



## Home safe and sound MISHA 12 month report

### Executive summary

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**It's me little kingdom compared to where I've sort of come from**  
MISHA client

**Homeless men sleeping huddled under blankets in doorways and in shelters are some of the most vulnerable and isolated members of our community. They suffer from post-traumatic stress at rates higher than returning war veterans; they are forced to ask for food to survive; and often suffer chronic drug and alcohol addictions.**

It would be easy to conclude that it's too hard to end homelessness for these men. The MISHA project set out to prove otherwise.

In this report we highlight some of the 12 month preliminary findings of this two-year research project that aims to change the way we work with chronically homeless men in Australia. From the 12 month results, four things stand out:

- 96.8 per cent of the men had retained their tenancies after 12 months;
- The men were much better connected to their local community and support networks;
- Their access to essential services – psychologists, dentists, public transport - had improved substantially; and
- The men were much safer and more secure, with 83 per cent saying their safety was much better or somewhat better after 12 months.

By providing immediate access to housing and the right mix of support services tailored for the individual, homelessness was 'solved' not just for some, but nearly all these men. If we took a group of men with similar problems, who were living in unsupported public housing, we'd expect only half to still be housed after twelve months with the rest likely to be evicted and back on the streets or in emergency accommodation.

Stabilising their lives in the short term doesn't solve all problems. It takes time to unwind the impacts of years on the street. Providing a safe and supportive environment offers an opportunity to confront many challenges but it also puts in stark relief the problems they've long tried to forget, including estranged family and chronic illness.

The results of the MISHA project are promising, and with the final report due out in 2014 we will see if there has been a deep and lasting change for these men.

What is already clear is that with more programs like MISHA we can meet the Council of Australian Government's 2020 goal of offering every rough sleeper accommodation. We can also prevent more people becoming homeless by providing effective tenancy support. But the provision of more social and affordable housing will be essential. Every one of these men was accommodated in community housing funded through the Commonwealth Government's Social Housing Initiative (SHI). The SHI is now finished and many housing-first initiatives are reaching capacity.

**What will happen to the next person, and the next...?**

## Background

**Michael's Intensive Supported Housing Accord (MISHA) project is an innovative homeless program that links men experiencing homelessness in the Parramatta area of Sydney to long-term, stable accommodation while supporting them to build the lives they would like to live.**

**It's the successor to the very effective Michael Project and both were funded by the same philanthropist. The Michael Project showed that by providing the right support services to homeless men, it not only changes lives, it can save \$3,600 per person as the result of reduced health and justice costs.**

One of the keys to the success of the Michael Project was the role of a case manager who acted as guide and broker of the different services the men needed.

MISHA takes an integrated support services and assertive case management approach similar to the Michael Project, and adds the provision of permanent housing through partnerships with local community housing providers. MISHA is based on 'housing first' principles, where clients were rapidly accommodated in new or refurbished community housing.

In MISHA the housing was scattered through the region rather than co-located on a single site, which distinguishes it from other models.

Like the Michael Project, MISHA also includes a longitudinal research study to track the men over a two year period including baseline assessment at entry to the program and follow-up interviews at 6 months intervals.<sup>1</sup>

Seventy-five homeless men entered the MISHA study. At the 12 month mark, 67 men were available for follow-up interviews. Of the 8 MISHA clients who were not available for follow up interviews, 3 men declined to participate (although they still remained in the MISHA project), 3 were in prison at the time of interview, (but still retained their tenancies), 1 was evicted and 1 died.

The 67 MISHA men age from 24 to 66 years, with a median age of 45. Most of the men were single (70%), 18% were divorced and 4.5% were separated. Almost half of the men (48%) had a least 1 child. Seventy-two per cent had completed Year 10 and a further 21% had completed year 12. Just under half of the MISHA men had completed either a trade certificate (22%) or diploma (22%), and 3% had a bachelors degree.

Figure 1. The MISHA Project model



1. The MISHA research team is comprised of Professor Paul Flatau, Centre for Social Impact, University of Western Australia; Elizabeth Conroy and Marlee Bower, Centre for Health Research, University of Western Sydney; Tony Eardley Social Policy Research Centre, University of NSW, Dr Lucy Burns, National Drug and Alcohol Research Centre, University of NSW as well as Mission Australia's internal Research and Social Policy team

## Highlights at 12 month period

### 1. A safe place to stay

#### The provision of stable, secure long term housing is a core component of the MISHA project.

Intensive and assertive case management has resulted in 96.8% of MISHA clients being able to maintain their tenancies over a 12 month period. (As 1 client passed away maintained tenancies are based on 74 clients). Although 3 of the MISHA men were in prison at the time of interview, their tenancies were maintained – so they had a home to go to on release from prison. In addition, none of the 67 men interviewed at the 12 month mark had spent any time over the last year sleeping rough. This is a standout result for the MISHA project. (Table 1.)

