

*Final Report*

# Supporting the housing of people with complex needs

authored by

**Michael Bleasdale**

for the

**Australian Housing and  
Urban Research Institute**

UNSW-UWS Research Centre

September 2007

AHURI Final Report No. 104

ISSN: 1834-7223

ISBN: 1 921201 80 0



## **ACKNOWLEDGEMENTS**

This material was produced with funding from the Australian Government and the Australian states and territories. AHURI Ltd gratefully acknowledges the financial and other support it has received from the Australian, State and Territory governments, without which this work would not have been possible.

AHURI comprises a network of fourteen universities clustered into seven Research Centres across Australia. Research Centre contributions, both financial and in-kind, have made the completion of this report possible.

The author would also like to thank all those who willingly participated in the research, by giving of their time freely, and discussing issues frankly and honestly.

## **DISCLAIMER**

AHURI Ltd is an independent, non-political body which has supported this project as part of its programme of research into housing and urban development, which it hopes will be of value to policy-makers, researchers, industry and communities. The opinions in this publication reflect the views of the authors and do not necessarily reflect those of AHURI Ltd, its Board or its funding organisations. No responsibility is accepted by AHURI Ltd or its Board or its funders for the accuracy or omission of any statement, opinion, advice or information in this publication.

## **AHURI FINAL REPORT SERIES**

AHURI Final Reports is a refereed series presenting the results of original research to a diverse readership of policy makers, researchers and practitioners.

## **PEER REVIEW STATEMENT**

An objective assessment of all reports published in the AHURI Final Report Series by carefully selected experts in the field ensures that material of the highest quality is published. The AHURI Final Report Series employs a double-blind peer review of the full Final Report – where anonymity is strictly observed between authors and referees.

# CONTENTS

<b>LIST OF ACRONYMS .....</b>	<b>1</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
<b>1 INTRODUCTION: RESEARCH AIMS AND CONTEXT.....</b>	<b>7</b>
1.1 Introduction .....	7
1.2 Summary of Positioning Paper .....	8
<b>2 RESEARCH METHODOLOGY.....</b>	<b>11</b>
2.1 Methods .....	11
2.2 Fieldwork interviews.....	11
2.2.1 Western Australia .....	11
2.2.2 Victoria .....	12
2.2.3 New South Wales.....	12
2.2.4 The United Kingdom.....	12
2.3 Telephone interviews .....	12
2.4 Data and document review .....	13
<b>3 RESEARCH FINDINGS: FIELDWORK .....</b>	<b>14</b>
3.1 Western Australia.....	14
3.1.1 Disability Service Administration .....	14
3.1.2 Housing .....	15
3.1.3 Service providers.....	16
3.1.4 Regional area 1 .....	17
3.1.5 Regional area 2 .....	19
3.1.6 Summary .....	20
3.2 Victoria.....	20
3.2.1 Housing .....	21
3.2.2 Health .....	22
3.2.3 Housing associations .....	23
3.2.4 Support providers .....	24
3.2.5 Regional service provision .....	25
3.2.6 Regional housing.....	27
3.2.7 Summary .....	28
3.3 New South Wales .....	29
3.3.1 Continuum of housing and support: The Royal Rehabilitation Centre.....	31
3.3.2 Case management for housing and support: The NSW Motor Accidents Authority .....	31
3.3.3 Community renewal and public/private partnerships.....	33
3.3.4 Summary .....	33
3.4 The United Kingdom .....	34
3.4.1 Interview findings.....	34
3.4.2 Summary .....	36
<b>4 RESEARCH FINDINGS: TELEPHONE INTERVIEWS.....</b>	<b>38</b>

4.1 Housing.....	38
4.2 Mental health services .....	40
4.3 Physical disability.....	44
4.4 Intellectual disability .....	45
4.5 Other interviews .....	48
4.5.1 Real Estate Institute of Australia .....	48
4.5.2 Local government.....	49
<b>5 POLICY IMPLICATIONS .....</b>	<b>50</b>
5.1 Introduction .....	50
5.2 Policy frameworks and paradigms .....	50
5.2.1 Social model.....	51
5.2.2 Community Living Principles .....	51
5.2.3 Political climate and market forces.....	52
5.3 Benchmarks, indicators and strategic directions.....	52
5.3.1 Individual outcome measurement .....	53
5.3.2 Strategic frameworks.....	53
5.3.3 Memorandums of Understanding .....	53
5.3.4 Data.....	54
5.4 Existing housing provision and service delivery.....	54
5.4.1 Proactive role of housing providers .....	54
5.4.2 Local availability of private and/or community housing .....	55
5.4.3 Efforts to increase housing stock .....	55
5.4.4 Strong commitment to the right to housing – housing providers .....	55
5.5 Successful linkages .....	56
5.5.1 Factors relating to success.....	56
5.5.2 Individualised solutions .....	56
5.5.3 Local area solutions .....	57
5.5.4 Less emphasis and reliance on ‘models’.....	57
5.5.5 Resources .....	59
5.6 Impact on those housed.....	59
5.6.1 Options for people with mental illness.....	59
5.6.2 Options for people with intellectual disability.....	60
5.6.3 Options for people with physical disability.....	61
5.7 Implications for future directions .....	61
5.7.1 Stronger strategic direction .....	61
5.7.2 Developing specific housing-related support.....	62
5.7.3 Ensuring support is individualised .....	62
<b>6 CONCLUSION .....</b>	<b>64</b>
<b>7 REFERENCES.....</b>	<b>66</b>
<b>APPENDIX A.....</b>	<b>69</b>
Interview Respondents .....	69

Western Australia.....	69
Victoria.....	69
New South Wales.....	70
Tasmania.....	70
South Australia.....	71
Queensland.....	71
Australian Capital Territory.....	71
Northern Territory.....	71
National.....	71
Great Britain.....	71

## LIST OF ACRONYMS

CAP	Combined Application Process (funding mechanism in WA)
CDHP	Community Disability Housing Program
CEO	Chief Executive Officer
CHP	Community Housing Program
COAG	Council of Australian Governments
CPP	Community Participation Project (NSW)
CRA	Commonwealth Rental Assistance
CSHA	Commonwealth State Housing Agreement
CSTDA	Commonwealth State Territory Disability Agreement
DADHC	Department of Ageing, Disability and Home Care (NSW)
DHS	Department of Human Services (Victoria)
DHW	Department of Housing and Works (Western Australia)
DSC	Disability Services Commission (Western Australia)
DSQ	Disability Services Queensland
FaCSIA	Department of Family and Community Services and Indigenous Affairs (Commonwealth)
GHP	Group Housing Program (Victoria)
HACC	Home and Community Care (Program)
HASI	Housing and Accommodation Support Initiative (NSW)
HASP	Housing and Support Program (Victoria)
ILTFM	Interim Long-Term Funding Model (Victoria)
ILTS	Independent Living Training Services
JGOS	Joint Guarantee of Service for People with Mental Health Problems and Disorders (NSW)
LAC	Local Area Coordinator
MAA	Motor Accidents Authority (NSW)
MDS	Minimum Data Set
MoU	Memorandum of Understanding
NGO	non-government organisation
OCH	Office of Community Housing (NSW)
ODPM	Office of the Deputy Prime Minister (UK)
OOH	Office of Housing (Victoria)
PDRSS	Psychiatric Disability Rehabilitation and Support Services (Victoria)
PPP	public/private partnership
REIA	Real Estate Institute of Australia

SDP	State Disability Plan (Victoria)
SEPP 70	State Environmental Planning Policy No. 70 Affordable Housing (Revised Schemes) (New South Wales)
SHASP	Social Housing and Advocacy Program (Vic)
SHA	State Housing Authority
SHL	Supported Housing Ltd (a Victorian community housing association)
SP	Supporting People (program) (UK)
THM	Transitional Housing Management (Victoria)
VHS	Victorian Homelessness Strategy

## EXECUTIVE SUMMARY

This report focuses on the issue of providing housing and support to people with complex needs, specifically people with physical disability, people with intellectual disability, and people with mental illness. The research was conducted between August 2005 and August 2006. It builds on the extensive literature review undertaken in the Positioning Paper, which highlighted some problems with conceptualising this issue as a matter of finding and applying particular housing and support 'models' to address the particular needs of people within these groups. The summary of the Positioning Paper stresses the importance of context to an analysis of 'models' and arrangements where both housing and support are addressed, in particular the nature of the location in which the arrangement takes place, as well as the political climate and the policy framework. Approaches from overseas were considered, in addition to factors already identified in previous Australian research, including that done by AHURI researchers (Bostock et al. 2001; Bridge et al 2002; O'Brien et al. 2002).

The report is structured around fieldwork undertaken after the Positioning Paper had been written. The section on methodology (Chapter 2) details the extent of the fieldwork, providing details about the report's focus on intellectual disability in Western Australia (WA), mental illness in Victoria and physical disability in New South Wales (NSW). This section also describes the telephone case study undertaken with respondents from the United Kingdom (UK), who were involved in the Supporting People Program in a semi-rural area in the north of England (the actual location is not revealed, as at least one of the respondents was only willing to take part in the research on condition that they remain anonymous). It also provides details of telephone interviews conducted across states and territories, which sought the opinions of government department officers representing various offices of housing, health and/or disability, as well as peak body representatives and some service providers. The research team sought to gain access to a number of individuals in certain states and from Commonwealth departments using informal means, and was unsuccessful in reaching some respondents. This meant that the reporting of the telephone interviews has been done according a general overview of each of the areas (housing, disability and mental health), rather than as a report on each State and Territory.

Chapter 3 presents detailed, state-by-state findings of the fieldwork, as well as a summary of the UK telephone case study. The service system in WA is operated through knowledge of individuals with intellectual disability, in terms of their strengths and needs, and attempts to provide individuals with the housing and other support that they have identified as suitable. Personalised and individualised accommodation is provided, with support built around the individual, rather than the individual being placed within a group setting and required to fit in with the support already provided. The system is led by the Disability Services Commission (DSC) and facilitated by Local Area Coordinators or contracted service providers, but the cooperation of Homeswest in supplying housing has been invaluable. Limits on funding for support appear to suppress the demand for housing, and resource restrictions are reducing the availability of support to people whose needs are lower than at crisis level. Officers interviewed expressed a fear that housing demand will increase once support money becomes available and as a result of other pressures on social housing emanating from rising prices in the property and private rental markets.

In Victoria, community housing associations have made stable, long-term single tenancies possible. The Psychiatric Disability Rehabilitation and Support Service (PDRSS) model appears to be working well for clients, with well established non-

government agencies continuing to provide support as needed. These agencies tend to be the ones driving the “joined-up”<sup>1</sup> approaches at a local level. In two of the areas visited, there was some exclusion of the clinical mental health service from the process of planning holistic supports, although within the metropolitan region there was a strong relationship between the Health divisions of the Department of Human Services (DHS) and non-government agencies, which had resulted in the joint development of a community-based treatment facility. The Victorian case studies also provided examples of the different approaches possible among similar non-government agencies with the same basic service delivery model. Individualised approaches were enhanced by holistic planning and particular techniques which enabled key support workers to assist clients to set and attain goals, which in turn led to an individual service model. Common to all was a recognition of the importance of being responsive not just to clients’ needs but also to their expressed wishes.

Victoria also highlighted the diversity that is possible within ‘regional’ areas of a state, as opposed to a binary distinction between metropolitan and rural. The two chosen areas (Horsham and Warrnambool) were different in their topography and in the people who required housing and support because of mental illness. The two towns were large centres in isolated areas, but were seen as small, distant satellites to larger centres such as Ballarat. The unique variations in distance and availability of community and other support within such towns are relevant to how broad policy is determined and enacted. There was a strong sense in each place of the need to have locally negotiated and ‘joined-up’ approaches to deal with matters relating to mental illness.

The field study in NSW did not reveal any strong linked approach to providing both support and housing to people with physical disability. The example provided of a support agency proposing to develop land in order to provide suitable housing and an accessible community environment highlights the lack of accessible housing for people with physical disabilities. The barriers faced by people with physical disability go beyond access and independence within the home, as the location of the home is often contingent upon what supports and services are available nearby. The Attendant Care Program and the Home and Community Care high needs pool both provide significant numbers of hours of support to people with complex physical needs, but even these levels and the time and manner in which they are delivered cannot always compensate for the additional time needed to support a person to negotiate an inaccessible built environment. The Community Participation Project (CPP) demonstrates the complexity of the support system and the difficulty that an individual leaving hospital faces in gaining both support and housing simultaneously. However, a case management approach appears to assist in making support and housing resources available at the same time, despite some of the chosen housing options being constrained by some of the considerations discussed above.

The UK case study looked at the Supporting People Program because of its promotion as an enabling program of the Social Exclusion Unit, which had as its focus the maintenance of successful tenancies as well as broader quality-of-life goals for vulnerable people. People in the three target groups were included in this program, but it was not exclusively targeted at them. This ‘mainstreaming’ of housing issues was appealing because of the tendency to stigmatise accommodation designed solely for people with disability and people with mental illness. The program was also a

---

<sup>1</sup> The term “joined-up” was used by officers being interviewed throughout the research, to refer to the approach adopted by governments to combine the efforts and resources of various departments to meet the needs of people (in this case people with complex needs) whose issues were not able to be addressed within the scope of one department.

housing-led initiative and had the perceived advantage of being tied externally to the various services and housing providers that constituted the response to housing need. However, reaction to this program appears to have been largely negative or neutral, with much greater emphasis being placed on disability-specific initiatives such as the *Valuing People* white paper (Department of Health (UK) 2001) and the capacity for people with disability (including people with mental illness) to purchase their support directly by means of the *Direct Payments Act* 1996 (UK).

Chapter 4 presents the findings of the telephone interviews, which focused mainly on state and territory government officials and peak body representatives but also included one respondent from the Real Estate Institute of Australia and one local government representative. Most of the peak body representatives were non-government agencies, funded to provide systemic advocacy advice in their area of speciality, although one (the NSW Disability Advisory Council) was the official advisory body to the service department in that state. The information from these interviews is organised according to its relevance to the issues of housing and support, and how they affect people in the three target groups. The findings indicate that affordability is the major barrier for members of the three target groups. State Housing Authorities (SHA) across the country are working collaboratively between departments and agencies to link support and housing arrangements, and a number of variations of local and state-wide Memorandums of Understanding (MoU) are in evidence. There are some significant projects under way for people with mental illness, including the Housing Accommodation and Support Initiative program in NSW, Project 300 in Queensland, and individualised support packages in Tasmania. People with physical disability do not have as many options, however, because the supply of accessible housing is poor and often is not available at the same time as the support services. For people with intellectual disability, there is a growing trend away from the provision of group home accommodation. In Victoria, a case management approach has been implemented, and in NSW, the state government, under its *Stronger Together* program, has recently provided \$1.3 billion in funding to broaden the range of accommodation options. The findings also revealed a program in NSW that provides support and training to people with intellectual disability and low support needs that enables them to live without support in independent settings. Although such examples provide some hope for people who are unlikely to attract packages of support funding, they also challenge the increasing formalisation of housing and support arrangements, where the latter may become obligatory in order to gain access to the former.

In Chapter 5 a discussion of the findings from the interviews addresses the seven research questions asked at the outset of the project, and the issue of paradigms is discussed. Although positive principles related to service provision have been adopted throughout Australia, there is no overt explication of the 'social model' approach, as is the case in the UK. The Community Living Principles that underpin the Disability Services Act in each state express the right to participation and opportunity, but do not articulate the responsibility of the broader community to change in order to facilitate this participation.

The extent to which benchmarks and strategic plans are currently oriented towards goals of participation for people in the three target groups is limited. Instead of a broad societal response to addressing the housing needs of people with complex needs, these issues are consigned to the specialist service system and dealt with programmatically. Limits to specialist service resources in turn lead to restricted opportunities for people to access and maintain housing, and the scarcity of affordable and accessible housing further restricts options.

Strong political leadership is required to implement the regulations necessary to ensure that adequate supplies of suitably accessible accommodation are built and made available for purchase and for private rental, as well as through the social housing systems. There is also a need for meaningful data on the extent to which people with disability and people with mental illness have the opportunity to obtain and maintain regular housing, as one of many indicators of the extent to which individuals and groups can be said to be participating as members of the community.

Whilst the states and territories will continue to implement policies that are responsive to the needs of people with disability and people with mental illness in their jurisdictions, there is a role for the Commonwealth Government in articulating a vision of participation and inclusion within the community for people in the three target groups. This will involve ensuring that broad housing, disability and mental health agreements are streamlined so that adequate resources are provided for both the supply of housing and the delivery of supports.

