

Wellways practice framework: Housing

Having a home means more than a roof over your head. A real home is a place where you feel secure, can be yourself, and create an environment that suits you. Having a real home enables people with mental health issues to build a good life: to connect with friends and family, improve health and wellbeing, and engage in work or study.

1.1 Wellways housing principles

Where housing is an issue, we work to ensure that people have:

- real choices about where and how they live
- a sustainable way to manage the costs of housing
- a good support network of family members, friends and other people in their community

1.2 Evidence base for the Wellways housing approach

It is important that people have some choice about their home, and that a person's sense of what is a desirable and ideal home for them guides their choices (Kendrick, 2008). To prevent loneliness and isolation, it is vital that people feel a part of their community and connected to others (Padgett, 2007).

The Housing First model demonstrates that timely access to housing reduces incidences of hospitalization and the need for acute treatment (Sadowski et al, 2009), and that people with mental health issues are able to successfully find and maintain a home when provided with personalised support (Gulcur et al, 2003;2007).

1.3 Features of the Wellways housing approach

Wellways will:

- identify where and how a person wants to live – and what 'home' means for them
- explore opportunities for the person to reconnect with family members and friends
- develop and strengthen the person's support networks – especially family, friends and people or services in their local community who will support the person in establishing and maintaining a home
- work with real estate agents, landlords, neighbours and service providers to engage people who can help people with mental health issues in securing and maintaining a home

1.4 References

- Gulcur, L, Tsemberis S, Stefancic, A & Fischer, S. (2003). Housing, hospitalisation and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and Housing First programs. *Journal of Community & Applied Social Psychology*, 13, pp.171-186.
- Gulcur, L, Tsemberis S, Stefancic A & Greenwood R. (2007). Community integration of adults with psychiatric disabilities and histories of homelessness. *Community Mental Health Journal*, 43, pp.211-228.

Kendrick, M. (2008). How genuinely supportive persons, agencies and systems can enable people to have real homes of their own. *Crucial Times*, 40, pp.13-15.

Padget, D K. (2007). There's no place like (a) home: ontological security amongst persons with serious mental illness in the United States. *Social Science and Medicine*, Vol.64, pp.1925-1936.

Community Recovery Model

People affected by mental health issues have the right to create a good life by making a home, engaging in meaningful work or learning, and building good relationships with friends, family and people in their community.

The Wellway's Community Recovery Model recognises that real and lasting recovery does not occur in isolation, and can be best achieved by working at three levels to:

- promote recovery and positive change for people with mental health issues
- assist families and friends in building resilience
- create welcoming communities.



Family and friends

- We understand mental health issues
- We know what helps recovery
- We look after our own wellbeing

Individual

- I can take charge of my life
- I feel connected to people
- I am part of my community

Community

- We include people with mental health issues
- We stand up for equal rights
- We create opportunities for people