Having a home has been life changing for many of the participants:

**Getting housed and getting back, you know, just to get back on my feet and feel human again.**

(Frank) *(Names have been changed to protect the privacy of clients involved)*

**I'm still kicking myself. Every time I'm waking up in the morning I go, OK, is this real?**

(Bill)

**Yeah, it's me little kingdom compared to where I've sort of come from.**

(Mick)

There is also a sense of pride in having a place of their own:

**You could eat off my floors to be honest.**

(Frank)

**...like every Friday night I buy myself something or something for the house, unless I've got bills, you know. And yeah, I've made that a priority and, you know, cos it's been two years on the street and I had nothing, you know...**

(Frank).

Having secure housing also comes with new responsibilities and at 12 months there was a decline in the percentage of clients who reported being able to keep up with utility payments, (from 73% down to 60%). This reflects the reality that the men now have expenses which they may not have had prior to entering MISHA. Support in managing finances and ensuring that rent and utilities are paid on time is also an important component of case management and has played a significant role in the high sustained tenancy rates.

**I've set myself up pretty well, I've got everything...with my rent and that, I get all my rent and bills taken straight out, I don't see nothing.**

(Frank)

**If I do have any problems [in keeping up with rent payments], the people here, they're right on top of it. They're really willing and happy to help.**

(Jack)

Table 1. Material resources: corresponding MISHA measures at baseline and 12 month follow-up

Indicator	MISHA measure	Baseline	12 month
Experience of homelessness	Proportion with a tenancy (n=74)	0%	98.6%
	Median weeks spent sleeping rough (n=67)	11*	0
Financial hardship	A decent and secure home of your own	29%*	88%
	\$500 savings in case of emergency	28%	29%

\* These measures are based on self-reported responses. All the men were chronically homeless on entry to MISHA. Around a third were sleeping rough, others were in crisis accommodation, a homeless service or boarding houses. Men living in crisis accommodation often replied "yes" if asked if they have a secure home even though by definition they were homeless.

## Highlights at 12 month period

### 2. Being part of the local community

**Building a strong social network and engaging in community activities not only improve health and well-being, they also build resilience for when things go wrong. Almost half of the men felt they had a better connection to their community after 12 months.**

Providing support and encouragement to the men to contact family and to participate in a range of social activities are key to building social support. The work done in this area by case workers has achieved results, with a 24% decrease in the proportion of men indicating that they felt isolated due to a lack of involvement in community or sporting groups (down from 38% to 14%) over the 12 month period.

Table 2. Community connection: corresponding MISHA measures at baseline and 12 month follow-up (n=67)

Indicator	MISHA measure	Baseline	12 month
Community connection	Proportion that rate connection to community as improved at 12 months	-	49%
Civic participation	Proportion felt socially isolated due to lack of involvement in community or sporting groups	38%	14%

Although nearly half of the MISHA clients have children, a number of them had lost contact with them through a combination of life circumstances and homelessness. Re-establishing the connection to family, where possible, and supporting the men through this process is a challenging but key element of the MISHA program. It is also something that is unlikely to happen without the support of case workers

**...I've just caught up with my daughter after about 16, 20 years... it's a bit scary... it's a win but ah, it's the calm before the storm... so I'm just taking little steps at a time. So, it's good... well actually, he [case worker] gave me a kick in the backside to get in contact with my daughter and my family cos I was putting it off, 'yeah, yeah, yeah'... my daughter stays in prison, my family stay in prison... I think getting in touch with my family, I think that's the biggest thing.**  
(Bill)

As part of the project the men were given opportunities to get involved in a range of activities such as TAFE courses, barbecues, trips to the football, involvement in the Men's Shed, walks, cooking classes, art classes and gardening.

**They've got barbecues, everything's here so you know... I guess, put it this way, it gets you out of the house and you start meeting other tenants, other clients of MISHA, so it's nice 'cos you meet up with friends and different people...**  
(Bill)

Some of the MISHA clients have formed their own social ties with other MISHA men housed in the same complex.

**...me, my next door neighbour and a neighbour two up, who, we all came together, we had this little arrangement where one of us cooked every third day....We all chipped in for the tucker**

## Highlights at 12 month period

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### 2. Being part of the local community (cont.)

**and one would take turns at cooking and someone would wash up, so we've still got that happening now.**

(Jim)

However, a sense of isolation and loneliness is an ongoing issue for a number of the MISHA participants.