Chapter 6, the conclusion to the paper, presents the most pertinent issues raised in the research, and points to the current shortcomings in policy initiatives, as well as some directions for the future. It proposes that the most effective approach to addressing the housing and support needs of people with complex needs is through broad social policy rather than the specialist service system. A variety of shortcomings are identified which need to be overcome if these fundamental matters to people with disability and people with mental illness are to be considered part of mainstream social policy. In the meantime, some aspects of current practice are worthy of replication, including the enhancement of local area collaboration, the delivery of individualised support measures, and the capacity to modify and alter programmed responses to meet changing local needs.

# 1 INTRODUCTION: RESEARCH AIMS AND CONTEXT

## 1.1 Introduction

This paper is the final report of a research project undertaken by the UNSW/UWS AHURI Research Centre, which looks at the linkages between housing and support for people with complex needs, specifically within three target groups: people with physical disability, people with intellectual disability, and people with mental illness. The research looks at the extent to which the Australian policy context enables people in the three target groups to access and maintain 'regular' housing, as opposed to special, supported or cared housing, and aims to add to the evidence about what approaches assist in making these arrangements 'succeed'.

This chapter restates the original research aims, including the broad research questions that it set out to answer, and also summarises the content of the Positioning Paper (<http://www.ahuri.edu.au/publications/projects/p70311/>) produced as the first milestone in the research. The research questions were:

1. What alternative paradigms, beyond the application of good housing models simultaneous with good quality support services, can be applied to the determination of whether support and housing arrangements for people with complex needs can be viewed as successful and 'seamless'?
2. What benchmarks or other markers of standards or quality need to be reached in order to determine the success of both housing and support arrangements, and the combination of both, which take account of objectively agreed outcomes and subjective wellbeing?
3. What broad housing options, both social/public and private, rental and purchase, are in place where linkages between housing and support for people with complex needs are successful, and what mechanisms ensure the continued provision of accessible housing stock and the ability to fund support to people living in fully or partially owned private housing?
4. What factors contribute to the successful coordination and delivery of housing and support to people in these target groups, in terms of particular support service and housing initiatives, and collaboration and cooperation by governments, between government departments, and services across and within sectors?
5. To what extent are the factors that determine success for people with complex needs present in support and housing initiatives for people in the three target groups across Australia, through particular initiatives delivered in each of the states and territories?
6. With respect to initiatives in three states (NSW, WA and Victoria), how do the means of entry into support services and housing, and the methods of maintenance and support once there, affect clients? To what extent do such initiatives differ in regional and rural areas, and how might future directions need to take account of regional differences?
7. What modifications to service and housing initiatives, and to collaborative and cooperative arrangements across governments, across government departments and across and within service sectors, are needed in order to achieve a seamless on-the-ground delivery of support and housing to people with complex needs?

## 1.2 Summary of Positioning Paper

The Positioning Paper significantly addressed the first research question, by considering the various paradigms in which social policy is currently formulated, and the contested nature of approaches to the support provided to people with disability and people with mental illness.

The Positioning Paper was also critical of the identification of best practice 'models' of housing and support, advocating instead the 'realist synthesis' approach developed by Pawson, Greenhalgh, Harvey and Walshe (2004) as an alternative to evidence-based evaluation of programs. It was considered relevant to this research because of its holistic approach to determining the suitability of a particular initiative within its immediate context. In particular, four major contextual factors were considered relevant to the research on how housing and support were joined together to meet the needs of people in the three target groups:

- *individual* capacities of key stakeholders, especially those charged with implementing the intervention;
- *interpersonal* relationships that support the intervention, including management, administrative and industrial relations matters;
- *institutional* settings, including the broad ethos of the organisation in which the intervention is operated, and the attitude of executive management and board;
- *infra-structural* context, locally and wider, including the condition of the welfare system, funding guarantees, and local opposition or support from interest groups (Pawson et al. 2004, pp. 6–8).

The realist synthesis approach was seen as a way of looking critically at programs or initiatives – not only the activities that take place within them, but also the policy and administrative framework within which they are implemented, guided and monitored. Whenever appropriate, it also considers the political climate in which programs are initiated or stymied, and thus rejects the notion that 'models' can be assessed without this contextual information.

Using this approach, the first issue considered in the Positioning Paper was the nature of the professional and academic paradigms used to understand both disability and mental illness. A 'social model' stance on disability was identified as one that explained much of the disadvantage experienced by people in the three target groups as a failure on the part of society in most areas of planning, development, policy and legislation, to accommodate these people in the general life of the community. As such, the issue of housing and support was not considered to be a matter of reforming outdated accommodation service types, such as group homes, but rather of ensuring that suitable housing adapted to the needs of people with disability and people with mental illness is available, and that the support required to enhance independent living is provided. It was not suggested necessarily that a 'programmatic' response was required, but rather that the built environment should be made more accessible, so that housing could be rendered accessible and available. A 'rights' approach, which shares some of the goals of inclusion and participation but has evolved from a movement of families of people with intellectual disability, is known as the Community Living Principles approach. Its relevance to the Australian context is demonstrated by the influence it has had on disability services legislation around the country (Cocks 1998). The combination of both approaches, together with the endorsement of many of the social model principles in the UK, established a perspective on the issue of housing and support that was very much that of the people who wished to be housed.

The second issue addressed in the Positioning Paper was the policy and political context in which housing and support are framed in Australia. In line with most Western democracies, Australia's social policy has been shaped by the neo-liberal project of reducing the direct intervention of government in the provision and regulation of welfare services, in favour of assisting disadvantaged people through individual income support. While the policy of 'mutual obligation' has borrowed aspects of social capital discourse, there has been little attempt in recent years to significantly address the infrastructure deficits that must exist, if the social model critique of the 'disabling society' is correct. The mechanisms of the free-market economy are increasingly being relied upon to provide the means for people to access housing, health and education, amongst other necessities. Governments at all levels are rationalising, contracting out essential services to the private and non-government sectors within strictly demarcated departmental portfolios. In the Positioning Paper, all these issues were identified as potentially problematic when providing housing and support in the community for people in the three target groups.

The Positioning Paper reported a broad literature review of Australian research, and discussed some approaches and initiatives overseas. This review also addressed the issues of home ownership for people in the target groups and the notion of 'universal housing', a design principle that allows for all homes to be designed and built such that people with impaired mobility can easily live in them with maximum independence. Some progressive examples of policy and strategic planning were evident in New Zealand, and there was strong evidence of an overtly rights-oriented, social model approach underpinning concerns about the contrast in socio-economic status between people in the target groups and the general population. Examples from Canada and the USA were largely state/province-based, and focused on some innovative service initiatives (Canada) and some home-purchase and administrative mechanisms (USA) that were aiming to provide people with disability and people with mental illness with the opportunity to live in regular housing.

New Zealand, Canada and the USA were all using to some extent (or planning to use) individualised funding (funds allocated for the purpose of service delivery, but to the individual rather than to a service) to make the support more flexible and on-demand, once the housing was available. This was also the case in the UK, where the focus was mainly on the Social Exclusion Unit, operating within the Office of the Deputy Prime Minister (ODPM). Within this unit, a number of initiatives were being rolled out, aimed at alleviating the conditions that disadvantaged certain sections of the population, either as specifically characterised groups (such as the people in the three target groups) or as people living in areas of social deprivation. An initiative that sought to address both housing and support for people with complex needs was the Supporting People program, which was administered through the local authorities and aimed to bring about joined up approaches to meeting the diverse needs of individuals. The partnership approach is adopted to enable vulnerable people to live independently and to maintain their tenancies. The role of non-government housing associations in the UK appears to have been key to the success of the program, and the adoption of social model principles by providers also indicates a strong motivation to assist people with disability and people with mental illness to exercise their right to affordable and suitable housing.

The Positioning Paper concluded with a brief review of the policy and planning frameworks that exist in Australia, at the Commonwealth and state/territory levels, to address the housing and support needs of people with disability and people with mental illness. The significant challenges posed by the shared responsibility of levels of government, together with the traditional autonomy of the states and their different approaches, was noted, as was the tendency to approach issues to do with people in

the three target groups through specialist services and programs. Issues of limited resources were also noted, and a brief critique was presented of how housing and support for people with disability and people with mental illness was being addressed in NSW.

## **2 RESEARCH METHODOLOGY**

### **2.1 Methods**

The approach taken by the research was predominantly qualitative and involved a series of in-depth interviews with key stakeholders in states and territories around Australia. Although the research aimed to examine how macro policies have translated into the delivery of support at the micro level (service support to individuals), the decision was made not to interview housing tenants or service clients, and instead to focus on officers of the various departments that guide the delivery of housing and support across the states and territories. These interviews were conducted mainly by telephone, in all states and territories, including those in which fieldwork was conducted, between November 2005 and June 2006. The fieldwork provided the opportunity to look in more detail at the policies and programs in action, by interviewing departmental officers and service providers within specific areas, both metropolitan and regional, across three states. Fieldwork in Western Australia was conducted between 13 December and 22 December 2005, with some telephone interviews conducted prior to this and afterwards, up to the end of June 2006. Fieldwork in Victoria was conducted during the week beginning 16 January 2006, with some telephone interviews taking place prior to the visit and others as late as March 2006, with people who were not available for face-to-face meetings. In NSW the fieldwork took place during February in the regional area, and between March and July 2006 in metropolitan Sydney, with the last interview conducted on 3 July 2006.

As well as providing a view of policy in practice, this method of interviewing helped to provide a sense of how well the disparate policy and service efforts were able to be coordinated to support people in the three target groups in regular housing. In addition to government officials and housing and service providers, a number of peak body representatives were interviewed to provide a critical perspective on the policies and programs that were being put in place. One interview was also conducted with a staff member of the Real Estate Institute of Australia (REIA).

### **2.2 Fieldwork interviews**

#### *2.2.1 Western Australia*

Three fieldwork sites were chosen to look at the approaches taken to meeting the housing and support needs of each of the target groups (one per state). Western Australia was the site chosen to look at arrangements for people with intellectual disability. Five officers of the Western Australia (WA) Disability Services Commission (DSC) were interviewed, three at the Perth office offering a state-wide and metropolitan perspective, and two Local Area Coordination (LAC) staff in regional areas. In addition, a brief follow-up telephone conversation was held with a LAC in another regional office, as well as a discussion with a further officer on a matter relating to family trusts. There was also a short forum discussion with all regional LACs at a staff planning day held outside Perth, where the general research questions were addressed. Three interviews were conducted with staff of Homeswest, the housing provider division of the WA Department of Housing and Works (DHW). Two of these interviews took place in Perth, where the staff offered a state-wide perspective on how Homeswest related to DSC; the other took place in a regional area and provided insight into the arrangements that led to housing and support for people with intellectual disability. A regional community housing provider was also interviewed, as were two disability service providers, one within Perth and the other in a regional town.

### *2.2.2 Victoria*

Victoria was chosen as the state to look at arrangements for people with mental illness because of the long-standing Housing and Support Program (HASP) introduced in the 1990s as an initiative between the Housing and Health divisions of the Department of Human Services (DHS). The program uses NGO service providers to deliver the support necessary to assist people with mental illness to access and remain in housing, which is provided by Office of Housing (OOH), or by a community housing provider. Interviews were held at the DHS in Melbourne with officers from both the Health division and the OOH, and with one service provider and one housing provider in the metropolitan region. Two regional areas were visited: Warrnambool and Horsham. At Warrnambool, one service provider was interviewed and a housing officer (by telephone), and at Horsham a service provider and a community housing provider were interviewed. A Health officer who had oversight over one of the regions was also interviewed.

### *2.2.3 New South Wales*

No broad, state-wide initiative on housing and support for people with physical disability was identified in Australia at the time the research was conducted. As the research methodology identified three different disability groups in three different states, NSW was chosen as the focus of study on physical disability. Several interviews were undertaken in Sydney, with officers from the Department of Ageing, Disability and Home Care (DADHC) and from Housing NSW, and with peak body advisors and advocates from the Disability Council of NSW and from People with Disabilities Australia Inc. Some regional work was undertaken, although few examples of linked provision of housing and support were able to be found and examined. Most examples were investigated within the Sydney region, by looking at three initiatives:

- the Housing NSW redevelopment of the Bonnyrigg estate, which is an example of a Public/Private Partnership (PPP);
- a proposal to develop a mix of specific-purpose housing along with community housing, to provide a community-based network of housing and support for people with spinal injury; and
- a case management program, currently operated by the Life Time Care division of the Motor Accidents Authority (MAA), which assists people from hospital following a traumatic injury, back into the community, using the main existing support and housing resources.

### *2.2.4 The United Kingdom*

A fourth 'field' study was conducted via telephone with a number of departmental officers, and housing and service providers within a single region in the UK, to look at the impact of the Supporting People (SP) program on meeting the support and housing needs of people with complex needs. It is written up within the fieldwork section of the findings, as it poses the same questions to different stakeholders within a single area, to ascertain which aspects of the arrangements are working well, and where the initiatives are considered to have hindered other programs or approaches designed to achieve independent living for people with disability.

## **2.3 Telephone interviews**

The initial research objective was to conduct telephone interviews with representatives of mental health, disability and housing departments in each state and

territory government, in order to ask a range of questions based closely on the broad research questions about the approaches taken to providing support and housing to people in the three target groups. This method was used in order to assess the similarities between the different approaches, to note the differences and identify common features. Because problems were encountered in trying to arrange telephone interviews with key respondents in some states, the coverage was not comprehensive. However, enough telephone interviews were conducted to provide an overview of the approaches taken by the states and territories as a whole in providing housing and support to people in the three target groups. The findings in the telephone interview section are organised according to the arrangements in place for the three target groups: people with physical disability, people with intellectual disability, and people with mental illness.

Details of those interviewed are given in Appendix A. No details of the UK respondents are given, as one wished to remain anonymous. As the case study was site-specific it was decided that all respondents should remain anonymous.

## **2.4 Data and document review**

The Positioning Paper indicated that data strictly relevant to ascertaining numbers of people within the three target groups who were in inappropriate accommodation, or for whom accommodation and support were not being provided, were hard to come by. The approach of the research has been to gather details of what is happening on the ground, and to talk with a range of stakeholders about the significant barriers to a range of options being made available. Interview respondents have invariably recommended a range of local, state and national reports that address the issues raised in this research. Although many of these reports were accessed, it was not possible within the scope of the research to undertake a comprehensive document review. Instead, some recent announcements of significant funding to both the disability and mental health sectors in NSW are briefly addressed in Chapter 5, by way of an analysis of the findings from the fieldwork and telephone interviews.

## 3 RESEARCH FINDINGS: FIELDWORK

### 3.1 Western Australia

In Western Australia, an individualised approach to support is taken by the Disability Services Commission (DSC), the department responsible for funding and monitoring service programs in that state. The approach was adopted in the 1990s, and operationalised through the work of Local Area Coordinators (LAC) throughout the state. As well as seeking information about the particular housing and support initiatives available in this state, the research sought to test the observation made in previous research (Bostock et al. 2001) that an individual approach to support is more likely to lead to a wider variety of housing options being made available.

#### 3.1.1 Disability Service Administration

The department that has responsibility for disability issues in WA is the DSC. There is a clear distinction of roles between the providers of housing and the providers of support to people with intellectual disability. Unlike equivalent departments in NSW and, to a lesser extent, Victoria, the DSC does not own or directly manage any of the housing occupied by people with disability, including group homes. This is the result of a historical arrangement put into place around the end of the 1980s, when the *Commonwealth Disability Services Act 1986* was affecting the change from congregate care models to more focused, individualised approaches of support. Officers attested to a strong ethos within government of using 'generic' services wherever possible, and a tendency to move away from the provision of accommodation accordingly. The disability services legislation required public authorities to have in place a disability plan that would guide how they would make their services available to people with disability, and at this time the DHW was approached to take over and manage properties to be used for supporting people with disability. The focus on ensuring mainstream services have the capacity to address disability issues has been further strengthened through an amendment made in 2004 to the Western Australian *Disability Services Act (1993)*.

The approach to service delivery in accommodation in WA is largely one of individual preference, and resources are provided to those who need support by means of packages of support funding granted to approved service providers. Officers characterised the approach as being 'on the ground', with a heavy reliance on the network of government LACs, who work in each area with people with disability and their families to negotiate available supports according to individual need. LACs have a community development role to play, in that they address a person's needs holistically, and attempt to identify 'informal' resources and supports, either through family and friends, or through what is available in the community, as well as by applying for and monitoring direct funding for formal disability service provision. A key characteristic of LAC support work is the establishment of strong relationships with clients and families, and effective networks of service providers and departmental officials at the local level.

The means by which funding for disability support services is allocated to people with disability is the Combined Application Process (CAP), which occurs quarterly and apportions funds according to priority of need. Administered by the DSC centrally (in Perth), a panel of experts decides on how an allocated budget will be used to provide support to clients who applied for funding. There are three categories of funding:

→ accommodation support;

- alternatives to employment; and
- intensive family support.

