flexibility of support availability in the long run.

Similarly, service providers highlighted that housing managers and on-site support workers are often in a unique position of being able to observe day-to-day nuances in behaviour to help identify potential risk factors early, so needed the capacity and capabilities to be able to access relevant referral channels, and proactively connect people with services for preventative purposes, ensuring risk factors are properly mitigated and people could get the help they need sooner. [2]

"When [crisis] happened, the support workers were ready to act and knew exactly what was happening and when they were needed …[As a result] hospitalisation went down over time." [2]

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Provide Both Flexibility and Consistency

Offer flexible, and consistent supports to meet people's evolving needs and ensure supports are always available.

ADVICE

01 - Consistent and regular supports

Living with mental illness is not a linear journey and is often episodic, so the supports a person needs will depend on their circumstances and how well they are feeling at any given time. This means that the range and how supports are delivered need to be flexible and reflective of an individual's needs at anytime.

People should be reassured that support will be available if and when they need it, and ensure they have clear awareness of escalation channels when they need more support.

Proactive and regular check ins

It is also suggested that a proactive approach be taken to regularly 'checking in' with people even in times when their supports have been reduced, as a way to prevent people reaching crisis point.

Regular check-ins could be in person or through prompts and text messages, and play an important role in helping people feel like they are connected and engaged to their supports but also reassured that supports will be available to them should they need them. Taking a proactive approach can also take the responsibility away from people having to ask for help, which can be a barrier.

"I think [check ins are] a great idea, they don't have to be physical they could be on the phone but if someone did turn up [...] they would see if I was coping or struggling and provide a pathway to getting more support" [1]

Setting expectations and transparency upfront

From the very beginning, service providers need to provide sufficient relevant information about the nature of the service being delivered, including features such as eligibility, how information sharing is managed, and who the key support workers are, so that people can understand what to expect, have choice and control and consider how their relationships with their support providers will develop over time.

"Because I got thrown in transitional housing, there wasn't much support. You have a roof over your head, good luck. There was a lot of support in residential, but when you go to transitional housing, its like, good luck, you're off again. " [1]

Build Connections with Community

Support people to foster connections within the community to build a sense of belonging and help to limit feelings of isolation.

RATIONALE

It is important to people to live in a place where they can build a sense of community, however this might look or mean to them, and feel comfortable connecting with their neighbours.

This connection is especially important in housing options where there are shared spaces and shared amenities, as there are more opportunities for social interactions between residents and there is also a higher chance of tensions and conflicts between people occurring. To strengthen a sense of neighbourhood community it is important to maintain a balanced approach between providing access to social spaces and maintaining privacy.

"There's a difference between housing and having a home, [...], you feel like you belong in the environment, you have a connection and shared goal with [the people you live with], maintain the house, cooking together, not just a room that you're renting, a roof over your head and that's the end of it, that's not really conducive to recovery or a sense of well being and certainly not healing." [1]

It is important for people to feel connected to their local communities, as there is a risk that living in supported housing can be stigmatised by the local community and be isolating.

Maintaining current personal networks, whilst also building new connections and community are both important. Losing one's connections to their current network can make a transition into a new home harder, with a risk of increased feelings of isolation and loneliness for people.

For culturally and linguistically diverse people, risk of loneliness can be exacerbated when moving into new homes due to the lack of existing social infrastructure or connection to communities.

"To have communal space outside or under cover where you can get together and have some fun, [making] some connections and be social would be good." [1]

Suggested ways to support people to engage in their community, included through community outreach and support programs, drop-in centres and other activities, such as; barbecues, movie nights and peer-led social gatherings can ensure that positive connections are maintained and people can build a sense of community.

Build Connections with Community

Support people to foster connections within the community to build a sense of belonging and help to limit feelings of isolation.

ADVICE

01 - Facilitate a community of people to interact with and build relationships

This is especially important for housing options with shared spaces, as there is the potential for tensions between neighbours to escalate and cause other people to feel unsafe. This can be achieved by:

Building a community culture

Creating a joint culture with neighbours/other residents helps to facilitate a sense of belonging and community, especially for those who may not feel connected to an existing community. Here are some examples of how this can be achieved:

- **Engaging people in creating shared guidelines and values**

  Developing a set of shared guidelines and values that can guide people's behaviour may help to prevent potential conflict or disagreement. Guidelines would need to be updated and reviewed regularly to ensure they reflect the changing and diverse needs of everyone; however a set of shared values and guidelines can also assist people when choosing a new home, helping them to determine if people living in the residence share their values.

  Shared guidelines or values in shared spaces were seen to help with respecting the amenities and help to prevent conflict, however, if guidelines are not abided by, it is important that the residents who don't uphold the values are supported, without feeling like their tenancy is at risk. People must feel like they are supported at all times and that moments of conflict may happen, but they won't always result in them losing their home, while still respecting the other residents.

- **Establishing a resident led housing association**

  Resident led housing associations can be used to ensure that people who want to have more of a say in the management of their homes and properties are able to. Any resident association or group however needs to be provided with the supporting environment and needs to be safe for everyone to participate in. For example, any kind of resident-led initiative should ensure it does not create hierarchy and could use a democratic voting system instead to elect any representatives and make decisions.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Build Connections with Community

Support people to foster connections within the community to build a sense of belonging and help to limit feelings of isolation.

ADVICE

02 - Social Activities to encourage engagement with the community

Organised social activities can be a way to encourage people to connect with their neighbours, explore the wider community they are living in and create a positive routine.

- **Social activities**

  Support people to both maintain their current personal connections as well as building new ones. Having the opportunity to engage easily with social activities was seen to help build positive routines for people that may have more difficulty leaving the house or connecting with others.

  These activities could be held on site if there are shared spaces or amenities, or support can be provided to assist people to access community facilities where needed, however it is to that people can opt in and out as they prefer. These social activities are also an opportunity to celebrate diversity in the community and incorporate different cultural traditions and activities.

- **Engage local community centres and recreational facilities**

  Connect people with local community support services and recreation centres, so people can easily participate and integrate into the neighbourhood community they are living in.

  Service providers suggested that a focus on early community education, through engaging local communities, is needed to increase awareness and understanding of complex mental health needs, which would aid in reducing stigma against people living with mental illness from surrounding neighbours and communities.

- **Welcome to home programs**

  A formal program to help people familiarise themselves with the local neighbourhood and services can help with settling in, especially when first moving into a new area. People favoured this idea, however emphasised that this support needed to continue, not just occur at the start of the tenancy.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Take a Proactive Approach

Proactively plan and engage supports with the person and their support team to reduce and manage potential stress around transitions and accessing supports.

RATIONALE

It can be difficult to access supports, and this can often take a great deal of effort from people, their families and carers in order to engage the right supports at the right time. Having support that proactively engages with people can help to decrease the mental load that accompanies navigating the system. This approach was seen to reduce the reliance on carers in times of crisis.

People spoke of the importance of pre-planning for change or periods of transition as the best way to anticipate and manage how they are feeling. Times of change can often be a time of acute stress and anxiety, so having a plan that has been agreed upon helps alleviate some of that anxiety and has result in people being more likely to engage in supports or acute care.