**I probably get lonely some, at times. ...that was probably one of the hardest things. I mean lately it hasn't been so bad but there was time when I was starting to get really depressed.**

(Frank)

For some, their housing is located away from their existing social network of family and friends. For these men the availability of, and access to, public transport is essential to keep in touch with their existing social networks. While there has been a large decline (down from 39% to 19%) over the 12 month period in the number of clients who felt socially isolated due to irregular or expensive public transport, there remains a group of clients for whom the location of their housing has meant that extra effort is needed on the part of these clients to maintain existing social networks or create new ones.

*Table 3. Community connection and access to transport: corresponding MISHA measures at baseline and 12 month follow-up (n=67)*

Indicator	MISHA measure	Baseline	12 month
Access to transport	Proportion felt socially isolated due to irregular or expensive public transport	32%	19%
	Proportion felt socially isolated due to lack of own transport	42%	39%

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## Highlights at 12 month period

### 3. Getting the help you need

On entering MISHA many of the men had significant dental, medical and mental health issues and some had drug and alcohol problems. In lots of cases they couldn't afford the help they needed, or doing so meant being added to a waiting list for an appointment they may never attend.

Providing ongoing and timely access to essential services is fundamental to address the physical and emotional issues faced by the men. At the 12 month mark we have seen some substantial decreases in unmet need, particularly for drug and alcohol treatment (down from 26% to 5%) and mental health services (down from 30% to 12%).

I guess if you're worried about something, [the MISHA psychologist] is there to help you through it and he's always here if you get stuck so... It's the same old thing, lift up the phone and they help you. There's always help if you want it.  
(Gary)

She's helped me with my drug and alcohol issues and things like that and...I used to be at a clinic here but she's got me where I am now, so she's helped me with that...  
(Frank)

There has also been a substantial improvement in access to dental services, with a 12% drop in unmet need over the 12 month period. However, just over one third were still not receiving the treatment they required, which is also indicative of the time frame to address these problems.

... I feel better .... see I've had about 4 of me teeth out, out of me mouth. And uh, every 2 weeks I go to Westmead dental and these people have helped us umm with things like that. See, to get a teeth out ... costs you a couple of hundred bucks, but if you're under this project it'll cost ya nothin', but as long as you've got to go there. You can't say, oh yeah I'm going there tomorrow when your appointment's today.  
(Gary)Highlights at 12 month period

Table 4. Access to services: corresponding MISHA measures at baseline and 12 month follow-up (n=67)

Indicator	MISHA measure	Baseline	12 month
Access to services	Proportion with unmet need for dental treatment	48%	36% <sup>3</sup>
	Proportion with unmet need for medical treatment	19%	15%
	Proportion with unmet need for mental health treatment	30%	12%
	Proportion with unmet need for drug and alcohol treatment	26%	5%

3. This measure is based on self-reported responses. Even if they have begun dental treatment, it can take substantial time to receive all the treatment required.

## Highlights at 12 month period

### 4. Safety

**Life on the street is unsafe. But within 12 months we saw a dramatic improvement in the men’s feeling of their personal security.**

Prior to joining MISHA many of the 67 clients surveyed had experienced serious acts of violence. 66% had been threatened with a weapon, held captive or kidnapped, while 63% had been seriously attacked or physically assaulted.

**...my best mate got stabbed to death at the beginning of last year, we were on the street together for a while too. And umm, yeah, so he was only 33, 11 year old daughter...**

(Frank)

Overall, the results indicate that the overwhelming majority (83%) of MISHA participants felt either somewhat or much safer than they felt prior to

entering the MISHA project. In addition, 69% felt that they were in a better neighbourhood than prior to entering MISHA. However, for some clients public housing has some potentially serious drawbacks:

**...so it’s very quiet. The side I’m on is anyway, I’m on the good side. And I’m in a Housing house there, but usually Housing areas are bad ‘cos, you know, get some, a lot of bad types. But where I am, including me there’s only four of us. And, so, it’s really good. And uh, there’s one younger guy, the man, and the lady next door to me she’s about 70, she’s a nice old lady – I help her out with the bins and that, ‘cos she’s getting old now and sick, you know... [the neighbourhood is] good. Except for the shootings.**

(Frank)

**So you get a lot of shootings...**

(Ron)

Table 5. Indicators of personal safety: corresponding MISHA measures at baseline and 12 month follow-up (n=67)

Indicator	MISHA measure	Baseline	12 month
Subjective safety	Proportion that reported self-perceived safety was ‘much better or somewhat better’ at 12 months compared to when they first entered MISHA	-	83%
Neighbourhood quality	Proportion that rate neighbourhood as improved at 12 month	-	69%

### Highlights at 12 month period

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#### 5. Change is difficult and takes many turns

Perhaps one of the most important findings of the MISHA research so far, is that it's the combination of housing and support that has helped these men get their lives back on track but their journey often doesn't follow a standard route. Support has to contract and expand as they step forward or stumble.