The first category is the most common means by which support can be provided to assist a person with intellectual disability to access independent housing, although the third category can be used in some instances. Because of intense pressure on limited resources, only a small proportion of applications for funding are met. In Round 2 of the 2005/06 financial year, less than 16% of applicants for accommodation support funding were successful, while the proportion of successful applicants for intensive family support was around 15%. It is common practice for unsuccessful applications to be resubmitted for future funding rounds. In Round 2, 76% of applicants in the first category had applied previously, and 82% of applicants in the third category had applied previously. Allocation of resources for successful applicants is based on the individual needs identified in the application, which has often been completed with the assistance of a LAC. These identified needs are then assessed and placed within a band of funding, that is organised according to severity and complexity of need. Some additional short-term and smaller funding packages are available, and regional areas have some discretion in allocating these to clients who require special assistance with support issues of limited duration.

This system of allocation is regarded by the DSC as providing a good deal of portability and choice within the service system, as it encourages funded clients to choose service providers, and to go elsewhere if their needs are not met adequately by the chosen provider. Choice of service provider is linked to choice of housing, as this system, together with the lack of property ownership or management by DSC, does not assume that support is tied to any particular housing type. The approach of service providers and LACs is to assist the person with disability to identify their housing preferences, and then to assist them to achieve their preference in whatever housing market is chosen. DSC officers recognise that, despite this approach, people with intellectual disability do not have the same level of access to the full range of housing options (social, private rental and purchased) as do other members of the community. The principal barriers to achieving equity are around affordability and the timely availability of suitable housing stock, for those who have particular specifications for design. There is also a recognition that people with disability whose needs are not so critical are unlikely to be given priority through the CAP, and thus do not have access to the funded support they may need to move out of the parental home.

There is broad agreement between the DSC and the Department of Housing and Works (DHW), specifically with the DHW's rental housing division, Homeswest, regarding the provision and management of housing specifically for people with disability. This determines the separation of housing management and support roles, and allows for the allocation of additional properties each year by Homeswest, on the understanding that support by DSC is provided. Support to eligible people is generally provided by non-government service providers, who take on responsibility for accommodation and other lifestyle issues for the person once placed.

### *3.1.2 Housing*

Homeswest provides rental housing to low- to middle-income households throughout Western Australia, through its own stock and through funding community housing organisations. A key consideration when providing housing to people with complex needs, including people with intellectual disability, is the need to provide support, and to this end Homeswest works with specific service agencies to ensure that a support arrangement can be established for a person with intellectual disability who needs

housing. This is done through its Community Housing Program, and in most instances a tenancy arrangement is made with the support agency, which in turn leases the accommodation to the individual. Homeswest also purpose-builds specifically designed rental housing for people, most frequently those with physical disability, but also people with other types of disability. Building takes place after the needs of the individual have been translated into specific design requirements, through assessments by occupational therapists and other professionals, so that the property can be built to exact specifications.

In Western Australia the availability of social housing to people with complex needs, such as those with intellectual disability, is contingent on the availability of support. Homeswest makes 60 additional properties available to clients of the DSC each year, but often the support is not available to take full advantage of this allocation. In total, the Community Disability Housing Program provides 951 properties to people with disability. There are some local-level MoUs between Homeswest and disability agencies, and there are broad-level agreements between Homeswest and the DSC to specify the distinction between housing provision and support provision.

The Homeswest officers interviewed expressed the belief that the approach to housing provision for people with intellectual disability in Western Australia works well, and pointed to sustained tenancies and low rates of eviction as evidence of this. The main barrier to more people accessing housing is the limit on the numbers of people who can receive support funding, and this is an issue of service system resources. Where a person is funded, there is a good relationship between housing and support agencies, and the individual's needs and preferences can largely be accommodated in the allocation or building of a suitable property. Homeswest also provides home loan products, such as the Access Home Loan, which is specifically designed to enable people with disability to purchase their own home. People are required to invest a deposit of \$2,000 and need to be able to afford to borrow against 70% or more of the value of a property worth up to \$250,000. Homeswest owns the remaining portion, and ensures that repayments do not exceed 27% of a person's income. This product is specifically designed for people who are on benefits, or whose carers receive benefits, and eligibility is determined by income levels. The product can also be used for extensive home modification of already purchased housing.

### *3.1.3 Service providers*

The approach of non-government service providers is to ask clients and families about their housing preference, and to assist them to attain it, rather than to offer a particular type of housing. A preference is often based on proximity to family, knowledge of the local neighbourhood, whether or not the client wishes to live alone or with others, and other issues of affordability, security and any adaptations required. The 'ordinariness' of housing situations is emphasised, as is the need to expect change as people's needs change and preferences alter with the experience of independent living.

In one agency the process involved a Service Coordinator working closely with the client and the family, and developing a holistic, individual plan to express the client's needs and preferences. This 'My Plan' document is described as a 'dynamic document', detailing in depth the range of wishes, needs and attributes of a person, and determining the level of support required by personal assistants, as well as the community and family resources available as part of the overall support. In this service approach, emphasis is placed upon the growth and development of an individual, the building up of strong community relationships, and the inevitability of changing needs as the person's experience, confidence and independence grow.

Clients come to this service with DSC funding from the individual packages, which are generally adequate, but funding constraints often require a creative approach to supplementing formal, specialist supports with community and family supports to make an individual housing and support arrangement work. The service can also apply for further funding from the DSC, either on a recurrent or short-term basis, although there is no guarantee of funding. Clients are still eligible for home-based supports such as those provided by Home and Community Care (HACC) services, even if they are in receipt of a package of funds from DSC, and are supported by a disability support agency.

Public housing is the most affordable form of housing for clients, but it is not always available in the areas in which individuals need it, or at the time they need it. In these cases, decisions have to be made about whether the additional cost of private rental accommodation is justified and/or affordable. Whatever housing choice the client makes, the support agency will assist them to negotiate and access a suitable property, and facilitate relations between the client and the housing provider. A third alternative is to support the client in the family home until a suitable social housing property becomes available, whether this be community or public housing. The Service Coordinator plays a crucial role in negotiating access to housing, and any modifications required within the household, including decoration and furniture. As yet there are a few opportunities to support people who live in purchased or mortgaged accommodation, and this service is working to support families who choose this option through providing up-front support funds (paid quarterly in advance by the DSC) to offset loans that have been established with the purpose of acquiring or modifying a property for an individual client. This money is then paid back fortnightly to the service to cover its costs over the period of the quarter, offsetting much of the interest accruing to the loan.

The opportunities afforded by an individually funded package, as opposed to the block-funding of services, were highlighted by the representative of the service agency interviewed. Sometimes providers will fund a four-bedroom group housing support arrangement with the funds of three clients, with the result that all parties are reliant on each other for the continued viability of that arrangement. Overall, people who access the service are provided with the housing of their choice, within their means, and as preferences change so the opportunity to change housing and household configuration grows.

#### *3.1.4 Regional area 1*

The approach of the major agencies and service providers in Geraldton is one of collaboration and cooperation to meet the housing and support needs of people with intellectual disability. Regular network meetings between Homeswest, the police, DSC, the Department of Indigenous Affairs and others provide a forum to discuss the needs of clients, and lead to opportunities to liaise on individual client matters. Thus, a proactive approach is taken to dealing with tenant problems, with Homeswest approaching agencies to see if it is possible to intervene and support a person who is experiencing tenancy issues.

The precise level of demand for housing for people with intellectual disability is not known, but there is a general sense that people who require housing have their needs met, and Homeswest is not inundated with requests. Some people with intellectual disability may have direct tenancies with Homeswest, but in the main that would occur only if they did not disclose their disability. An exception to this was a young man with disability who applied for public housing as a direct tenant, and whose family provides a good deal of support. On the basis of their continued guarantee of support,

Homeswest was willing to provide a tenancy with no formal services involved. However, there is a strong preference for organising head-leases with agencies, rather than having direct tenancies, as Homeswest has found that a person can usually access more support in these arrangements if it is required. This in turn contributes to security of tenure.

In this area there were no formal agreements across agencies – there was perceived to be no need for any agreement because the system of networking and discussion based on the assessed needs of a person was regarded as ‘rigidly individualised’. This level of personal understanding is assisted by and contributes to the strong relationships with local service agencies, and Homeswest indicated that they would always provide at a solution to a person’s issues.

At the time of interview, the capacity of Homeswest to meet the demand for housing by people with intellectual disability was good, with a healthy construction program under way, and the total stock having reduced by only ten properties over the past four years. However, rising private rental and home purchase prices may have a future impact on the demand for public housing, and the current vacancy rates of about one property per week may come under pressure.

From the DSC’s point of view, the individual relationship with clients is an important factor in establishing the conditions for a successful tenancy. In some cases the support available from a family and the broader community may be adequate. It is not always necessary to access specialist disability services, and funding for specialist services is not likely to be allocated to people with low support needs, for whom independent housing is a realistic option. For younger people there does appear to be a sense of a housing shortage, because of their inability to afford private rental, and the waiting period for public housing, which can be anywhere up to 18 months. However, should crises occur then the likelihood of obtaining funded supports increases, and this brings with it greater capacity to obtain housing. People who have lower support needs are also more capable of gaining employment. Nevertheless, at the time of interview, unemployment in the area was high and there was little prospect of young people with disability earning wages that would enable them to access a wider range of private rental properties.

Although DSC-funded clients are eligible for additional services, such as HACC, often they are not given priority, and there remains a sense that HACC will not readily support those who receive DSC funds. The LACs in the area were able to negotiate and assist in the organisation of creative housing and support arrangements that would require low or no formal support, including one where families of some young people with disability were beginning to organise a shared housing arrangement for four people who knew each other, and who wanted to live in shared accommodation. This was characterised as different from a group home, as it did not involve formal support provided on a shift basis. Another example of a housing and support arrangement in the area was that of the Good Neighbour program, which had operated for around 10 years, and which supplied housing to people with disability and low support needs, living next door to tenants who were able to provide everyday assistance in exchange for low rents on their properties. This arrangement was negotiated by a community housing organisation, which received houses from Homeswest leased at a peppercorn rent, and then provided for rental to the tenants. The surplus funds enabled the subsidising of the other tenants who provided the support. This program had resulted in long-term tenancies of both people with disability and those without, and, importantly, lasting relationships between the tenants with disability, and those assisting.

The providers of the Good Neighbour program were interviewed. This organisation was established over 10 years ago, in response to the needs of families with children who had disability. The program was based on the rationale that housing and support should be provided within the community wherever possible, rather than through specialist services. This led to the program's initial focus on housing provision, and the Good Neighbour model came about through the cooperation of Homeswest in providing properties at a nominal rent. This cooperation with Homeswest has continued, with the provider indicating that the provision of suitable houses is good, as is their capacity to structurally modify according to individual need. An example of how the Good Neighbour scheme works is the case of a young woman with intellectual disability who cannot read or write, and who requires assistance with reading her mail and paying her bills. Some additional assistance with talking over problems is also required, and this is all provided by her neighbour. The service pointed out that the formal service response to this woman might have been to place her in a group home.

It was perceived that the Good Neighbour program worked well in this regional area because individuals with disability tended to be known around the town, and there was greater capacity for community networking and problem-solving. It was also an approach that emerged from strong local agency relationships, and the capacity to make resource decisions on the ground. In contrast, the the Good Neighbour program had in the previous 12 months become a formal support agency, using DSC funds to enable individuals with disability to access housing in the community. Detailed, holistic plans are developed to determine the choice of housing, and to understand the range of supports that are needed to assist the client. However, the allocation of housing through Homeswest can no longer be negotiated at the local level for funded clients, as this becomes part of the broad agreement between Homeswest Community Housing Program (CHP) and the DSC. This service provider perceived this development to be a negative one. They were also uneasy about a dilution of the strong values-base that had served to initiate innovative programs such as Good Neighbour, and a tendency for services to adopt business models.

### *3.1.5 Regional area 2*

A smaller case study was conducted within a second regional area, with the primary focus on a community housing association that had as its focus people with disability and people with mental illness. Started seven years ago, this association runs as an enterprise and has not received government funding since its initiation when it used a small grant for its start-up costs. Of the 77 properties that the association manages, eight are supplied through the Community Disability Housing Program (CDHP), although having 19 tenants with disability means that 11 access properties from the regular CHP stock. Stock is acquired from a mixture of spot purchases and constructions. Currently Homeswest allocates one in four of its new stock to the association, but this equates to only one property per year on average. The association has some direct tenancies, and some arrangements with service providers. An example of the latter is where a client has a live-in carer, who has the status of employee and co-tenant. This has resulted in the development of clear protocols regarding the status of the employee, in case they breach their tenancy or cease employment, as there is a need for them to leave the property at that time.

The association believes that there is increasing pressure for housing because of the rising numbers of people with disability, and people with mental illness, who are seeking housing in the area. There can also be a considerable wait for housing allocation, both for existing stock and to have a property purpose-built or modified. The association is also able to bring people together into joint tenancy arrangements,

if they feel there is some chance of compatibility between clients. One example of this is a household comprising two people with physical disability, one with a live-in carer, in a four-bedroom property, where one bedroom is left vacant for the provision of respite care when needed.

The capacity for the association to bring together compatible people and address their needs within a household was regarded favourably by the DSC, and provided an example of the community development approach that the LACs adopt. The personal knowledge that LACs have about their clients with disability helps to forge suitable housing arrangements through the association. Formal funding can also be used to put programs in place that will develop an individual's living skills, in readiness for moving out of the family home. The ongoing relationship with the LAC allows for this level of forward planning, and the reasonable growth that is being achieved by the association allows for some anticipation of properties becoming available in the future.

### *3.1.6 Summary*

The service system in WA is operated through knowledge of individuals with intellectual disability and attempts to provide individuals with the housing and other support needs that they have identified. This includes the provision of personalised and individualised accommodation, where supports are developed around the individual, rather the individual being placed within a group setting and required to fit in with existing support. The system is led by the DSC, with arrangement facilitated by LACs or contracted service providers, but the cooperation of Homeswest in supplying housing has been invaluable.

Limits on the availability of support funds appear to mask the demand for housing by people with intellectual disability and their families, and resource restrictions limit the support available to people whose needs are lower than at crisis level. During the course of the research, a surge in house prices due to the commodities boom in WA fuelled fears that housing demand within the general population will increase, which would in turn will put further pressure on affordable housing stock for people with intellectual disability.

## **3.2 Victoria**

The fieldwork in Victoria took as its focus the housing and support available to people with mental illness in that state. Victoria was chosen because the Housing and Support Program (HASP) was initiated in 1991 to facilitate access to social housing and support by people with mental illness. The longevity of this program gave it the potential to be studied with a view to understanding what the effects had been in the community, and what future challenges lay ahead. Victoria was also chosen to see whether or not the existence of divisions of health and housing, responsible for the funding and regulation of programs of housing and support, within the one department, the Department of Human Services (DHS), had led to successful 'joined-up' initiatives. Such initiatives were identified in the Positioning Paper as providing a potential framework for the establishment and maintenance of initiatives that required the intervention and resources of more than one government department, and posed a particular challenge for government departments across Australia as a whole, with the dispersal of responsibilities across departmental boundaries further complicated by the federal system, in which various responsibilities were held by different layers of government. Further, regional differences were explored to some extent, through fieldwork interviews in two regional centres and in Melbourne.

### 3.2.1 Housing

Interviews with departmental representatives of both the Office of Housing (OOH) and the Mental Health divisions of the DHS revealed different perspectives with respect to people with mental illness. For OOH the issue was mainly that of homelessness, with the current Victorian Homelessness Strategy (VHS) targeting, within the general group of those who are regarded as 'homeless', people with mental illness who are either chronically homeless or at risk of becoming homeless. The VHS is a strategy of reform which aims to:

- improve service system responses to homelessness
- achieve consistency and common frameworks across Victoria
- increase 'joined-up' business with areas, such as mental health

Within this strategy, the OOH has recognised that people with mental illness require security of tenure to assist in stabilising their conditions, and that in this regard public housing, rather than private rental, is the preferred option as security of tenure can be guaranteed.

The OOH is proactive in trying to provide more social housing, and has funded community housing associations to increase the stock of affordable housing available to disadvantaged people, including those with mental illness. Associations such as Supported Housing Ltd (SHL) have successfully provided housing to tenants with mental illness, and are able to sustain their business through their tenants being eligible for Commonwealth Rental Assistance (CRA).