"Yes, definitely, a pathway plan or something, [...] so there's no added anxiety towards the situation, it's a fundamental understanding about how to go about it and what's the backup plan. It's definitely reassuring" [1]

"When [a crisis] happens and the person needs to be in hospital, often the housing provider or landlord is the last to know what's going on... until a carer, support worker or family member alerts them." [2]

Service providers note that when helping people living with mental illness in setting long-term goals and establishing contingency plans for potential changes that may occur in the future, it is important to adopt an approach anchored in trauma-informed care, which can be described as *"creating safety, trustworthiness, choice, collaboration and empowerment, and an understanding of trauma and its effects on individuals and their support networks. It involves creating safe physical and emotional spaces and supporting individual choice and control."* Mission Australia (2016)
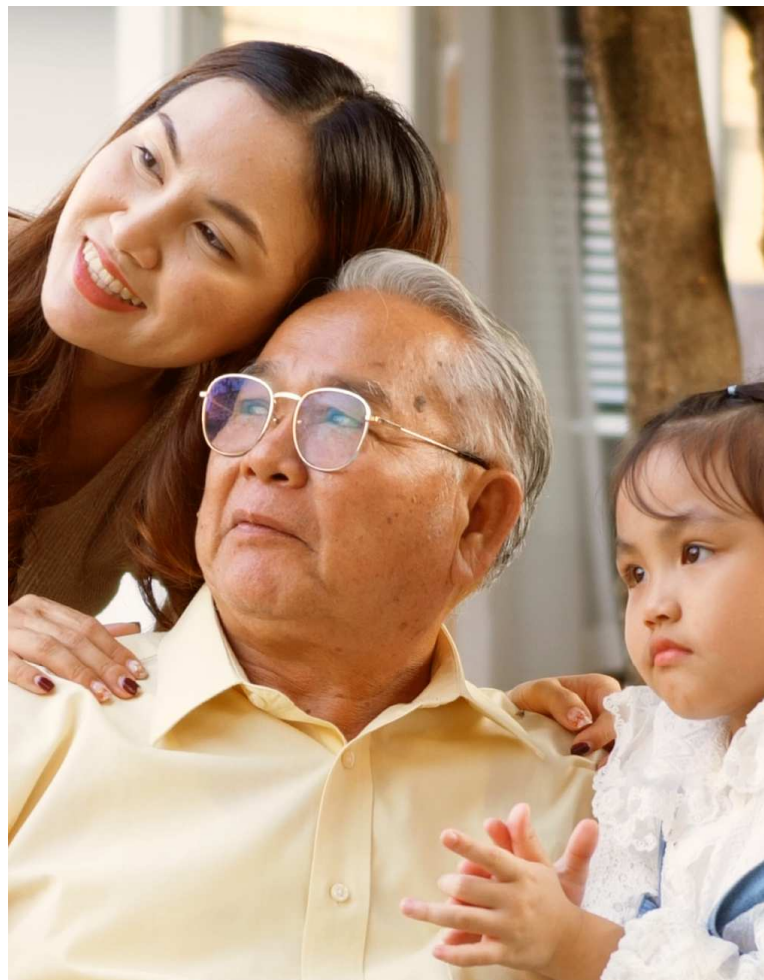
"I have found the important thing is that we have those long-term goals set. If there's a crisis point ... And we have something planned, its only a small problem. If you have that long-term plan, then we can work out what the most important things are." [1]

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Take a Proactive Approach

Proactively plan and engage with the person and their support team to reduce and manage potential stress around transitions and accessing and providing support.

ADVICE

01 – Pre plan for change

Understand people's preferences and needs for pre planning to help reduce stress and anxiety during periods of change, and revisit them regularly with people to ensure that they remain fit for purpose over time. This could look like:

Wellbeing Planning

Supports should work with people to understand their preferences for care if their intensity of support needs to change; particularly when someone may need increased support. Preferences and choices should be led by the person but seek input from their clinical and wellbeing support workers and carers where appropriate. This was viewed as helpful in particularly challenging times, and providing reassurance that supports will be available when needed.

Home Maintenance Planning

When someone first moves into their home, work with them to plan what home maintenance needs they have and who will be responsible for these activities if the person is not home for an extended period, for example, who will look after pets or water plants. This can minimise the potential anxiety of seeking care and leaving the property vacant for extended periods of time.

Trusted persons/people

Work with people to nominate a trusted person (such as a carer, loved one or support worker) to be informed if someone's support needs increase. This would include knowing about any wellbeing and maintenance planning if the person enters an acute care setting, or requires more intensive support, as well as knowing who can assist with advocacy or the navigation of services during any challenging times.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Design for Diversity and be Inclusive

Embed and actively promote inclusion and diversity in all of its forms, whilst also proactively addressing discrimination.

RATIONALE

It is important that support services have inclusive practices and celebrate diversity. People are likely to feel more comfortable with service providers where they could see diversity evident in the practices of the service provider, such as support workers with similar shared values and experiences.

People need to be able to share experiences and see themselves reflected in their support staff as it can lead to a more open and trusted relationship.

People felt that adequate cultural support for culturally diverse and Aboriginal communities is often missing and that this can lead to a weakened connection to culture and community.

Culturally safe support and education needs to be provided for all support staff.

"This is critical because if they don't have a good understanding as it can have an impact on everything else they do [...]. It's important they're given training on cultural safety and unconscious bias. There has been times where people's bias and privilege has caused conflicts and it hasn't been culturally safe" [1]

To embed diversity and inclusion in all aspects of housing and supports, it is important to design from the ground up, led by the ideas, inputs and contributions from a diverse group of people with a lived experience, to avoid presumptions and minimise preconceived biases.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Design for Diversity and be Inclusive

Embed and actively promote inclusion and diversity in all of its forms, whilst also proactively addressing discrimination.

ADVICE

01 – Actively promote inclusion and diversity

The design and implementation of supports must recognise a broad range of diverse communities and people and ensure that everyone is included and respected. This can be done by embedding diversity and inclusive practices in the day to day provision of support services, such as:

- **Work alongside people with a range of lived experience**

    Always partner with a diverse range of people with a lived experience in the design, delivery and improvement of support services, designed spaces and features within spaces, as well as things like community events or activities.

- **Visible guidelines explicitly committing to inclusion and diversity**

    Implement a statement of inclusion and diversity in homes which include shared amenities and or spaces.

- **Regular mandatory coaching on diversity and cultural sensitivity**

    Provide support staff with regular coaching and training to increase their understanding of anti-discrimination and cross-cultural competency principles when performing their duties, for example using inclusive gender-neutral language, reducing unconscious bias, and understanding nuances around intersectionality.

- **Organising events that celebrate different important cultural holidays**

    Arrange social events that celebrate different cultural events and holidays that are important to residents. This is particularly important in housing that has shared spaces and on site support.

02 – Representative and inclusive community

All supports need to be inclusive and culturally safe for everyone, recognise cultural differences, and safe for a diverse range of identities. This is important for Aboriginal people, culturally and linguistically diverse communities and people who identify as LGBTQI+.

- **Representative support staff**

    Actively employ support staff from different social and cultural backgrounds, ethnicities, language proficiencies and gender identities. This can be achieved by outsourcing support staff where necessary, or working with other intersectional support providers to ensure that everyone could be represented.

- **Practice cultural safety**

    To achieve this, a service provider said that support programs and personnel need to nurture:

"an environment that is spiritually, socially, emotionally, and physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need." [2]

Have a Skilled and Informed Team

People's support workers need to be skilled, informed and trained. This will ensure people receive professional and consistent care at all times.