Providing a home for men who have been chronically homeless does not result in an instant cure for all the difficulties past and present. Many of the men involved in the MISHA project have complicated histories involving mental and physical health issues, drug and alcohol use, family breakdown and/or the experience of trauma.

Stable and secure housing provides them with an environment to begin to face, deal with and learn how to manage these issues. This process means that attaining improvements in their emotional wellbeing may not be a straightforward process, and is often accompanied by many ups and downs along the way. Consequently, their ratings of wellbeing fluctuate.

For some men this new start involves breaking old habits and also old relationships which have proved destructive in the past, while for others it involves attempting to re-establish and reconnect with estranged family members. These processes are not always smooth and, particularly in the short-medium term, do not always lead to the outcome they may have hoped for. These ongoing challenges are illustrated by Jim, who when asked about the most difficult thing he faced in maintaining his housing answered:

**Staying sober.... Making the commitment and sticking with it... Cos I umm, get to a place where I start to like who I am and then I hurt myself again.**  
(Jim)

Support at these critical moments is vital to ensure that these challenges do not overwhelm the men. There are also challenges in accepting the help provided and engaging with the services and opportunities offered as part of the MISHA project:

**... it's hard adapting to taking the help that's on offer if you're not used to it and then, umm, trying to get involved with it, you know what I mean...When you're used to a certain sort of a rut, you know what I mean, it's very hard to ummm.... you get to a point in your life where you don't want to change, you know what I mean or think I'm quite content with this, you know. Cos I'll wake up some days, you know, and just go 'Stuff this! I'm not going out', you know, I'm quite content to just sit here and just bounce off the walls!** (Frank)

**I don't want to have to be anywhere. I don't want anyone to tell me what to do, I don't want to have to make any plans...I just want some time out to figure out what I want to do**  
(Jim)

The MISHA project has also shown that there is a spectrum of need for intensive case management: for some MISHA clients intensive support appears to be required for a relatively short period of time, after which support can be gradually reduced as the men become more independent. However, for other MISHA clients the findings indicate that long term, ongoing intensive support is likely to be required to ensure these men remain in housing, to enable them to cope with any crises that may arise, and to maintain the gains made in mental and physical health, and social and community participation.



### Implications for homelessness policy

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**The policy framework that came into effect with the Commonwealth's 2008 White Paper, *The Road Home*, was a welcome contribution and was the impetus for many improved programs. However, we are approaching a time where we need to evaluate our progress and recommit to the task.**

Many of the programs that were funded in the ensuing years through National Affordable Housing Agreement (NAHA), the National Partnership Agreement on Homelessness (NPAH), and the Social Housing Initiative (SHI) are either coming to term or have ended.

The MISHA preliminary results present some valuable evidence at time when we need to refocus our efforts to reach the White Paper goals.

Importantly, MISHA demonstrates once again that is possible to break the cycle of homelessness for a very vulnerable group of men who have been entrenched in homelessness, in some cases for years.

Adopting a scattered housing first approach, coupled with intensive case management tailored to the needs of the individual shows great promise and should be considered more widely.

Reviews and reforms being conducted as part of NPAH reviews, and by State Governments, provide an opportunity to examine whether current services are indeed the best we can offer.

The early findings also show that access to appropriate and affordable housing is fundamental to solving homelessness. In many cases that means people need to be able to access social or community housing.

While there is certainly an argument for reform of the housing market as it's a driver of homelessness, this group of men have little chance of finding long term accommodation in the private rental market and there is a serious shortage of social and affordable housing. As another agency has put it, you can't have 'housing first' without having housing first.

Every one of the MISHA clients was housed in a community or social housing property funded through the SHI as part of the economic stimulus measures. With that SHI program coming to a close; other housing first programs around the country reaching capacity and no successor to the SHI in sight, there will be few options to support this group in the future.

While MISHA is not focussed on the prevention of homelessness, there are also implications here. It reaffirms existing evidence that providing tenancy support to people at risk of homelessness is a more effective and efficient way to reduce homelessness than picking up the pieces when they are sleeping on the streets.

In the case of MISHA clients, it also contributes to the Government's goal of reducing the number of repeat episodes of homelessness by assisting a very high risk group to maintain their housing.

**We need to provide proper funding for tenancy support services for those at risk of becoming homeless.**

**While MISHA is targeted at a relatively small group of people who are homeless, it presents valuable lessons for reducing the number of people who are at the most vulnerable end of the spectrum.**