Consistency and equity are important considerations for the OOH when implementing the VHS, and must be viewed within the context of significant reductions in the capital funds available through the Commonwealth State Housing Agreement (CSHA). There is a recognition that good practice has been achieved at the local level in some areas in Victoria, but what is required now is a more consistent and managed approach over the whole state. Some reforms to the way the OOH relates to agencies are being introduced, including taking away nomination rights from service agencies to particular properties, for clients with mental illness, and instead providing pooled access on the basis of prioritised need<sup>6</sup>. The practice of allowing single tenancies to exist in two-bedroom houses is also being challenged, by charging rent according to room instead of tenancy. Both of these reforms are intended to bring greater consistency of housing outcomes, and there is recognition that in future some people may not have such easy access to properties as they do now.

Housing support programs had previously acted more as advocacy services, but have been reconfigured to address issues of establishing tenancies of people who have a high profile or history of homelessness. The Social Housing and Advocacy Program (SHASP) began in January 2006, with a focus on assisting people, including those with mental illness, whose tenancies are at risk. There is recognition of the need for the OOH to work with the Mental Health division of the DHS, because the two divisions share clients. The VHS has provided a framework for collaboration on the needs of clients who fit the homeless profile, and is seen as an opportunity for reforming practice so that the most needy clients are given priority and support. However, there is a belief that problems are likely to be systemic, requiring collaboration across different divisions and agencies. However, at some level this collaboration can run at cross purposes to the priorities that the OOH has set as a single focus division. An example of this is the need for long-term housing for people with mental illness, and the difficulty in providing this in a tight fiscal environment.

### 3.2.2 Health

Interviews were conducted with two officers, one regional, the other in Melbourne, providing a state-wide perspective. The overall approach of the Mental Health division of the DHS to providing community-based housing support to people with mental illness had been to institute the HASP in the 1990s. This was a joint initiative with the OOH, which had provided the properties, but it also required the recruitment and funding of non-government agencies to deliver outreach, social and rehabilitation support to clients who were placed in these houses. These support services, known as Psychiatric Disability Rehabilitation and Support Services (PDRSS), have become established across the state, and in many cases have grown through the delivery of other government funds to run other programs for the same broad client group.

There is a long history of collaboration between the Mental Health division and OOH through the HASP initiative. However, there is no formal agreement such as a MoU between the two divisions. Some issues concerning the collaboration were raised, including the difficulty of meeting identified needs of people with mental illness for long-term housing, at a time when Victoria's housing budget through the CSHA has decreased by around 30% in real terms. There is also a difference of approach between the two divisions, with housing policies emphasising the throughput of clients via mechanisms such as Transitional Housing Management (THM) instead of stability and response to relapse and recovery. The requirement of THM that people move into more secure housing after an initial period of three months has been difficult to meet, with the result that many people with mental illness are either blocking transitional housing places, or are being discharged to less stable housing alternatives. There was a recognition that the current approach to providing stable housing to clients with mental illness would be affected by the OOH's decision to charge rent by the room instead of per person.

The HASP has largely lost its identity as a distinct housing and support program, and PDRSS is now regarded as the vehicle by which support to people with mental illness in housing is delivered in Victoria. The PDRSS sector has the skills and capacity to build relationships with, among others, real estate agents, such that in some regional areas private rental has become an option, which increases the pool of available housing. PDRSS workers tend to become adept at housing-related issues, and to develop skills in providing clients with social and rehabilitation support. In country areas there is also a strong and positive practice of networking, although such an advantage is sometimes offset by the difficulty of attracting suitably skilled and qualified staff to these areas. A further problem with the current system is the capacity of PDRSS providers to decide which clients receive a service. This contrasts with the disability sector, for example, where there is a vacancy management system.

There was recognition that the OOH was leading the collaboration. The expressed wish of the Mental Health division for a MoU had not been acted upon. The recent process of accrediting large, non-government housing providers across the state had not included discussion with the Mental Health division about the location of providers. Having administered the PDRSS program for many years, the Mental Health division felt it was important for housing providers to have a local presence, so that they can understand where services are available and where they are not available. There was uncertainty at the time of interview as to whether the successful providers would be based solely in metropolitan areas.

The role of the Mental Health division, within a community accommodation context, is to fund and monitor the support provided to people with a mental illness. There is no standardised screening process for clients entering the PDRSS, and it is up to the service providers to determine which clients are supported. However, many clients

are referred by the clinical mental health services. Monitoring of client progress is achieved through the collection of Quarterly Data Collection (QDC) data, by scrutiny of targets set within the service agreement, and through regular contact with local Mental Health division officers. A quality framework is being introduced which enables services to work towards accreditation. However, there is currently no means of gathering data on individual client progress, despite many PDRSS agencies collecting such information to indicate how their support is assisting people. The reliance by senior levels of government upon data that measures numbers of clients and the housing and services they receive was regarded as a shortcoming.

### *3.2.3 Housing associations*

Two interviews were conducted with agencies that provided housing to people with mental illness, one a large provider based in Melbourne but having a state-wide focus, and the other a small provider operating within one rural region. The large association was moving toward becoming one of the five designated housing associations in the state. It houses over 900 people in Victoria, and is one of the largest disability housing providers in Australia. Of the 900 properties, 100 are owned by the association, and the rest are owned by the OOH. The housing ranges from one-bedroom units and two-bedroom houses, through to two group homes and a large unit complex accommodating 12 people on one site. The association manages property, and also provides property search assistance, and home modification. It has a focus on people with disability (and this definition includes people with mental illness) who require support in order to maintain a tenancy. Strong relationships have been established with support agencies, who provide the tenants to be housed, and who are required to sign service agreements guaranteeing the continuation of their support throughout the life of that tenancy.

The association grew significantly in the 1990s, as a direct result of the HASP. The PDRSS approached the association to manage the housing that was to be provided, and this became the core business of the association. The association recognised that people with mental illness had done well in gaining access to suitable housing and support over the past few years, but it was also recognised that the HASP was largely being dismantled because of a loss of corporate memory of the program and an identification of the PDRSS as it's the association's operational arm, and because some of its direction was in conflict with the aim of the OOH to increase property utilisation rates and revenues. The Group Housing Program (GHP) had enabled housing associations to grow, because of the requirement to remit \$28 per occupied room, and to be able to recoup rent and CRA from each tenant. The need for single accommodation within two-bedroom housing was recognised by the housing association, as stability for the individual tenant could be threatened by the placement of others within the same accommodation. However, proposed changes by the OOH meant that vacant rooms would attract a rental, and so, to remain viable, shared accommodation was to be encouraged.

Another source of housing has been THM, with the vast majority of units in Melbourne being allocated to people with mental illness. The lack of availability of affordable housing in Melbourne, evidenced by long public housing waiting lists and expensive private rental, has effectively blocked people from leaving this program. The housing association was not willing to turn out people on the THM to homeless shelters after their three-month period in accommodation had elapsed.

The housing association believed the proposed changes by the OOH would be problematic for the association, and also for the mental health sector in general. The loss of income experienced through having to pay for vacant rooms would lessen the

surplus earned by the association, which is used to cover the deficits incurred from managing its own one-bedroom stock. Although the implementation of the policy would remain cost-neutral to government, it would either result in a reduction in the capacity of the association to provide and develop further stock, or force it (and others) into a policy of greater aggregation of tenants in order to maintain current income levels. This may prove costly, not only for tenants in terms of their capacity to remain stable and effect recovery, but also for the association in potentially having to deal with increasing tenant problems, and also for the service sector, which might have to bear an increased burden of cost in order to support tenants who are less stable than they had been under the current arrangements.

The housing association believed there were strong points to the current arrangements that were in place to enable housing and support to happen simultaneously for people with mental illness. The funding of PDRSS agencies to provide support, and their willingness to engage the association as the property manager, has resulted in the provision of stable housing for large numbers of people with mental illness. The strategy of the association has been to make the housing component subservient to the support element, through allowing the support agency nomination rights over the properties, in return for a guarantee of support. According to the interviewee, this is not widely supported by other housing managers. However, there is some minor program mismatch, mainly because of the requirement for throughput of tenants into more stable housing from transitional housing. The association believes that it is far better to set people up in housing, and to vary the levels of support, rather than have them move into different housing arrangements.

The housing association has a number of measures that have been useful in assisting people with mental illness with stable housing. The first is a shared equity arrangement, which was the original product of the company, now separated into its own limited company. This enables clients to contribute around one-third of the cost of a property, with matching funds being provided by the government, and a contribution made by the association. Rental is then charged as usual to the tenant, and a support agency is arranged. The association also has the capacity to head-lease private rental property that is suitable for tenants with mental illness, and to lease this accommodation to the tenant at the same rebated rental as other association tenants. In addition, the OOH's Housing Establishment Fund available to association tenants can provide on-off grants for rent or bond.

#### *3.2.4 Support providers*

Three interviews were held with support providers, one in Melbourne and one each in the two regions visited. All support providers operated within the confines of their geographical areas, although in Melbourne this was a substantial portion of the metropolitan area.

The Melbourne service provider reiterated the comments already made regarding the desirability of people with mental illness being discharged into long-term, stable accommodation. It was felt to be beneficial to the client in the long run to take more time prior to discharge in arranging stable accommodation, rather than moving into short-term accommodation and then finding a solution. The increased length of hospital stay prior to discharge, would, in their option, be offset by the reduced need to be readmitted in future.

There was a strong acknowledgement of the connection between increased recovery of people with mental illness, and the stability of their accommodation, with claims that concern about unstable and unsuitable accommodation can be a cause of and an ongoing stimulus for mental unwellness, and that once the need for accommodation

has been dealt with, the client can begin to focus with some confidence on becoming well. An example provided was of a young man who had been asked to leave home at the same time as losing his job – after six months in stable housing, he had dealt with many of his mental health problems, had gained employment and had begun to rebuild his relationship with his family.

The ability to nominate tenancies allowed the service provider to thoughtfully place people in locations and housing types that met their needs and preferences. The service provider indicated that people in general live in their ‘community of choice’, but that people with mental illness in general did not nominate mental illness itself as the basis for their community of choice. Rather they chose areas on the basis of the social and community facilities available, and the existing support networks they had. This emphasis on choice and flexibility is a significant element in the service’s overall approach to providing support to clients. According to the service provider, this is in contrast to some other providers, who prefer to prescribe a limited set of options for clients and do things for them rather than encouraging clients to be independent and work at their own pace. The ‘achievement’ of a client might be measured over a considerable period of time, and could be indicated in very small steps, rather than in meeting tangible goals on a regular basis. The service delivery model has also moved away from a key worker approach, where one worker is dedicated to each client, with all aspects of support mediated through that worker. Instead, the service has teams of workers who provide support to a number of clients, so that a variety of working relationships can be developed and the impact of a staff member leaving is not felt so keenly by clients.

The service provider spoke of a collaborative and constructive relationship with the Mental Health division. This was illustrated by a forthcoming project to build a facility that would redress some of the need for clients to be readmitted to hospital when they become unwell, through the provision of temporary accommodation with clinical support available to suit the clients’ needs. The facility is to be built on land owned by the DHS, and run by the service provider with support from clinical services funded by Mental Health.

### *3.2.5 Regional service provision*

#### *Case study 1*

In addition to the metropolitan interviews, two regional centres were identified – Warrnambool and Horsham. A PDRS service provider agency was visited in Warrnambool, a coastal town with a population of around 30,000, which neighbours other sizeable population centres and has an influx of holiday tourists. The service agency was providing support to over 100 people with mental illness, whose needs ranged from short-term assistance to long-term support. Client accommodation ranged from support in the client’s family home, to assistance in public housing and one or two in purchased accommodation. The majority of independent housing options are public housing, and the service has nomination rights to nine properties owned by OOH. This arrangement works well, as it provides clients with secure tenancy, and they are assured the tenancy even after support has ceased. The service agency is provided with nomination rights to another property in its stead. Some clients are regular tenants of OOH, but this option is difficult because of the shortage of OOH properties in the town.

An issue for the service provider agency is the prominence of housing issues among the problems that clients come to the agency with. The provider believes that nothing much can be done about the client’s mental health until they are suitably housed, and transitional beds in the town tend to be blocked. Crisis housing allows clients only 13

days to find alternative accommodation. Increasingly, support workers are required to have skills in housing matters, as delays in finding suitable and stable accommodation for clients create a barrier to the effective provision of support. Staff spoke of the enormous benefits to people who have been housed, because of their capacity to focus on their mental health and rehabilitation. The promise of long-term tenure was highlighted by staff as a significant element in the stabilising of clients.

The demand for housing and support in this region was hard to quantify. The town attracts younger people from outlying areas, and the regions sometimes attract young people with mental illness or other issues from the city who are looking for a more affordable lifestyle. Accordingly there is a significant general demand for public housing in the area, and increasing private rents have made it harder to successfully house people on low incomes, including those with mental illness. One indicator of demand might be the age demographics of the Supported Housing Services, which have traditionally catered for older clients, but which now increasingly house younger people. Presumably this is the result of a lack of more stable and affordable accommodation alternatives. The support provider indicated that the provision of support to new clients in itself is not problematic, as the service is large enough and has economies of scale to cope with additional demand. However, given the demand pressures in the area, housing supply is becoming problematic, which in turn has the capacity to reduce the effectiveness of the support provided to clients with mental illness.

An issue highlighted by this service agency was the problem faced by people in a town that has no public transport. Increasing private rental costs and the demand for public housing meant that clients were seeking housing further from the centre, which led to problems of isolation and remoteness from shops and other essential services. Campaigning for public transport continues, but there appears to be little chance of a short-term solution to this problem. Should public transport eventuate, it may attract more potential clients to the area, increasing pressure on private sector rents and also posing challenges to the ability of the service to meet ongoing need.

There was evidence of some good relationships between the service provider and OOH, although there appeared to be no formal networking around the goals of the HASP. The term 'Housing and Support Program' did not register with most officers and practitioners, who saw arrangements as mainly centring on the PDRSS and the availability of housing. This contrasts with the VHS, where local networks are regularly convened by OOH. Local networks did exist, and there were a significant number of community agencies in the town. However, there was some evidence that the quality of some professional relationships was not as good as the provider would have liked, and there was a sense that many of the issues related to mental illness were mediated through that one agency, rather than shared across agencies.

The service provider identified the ability to plan holistically for a client as one of the key ingredients to a successful housing and support outcome. This is made more feasible by stable accommodation or the promise of long-term housing. Having some choice in housing is important, as the town has a broad-acre<sup>2</sup> estate where there are significant drug, alcohol and other social problems, which could have a detrimental effect on a client's recovery. Clients also feel a sense of ownership when provided with choice. Client direction of the program is illustrated by the choices of accommodation provided to individuals and the goals they set themselves, and is enhanced by the inclusion of clients and their families in the committees that govern the service.

---

<sup>2</sup> low-density housing estates built in 'greenfield' urban fringe locations

## Case study 2

Horsham is an inland town with a population of between 15,000 and 20,000. It is less affected by tourism than Warrnambool, and it services a wide and remote rural area. It is a significant location in relation to the smaller, outlying towns, but is viewed as small in relation to major towns at reachable distance, such as Ballarat. The PDRSS agency in Horsham supports people with mental illness in a range of housing, including home buyers, although most people using this option had already purchased a house prior to their illness. A constructive relationship with a local real estate agent was reported, and private rental property prices in the town were reasonable, making this a viable and affordable option for some clients. Unlike Warrnambool, clients in Horsham rarely presented with critical housing issues, and if they did they were referred elsewhere. However, some existing clients were experiencing housing problems, and so it is part of the support worker's role to understand these issues and seek assistance where appropriate. A key worker system was used to support about 15 clients per full-time worker, and the best match between worker and client was always attempted, so that continuity of quality care could be achieved. Individual Recovery Plans provide the holistic planning framework for individual support, and at the time of interview staff were undertaking training in a formalised planning and training model, which enabled issues to be addressed and broken down into four domains of life: live, work, learn, socialise. This approach was regarded as overcoming a tendency to deny people the esteem that comes with goal achievement, when they did not achieve their long-term goals. The model enabled smaller, achievable steps to be identified, and also identified and prioritised the direction of learning that a person should take.

A significant issue for the service provider was the tendency to drug and alcohol abuse within this population. The size of the community militated against many people staying free of illicit drugs, as they tended to be 'sought out' by dealers. Also the existence of a broad-acre estate meant that in some areas there was a distinct culture of drug and alcohol abuse, into which clients unwittingly fell due to their disadvantaged housing status.

Relationships between the service provider and the housing providers were strong, assisted by the fact that they were operated by the same organisation, as well as having a good relationship with a real estate agent. There appeared to be some tension between the service provider and the local mental health team, including some confusion over the case management/key worker roles and how they overlap. Whilst there was general agreement amongst the various parties that a holistic care plan would be beneficial to each client, this would involve negotiation and discussion across a range of service and housing providers, as well as clinicians, and currently there was no real clarity as to who would take the leading role. Although the role fell more naturally to the non-government service provider, who was supporting the individual within their own home, the case management function of clinicians in the local teams appeared to produce some confusion.