RATIONALE

People need support workers who are highly trained in their profession, understand the nuances of intersectionality, different people's experiences and trauma informed care, so that a high level of care is offered across all services. Service providers also identified that there is an opportunity to increase the capability of skilled workers through education and specialised training

"Other thing that's important, apart from the skills, is having a really good understanding of intersectionality and background" [1]

There was a general consensus from service providers that the role of tenancy managers and support worker should not be combined as they perform separate functions and require different knowledge bases and expertise. This clear separation could help with efficiency and reducing the potential conflict of interest, ensuring that the right people could be deployed to address areas within their individual fields of capability.

Peer support workers with shared lived experience were touted as critical in providing emotional, social, and mentoring support for people.

"Peers who have experience of mental health get it in a way that mental health professionals sometimes don't. With some professions it was like hitting your head against a brick wall, with peers it was a lot easier to share". [2]

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Have a Skilled and Informed Team

People's support workers need to be skilled, informed and trained. This will ensure people receive professional and consistent care at all times.

ADVICE

01 – Ensure that all support staff are proficient and capable with a thorough understanding of mental health

All aspects of service delivery should be trauma-informed, person centred and recovery oriented. To achieve this, all support staff must be educated in mental health first aid, suicide prevention training and trauma informed care.

Service providers recognised that there is an opportunity to increase the capacity and capability of skilled workers through specialised training and dedicated funding.

Workers should have a knowledge of all supports and service providers in their local area. They should also be familiar with each individual's support team, their wellbeing plans and trusted people.

People who work on site in homes with shared amenities should be trained in how to manage conflicts and reduce tensions, this was seen by both service providers and people with lived experience as crucial to ensure conflicts do not intensify in the homes.

02 – Involve peer support workers across all layers of services

Peer support workers are an important part of support programs, whether they are informally providing support to people or embedded within support services. People appreciated peer support workers for their help through challenges, informal emotional support and offering comfort through the lens of someone who has been through similar experiences.

It is important to undertake further research on the structure of peer support programs, as people said that the nature of their relationship with peer support workers would change depending on whether the workers were paid or volunteer. People liked the idea of volunteers providing informal support and were concerned about the cost implications of having another paid support service. However, paid peer support workers may provide better trained and structured support.

Service providers agreed that the presence of peer support workers with shared lived experience is crucial in providing emotional, social, and mentoring support for people. Peer support could manifest in many forms, including peer-to-peer buddy programs between residents as well as peer-run community engagement and skill-building initiatives. Experienced peer support workers can be well-placed to help with early identification of risk factors, or the need to intensify supports.

Peer support workers also need to be equipped with the core competencies of mental health first aid, safety and communication skills, as they often play the role of ally and confidante for the people they are connected with. In return, service providers need to ensure that their peer-led workforce have the security, resilience and tools to perform their roles sustainably, understand the boundaries of their capacity, and know how and where to refer people on to further supports.

Peer support programs should be developed in line with the Royal Commission recommendations and the current work being undertaken to progress the peer support work force.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Foster Collaboration and Ensure Easy Navigation

Prioritise collaboration between different people providing supports including both formal and informal forms of support.

RATIONALE

Housing and health services are fragmented across multiple service providers and locations, making it complex and difficult for people to navigate the system without professional / expert help, especially in times of urgent need.

"There [are] so many different services involved and [having to] navigate this can be very overwhelming and tiring, particularly when you don't want to engage and you just want to be in your space" [1]

Navigating the system and finding supports generally fell to the work of one person, or was a matter of good luck and timing, so people expressed a preference to have a team of people providing them support.

However it is crucial for this team to work together and communicate well to provide holistic care and prevent the need for people to repeat their story, which can be especially difficult for those with trauma.

Service providers also see the benefit of having access to shared information:

"In all seriousness, you're bringing up trauma and a lot of [stuff] that distresses people, [you're] constantly bringing up old stuff and finding ways to cope. Repeating your story isn't good for anybody's mental health" [2]

Carers described navigating the system on behalf of the people they care for as a full-time job and it often left them exhausted and burnt out. They also felt like they had to fail as a carer for the system to work as it relies on them currently to do a lot of the navigation and seeking out psychosocial supports on their own.

"I wanted to step back as a carer, I wanted to be his mum." [1]

"Looking back to when I left home and I was homeless and not knowing where to go to get support. I was pretty much on my own and didn't know where to ask for help" [1]

Foster Collaboration and Ensure Easy Navigation

Prioritise collaboration between different people providing supports including both formal and informal forms of support.

ADVICE

01 - Support providers should work collaboratively as an ecosystem

Engage all members of the support team, such as clinical support, psychosocial support, peer supporters, carers, loved ones, tenancy managers and most critically, the person themselves, to form the optimal support plan, and have regular check ins as a team to make sure that the person's support is working for them.

It is important that service providers collaborate to be able to provide consistent support for the person.
See section 3.4 (page 72) on how front-line support workers can work together to effectively to tailor supports.

02 – Resource a navigation function

Prioritise the allocation of resources to a worker in the system who is able to dedicate time to connecting with services and build relationships with service providers, so that when a person needs to engage with a service they have someone who can assist them with canvassing the services and make warm referrals to the services. Having someone make effective referrals, provide information and connect people with services will reduce the effort it takes from people, their loved ones, and carers to navigate the system.

Service providers noted that this function would be beneficial to reduce the multiple points of contact sometimes needed to access services

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

Create a Culturally Safe Environment to Support Self-Determination for Aboriginal People

Provide culturally safe and representative services, and enable people to choose how they engage with supports.

RATIONALE

Aboriginal people spoke about how they prefer to engage with services that are culturally representative and safe, as they appreciate getting treatment from people who understand them, their history, and don't speak in jargon that makes it difficult to understand.

"I feel like I've been disrespected culturally, where I haven't been heard. These mainstream services haven't heard me, it's getting the balance right, Having people who understand the cultural differences is important" [1]

"You don't get any of the jargon when you go through Aboriginal co-op, they talk to you how they talk to their brothers and sisters [...] that to me is important." [1]

Having the option and choice to engage with mainstream services was also important to some Aboriginal people. One person spoke about how sometimes they don't engage their local Aboriginal support services, because the community in their area is very small and personal information can travel by word of mouth

"I like having the option, choice is important for every individual, everyone is different" [1]

"A lot of fellas might choose to go through mainstream services [...] at services like [Aboriginal] co-op and that, there's a stigma around word of mouth, the grapevine. You might see a fella and word travels fast" [1]

People felt that they did not currently have enough culturally representative support workers in the social housing they were living in and that it had been an isolating experience. One person spoke about how it would be great to have an Aboriginal liaison worker they can call up and chat to, and help assist them with home maintenance and connecting with housing supports