A significant aspect of the success of all these support arrangements is the separation between the role of landlord and that of the housing provider. This separation was in evidence in Horsham, despite both service agency and housing provider being governed by the same organisation.

### *3.2.6 Regional housing*

Two interviews were conducted, one in each area. The accommodation in Warrnambool is mainly provided by the OOH, and the officer there attested to the success of the service agency having nomination rights over properties. This officer

remembered that the arrangements were the result of the HASP, but indicated that there are no formal agreements in place around this program, or regular network meetings in the way that there are around the VHS. In its stead is a comfortable relationship between the OOH and the service provider, where problems concerning individual tenants can be addressed. The OOH did not enjoy a similar relationship with clinical services, however.

In Horsham the community housing provider had a stock of over 50 properties, all owned by the OOH and sub-let by it, and most of these (40) were allocated through THM. An additional two properties were allocated under the Interim Long-Term Funding Model (ILTFM), and 12 were available through group housing. Six of the houses are allocated to the service provider, which nominates who uses them, but on the understanding that if a client refuses service, their tenancy in that house is not guaranteed. However, in practice it has not been possible to move clients on who have decided to disengage from service provision. While most of the service support issues relate to the service provider, the housing provider indicated that closer contact with clinical services might also assist in preventing problems occurring with tenants. Currently staff of the housing provider are not invited to case conferences, and it was felt this may be useful if there were tenancy and housing issues to discuss.

There are no formal MoUs or protocols in place among the various agencies that provide support and housing to people with mental illness. The VHS has been promoted as a 'joined up' initiative, and it has certain service standards built into it that form part of the service agreement between the provider and the OOH. The provider felt strongly that the OOH was developing these initiatives in order to build up the community sector, and from this to recommit to social housing, following the cuts in funding under the CSHA.

### *3.2.7 Summary*

Victoria provides some interesting examples of strong housing options and arrangements, in the form of community housing associations, and the opportunity for stable, long-term single tenancies in available properties. The PDRSS appears to be working well for clients, with well established non-government agencies continuing to provide support as needed. These agencies tend to be the ones driving the joined up approaches at a local level. In two of the areas visited, some disengagement of the clinical mental health service was reported in the process of planning holistic supports, although within the metropolitan region there was a strong relationship between the Mental Health division and non-government agencies, which resulted in the joint development of a community-based treatment facility. The Victorian case studies also provided examples of the difference in approaches that were possible among similar non-government agencies with the same basic service delivery model. Individualised approaches were enhanced by holistic planning and particular techniques which enabled key support workers to assist clients to set and attain goals, which in turn led to an individual service model. However, the recognition of being responsive to both the expressed wishes of clients, as well as to their needs, was common to all.

Victoria provided a useful clarification of the diversity that is possible within 'regional' areas of a state, as opposed to a simple binary distinction between metropolitan and rural. The two chosen areas were different in geography, and in the people they attracted who may require housing and support because of their mental illness. Both towns were large regional centres in isolated areas, but (especially Horsham) were seen as small, distant satellites to larger centres such as Ballarat. The unique variations, based on distance and availability of community and other support within

such towns have relevance to how broad policy is determined and acted on. There was a strong sense in each place of the need to have locally negotiated and 'joined-up' approaches to dealing with matters relating to mental illness.

### 3.3 New South Wales

The fieldwork in NSW had as its main focus the arrangements for providing housing and support to people with physical disability. At the time of the study, in NSW there was no broad program in place for the delivery of housing and support for this group. However it should be noted that a new initiative (*Stronger Together: A New Direction for Disability Services in NSW 2006–2016*) was launched by the NSW Premier in May 2006.

Interviews were conducted with two prominent advocates within the disability sector, both of whom had expertise in providing accessible premises for people with disability. Interviews probed the particular barriers and facilitators to successful housing and support linkages within NSW generally. A further interview was undertaken with an advocacy leader in regional NSW, to determine the issues that are prevalent outside the major metropolitan areas. Housing affordability was a widespread issue, in both the rental and the purchased housing markets, and high costs were exacerbated by the difficulties that people with physical and other disability face in obtaining well-paid work. However, the issue of most significance was the availability of suitable, accessible housing in which people with a physical disability (including people who use wheelchairs) were able to live. Although the vast majority of people with disability are living in 'ordinary' housing (the specialist service and accommodation system caters for only about 3% of the 450,000 people living with severe or profound disability in NSW) a key issue is whether people are living in the housing of their choice. There is a clear discrepancy between the principles articulated about people having the same housing options as others, and what is available in reality, and also what efforts are being made overall to ensure such options exist.

A problem identified by respondents was the way that the issue of housing provision for people with physical disability is often conceptualised by government, and much of the housing sector, as an issue of 'supported accommodation'. This failure to separate housing from the support that is provided limits thinking and can lead to conflicts of interest when both are provided together. The lack of a national regulatory framework that mandates standards of accessibility within new homes is a significant contributor to the lack of available housing stock that is suitable for habitation by people with physical disability. The Building Code of Australia is being reviewed to ensure better compliance with the *Disability Discrimination Act 1992*, in relation to the provision of accessible premises for people with disability (HREOC 2003), but the Code in its current form is not adequate to enable a person with significant mobility impairments to live with an acceptable level of independence. Currently some local councils have required a level of accessible housing to be built within new residential development, ranging from 10% to 100% at Manly Council in Sydney. However, 150 councils in NSW still have no requirement for a proportion of new housing to be accessible. The opinion was expressed that governments across Australia are reluctant to regulate for standards of accessibility to be mandated, because of the general desire to leave housing matters to the market. Although there is private acknowledgement of the advantages of such regulation to people with physical disability, and the growing numbers of people who wish to 'age in place', governments are reluctant to implement such a regulation.

It was reported that the building industry still believes that constructing according to accessible design is costly. However, it was pointed out that this is only the case

when current design does not take account of accessibility standards and additional features have to be incorporated into housing developments in order to bring the designated units up to this standard. The cost and availability of suitable private rental is of even more concern, as currently there are few properties available, no public funds for modification can be used in inaccessible stock, and all modifications have to be removed and the property restored to its former state once the tenant leaves. The market in this case has built in significant disincentives to the provision of properties to people with physical disability. While decisions about cost appear to hinder progress within the home purchasing and private rental markets, there are clear cost effects on governments through the continued building of inaccessible housing, which are borne by the public purse. The benefits of universal housing design were reported to be about reducing future costs, especially those related to retro-fitting and modifying currently inaccessible housing to address disability and age-related infirmity, as well as the 'hidden' costs of trips and falls around the home, which sometimes result in hospitalisations and loss of productivity. Although these are known about anecdotally, there has been no costing exercise undertaken to see what impact these factors have and where the costs are being absorbed.

The capacity of Housing NSW to address the problem of providing accessible stock was put in the context of its limited influence across the housing market as a whole. There are clear efforts being made by Housing NSW to increase its proportion of accessible housing stock, and an extensive program of modification is enhancing the policy of accessible new buildings. In addition, initiatives such as the NSW Housing and Human Services Accord (Housing NSW 2006) are seen as proactive attempts to ensure that the tenancies of people with complex needs are made more secure through the coordination of relevant support services.

There is a perceived lack of suitable support for people with physical disability, which affects housing choices. Proximity to a range of services, including Home and Community Care (HACC) services and rehabilitation, sometimes determines the housing location chosen by a client, especially when the time taken to access external services affects the allocation of support hours the person is entitled to. Housing affordability for direct-care staff, who are paid minimal wages, is also an issue in many parts of Sydney, where housing and rental prices prevent workers being located close to clients, and some agencies located in these areas find it hard to find and keep suitably qualified and experienced staff.

More generally, there is limited availability of supports that will enable a person with physical disability to live independently. Most support to people in this area is provided through the Attendant Care Program, which entitles people to up to 34 hours of personal and domestic care per week, and the HACC Program High Needs Pool, which can be used to supplement the support available to people. The scarcity of resources means that allocation of funds is based on priority of need, such that a person who remains in need of support to ensure their independence is maintained is not guaranteed an allocation of adequate hours.<sup>3</sup> Some problems with the quality of support provided in the home were identified: in particular the restrictions posed by stringent risk management policies, which prevent lifting people out of bed; and the rostering of staff to the service's convenience, which still leads to people having to be made ready for bed at 6 pm. The lack of an independent quality assurance and monitoring framework within NSW was also seen as a deficit. NSW Department of

---

<sup>3</sup> There has been an expansion of Attendant Care places, from 214 in 2003/04 to 314 in 2005/06. Stronger Together will increase the program by a further 320 places over the next five years, to 634 in 2010/11.

Ageing, Disability and Home Care (DADHC) policy staff evaluate the services provided by operational DADHC staff.

There is very little evidence of significant, useful linkages between the housing system and the allocation of support. Although Memoranda of Understanding (MoU) have existed for some time, there is little coordination across housing and support at the point of entry – a person with physical disability must apply for housing and support separately, and is assessed separately, with no mechanism to bring the two applications together. This has often meant the allocation of housing and/or support at different times, which can in turn lead to the loss of one if the other is not available.

### *3.3.1 Continuum of housing and support: The Royal Rehabilitation Centre*

Some examples of innovation in design and support were identified within the Sydney metropolitan area. One driver of innovation is a Sydney based support provider, the Royal Rehabilitation Centre. The Centre is aiming to provide a wider choice of accommodation to people who have completed rehabilitation than just group homes. A prime consideration for this service is the separation of landlord and support provider roles. This is done for reasons of fairness and equity, and to ensure that adequate time is spent in support of the person rather than just the house (in terms of maintenance and tenancy issues). The Centre has been conscious of the needs of potential households for independence and privacy but also understanding that placement in an inaccessible community may lead to isolation. Also, the ongoing support and health needs of clients require a ready response from staff. The service has trialled a 'dual occupancy' model of housing for ambulant residents, based on a semi-detached dwelling design with interconnecting doors. This was spot-purchased by the NSW Office of Community Housing (OCH). A 'battle-axe' design in a Housing NSW property allowed for two ambulant residents at the front of the property and two wheelchair mobile residents at the back. Both houses were staffed.

Currently the Centre is in negotiation with a housing cooperative to purpose-build accessible housing, with a view to establishing a network of independent households within 10–15 minutes drive of each other, so that support can be close at hand while households remain independent of each other. This option is seen as preferable to renovating older stock, and the housing cooperative has been helpful in negotiating the bureaucratic processes when attempting to develop such properties. The service is hopeful of redeveloping a site it owns and on which current rehabilitation services are provided. About 50% of the property would be available for community housing. The service's goal is to provide a continuum of supported housing arrangements for its clients, with an inbuilt progression towards independence, facilitated by the transitional planning process.

### *3.3.2 Case management for housing and support: The NSW Motor Accidents Authority*

The NSW Motor Accidents Authority (MAA) Community Participation Project (CPP) was established in 2004 out of a commitment from the previous NSW Premier, Bob Carr, to the long-term care and support of people with spinal cord injuries. In particular the project was established to look at how best to access and configure the resources available to support people with disability caused by catastrophic trauma, given that clinicians and others had indicated that they found the existing system confusing and hard to navigate. As well as appointing case managers to assist people exiting from spinal units and rehabilitation facilities into community-based settings, the project established an evaluation research project, which is gauging the progress of CPP participants in comparison to a control group who are attempting to achieve inclusion and participation without case management.

This project was not targeted at people who receive compensation payouts as a result of traffic accident. Approximately 50% of accident victims receive compensation payouts, and motor accidents account for about 40% of spinal cord injuries. The project was aimed at using existing services within the disability and other support service systems, and so was not targeted at people with compensable injuries. Although an initial evaluation was not completed on the progress of those in the target group, staff working on the project estimated that more than 50% had moved back to their previous place of residence, and in many of these cases this was the family home. This was due to the relative ease with which such housing could be modified, compared with rental or other independent accommodation. The decision to move back in with their family was also taken by some people who had been living independently prior to their accident, and this decision seemed to take account of both housing availability and the proximity of additional informal support from the family. Choice of housing was to a large extent based on what was easiest, in terms of adaptation of the property and availability of support. The proximity of housing to support was also a determining factor, with one example of a person choosing to reside close to the rehabilitation facility, so that their limited support hours would not be allocated to travel.

The issues of affordability, accessibility, design, proximity to amenities and supports, and availability all influenced the housing choices of those in the target group. The ability to travel independently within the neighbourhood was affected by the lack of curbs and gutters in many areas, as well as issues of security and safety. The availability of community or other accessible transportation to enable community participation was also a consideration.

The internal design of the house affected the person's independence, determining whether it was possible to cook independently or work the other fittings and fixtures without assistance. The lack of capacity to modify private rental properties, coupled with the unsuitability of many of these properties for modification in any case, made private rental a less likely housing option. Roughly 12.5% of clients had moved into private rental, and up to 15% were in or on the waiting list for public housing. None were in community housing, but in regional areas of NSW Housing NSW stock is being transferred to community housing management. This was an administrative decision and will not necessarily result in greater supplies of social housing in these areas, but will have an impact on the statistics that emerge from a review of this program, which will reveal wider availability of community housing.

While evaluation of the project is yet to be completed, those implementing the project believe their case management approach is the critical factor in progress being made to date. Where staff perceive a blockage in the housing or support system, they will advocate strongly for clients. In the case of personal care services, where intake is based on capacity and prioritisation, interim funding arrangements have been implemented in lieu of advocacy. These blockages tend to be in the availability and allocation of resources, and in relation to support – that is, in the configuration and coordination of service providers with the aim of providing a total 'package' of support and assistance, which enables both care and independence to clients. This may also involve some discussion with Housing NSW staff, reminding them of the conditions set out in the Memorandum of Understanding (MoU) on this project. The MoU has been signed by a number of agencies, and the project itself has a reference group that includes the CEOs of the MAA and the DADHC. The MoU does not guarantee any resources as such, although some discretionary funding is available to the case managers to purchase short-term care or other aids or supports, should they be required. The ability of the MoU to direct service providers was also questioned, given that most DADHC services are contracted out to non-government agencies who

have their own independent policies and procedures and are bound to DADHC by pre-existing service contracts.

### 3.3.3 *Community renewal and public/private partnerships*

A brief interview was conducted with the NSW Department of Housing regarding the redevelopment of the Bonnyrigg Estate in Fairfield, and the extent to which the public/private partnership (PPP) would result in housing that was suitable for occupation by people with physical disability. The tender process for the development of the site is now complete, and contained within the tender were requirements to meet community needs. The project specification required that proposals meet the full range of needs of public housing clients, including those with a disability. However, the project specification gave particular emphasis to the multicultural aspects of the project, because of the strongly multicultural nature of the Bonnyrigg Estate population.

The development will take over 10 years to complete. Part of the overall plan has been to increase the density of housing in the area, both to increase supply and to make the project viable for private sector investment. This means changing the current properties, which are all single-level cottages, to townhouses or apartments that are in many cases contained in two-level structures. However, all these structures include self-contained, single-level, ground-level homes, and all individual dwellings are single-level and accessible by lifts. The tender specification required that at least 10% of the social housing be fully accessible to people with a disability, but the Department of Housing estimates that in practice the proportion will be significantly higher.

### 3.3.4 *Summary*

The field study in NSW did not reveal any strong linked approach to providing both support and housing to people with physical disability. The example provided of a support agency proposing to develop land in order to provide suitable housing and an accessible community environment highlights the general and chronic lack of accessible housing in the market for people with physical disability.

The barriers faced by people with physical disability go beyond access and independence within the home, as the location of the home is often contingent upon what supports and services are available nearby. The fixed nature of the Attendant Care and HACC high needs pool of support hours, although providing a significant number of hours, cannot always compensate for the additional time needed to support a person to negotiate an inaccessible built environment. In linking support and housing, the CPP simultaneously considers both the complexity of the support system and the difficulty faced by an individual leaving hospital.

In May 2006, the NSW Premier announced a \$1.3 billion enhancement to disability services, with the launch of Stronger Together: A New Direction for Disability Services in NSW 2006–2016. Stronger Together set out new policies and funding initiatives for the existing disability system in three key areas:

- *Strengthening families* through investing an additional \$83 million in therapy, respite and family support services to enable children with a disability to grow up in a family and participate in the community;
- *Count me in... promoting community inclusion* by investing a further \$1.103 billion for expansion in post-school programs, day programs, therapy, respite, attendant care and supported accommodation to enable adults with a disability to live in the community; and

- *Improving the system's capacity and accountability* by investing an additional \$242 million to develop specialist accommodation capital, expand case management, workforce training, research and development, and service purchasing reform.

## **3.4 The United Kingdom**

### *3.4.1 Interview findings*

The Supporting People Program (SPP) operates through local authorities in the UK, to provide a better quality of life for vulnerable people, by improving both their capacity to live independently and their ability to maintain their tenancies. This program was described briefly in the positioning paper (Bleasdale 2006) as a broadly inclusive initiative that is the product of the social inclusion project administered through the Social Exclusion Unit of the ODPM. It was highlighted because of the identification of goals that included improving the quality of life and extending the tenancies of disadvantaged people, among them people who fit within the three target groups of this research. It was also a 'joined up' initiative, taking an external position to the various departments of health, education, housing and social services, which are responsible at a local authority level for the provision of housing and support services, among others. In this respect it represented a resourced program that sought to bring together diverse service departments to meet specific goals that were regarded as having national importance.

Several telephone calls were made to practitioners in England, to better understand how the SPP was working to assist people within the three target groups access and maintain regular housing options with support, and to achieve successful housing outcomes. Originally two areas were chosen, to enable a comparison between metropolitan and regional issues, but it became difficult to engage some of the parties in the metropolitan area by telephone. The results, then, are from interviews with housing providers, support providers (disability and mental health), and the SPP officer within one regional area, which includes a number of large towns as well as rural districts. Some of the participants wished to remain anonymous, and so the region will remain unidentified.

The SPP uses the resources of the British Housing Associations, which became key players in the provision of housing to people with complex needs in the era of the Thatcher and Major Tory governments in the 1980s and early 1990s. It also seeks to coordinate the various supports that enable people to live in housing, with a view to making this kind of support more available to marginalised people.

The SPP officer interviewed was employed by the local authority (the local government council), which has overall authority over the region and coordinates a number of services such as roads, education and social services. However, the size of each region requires there to be local councils with a limited service responsibility to the local population, and homelessness is one of these responsibilities. The aim of the SPP is to maintain community living for people and to avoid institutionalisation. It monitors service and housing provision by ensuring that clear goals are negotiated and that contracted work is carried out. It emerged as a discrete program from a review of how Housing Benefit was being spent in order to secure better housing options, and in this sense its purpose is to see whether or not commissioned services are meeting client needs.

Interviews were also undertaken with housing providers, and with providers of services to people with disability and people with mental illness. A brief interview was also held with a student within the Disability Studies School at the University of Leeds, to provide a perspective based on research as well as on the views of the disabled

people's movement. Some positive aspects of the SPP were identified by both the housing provider and the provider of services to people with mental illness. These included a sense of greater clarity regarding the roles of those who provide 'care' support and those who provide 'housing' support, and a sense of movement and dynamism in the provision of support, such that clients/tenants were being instructed and skilled up, rather than just being 'cared for'. This involved a shift in attitude by staff toward support and enablement. The process was assisted by the contractual arrangements that both housing and support providers have to enter into with the SPP administration, which apportions funds and requires certain outcomes in exchange, together with the individual plans (housing-related) that each client/tenant negotiates with their support and housing providers. The program has given a sense of strategic direction for both support and housing providers to work towards, and in the main these directions are compatible with the frameworks that underpin clinical and community approaches to mental illness and intellectual disability (the *National Service Framework for Mental Health* (Department of Health (UK) 1999) and the *Valuing People* (Department of Health (UK) 2001) documents respectively).

A significant aspect of the SPP has been the time limit of two years for people to remain part of any one program, and this is regarded by housing providers as having advantages and disadvantages. The pressure to move people on has been advantageous in one particular set of housing units, where the design of the dwellings and the lack of immediate support has led to some sense of isolation among clients with mental illness; and so the impetus to develop skills and move people into more permanent housing stock has been welcomed. There have also been more formal and structured meetings with local authorities regarding the vacancies on public housing, so that people moving on from the SPP can be allocated more securely tenured property. However, the portability of housing-related and support-related funding, tied to the individual even when they move on from this kind of property, means that housing and support providers face difficulties with regard to ongoing service viability. There are also drawbacks related to the rationalisation of funds that is associated with the SPP, and the requirement to move on after two years. For some individuals two years is not a realistic timeframe, and the program has often meant not moving 'on' to better housing, but often moving 'sideways' into other supported options. The rationalisation of both housing-related and service support has in some cases meant that tenants are not adequately supported, and this has the potential to threaten their tenancies.

There appears to be greater discomfort with the SPP among those in the disability services sector. Some of the scepticism has come from the process by which funds for the SPP were generated from the maximisation of Housing Benefit claims by vulnerable people, a task which was executed most effectively by disability groups. These funds were pooled and used across various sectors, with the result that the definition of 'housing-related' support has been narrowed, and the funds available to allocate to support rationalised, in turn putting the support arrangements of some people with disability (intellectual disability in particular) in jeopardy. Thus, while the goals of the program relate to social inclusion, its operation appears to be more focused on role clarity and the reduction of overlap between programs, according to one service provider.

The usefulness of the SPP for people with intellectual disability is less obvious than for other vulnerable groups. The hospital closures program in operation since the early 1980s is viewed as providing more impetus to the provision of community-based accommodation than is the SPP. Two other strategic developments in recent times have set strong goals of inclusion and participation: the *Valuing People* white paper

(Department of Health (UK) 2001), and the availability of 'direct payments' through a recent initiative entitled 'I'm in Control'.

The *Valuing People* paper has established the conditions by which social and health-related services for people with learning disabilities (intellectual disability) are focused on meeting individualised need, and facilitated by person-centred planning and support for clients and families in the planning processes. In the second development, direct payments, allocated support funds are paid direct to the client rather than the service provider, and so the client can contract with their chosen service provider or hire their own assistants and effectively become an employer. Although these arrangements have been available since the *Direct Payments Act 1996* (UK) was passed, it is the support becoming available to people with intellectual disability and people with mental illness that is providing them with the 'capacity' to manage such arrangements. When these arrangements are in place, the individual has a great deal more housing choice because they are able to configure the support to meet their own needs. The Independent Living Fund has provided resources across the country to people who require support to move into independent settings.

One service provider felt that an unwelcome outcome of the SPP had been the segmentation of housing types according to level of disability. The idea of a 'continuum' of housing types related to severity of impairment was denying people with significant disability the opportunity to live in independent settings as tenants, as the program had targeted those people who had the 'capacity' to manage the tenancy. The rationalisation of resources had meant that those targeted were more likely to be those who could attain this 'capacity' with minimal support, with the result that people with more significant disability would have to live in group homes or nursing homes. The main reduction in funding appears to have been in housing-related support. Although there is no immediate crisis, the disability service provider interviewed believed that demand for independent housing was increasing, especially among younger people with intellectual disability. This increase in demand is being driven by younger people's understanding of their rights and years of expectation of being able to lead a typical life in the community with some independence from their family upon reaching adulthood. This expectation is being supported by the various mechanisms available through the *Valuing People* directive. There are also significant numbers of older people with intellectual disability who are living with increasingly frail parents.

One respondent pointed out that the SPP had been in operation for only three years, and that perhaps it was too early to assess its impact. However, in qualitative research with tenants with disability, the SPP was not highly regarded and was certainly not viewed as a major driver of change. For people with disability, the reforms under way as a result of the *Valuing People* initiative, and the capacity for people with disability to take charge of their personal service supports through the provisions of the *Direct Payments Act 1996*, were seen as having the potential to enable people to achieve their chosen housing options.

### 3.4.2 Summary

The SPP was chosen for scrutiny because of its promotion as an enabling program of the Social Exclusion Unit, which had as its focus the maintenance of successful tenancies as well as broader quality of life goals for vulnerable people. People in the three target groups were included within this program, but it was not exclusively targeted at them. This 'mainstreaming' of housing issues was appealing because of the tendency to stigmatise accommodation designed for habitation solely by people with disability and people with mental illness. It was also a housing-led initiative, and

had the perceived advantage of being connected externally to the various services and housing providers that constituted the response to housing need.

However, the reaction to the program was largely negative or neutral, with much greater emphasis being placed on disability-specific initiatives such as the *Valuing People* white paper (Department of Health (UK) 2001) and the capacity for people with disability (including people with mental illness) to purchase their support direct by means of the *Direct Payments Act* 1996.

## 4 RESEARCH FINDINGS: TELEPHONE INTERVIEWS

### 4.1 Housing

A number of interviews were held with housing representatives from all states, including some from regional areas, to enhance the information gathered from the three fieldwork sites. The interviews all revealed a strong recognition of the various housing departments' role as landlord to people in the three groups, together with an understanding that this role is separate from that of service provider, and a sense of knowing how to address this issue. In all interviews with SHA officers, it was recognised that people with disability and people with mental illness were increasingly represented as public housing tenants. However, despite acknowledging the separation of housing and support functions, there was less certainty over whose responsibility it was to ensure that these tenancies succeeded.

The availability of housing to people in the three target groups was considered to be mainly affected by affordability, and it was accepted that social housing was for many reasons often the only valid option. In all states where officers were interviewed progress was being made in upgrading stock to make it accessible to people with physical disability, and although stock might still be in short supply, the tenancy issues relating to this group were regarded as relatively straightforward. Access matters were exacerbated in Tasmania by the topography of that state, with a difficult, hilly environment affecting public access as well as the design and building of suitable properties.

There was agreement about the need to work in partnership with support agencies in both mental health and disability. The NSW Housing and Human Services Accord (NSW Department of Housing 2006) was considered a significant development in partnership arrangements across NSW government, and was described as an 'enabling framework' under which it is envisaged that the details of how housing and support will work together will be specified.

One problem with the Accord identified by respondents is that it does not come with additional funds to guarantee either support or housing. A significant challenge for the Accord is the need to develop a joint assessment process, so that people who require both support and housing can have these needs considered holistically, and the package of both support and housing delivered simultaneously. Comments were made in NSW about the difficulty of maintaining ongoing 'joined up' approaches, because of the requirement to understand and keep up to date with the policies and developments of other departments, while maintaining a very large tenant caseload. Some housing officers expressed frustration at the fact that people with very obvious support needs were accessing housing without any or adequate support, and they identified failings within the service/support system that had led to the need for urgent intervention by both housing and support when the tenancy began to fail.

In Tasmania there had been a recent configuration of the various departments in human services, such that disability, housing and mental health all came under the Department of Health and Human Services. Within this department is an agency collaboration strategy, which oversees an articulated process of collaboration and cooperation that is meant to occur at the local level wherever 'joined up' initiatives are required in order to meet housing and support needs. Where this does not occur, matters are taken to the Board of Exceptional Need, where the directors of various divisions can meet to determine solutions, which may include the deployment of resources. In addition there are a series of MoUs between SHAs and mental health

departments/divisions in some parts of the country, as well as with police and fire departments.

Aside from broad agreements at the service and department levels, there was little evidence of a community-wide strategic approach across the states and territories that ties the provision of housing and support to the three target groups to general outcomes. Each jurisdiction has set performance targets within its CSHA agreement, and likewise in the CSTDA agreement, and there is overlap between the two. In Tasmania, the *Tasmania Together* initiative has broad benchmarks, and one of these is about affordability and accommodation. The strategic plans of the relevant departments are required to link to this broad framework.

The capacity for SHAs to measure the success of housing arrangements for people in the three groups is hampered by a number of factors, including:

- people not disclosing their disability nor mental illness
- data collection being carried out mainly by support providers in an ad hoc manner
- people using private rental; and/or
- Commonwealth (CRA) and state data systems not interconnecting.

There continues to be a search for meaningful indicators of how successful housing and support arrangements are, and what works well in keeping people in suitable housing. There was a feeling among those interviewed that the broad frameworks were capable of setting targets for accessing housing, but were less likely to produce indicators that related to quality.

There is evidence of SHAs taking a leading role at the local level in organising arrangements for supporting people with complex needs who may need assistance to access housing, or whose tenancies may be in jeopardy. There was a growing recognition among many of the housing officers interviewed that the provision of stable housing results in strong quality of life outcomes for people with complex needs, especially those with mental illness. In Queensland, a local-level response to people whose tenancies are in trouble has been developed by one SHA office, which encourages a team of staff to intervene early in a troubled tenancy, identify the range of issues that may be causing problems for the tenant(s), and refer to specialist assistance to attempt to reduce the risk of eviction.

A similar approach was adopted in a regional area of NSW, specifically for people with mental illness and people with disability, where two SHA offices had similar but distinct approaches to preventing tenancy lapses through short-term casework. One office used case plans to identify the needs of tenants who were experiencing, or who may experience, difficulties, and these were generated either prior to the commencement of the tenancy, or when a problem or issue arose. In the latter case the ongoing security of the tenancy often depends on a service being or becoming involved, as well as the willingness of the client to accept the support provided by the service. The arrangements of the Housing and Accommodation Support Initiative (HASI) program were seen as helpful, as they guaranteed support for the individual. However, not all tenancies are contingent upon support – it may be enough to use a specialist service to do a needs assessment, and then enable the individual to manage the tenancy through the deployment of equipment or other measures. The other housing officer in the region stressed the need to match the individual to suitable housing, and also to tailor the support to the person's housing needs. A case management approach was favoured, but it was stressed that it was not appropriate for housing to take on this role. However, the SHA did take a lead in arrangements by

identifying the issues that were causing problems, and referred to suitable agencies to see if there was any scope for assistance.

In NSW it is expected that the Accord will provide avenues for people in the target groups to gain access to housing as individual tenants, or by means of firm agreements that they are in receipt of specific support. Having housing contingent upon support is a common requirement across the states, although one respondent believed that this was not made explicit in case it may be discriminatory. In NSW applicants are only permitted to enter into a tenancy if they can demonstrate the capacity to manage that tenancy, with support if required. Overall there was a strong preference for entering into individual tenancies with clients, with the recognition by some housing officers that this has helped clients to understand their roles and responsibilities as tenants, which can help them in the long run as well as in the immediate tenancy arrangement. Some officers expressed the fear that client service officers will have little say in the choice of tenants under the Accord, because support providers would determine who receives public housing. However, the Accord provides for partnership between the Department of Housing and support providers, under which applicants must meet all Department of Housing eligibility criteria. Eligibility and priority assessments for social housing in NSW are made by the Department of Housing.

A range of arrangements were in evidence across the states and territories, in relation to how housing departments worked with support agencies and individuals in the three target groups to secure access to and maintain tenancies within regular housing. Western Australia preferred to enter into leases with support agencies, and had a long-standing tradition of owning public assets, such as group homes and even schools, which clearly delineated the roles of housing and support providers. In Tasmania there was a clear trend towards the management of property by the Division of Housing, but a mixture of leasehold arrangements, some with agencies and some direct tenancies with clients, that were based on each negotiated arrangement rather than being tied to specific types of property. In NSW and Victoria there was a much stronger focus on individual tenancies, either directly with the SHA or through a community housing organisation.

## **4.2 Mental health services**

A range of mental health administrators, direct providers (government and NGO) and peak body representatives were interviewed in relation to initiatives taking place to provide and maintain housing for people with mental illness. In terms of the separation of roles, there was a clear distinction made across all states and territories between the responsibility of SHAs to provide the stock, either directly or through community housing organisations, and that of health departments to organise the support. The HASI in NSW has a strong focus on this separation of roles, which is based on the recognition that the core business of NSW Health is the delivery of treatment and support, not housing. A similar distinction is made in Tasmania, where there is also a growing non-government service role in the provision of ongoing support to people living in regular housing, as is the case under HASI in NSW. In many ways these arrangements mirror the HASP program in Victoria, which led to the development of the PDRSS. In South Australia there is some duplication of the landlord and support role among some of the NGOs providing this type of service.

In terms of frameworks there are broad planning initiatives in Tasmania and South Australia that aim to develop the community as a whole, and under which there are some required benchmarks, but none specifically that relate to mental illness and housing. The Agency Collaboration Strategy in Tasmania is an attempt to bring

together the various government departments to ensure that complex and exceptional needs are met by collaborative efforts, and this links well with both the housing strategies and the Supported Accommodation framework, which is that state's approach to meeting National Mental Health Strategy objectives.

In NSW the HASI is a tripartite arrangement between NSW Health, the NSW Department of Housing and NGOs across the state, who are funded through contracts with NSW Health. HASI builds upon the success of the Joint Guarantee of Service for People with Mental Health Problems and Disorders (JGOS), a partnership involving the Department of Housing, NSW Health, the Office of Community Housing, the Aboriginal Housing Office, the Aboriginal Health and Medical Research Council of NSW, the NSW Department of Community Services, Aboriginal and community housing providers and non-government mental health service providers. Some respondents felt that these partnership arrangements work best when discrete programs, such as HASI, are established and MoUs are developed collaboratively in local areas. The significance of HASI has been the involvement of officers at more senior level, who are identifying the need for housing and support in a more strategic fashion. In a similar way to Tasmania, a broad Human Services CEO group is established at the government level to ensure that regular opportunities for collaboration are identified and acted upon.