"Having an advocate in the sector would be great, where you can have a yarn to them and they can help with complaints, and finding a resolution to a situation, if there is any" [1]
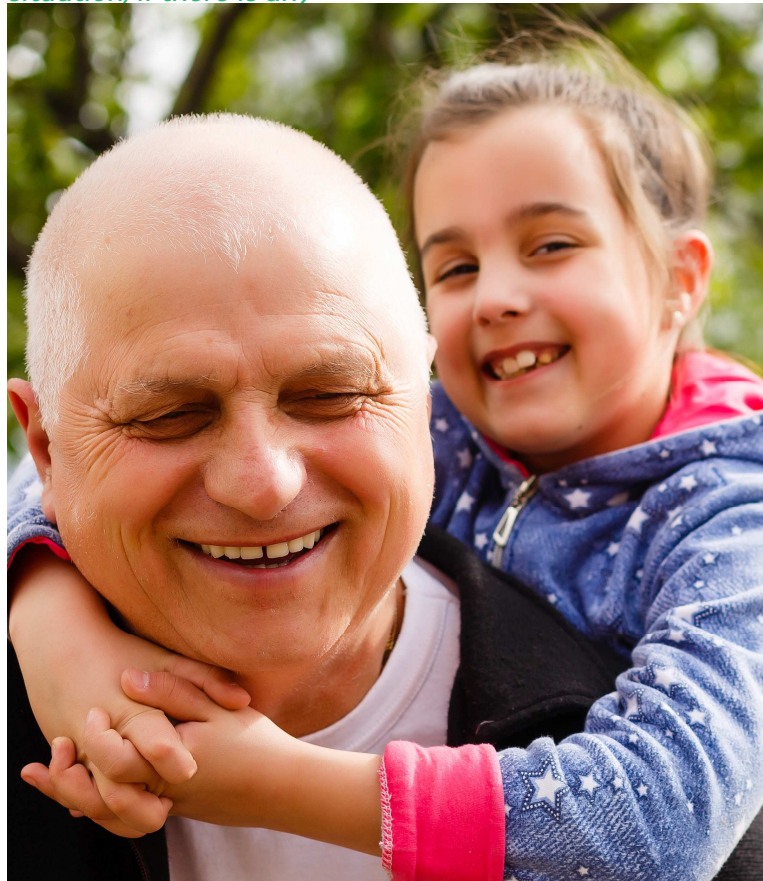
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Create a Culturally Safe Environment to Support Self-Determination for Aboriginal People

Provide culturally safe and representative services, and enable people to choose how they engage with supports.

ADVICE

This advice complements advice detailed throughout the rest of the section

01 – Incorporate Aboriginal housing and support services

Aboriginal people should be able to be supported by culturally safe and representative support providers.

"They didn't judge me, they really pushed, the groups are mutual respect and sharing how you're feeling [..] I love it. You want [...] a safe environment, everyone gets to bare their soul in a safe environment. [...] it was amazing to feel safe enough. My background has been blessed by the Wurundjeri tribe, they not only ask, they listen" [1]

02 – Partner with Aboriginal people and communities in the design and delivery of services

Ensuring Aboriginal people lead service design and delivery helps ensure that the services are best placed to support the community.

03 – Have an Aboriginal advocate or liaison worker across housing and wellbeing supports

Have an Aboriginal person to act as an advocate and liaison, to assist Aboriginal people feel culturally safe and understood when connecting with housing and support services.

04 – Ensure that there is choice and control over the services and supports to meet someone's needs

Foster an environment that encourages people to feel safe to make decisions about what support and care works best for them.

"My sister works at the [Aboriginal] health clinic, all my baby stuff and health stuff is handled with her and I go somewhere else for mental health treatment. It's the choice, as long as you're offering it to the fellas they have the choice on whether to engage or not" [1]

05 - Embed cultural safety and respect into supports

Ensure that all staff are trained and educated to provide a culturally safe service for Aboriginal people. People spoke of how much of a difference it can make when their supports have 'unbridled love and respect for Aboriginal people'

"I think the clinical things and the clinical way of dealing with people has a place, and it has a time when they need to be accessed but culturally, our culture is important to us and that's the thing we're missing." [1]

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3.4 Collaboration and partnership working between housing and mental health and wellbeing support services

This section details the key structures, levers and mechanisms that can be explored to strengthen collaboration between housing, mental health and wellbeing support providers to deliver collaborative care. A key component of this section outlines future considerations for both government and service providers as they progress the design of a mental health housing and support model and the delivery of services.

Key Enablers for Effective Cross-Provider Collaboration

Throughout the project, a number of factors have been highlighted that will be critical to strengthening collaboration. These factors can be divided into areas that government should consider leading, and areas that service providers should continue to innovate within.
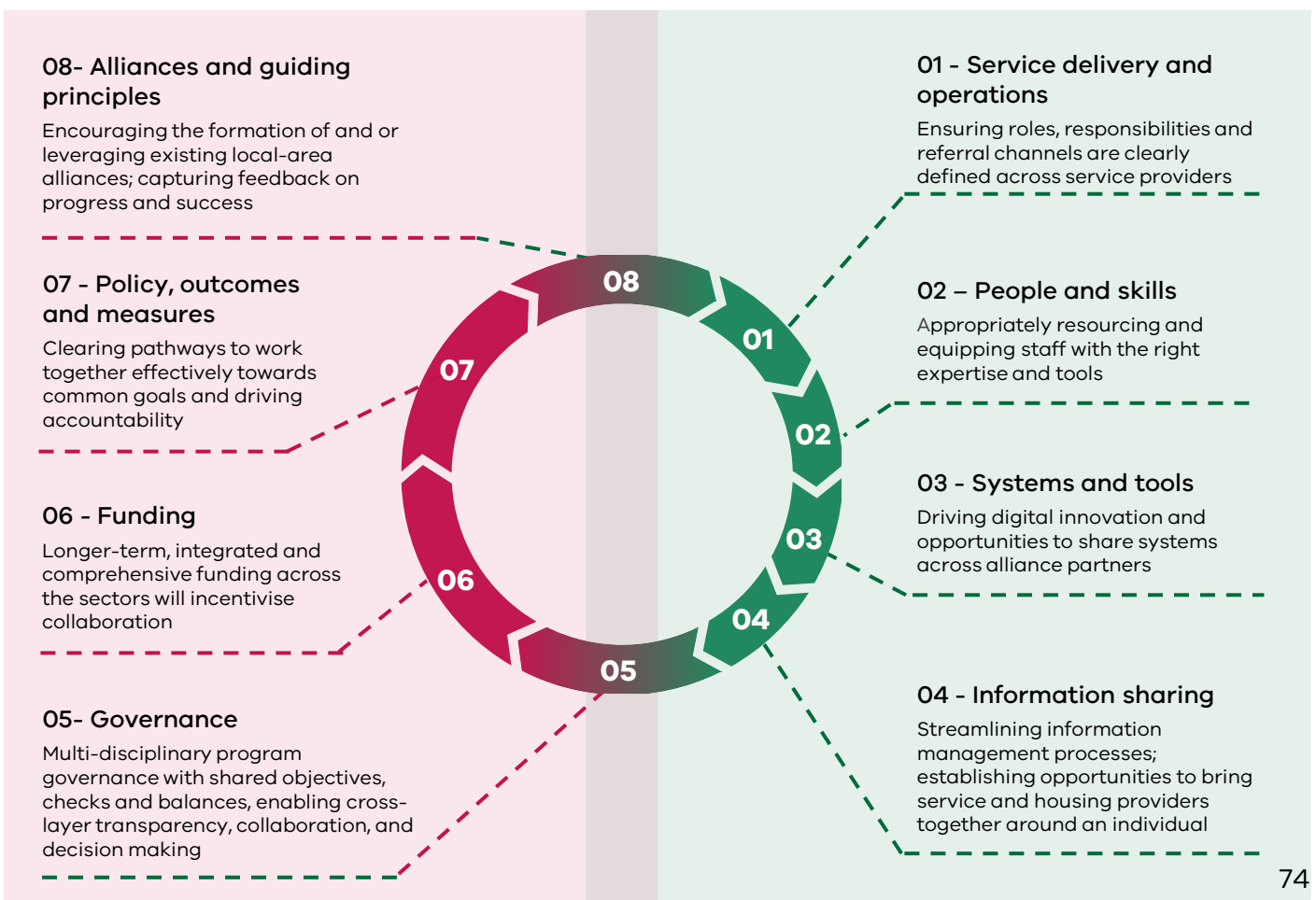
When designing the housing and support model, Homes Victoria and the Department of Health should continue to consider the appropriate structures and levers that may impact sector collaboration such as policy, governance and funding structures. Providers need to continue to innovate within service delivery and operations, people and skills enablement, information sharing, and using systems and digital tools to enable collective teamwork.