The Department of Housing observes that HASI is an appropriate service response for a proportion of people with high support needs arising from a mental illness, but that other programs exist to provide assistance for other clients with needs arising from a mental illness. For example, the NSW state government's 2006 announcement, *A New Direction for Mental Health*, provides for:

- enhanced community rehabilitation services to assist people with assessment, support and linkages into employment services, including the introduction of Vocational Education, Training and Employment (VETE) clinicians;
- new Recovery and Resource Services to increase the social and leisure opportunities of people with mental illness through NGOs
- expanding the NSW Mental Health Court Liaison Service to ensure the early referral of suitable defendants into mental health and drug and alcohol treatment.

The *New Direction for Mental Health* announcement also expanded HASI, with the provision of an additional 234 HASI packages.

The state government also committed to completing the Area Mental Health Clinical Partnership (AMHCP) Program, including:

- developing clinical care networks
- developing and monitoring referral pathways
- monitoring implementation of partnership agreements and initiatives
- ensuring integration of all partnerships with core clinical service activities
- identifying and expanding new clinical partnerships and opportunities for collaboration.

In Queensland there is a unique collaboration among Queensland Department of Housing, Queensland Health and Disability Services Queensland (DSQ), with the latter providing funding to NGOs to deliver 'disability support' to people with mental illness living in their own homes. MoUs among the departments have worked to establish programs that support people with mental illness to live in regular housing, the most notable one being Project 300, which was set up in the late 1990s, to assist

people with mental illness to move out of institutions and into independent housing with support. The question of whether it was appropriate for disability service departments to fund non-government support in mental health housing had been put to several other interviewees, but it had been rejected on the grounds that the CSTDA specifically disallowed such arrangements. However, the arrangement had been brokered at the initiation of Project 300, with an initial injection of Queensland Health money to pay for the services, but over time the funding had been provided by DSQ itself.

In terms of strategic outcomes there appears to be some impetus across most states to provide housing and support for people with mental illness, although in one state a respondent believed that there were no specific benchmarks for achieving independent living outcomes, and this was negatively affecting the types of options available. Recent Council of Australian Governments (COAG) meetings have required the states and territories to implement further programs to increase the availability of support to people with mental illness in the community. In most jurisdictions there is an urgent need to make 'beds' available, because of blockages in the system, most acutely felt at the point of discharge from hospital back into the community. There was some suggestion that lower readmission rates to hospital could be an indicator of success in housing, and certainly the evaluation of the HASI program in NSW has used this as one of its indicators. However, there was also a suggestion that the most telling indicators would be those that measure the improvement and quality of life of an individual, and that currently there was no scope for capturing this sort of data in a meaningful way.

Some of the linkages between housing and support have been mentioned already, and in the description of the fieldwork in Victoria. Certainly the Victorian HASP program and the NSW HASI program represent the most systematic 'joined-up' approach to enabling people with mental illness to access and maintain housing in the community. Project 300 in Queensland also operates in a similar manner to a smaller number of clients, and has the added features of using a formal disability services framework, through the involvement of DSQ, and providing individualised packages of funding to enable very high needs clients to maintain their independent living circumstances.

Individualised packages have been increasingly introduced in Tasmania, where again NGO services are contracted to work intensively with up to 72 clients, who are generally tenants in public housing. These packages are seen as a way of assisting people to meet their individually identified goals and needs, and are flexible in their delivery to allow for addressing complex transitions from hospital to community. The levels of support that people receive varies according to need, ranging from weekly or fortnightly visits to daily, and support can increase should the client become ill.

The availability of housing for people with mental illness across the states and territories is limited by affordability and the amount of social housing stock. There was little evidence of any schemes that would encourage people to purchase their housing, and the rising cost of property generally across the country appeared to make home purchase an unrealistic expectation among those who depended upon government benefits for their income. Some clients who had mental illness were already home owners, and there was no reporting of people losing homes, nor was the delivery of service contingent upon the type of housing a person lived in. Access to private rental housing was also seen as marginal, because of rising costs, and because of the stigma people still carry, which makes them unlikely to successfully access private rental without significant guarantees of support or references.

In the Northern Territory there had been some success with the private rental market for people on low incomes, by arranging direct debits with Centrelink for the payment of rent to private landlords. However, the requirement for people to have two or three tenancy referees has effectively disbarred many people with mental illness from accessing the market. With the exception of Victoria and the HASI program in NSW, there was little evidence of a concerted response from the community housing industry to provide housing to people with mental illness. This means that public housing is the main option for people in this category.

In four of the states – Victoria, NSW, Queensland and South Australia – significant numbers of people with mental illness are living in boarding/rooming house accommodation. The interviews did not reveal a sense that these were inappropriate dwellings, but there was widespread concern for their continued viability, because of market pressure and the various systems of accreditation being implemented, and this was leading to a potential future demand for alternative housing.

Statistics on demand were not available, although within the mental health sector the transition between community and hospital continues to generate demand for options that will more effectively stabilise a person when they are discharged from treatment, as does the desire for people not to enter hospital so frequently or for long periods of time. Housing and support are seen as the key elements in preventing unnecessary hospitalisation. Some recent survey results were reported during interviews, but not sighted, and these appeared to indicate that more than 40% of people in inpatient care nationally do not have access to the housing and support of their choice.

The availability, type and quality of support provided to people in housing was examined in the interviews. The availability of non-clinical support was regarded as particularly low in South Australia, while the other states and territories had some level of non-government outreach capability backing up the treatment responses of the mental health teams. Again, the PDRSS in Victoria, HASI in NSW and Project 300 were the most structured responses, resulting from joint agreements among relevant departments, and contracting to NGOs to provide outreach or, in some instances, 'disability' support. This term was viewed as contentious by some respondents, who felt that it indicated that tasks were 'done for' a person, as opposed to having a rehabilitative and teaching component that enabled the person to 'do for themselves'. Interviews with clinical workers revealed that some NGOs did prefer to take a 'hands-on' approach to ensuring that many of the tasks associated with maintaining a home did get completed, even if this meant the workers doing tasks themselves. However, the NGOs interviewed stated that their approach was one of 'psycho-social rehabilitation': that wherever possible the tasks would remain the responsibility of the client, and that their job was to teach the skills needed to complete the tasks, or to arrange ongoing support for the person to have them done for them. The quality of support was generally monitored through standards monitoring by departments. In Queensland the provision of outreach support through DSQ meant that NGOs were monitored against the standards attached to the disability services legislation, and these were regarded as appropriate and useful. There was some call, however, for the development of a national standards monitoring framework specific to non-clinical mental health outreach.

Respondents in Tasmania and NSW talked of the potential of the CSTDA, and the administrative stream for disability support services in general, being used for the support of people with chronic, long-term mental illness who may be described as having 'psychiatric disability'. This was not presented as an opportunistic attachment to available funding mechanisms, but rather as a recognition of the ongoing nature of support in many instances, rather than support focused on rehabilitation and recovery.

The fact that DSQ in Queensland already funds and monitors the non-government service agencies that provide outreach support to people living with 'psychiatric disability' in community settings indicates that there is scope for this to be considered more widely and to be reflected more broadly in the CSDTA in future.

Despite the significant progress that has been made in the delivery of support and housing initiatives for people with mental illness, and the positive evaluation of programs like HASI in NSW (Muir et al. 2006) and the HASP in Victoria (Robson 1995), some issues are developing around the linkage of supports and the joint working arrangements. Some concern was expressed in Victoria about the lack of cooperation at a local level between the housing provider and the clinical mental health services, with the main relationships being between the non-clinical NGO and the housing provider. This became a concern when trying to plan for contingencies relating to a person's becoming unwell, and also when trying to negotiate additional clinical involvement when a person was unwell and their tenancy was beginning to suffer.

In NSW there was some observation that the HASI program, although very positive, was only meeting the needs of about 3–4% of people with mental illness in a particular area, and that the remainder of the clients, many of whom were in public housing, had to be supported by the mental health team. This meant that specialists had been recruited who had a strong rehabilitation focus, not just expertise in clinical matters, and the existence of both a government and an NGO (HASI) rehabilitation team in the area was leading to some overlapping of roles.

The success of these approaches was emphasised by many respondents, although they recognised the inadequacy of what is being provided currently, and believed that more resources were needed to provide this level of support. In NSW there was a strong belief that the HASI approach provided a readily fundable 'model', positively evaluated, that governments could attach additional resources to, were they to become available. However, some respondents highlighted the limitations of concentrating efforts on one fundable type, calling for a balance between those services that assure ongoing support and maintenance with those that aim for recovery and rehabilitation, and the capacity for the system to respond better and more flexibly to people whose condition returns episodically.

Transitions from hospital to the community were seen as problematic, and an approach where a person could be placed in stable, rather than transitional, housing, was favoured. There were calls for this outreach approach to be extended to more household types than is currently the case (where single-person households predominate), especially into the family home or any other chosen household type. There was also a recognition that the new approaches were not a panacea, and that there must be consideration of some groups who are currently falling through the gaps, such as older people with mental illness.

### **4.3 Physical disability**

Issues pertaining to people with physical disability were raised with respondents who also answered in relation to people with intellectual disability. This is because of the crossover of responsibility in disability services departments, and also in some of the peak bodies contacted. Some of the broad issues are dealt with in the following section, which looks at intellectual disability.

More than for any of the other groups, the availability of suitable housing was a significant issue for people with physical disability. The lack of accessible housing stock was constant across the states and territories, despite efforts by the relevant

SHAs to increase the proportion of stock that is accessible, through extensive programs of retro-fitting properties. The main issue is affordability, with home purchase being out of the reach of those who rely on Centrelink benefits, and private rental having very little accessible stock available, with cost also being a barrier. Because of the general shortage of private rental properties in many centres, the need of people with disability for specific accommodation in inclusive environments, at affordable prices, is not well met within the marketplace. In a market economy, which is based on the capacity to pay, people on low incomes, such as those with disability and those with mental illness, are hard pressed to make their demands count.

A common barrier to people with physical disability accessing housing is the inability to acquire both support packages and housing at the same time. The Attendant Care Programs and the support provided through the HACC high needs pool do not assist a person into housing, and the availability of housing is often contingent upon support, and vice versa. In Tasmania there was reported growth in the availability of individualised packages of support available to people with physical disability and those with intellectual disability. A similar program was reported in the ACT, and both tend to cater for people with high-level needs. This means that the packages tend to have significant funds attached, and their number are limited, leading to competition for allocation. However, because of their flexible nature, the funds required to purchase support services can be deployed at the same time as housing is made available, and this enables people to exercise greater choice in the type and location of the house they live in.

The issue of universal housing design was raised by a number of respondents, in relation to the lack of standards within Australia that guarantee a steady supply of houses that can be inhabited by people with physical disability. Although SHAs can increase the accessibility of their own stock, suitable housing in private rental and purchased housing is required, to alleviate the increasing pressure on social housing.

There is generally a lack of information about accessible housing across states in Australia. Despite efforts to increase the accessible housing stock in Victoria, the OOH has no database of accessible stock, and so people who require this type of housing must apply for housing in a particular area without knowing with certainty whether such stock exists there.

In regional areas of the states and territories contacted, it was generally accepted that there was little in the way of already modified stock, although if SHA properties were available, modifications could be made to those. Modifications would make the house accessible, but the problem of proximity to town and the general accessibility of the built environment remained a problem. It was pointed out that in NSW regions there was no effective way of monitoring individual outcomes for people with physical disability living in the community with support, as both the Attendant Care Program and the HACC High Needs Pool were centrally administered from Sydney. This pointed to some anomalies in the administration of disability services and the role of regional administrations.

#### **4.4 Intellectual disability**

The provision of housing and support to people with intellectual disability is characterised by the same departmental/divisional demarcations as for people with physical disability. The difference lies in the connection that some people with spinal cord injury have with the health sector, and the relationship that some people with physical disability have with HACC providers through Health Departments in most states and territories. There is also a significant weighting towards supporting people with intellectual disability in all state and territory departments, largely due to the

consolidation of efforts across Australia to bring about deinstitutionalisation and implement community living since the passing of the Commonwealth *Disability Services Act* in 1986.

Whilst most states and territories are moving towards or have achieved the separation of housing and support across departmental/divisional lines, in NSW, the DADHC still owns a considerable number of residential homes that house people with profound levels of intellectual disability, including large institutions and group homes. It was reported at interview that there were some initial discussions within NSW about NSW Department of Housing purchasing non-utilised DADHC stock, but at the time of publication of this report this was apparently no longer being considered as an option, nor was there any negotiation about the transfer of existing stock (tenanted by people with disability who receive services) to NSW Department of Housing. However, the trend in NSW is more towards the separation of housing and support roles, and the granting of individual tenancies for people with disability. It was reported that there remains significant resistance from the families of adults with intellectual disability to the separation of accommodation from support, as it is in the group home model. When families of people in group homes in the ACT were asked if they wished to be placed on individual tenancies, the majority of people declined the offer.

Most states and territories are addressing the issue of housing and support provision across the responsible departments or divisions. Respondents in NSW reported that a broad Disability Plan is being developed that will involve the various departments and therefore be included in the regular discussions undertaken by the Human Services CEOs Forum, made up of CEOs of the NSW State Government human service agencies including the DADHC, the Department of Housing, NSW Health and others. This type of group is common in states and territories where the functions of administering housing and disability are not covered by the same department, as is the case in South Australia, Tasmania and Victoria. The NSW Housing and Human Services Accord sets out an enabling framework for cooperation between the Department of Housing and human services agencies in the provision of housing and support services to people with a range of complex needs. However, it was reported that a broad, Sydney-oriented Metropolitan Strategy, developed by the NSW Department of Planning, did not receive DADHC input.

In the ACT, the Housing and Tenancy Reform Working Group reported on the issue of housing for people with disability (HTRWG 2005) and recommended that a joint working party be established to look specifically at the need for housing and support, including how these can be linked. This area of activity aims to meet Strategic Direction 3 in Disability ACT's *Future Directions* document, which discusses the need to develop housing and support models to cope with future needs. There is also a *Canberra Social Plan* (2004), which has amongst its aims the increase in social housing stock, but makes no specific mention of disability.

There was no definitive answer to the question of what indicators or benchmarks were used to establish whether or not the housing and support needs of people with intellectual disability were being met. Respondents proposed that most meaningful indicators would relate to housing outcomes rather than broader quality of life outcomes. Relevant indicators would include length of tenancy, successful maintenance of tenancy, good property maintenance and good tenancy records. Measurable indicators of support that makes a tenancy succeed or averts a crisis within a tenancy could include the time taken to respond, the ability to move a person to more appropriate accommodation if needed, and the general outcomes associated with the solution, whether they relate to ongoing service support or are more about self-help or the use of informal networks of support. Whilst some of these indicators

were relevant to support services it was also accepted that they may also strongly reflect the work of client services officers with SHAs.

The current measurement of service success is against the Disability Services Standards in each state or territory, and these provide a general indication of how disability services are meeting the needs of clients, rather than a detailed examination of the quality of support for tenancies or other housing options. The national Minimum Data Set (MDS) gives a snapshot of the number and types of disability services provided, but again this does not give any meaningful insight into the success of housing and support linkages, or the range of housing choices available to people with intellectual disability.

When asked about the range of housing available to people with intellectual disability outside the group home and other congregate models, no examples of specific programs (similar to HASI, for example) were mentioned. However, in Tasmania the availability of individualised packages to people with disability (both physical and intellectual disability) was enabling people with significant levels of disability to live in regular housing. The Agency Collaboration Strategy in Tasmania enables a person to flag their need for support once housing becomes available, which results in a reasonable alignment between allocation of the house and the funding package. Individualised packages are available in Queensland and the ACT, and it was reported that they will become available in South Australia.

Although no state-wide initiative was reported in NSW, a regional program, piloted as the Intensive Training and Support for Independent Living (later renamed Independent Living Training Services, or ILTS), did enable people with intellectual disability and low support needs to access housing through the provision of intensive skills support for 6 to 12 months. In the three regional areas of NSW where this program was piloted, and still remains, the main housing accessed was private rental, with some community housing available in one area. Different service delivery models were used to provide this support, with one program opting for direct service delivery, another contracting out the support function while maintaining the role of support planning and coordination. The third used both options, largely due to a lack of staff in some parts of the region (contracted option) and the incompatibility of staff to clients (where there are no options to match clients with other workers) in other parts (direct service option).