Government agencies and providers also need to incorporate guiding principle two when structuring their response, to ensure people with lived experience are at the centre.

It is important to note that the findings and considerations outlined in this section have been drawn from written submissions, input in a series of focus groups with service providers, and supplemented by insights from people with a lived experience. The considerations in this section are not exhaustive, they highlight some areas that could be considered and further explored as the design of the model and services evolve.

Structures and levers for government in overseeing collaboration

Mechanisms for service providers that enable coordination

08- Alliances and guiding principles

Encouraging the formation of and or leveraging existing local-area alliances; capturing feedback on progress and success

07 - Policy, outcomes and measures

Clearing pathways to work together effectively towards common goals and driving accountability

06 - Funding

Longer-term, integrated and comprehensive funding across the sectors will incentivise collaboration

05- Governance

Multi-disciplinary program governance with shared objectives, checks and balances, enabling cross-layer transparency, collaboration, and decision making

01 - Service delivery and operations

Ensuring roles, responsibilities and referral channels are clearly defined across service providers

02 – People and skills

Appropriately resourcing and equipping staff with the right expertise and tools

03 - Systems and tools

Driving digital innovation and opportunities to share systems across alliance partners

04 - Information sharing

Streamlining information management processes; establishing opportunities to bring service and housing providers together around an individual

01 Service Delivery and Operations

The responsibilities and functions of the range of support workers, the delivery of support, and the role of standardising processes are important considerations when collaborating across sectors.

FINDINGS

The need for providers to work together and coordinate service delivery, while ensuring that the provision of services remain separate at a functional level was clearly identified.

Service providers generally emphasised the need for open communication between housing and mental health and wellbeing support workers, to ensure everyone is working together effectively to adapt service delivery and supports in line with people's changing needs and preferences.

It is important to be clear on the different roles and responsibilities of each provider and worker. This could include establishing ways of day-to-day working as well as documenting and agreeing processes and guidelines. Such mechanisms can ensure a common understanding of each person's role and accountabilities.

A practical form of greater collaboration across the sector is facilitated referrals. There is a common consensus amongst providers that these referrals drive desirable results, as support workers are familiar with the service offering, have a deeper understanding of its eligibility criteria, and can assist people with accessing the support by providing warm handovers.

Successful programs that integrate housing and health supports were noted to have established clear working rhythms, including standard procedures for managing referrals to other services.

In the provision of support, it is noted that how they are delivered might vary depending on the type of home a person is living in.

For example, standalone housing managers are valuable in supporting day-to-day activities within the housing environment, such as maintenance of facilities and tenancy management. On site support workers with mental health expertise are particularly important to support daily living and independence skill and assist people whose needs increase.

Support workers that specifically perform more relational functions such as welfare check-ups, long-term rapport building, community engagement, advocacy for residents and cultural support were more likely to be off site and delivered on an as-needed basis.

"It might be every week for a year or go back to a month after that, it depends on if [the person's mental health] improves and how well they become."

When considering the types and intensity of supports, the importance of flexibility in service delivery was emphasised, as mental health and psychosocial supports need to adapt to the changing needs, situational factors and support structures of residents. To ensure supports can readily adapt from being intensive and / or on site, to a more hands-off approach, service providers noted that housing officers will need to communicate and work as a team with the mental health and wellbeing support providers. Open communication ensures support workers can adjust the frequency or form of engagement accordingly, dependant on peoples needs.

01 Service Delivery and Operations

The responsibilities and functions of the range of support workers, the delivery of support, and the role of standardising processes are important considerations when collaborating across sectors.

CONSIDERATIONS

In the future, service providers should seek to continuously improve service delivery coordination and operations by:

01 – Delineating roles and responsibilities

For cross-provider alliances to work effectively, clarifying roles, responsibilities and functions of front-line support workers is critical. In particular, service providers emphasised the importance of having a clear delineation between the role of housing officer and support worker, allowing housing staff to focus on property management and support workers to specialise in their areas of expertise of looking after people's wellbeing, and coordinating necessary referrals between providers.

02 – Tailoring the delivery and intensity of supports for each housing type

Delivery and intensity of appropriate wraparound support services needs to be in appropriate to the housing type and the person's needs. It is important that front-line support workers collaborate and keep in contact effectively through mutually-agreed communication channels, and leverage referral mechanisms appropriately in order to flex support delivery in line with people's preferences, needs and changing situational factors.

03 – Documenting and sharing useful referral pathways and procedures

Key support staff need to be equipped with guidelines on effective cross-provider referrals and managing friction points. This is important in helping staff connect people to the right services at the right time and de-escalate urgent tension.

These guidelines should be mutually agreed with the person, and shared between collaborating providers, and could include recommended contact points across providers, useful steps to take during different scenarios, and what to do in emergencies.

There is room for service providers to further explore and design suitable approaches on sharing documentation and appropriate referral pathways in contributing to the overarching service provider coordination rhythm.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

02 People and Skills

Workforce initiatives that focus on attracting, retaining and upskilling support workers as well as targeted investment towards amplifying lived experience expertise may enhance the workforce with the capacity, knowledge and expertise to collaborate effectively.

FINDINGS

Service providers and people with lived experience of mental illness consistently referenced the limited capacity of front-line support workers, especially those with more targeted or specific skills and knowledge.

"There just simply is not enough support services and enough workers... We're constantly looking for people to help us in drug and alcohol services and mental health services."

Limited resourcing at the operational level across the health and housing sector has been shown to impact the quality of support delivered, as support workers are often overworked or pressed for time.

"The practitioners who often work in that mental health service are often tired and they don't even realise that they are burnt out, so they end up telling consumers what to do rather than telling them to find their own pathway..."

A number of service providers have expressed a desire to have separate funding allocations to core service delivery and recruitment and training. This was seen to help increase and maintain workforce capacity, whilst enabling enough focus for training and development.

One service provider noted that *"the issue with the support system is ...that they only have X number of staff. We can't ring them up and expect them to support them when they are already at full capacity."*

Service providers expressed a desire to upskill on site housing and tenancy managers to be better able to identify potential risks early in order to minimise the use of emergency services and to ensure people are working together effectively and proactively to deliver supports. Live-in managers were valued for their ability to identify nuanced changes in resident's moods through observing day-to-day activities and behaviours.

People with a lived experience of mental illness noted that a critical success factor of peer support is being matched with someone who has similar shared experiences. This is because people tend to feel more seen, heard and understood by their support workers, and can aspire to contribute to similar work in future .

"It's really important they have that shared experience, even if it isn't' exactly the same, it's important to see someone recovering. They might not be there yet."

A common denominator of successful , integrated programs was the inclusion of lived experience peer support workers. These programs were proven to *"streamline referral pathways to services... strengthen partnerships between clinical mental health and housing providers"* and drive towards high-quality service outcomes.

02 People and Skills

Workforce initiatives that focus on attracting, retaining and upskilling support workers as well as targeted investment towards amplifying lived experience expertise may enhance the workforce with the capacity, knowledge and expertise to collaborate effectively.

CONSIDERATIONS

Moving forward, service providers should continue to demonstrate investment in workforce capacity, training opportunities and amplification of lived experience voices to enable better collaboration . Suggestions include:

01 – Balancing current workforce capacity with future planning and forecasting

To address the current constraints around workforce availability and capacity, it will be important for service providers to sustainably balance the resourcing requirements of both current and future programs.

Anticipating changes in the operating and policy environment would enable service providers to adjust and plan for workforce changes ahead of time.

This may in turn enhance the ability of support workers to build long-term, trusting relationships with the people they care for and sustain a person centred delivery of service through smoother collaboration.

02 – Prioritising proficiency and diversity of skills for support workers

It is important to equip and empower support workers, particularly housing and tenancy managers who may be people's first point of contact, with the necessary knowledge of referral channels or available supports for people with complex needs. This may help support workers coordinate with other service providers and deliver a seamless, multidisciplinary support experience.

In order to achieve this, it is crucial to enhance and nurture the diversity of skills and experiences within the workforce, so that support workers have the adequate knowledge and expertise needed to connect people with the right services and deliver high-quality health and housing outcomes for people.

03 – Amplifying lived experience expertise at all levels

Threading lived experience expertise into both front-line support roles as well as in back-end, strategic roles may drive knowledge sharing of best practice across the sector, improve coordination between providers and ensure programs are working effectively towards lived experience ambitions and person centred outcomes.

Targeted initiatives that aim to upskill people with a lived experience across policy, operations, service design and delivery may help them pursue careers across the mental health and housing sector, and may likely ensure lived experience expertise is appropriately leveraged and amplified to achieve the objectives of programs.

In the context of this project, it will be important to continue codesigning with people with lived experience to explore these considerations further.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

03 Systems and Tools

Better application and use of technology and driving systems innovation across the sectors can facilitate improved flow of information and streamline cross-provider communication.

FINDINGS

Fragmented communication between service providers impacts the overall housing and mental health and wellbeing outcomes of people living with mental illness. Service providers described being in situations where they were not aware of their client's hospitalisation or were only informed days after discharge.

People may have cycled between crisis and transitional accommodation over a number of years before the moving into stable housing. As a result, service providers found it difficult to understand people's previous and current engagement with various health and housing supports and may miss key milestones, leading to poor service outcomes for people.

"I don't think (people) know the service and the system gaps, we don't know if its a health problem, is it a housing problem...system wise people are often missed and end up in bad situations, there are lack of policies and systems to connect and identify issues."

Service providers expressed a desire to have access to sufficient information, including people's existing supports or relevant requirements, as part of the Victorian Housing Register (VHR) inputs, which would allow them to better assess the suitability of housing options based on people's needs and preferences as early in the process as possible.

"If those consents [to provide information] were in place, it would be great to have it at the pointy end, say at the VHR point... then they are eligible for our housing. So it's early in the process, so that the information can be shared easily between services."

Service providers noted that making it easier to provide and share personal information may ensure there is upfront transparency for access to services, allowing people to feel more comfortable with their support programs and increasing operational efficiencies across the sector.

"This is actually a requirement so that they don't go through the whole process and realise at the end, we cannot afford [delivering] the package. So we work through, just being very transparent about what's required from our end."

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

03 Systems and Tools

Better application and use of technology and driving systems innovation across the sectors can facilitate improved flow of information and streamline cross-provider communication.

CONSIDERATIONS

Moving forward, service providers should demonstrate innovation in leveraging systems and tools to deliver outcomes for people accessing their services. Suggestions include:

01 – Investigating the practicality of using centralised data or file sharing solutions

Service providers acknowledge the potential of enhanced cross-provider centralised data sharing for commonly-used files, or interacting with each other through virtual platforms. This may streamline communication channels between service providers, reduce potential overlaps and duplication of effort, and allow important information to be available from a central location.

Furthermore, when multiple providers could securely store and access key important information at a shared location, this in turn may increase efficiency by removing manual work, allowing service providers to benefit from less duplication of work. This may contribute to more seamless, program-specific collaboration.

To explore the practicality of this, it is important for service providers within alliances to collectively get involved in investigating what level of data sharing, along with enabling platforms or systems, may be most suitable and fit-for-purpose.

"Engagement at the very early design phases was crucial to just getting it up and running and we integrated systems where it was necessary. Some of the tools that we use we sort of amalgamated and created a specific program specific tools."

Further investigation is needed to scope out complexities around privacy and information security, which may impact the feasibility and viability of cross-provider file sharing mechanisms.

02 – Exploring options to innovate information sharing and management through the use of digital tools

Service providers acknowledge the opportunity to innovate information sharing and management processes through the use of automation or digital tools such as QR codes. It was viewed that effective use of this technology may improve operational and cross-provider efficiencies and save people from repeating their mental health stories, when implemented well.

As a concept, the use of digital tools such as QR codes may also make it easier for people to give, update or remove consent to sharing information with service providers when they engage with housing, health or wellbeing services, which may have the effect of further streamlining cross-provider efficiencies.

Further consideration is required by service providers to properly investigate the various opportunities and dependencies that may impact the feasibility and viability of this concept.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

04 Information sharing

Information sharing and management processes need to be streamlined and aligned across the sector to drive efficient collaboration between service providers

FINDINGS

There are barriers that affect people's willingness to share personal information, which is often compounded by stigma surrounding mental illness, substance misuse, or previous experiences being in custody. This can make if difficult for service providers to obtain the information they need to provide the best support. Numerous providers have referenced the difficulties they have experienced when attempting to obtain agreement from people to share information with other support workers.

People with a lived experience of mental illness must have choice and control over what information is being shared and how it is used by service providers.

"Sometimes you pick and choose, I don't want my housing provider to know my mental health status but it might be okay if they know where I live. It's all about choice, about what information is shared."

Aligning conversations across service providers to have consistent approaches to privacy and confidentiality and ensuring this is transparent is crucial in ensuring people are comfortable with information sharing and use by service providers.

"How are [the providers] going to work together? What does it look like? [We need to ensure] that there is privacy and confidentiality and that that it's explained really clearly to the resident that this is part of the service you will be getting to do that and to be able to support you in the best way we can."

Furthermore, there is an acknowledgment of importance from service providers operating within alliances to meet regularly to discuss progress, tailor care plans, and catch up on other relevant matters concerning people's housing and wellbeing situations, collectively working together to deliver positive outcomes across housing tenancy, mental health, and wellbeing.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

04 Information sharing

Information sharing and consent management processes need to be streamlined and aligned across the sector to drive efficient collaboration between service providers

CONSIDERATIONS

In the future, service providers should continue to innovate with regard to information sharing that improves outcomes while protecting privacy. Options could include:

01 –Streamlining information management processes

Adopting a more holistic approach towards information sharing and management will help overcome barriers and facilitate stronger collaboration between providers.

Streamlining information management processes will help reduce unnecessary friction, and could make it easier for people and support workers to have collective transparency and understanding around what information people are comfortable with disclosing with service providers, for what purposes and under what circumstances.

In addition to increasing cross-provider efficiencies, clarified and streamlined information management processes will also ensure people do not have to unnecessarily repeat their stories and potentially recall negative experiences.

"Your peer worker gets permission to talk to the psychologist and they're working together so you don't have to repeat your story to every single person."

02 –Establishing regular forums for cross-provider group discussions

It will be important for multiple service providers, who have shared responsibilities in providing services to the same people, to meet and connect through regular group discussions and keep each other updated. Where appropriate, this should include people using the services, and their feedback should be used as input into any program or service wide conversations, to guide operational improvement or changes.

When implemented effectively, these forums may be utilised to ensure that service providers continue to share information and communicate relevant nuances clearly, are aligned on service continuity, be alert to changes to specific support needs, and maintain continuing information management processes.

"When I think about [one of our] programs... We have a partnership with clinical services and all our referrals come through [them]. So we meet with them weekly, we have informal conversations around who might be suitable and then we will have a conversation with potentially the individual or the case manager will [have the conversation. So we always build links into another service... it's quite an integrated model."

Further consideration is needed between service provider alliances to determine the right format and frequency of group meetings, discussions, or catch-up sessions.

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05 Governance

It has been acknowledged that there is a strong link between the state-wide governance of programs and the operational governance of service delivery.

FINDINGS

There is a need for clear and cohesive strategic objectives for driving housing and mental health outcomes for people, led by unified, multi-departmental decision-making.

Effective top-down governance can steer and evaluate the implementation of these strategic objectives. Service providers can then benefit from adequate endorsement, guidance, and effective frameworks to form alliances, design suitable initiatives, and deliver programs effectively on the ground.

"So that by the time the program starts, all the workers [from different providers] know each other at both the governance level, but also at the operational level. There are relevant governance meetings or catch ups in place once everything is set up. So I think it worked well when it started with that design process."

There is a strong willingness from service providers to be involved in governance arrangements, alongside people with lived experience, in all stages of program design, delivery, organisation and implementation. This can assist to implement programs that suitably address the housing and support components for people living with mental illness or psychological distress.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

05 Governance

It has been acknowledged that there is a strong link between the state-wide governance of programs and the operational governance of service delivery.

CONSIDERATIONS

Moving forward, it is important to ensure that government continues to focus on strengthening interdepartmental decision making and forums with service providers that could consider:

01 – Adapting cross-department governance forums to meet the needs of the Mental Health housing and support model

Recognising governance forums exist and will be updated to reflect Royal Commission recommendations, these need to support delivery of the outcomes of the Mental Health housing and support initiatives. It has been suggested that a program-level or overarching governance forum consisting of relevant government agencies, departments and stakeholders from housing and mental health disciplines be formed to ensure ongoing connectedness of policy and implementation.

It will be necessary to incorporate advisors and decision makers with lived experience at this level, to ensure their unique perspectives are included.

02 – Establish the area and or local area governance

Area or local area governance should be considered as a lever to bring more collaboration between service providers and strengthening relationships at a local area level. Governance at this level ensures a focus on common goals, and outcomes, as well as provide coordinated reporting and feedback to government on the successes or challenges of the initiative.

"We rely on the fact that we are in a coalition that is well equipped with mental health services, clinical services... This has to be a part of the model - there is a key oversight somewhere."

03 – Maintaining ongoing two-way feedback channel through sector engagement

To ensure that governance groups remain cognisant of the sectors' ever-changing needs and situations, service providers welcome an open, ongoing, two-way feedback channel between policy and program-level decision makers and local area coordination.

"The system for feedback need to be easy and consistent, and insights need to be used appropriately... [the current] bureaucratic system does not deal with nuance-y things very well at all."

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

06 Funding Structures

Increased opportunities for longer-term, integrated and inclusive funding across housing and mental health services.

FINDINGS

Short-term funding arrangements and constrained funding cycles have fragmented service offerings across multiple sectors and limited service providers' abilities to broaden the impact of highly-effective, localised programs. One service provider mentioned *"hav[ing] a fantastic program running, [that] didn't go anywhere because it wasn't scaled-up ... these aren't things we do in three-year cycles. These are ten to twenty year programs that we need to be running."*

There is a perception that funds are often redistributed to other sectors due to shifting strategic objectives, thereby further limiting the continuity of programs and advancing overall cross-sector competitiveness. *"Traditionally, what happens is that we'll have a royal commission and the government wants to respond. It needs to find money. And usually what happens is, they take that money from somewhere else to fund the new kid on the block."*

It has been noted that due to the cyclical, time-limited nature of available funding, often service providers have not been able to retain experienced support workers due to the temporary nature of contractual arrangements. This has contributed to difficulties in maintaining sufficient workforce capacity overall, impacting the quality and continuity of care.

Furthermore, funding siloes contribute to the fragmentation of housing and health services across multiple programs, impeding interconnectivity and consistency, making it difficult for people to access and navigate the various supports. For example, in some cases it was seen that support services tend to fall away soon after a person is housed, which may impact their ability to maintain housing long-term.

"At the moment in Victoria when we take a client in... they only provide support for 6 weeks. So, once they are housed, 6 weeks later, the support drops off. It's a really big issue where sometimes [the resident] is left to sustain a tenancy without the wraparound support."

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

06 Funding Structures

Increased opportunities for longer-term, integrated and inclusive funding across housing and mental health services.

CONSIDERATIONS

In the upcoming phases of this initiative, government should seek opportunities to work with service providers to further understand how the following three elements of funding structures can enable stronger coordination and more effective delivery of wraparound care.

01 - Making funding available longer-term

Ongoing funding arrangements provides greater certainty and security of income to form longer-term, future-oriented partnerships, allowing successful programs to scale.

More consistent funding for human resourcing helps attract and retain high-performing support workers, enabling them to establish meaningful relationships with people and provide ongoing, person centred support.

02 - Coordinating funding to create opportunities for common goals

When housing, mental health, and wellbeing providers are able to respond to funding opportunities in a coordinated manner, it is easier to achieve alignment on operational-level considerations in delivering holistic, high-quality care for people accessing their services.

For example, providing bespoke funding for mental health and wellbeing support services in addition to funding for housing builds, either simultaneously or sequentially as part of a unified program or initiative, may ensure people's support structures stay consistent and do not fall away prematurely.

03 - Ensuring funding can cover the essentials

There is a desire from service providers to receive more inclusive funding that appropriately compensates additional administrative or operational work that indirectly contributes to service delivery. This includes participation in cross-provider coordination and partnership development, the development of joint-funding and reporting arrangements. More inclusive funding may ensure service providers can dedicate time and resourcing to keep everything running smoothly and remain solvent, regardless of size.

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

07 Policy, outcomes and measures

Government plays a critical role in enabling greater sector collaboration and coordination, through policies that drive funding, set outcome measures, and facilitate continued improvement.

FINDINGS

Existing housing and mental health and wellbeing programs and initiatives have traditionally been established in isolation, with commissioning and oversight from separate government agencies.

Within these programs and initiatives, housing and mental health service providers have had to work towards separate objectives, using funding allocations from different sources, and interfacing with various government departments with limited continuity.

Additionally, there has been the perception of a misalignment of priorities between key decision makers, as policy decisions steering the allocation of housing have not effectively interconnected with policies administering the service delivery of multidisciplinary supports.

This can result in separate policy decisions and fragmented funding allocations that are not complimentary to one another. Without clear line of sight to the different outcomes that need to be achieved for people there is a risk that support outcomes are not optimised.

"One of the biggest failings of the sector is that the outcomes of funding for homelessness and the outcomes for funding for housing are very different... Until the two come together... I feel we have always failed."

Service providers also commented on the need for more proactive, preventative policies addressing broader societal factors that are often-interspersed between mental health, wellbeing and housing security, that can go beyond simply reacting to crisis points and diffusing severe situations.

"Housing, homelessness and mental health policy systems are crisis driven and not well-integrated, which means many people struggle to [proactively] access the supports they need when they need them."

Service providers are currently driving towards independent outcomes under contracts managed through separate government departments, as funding criteria across the health and housing sectors are measured against different key performance indicators (KPIs) monitored by separate government departments.

While housing providers work towards sustaining tenancies and minimising exits from supported housing, wellbeing providers measure people's wellbeing as a justification for continued funding. Cross-provider collaboration has been impacted because these objectives are not aligned, leading to service gaps, as people's wraparound supports have been dropping off prematurely.

"It's a really big issue where sometimes [the resident] is left to sustain a tenancy without the wraparound support [once funding falls away]. We all need to be on the same page, if it's about sustaining a tenancy then that should be the focus for everybody across all the... streams."

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

07 Policy, outcomes and measures

Government plays a critical role in enabling greater sector collaboration and coordination, through policies that drive funding, set outcome measures, and facilitate continued improvement.

CONSIDERATIONS

In the upcoming phases of this initiative, the role of government in enabling cross-provider coordination and effective service delivery should consider:

01 – Ongoing codesign and co-production of policy, outcomes and services with service providers and people with lived experience

It will be important to have ongoing sector engagement to obtain input into designing the implementation of mental health housing and support in future. This could ensure that the projected supply of health and housing services can accurately respond to community need.

Co-designing with service providers and people with lived experience is beneficial as service providers have the appropriate technical expertise, knowledge and awareness of sector needs which can be coupled with understanding of the needs of people with a mental illness, helping with forward planning and putting people's needs at the centre of conversations.

02 – Aligning policy priorities and participation across different departments

Service providers expressed that Homes Victoria and the Department of Health need to work together to come to a common agreement on key priorities and objectives of the housing and support initiative. This will make it easier for service providers to understand the wider context of policy decisions, be clear on the outcomes they should be collectively be seeking, work together across providers to implement programs that support these outcomes.

Alignment could be reflected in communicating cross-departmental participation, policy creation and decision-making processes to the sector more clearly. Key to this is an acknowledgment of which departments are involved; what their purpose, role, or objective of involvement may be; and the specific outcomes they are working towards.

03 – Determining appropriate measures of success

It is important that relevant common goals and measures of success across the mental health and wellbeing and housing sectors are defined clearly, in order to encourage stakeholders to work together towards a common vision. Interconnected outcomes could be measured throughout different stages of people's mental health, wellbeing and housing situations, over a period of time; for example, tenancy security, continued access to services and maintenance of wellbeing are all interrelated outcomes that service providers believed to be prominent.

"It's more about understanding the various arms of government that have a stakeholder interest in advocating for a particular program and not leaving [anyone] out."

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08 Alliances and guiding principles

Mutually-agreed guiding principles are likely to enrich cross-provider alliances and drive better outcomes for people.

FINDINGS

Numerous providers have highlighted that both informal and formal cross-provider relationships already exist across the sectors. There is appetite to formalise collaborative relationships to enable a united approach towards housing delivery and the provision of support services.

"It needs to be very formal, we've always used an MoU. It should be reviewed, you know, whether it's a three-year arrangement, or whatever it is."

Furthermore, as highlighted by an Indigenous housing provider, *"MoUs between housing services and the care and protection system, corrections, mental health services and family violence services are also important in making individual case plans meaningful and realisable, even only to confirm they are in place. Effective case management coordination between systems is also essential."* [3]

Regular cross-provider meetings and engagement early in the design phase of programs were noted as effective means for establishing strong foundations for enduring collaboration. Cross-provider alliances which have efficiently integrated different digital systems with each other and established program-specific tools from the beginning of their partnership believe that these arrangements have set themselves up for success in the long-term.

"I think the engagement at the very early design phases [of the project] was crucial to just getting it up and running and we integrated systems where it was necessary. Some of the tools that we used we sort of amalgamated and created for specific purposes and specific tools."

Providers are interested in the government's willingness to provide leading practice guidelines and comprehensive frameworks detailing desirable ways of working between providers within the housing, mental health and wellbeing space. These do not need to prescribe operational details around working rhythm or resourcing arrangements.

"It's really us getting some resourcing [to build capacity] and understanding what our role is [within the system]... it's having that system built around us and then knowing how we [can] make it work."

Equally important is ensuring that the people receiving supports understand how alliances work and remain empowered to make decisions for their wellbeing.

"We want to work together and I think part [this] also is to invite the residents to come and be a part of [the process]. We're talking about them and their housing and their supports. [It's] about being really transparent with someone and working with them and how we work together."

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

08 Alliances and guiding principles

Mutually-agreed guiding principles are likely to enrich cross-provider alliances and drive better outcomes for people.

CONSIDERATIONS

Service providers in the future should consider the following three focus areas to strengthen collaboration:

01 – Formalising cross-provider local area alliances

Prioritising documented and agreed arrangements, Memorandums of Understanding (MoUs) or strategic alliances, is viewed to be beneficial for the long-term continuity of cross-provider relationships.

Existing alliances between service providers need to be identified and supported. This may allow successful iterations to be amplified more widely, as their successes can be appropriately adapted and their constructive learnings shared.

When working in collaboration with other service providers, it is important for the role of each provider to be clear and if necessary separated to ensure people receiving supports have the best outcomes and experiences.

02 – Establishing guiding principles and working rhythm

Service provider collaboration agreements should be reviewed regularly, with consultation with people receiving support. A set of practice standards can ensure seamless coordination between different service providers and help prevent conflicts of interest or potential overlaps.

According to providers, key elements of focus when setting up partnerships / alliances at the local area level could include aligning on:

- commonly used tools or systems
- geographical proximities or service delivery reach
- recruiting dedicated or shared staff, outlining their roles and responsibilities
- referral pathways and escalation procedures
- defining scope and ways of working, along with frequency of cross-provider check-ins, and
- how to connect with subcontractor pools to deliver value-add services as needed.

03 – Remain transparent and collaborative with the people receiving support

Transparency of alliance structures, especially at a day-to-day practical level, is needed to ensure that people understand how alliances between providers can enable them to access their support services in an easy and seamless way. People receiving should be provided with opportunities to provide input and make decisions for themselves – such as information sharing, different methods of engagement, and coordination across their support network.

"I think it goes down to the agreement that you have with agencies and very clear agreements around how we going to work together, what is it [going to] look like."

Source: (1) Lived Experience (2) Service Provider (3) Literature Scan

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Final acknowledgments

Homes Victoria and the Department of Health would like to acknowledge and thank the important contributions from people living with mental illness or psychological distress, families, carers and supporters, as well as service providers from across the system, all of whom have guided the direction and content of this report.

If you are upset by any content in this report or if you or a loved one need support, the following services are available:

For crisis support, contact **Lifeline** on **13 11 14**.

For mental health and wellbeing support, contact **Beyond Blue** on **1300 224 636**.

If you are looking for a mental health service, visit **betterhealth.vic.gov.au**.

If you are looking for information about housing options, visit **housing.vic.gov.au**

For immediate health advice from a registered nurse, contact **NURSE-ON-CALL** on **1300 60 60 24**

Contact Triple Zero (000) in an emergency.

Appendix

02 List of References

Number	Reference
1	Lived Experience focus group outputs
2	Service Provider focus group outputs and document submission
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