In Victoria there is now much greater emphasis on case management and the delivery of individualised supports brokered through services by case managers. The State Disability Plan (SDP) promotes a much greater community responsibility for the delivery of outcomes to people with disability as a whole, rather than reliance on the specialist service system. This plan looks at people as a whole within the population, rather than just as service users, and sets up the potential to address issues across a variety of government departments, rather than just through services and the departments that fund them. The Victorian respondent acknowledged that some people viewed this development with cynicism, believing it to be a way of devolving the responsibility for resourcing what is needed from government to the community as a whole. However, the objective is to get away from the reliance upon traditional models of support and accommodation. To this end the Disability Housing Trust was established by the Victorian Government in July 2006, with an injection of \$10 million, to establish a basis for attracting private and community investment in property to be used as capital stock for housing people with disability in Victoria. This marks a shift from the provision of residential houses/group homes for people who receive support, and allows for management to be handed over to housing associations that have the skills and resources to do the job, and restricts the role of the service department to

funding and monitoring the support aspects. The population-based approach in Victoria is to be further enhanced by the creation of an Office of Disability, which will maintain a whole-of-government focus and have the capacity to critically appraise the efforts being made by the Department of Human Services, as well as other government and non-government agencies that have an impact on people with disability.

Respondents were asked about the extent to which factors that made successful linkages between support and housing were present in their state or territory. One senior executive officer indicated that a greater statement of commitment to meeting housing needs through the provision of more options and choice was needed. Most respondents pointed to the increased evidence of cooperation across the various departments or divisions within government as being the most important factor that enables success. There was a call for increased cooperation across direct service agencies, so that the individual needs of people in the three target groups could be assessed collaboratively, and support required provide with greater cohesion. In two states, the provision of case managers was highlighted as a way of bringing about the cohesion required. The limited resources available for providing both housing and support were identified as a potential barrier to progress. There was some call for a change in mindset among those applying for services, from the idea of acquiring a package of funding as an end itself towards using it to achieve goals and not necessarily as a lifelong entitlement. One state respondent talked about the importance of the individual and their support networks to making housing and support arrangements work and how individualised funding packages were capable of facilitating this sort of outcome.

## **4.5 Other interviews**

As mentioned previously, the research team sought to gain access to a number of individuals in certain states and from Commonwealth departments using informal means, and was unsuccessful in reaching some respondents. However, a staff member of the Real Estate Institute of Australia (REIA) agreed to be interviewed and was able to provide some insight into the perspective of the housing market. A prominent NSW local government politician was also briefly interviewed, with a view to getting a sense of the role of local government and how that fitted into the broader political framework.

### *4.5.1 Real Estate Institute of Australia*

Questions were asked about the level of engagement that the real estate industry had in finding solutions to the housing and support issues facing people in the three target groups. The real estate industry has two main functions: to facilitate the purchase of private dwellings, and to manage privately rented properties. Currently there is no requirement of the building industry to construct dwellings beyond the standards prescribed in the Australian Building Code, which are not set at the level of Universal Design Principles. This means very few accessible premises have been built for either purchase or rent, but it is common practice for accessible properties to be advertised as such.

No data was kept on the number of people with disability or mental illness who purchased or rented private properties through real estate agents, as the collection of such data was regarded as discriminatory and in breach of the National Privacy Principles of the *Privacy Amendment (Private Sector) Act (2000)*. However, there was an acceptance that people in these groups were probably under-represented in the purchase and private rental markets. This was attributed in the main to their levels of

income and the general unaffordability of property, together with recognition that people with physical disability have to pay further costs to retro-fit houses that are not accessible when purchased. The responsibility of real estate agents was considered to finish 'at the front gate', so there was no consideration of the immediate and local environment and its accessibility, or of the availability of suitable support services, including home modification schemes.

The REIA is concerned to ensure that properties are available for purchase and rental to people in the three target groups, who have the means to choose these options. However, there is no significant support for the general application of Universal Design Standards to new properties because of the belief that the standards will only apply to a small proportion of the population and add to the costs of production. The analogy was made to the design of car parks with all spaces marked out to accessible standards, with the result that overall spaces would be reduced. The concept of a 'lifetime home' where design standards anticipated the physical degeneration associated with the ageing process, as well as catering for people with lifelong disability, was rejected as being not as culturally relevant in the Australian context as it may be elsewhere, due to tendency of Australians to move home during different stages in their lives. The development of a limited stock of age-specific and disability-specific housing was therefore regarded as a preferable approach.

#### 4.5.2 *Local government*

The local government representative who was interviewed believed that local governments had a role to play in facilitating the development of smart design and accessible housing through the processes associated with granting permission for developments in their jurisdiction. Some provisions associated with affordable housing strategies, such as the New South Wales *State Environmental Planning Policy No 70 Affordable Housing (Revised Schemes)* (SEPP 70) requirement for construction of affordable housing alongside new developments in four areas of Sydney (City of Sydney, South Sydney, Willoughby and Leichhardt) or an equivalent donation of funds to Housing NSW for the purchase of public housing, were pointed out as useful mechanisms for increasing the stock. In areas where SEPP 70 applies, it is the consent authority, not other agencies such as the Department of Housing, that is empowered to impose a development contribution. The respondent expressed a strong preference for the latter option as providing a more concerted approach to increasing social housing, and expressed frustration at the lack of leadership shown by the State Government in these and other social housing issues. The respondent also recognised the compatibility between design for ageing and design for younger people with disability, and believed that the cost of technology such as lifts in buildings had decreased to the point where it was no longer prohibitive to include these in regular design.

The main barrier identified by this respondent was the lack of real connectivity between the three levels of government. He saw the issue of accessible design as part of the broader topic of urban and suburban renewal and population planning as a whole, and stated that he believed that the Australian Government had no interest in taking a lead in any of these issues, partly because of a reluctance to interfere in market forces and also because the problem is a long-term one that in many ways is considered too difficult.

## **5 POLICY IMPLICATIONS**

### **5.1 Introduction**

This chapter draws conclusions about the findings derived from the research interviews, and broadly answers the seven research questions that were posed in the Positioning Paper. It is organised into the main themes that emerged from the research and considers the findings within the broader context of debate and discussion about housing and support for people with disability and people with mental illness.

As well as findings related to housing and support, this section considers the context in which the various approaches and solutions, or the lack of opportunity, occur. The realist synthesis approach (Pawson et al. 2004) encourages a deeper analysis of the 'success' of programs or initiatives than just the extent to which pre-set specifications are met through controlled activities. It invites a critique based on more than just a measure of success devised by those who implement and control the program or initiative. It thus also works against the possibility of 'models' that can be replicated in widely varying circumstances.

The diversity of approaches described in each of the states attests to the very different topography, demographics and political culture of the states in which the fieldwork was conducted, and the historical dominance of the states within the federal system of Australian politics. The diversity and complexity described contrasts with the simple and commonly expressed wish of people with disability and people with mental illness to be given the opportunity to live like others in the community, to access and maintain ordinary, 'regular' housing, and the support they require for assistance. This claim for housing as a 'right' has emerged after centuries of exclusion and a growing acceptance worldwide that the built environment and societal institutions have been developed without consideration of the needs and wishes of people in these groups. This perspective was built into the development of the research questions and the structure of the interviews conducted, and although the intention was not to strictly evaluate the success or otherwise of each jurisdiction against a broader set of criteria, it did examine the approach of governments to addressing the basic, universal need of people in the three target groups for housing and support.

### **5.2 Policy frameworks and paradigms**

The research adopted a realist synthesis standpoint in order to establish a broad framework within which to consider the various approaches adopted across Australia to providing housing and support to people with disability, and to people with mental illness. An important contextual element when considering what may determine a particular initiative or program's success or failure is the policy framework that underpins it, the political environment in which policies take shape, and the values base that informs the way communities treat people with disability and people with mental illness. The research sought to understand the particular paradigms that have influenced the policies employed to address the housing needs of people with disability. A number of positive approaches, identified by people with disability and their supporters as critical in their struggle for inclusion in the broader society, were identified in the Positioning Paper. These approaches in turn informed the questioning of respondents throughout the research, and this section summarises the extent to which they are used in determining the approaches taken to the provision of housing and support.

### 5.2.1 *Social model*

The acknowledgment in this research of the systemic disadvantage experienced by people with disability or mental illness in relation to a whole range of indicators of social inclusion has led to a critical engagement with both expressed and unacknowledged governmental approaches to housing and support. The 'Social Model' approach broadly attributes social exclusion to the failure of communities and governments to adequately plan and make provision for people in these groups across a whole range of infrastructure and policies (Barnes 1991; Barnes, Mercer & Shakespeare 1999; Oliver 1990; 1996). The Social Model takes a critical view of how society is constructed and has planned for the inclusion of people with disability, and demands a comprehensive approach to redressing the historical imbalance in areas such as housing, the built environment, employment and education.

An important aspect of the social model is its focus on broad social change. It is not regarded as a 'service model' – that is, one that aims to reform or shape the specialist service system – but as one that advocates general policy changes to enable people with disability to access the same options (education, employment, social, accommodation etc) that are available to the rest of the population. The social model identifies 'barriers' to regular opportunities that people with disability experience within their communities.

The research across Australia did reveal significant acknowledgement of the social deprivation that has historically been experienced by people with disability and people with mental illness. Respondents were broadly in agreement that the provision of housing with support did deliver positive social benefits, in providing accommodation and in facilitating access to other community activities. This accords with recent initiatives, such as the HASI Program in NSW (Morris et al. 2006), where housing and support are provided together to enable regular accommodation in the community, and as a means to increase participation and improve mental health. The social model, however, is not acknowledged explicitly in Australian housing or support policy, unlike in the UK. This adoption of social model principles in the UK (National Housing Federation 2004) is indicative of a strong sense of support for people with disability, and an acknowledgement of the past failings of planners, government officials, and housing and support providers, and provides a catalyst for new approaches that aim to deliver housing and support to people in these groups.

### 5.2.2 *Community Living Principles*

The influence of the *Community Living Principles* on the state and Commonwealth Disability Services Acts carries significant rights claims, including equity of access to the lifestyles enjoyed by other members of Australian society. The Principles' link with the legislation provides the basis for the standards-based monitoring framework that all the jurisdictions employ within their disability services departments, but there is no significant acknowledgement of these principles within the partners. The only exception to this is Western Australia, where disability service providers and officers from the Disability Services Commission were explicit in identifying the principles of Normalisation (Nirje 1985 and Social Role Valorization (Wolfensberger 1983, 1992) as underpinning the approach taken to supporting people with intellectual disability since the 1980s. The process of deinstitutionalisation undertaken in Western Australia was driven by these principles, which focus on providing people with disability with regular housing and opportunities to participate with people other than just service providers. The partnership with Homeswest developed at this time is an expression of 'normal' housing provision as distinct from a composite of support and accommodation under the control of service provider officers.

Service departments and service providers were strongly committed to the standards associated with the disability services legislation and therefore understood the relationship between housing, choice and lifestyle. Housing providers expressed a similar understanding of the need for housing to progress other lifestyle goals, without explicitly referring to particular principles. Housing providers generally did not identify a concern about anti-social behaviour by people in the three target groups as the motivating factor for providing support and housing. However, it was also widely accepted that people in the three target groups were likely to experience difficulty in accessing housing and maintaining a household without specialist support.

### *5.2.3 Political climate and market forces*

The research has been mindful of the prevailing political climate, which was described in the Positioning Paper as neo-liberal. Some distinction was drawn between the policy approaches of overtly neo-liberal governments, such as those in Australia and the USA, and those of 'third-way', social democratic governments, such as those in New Zealand and the UK. Gleeson (2006) has asserted that the political and policy landscape of Australia is that of a neo-liberal 'theology' (p. 1), which has been adopted by state and Commonwealth governments of both major political party hues, and which has had a dramatic impact on the urban and built environment throughout Australia. Gleeson has positioned the growth of neo-liberalism after the post-war 'Long Boom', serving to provide greater impetus to the market economy through the rolling back of social insurance mechanisms and the reduction of direct government intervention. One of the consequences of this shift toward reliance upon the market economy has been an increase in the cost of housing within Australia, which has

... imposed additional hardships for middle income and working class households in middle and outer suburban communities (Gleeson 2006, 35).

Against this background, the claims to regular housing by people in the three target groups, for whom the ability to earn an income is further hampered by barriers to employment, are set in stark relief. Significant concessions are required by governments to ensure there is a supply of suitable housing in the community that can accommodate the range of needs of those people who have previously been excluded. However, the increase in demand for such housing is occurring at a time of increasing expectation that the market, rather than government, will provide it.

The problem of supplying housing that is accessible and affordable is exacerbated by the free-market forces that dominate transactional relationships related to housing. There remains in Australia a strong perception that there is little need to produce new housing that is accessible and can meet the lifelong needs of occupants. Universal Design Principles are regarded as imposing additional and unnecessary costs on building, which should be passed on to individual consumers, and not to the buying public as a whole. There is also little recognition in the industry of the need to locate housing close to amenities, which is a significant element of 'access'. There appears to be little will on the part of the governments of Australia to regulate to make such principles mandatory, which in turn reinforces the growing acceptance of the free-market as the principal determinant of social policy.

## **5.3 Benchmarks, indicators and strategic directions**

The research assumes that people with disability and people with mental illness do not experience access to housing of their choice to the same extent that is expected by others in our community. The capacity to illustrate this empirically is hampered by the lack of data that reflects future demand, current dissatisfaction with housing

options, and the status of those in private dwellings who may still be living with their family of birth because no other options are available.

Questions were asked in all interviews about the extent to which goals of providing people in the three target groups with regular housing, together with the support they need, were included in broad strategic plans at departmental or broader policy levels in state or Commonwealth governments. Questions were also asked about the existence of indicators for benchmarking access and maintenance of regular housing among the three target groups, by state and Commonwealth governments.

### *5.3.1 Individual outcome measurement*

What is currently lacking, and what the research respondents generally identified as needed, is a robust set of benchmarks, organised around individual achievement, that indicates the extent to which housing is contributing to or detracting from clients' quality of life. This is important because it has a direct impact on the need for formal human services, should housing arrangements not be meeting these needs, and this trade-off of costs within different cost-centres of government is already part of the rationale for the increase in HASI services in NSW (Muir et al. 2006). The current monitoring frameworks across states and territories reflect the Standards associated with the various Disability Services Acts relating to people with disability, and the outcomes required under the National Mental health Strategy in regard to people with mental illness.

### *5.3.2 Strategic frameworks*

The need for meaningful outcome measures of the improvement in clients' quality of life suggests also that the strategic aims of housing and support provision, for these groups of individuals, should be aimed more explicitly at quality of life goals and indicators. Objectives need to be set at a level above that of departmental CEOs, ideally within state plans. Such plans need to have a clearer focus on specific outcome goals for those members of the community, including members of the three groups, which are related to improved quality of life. The existence of an Office of Disability, with a whole-of-government perspective on the population of people with disability within a state, could serve as the catalyst for strategic planning of this nature. Similarly, addressing the needs of people with disability, and people with mental illness, as issues of citizenship, suggests a national framework for setting targets and establishing benchmarks related to participation and quality of life. This could only be achieved by locating a place within the Australian/Commonwealth Government, where the issue of disability (including people with mental illness) could be viewed in terms of citizenship and the wellbeing of a particular cohort of the population, in the same way as is done in New Zealand. This could establish discrete benchmarks that would indicate whether or not people in these categories were achieving the same levels of citizenship and participation as other groups in the community (see Burke & Salvaris (1996) for discussion of the use of benchmarks to enhance citizenship in Australia).

### *5.3.3 Memorandums of Understanding*

There is a widespread use of Memorandums of Understanding (MoUs) between housing and support departments across the country, relating to the respective responsibilities of departmental officers and how they are to carry out their various roles. MoUs exist at the broad departmental level, and also at the local operational level. The former can be characterised as 'governance' MoUs addressing issues from a top-down, senior management perspective and aiming to clarify the limits of support and intervention at a level above that of knowledge of individual issues. The latter can

be characterised as 'agency collaboration' MoUs, where arrangements are established to work cooperatively to address the needs of known individuals. It is important to note that the various initiatives that have successfully provided housing and support for people in the three groups have not necessarily required MoUs at both levels, or even, in some instances, at either level. MoUs serve to clarify the roles of those who administer and provide housing and support, but as yet they have not triggered the generation of meaningful evaluative data based on the extent to which joint goals are achieved.

#### **5.3.4 Data**

The research attempted to find data that would clearly identify the extent of housing need among the three target groups, in order to arrive at some quantitative indicator of demand for both housing and support. Current data can provide some indication of the numbers of people living in public housing, but not the numbers of those who have become householders in their own right, in private rental or purchased accommodation. This is significant, as the rate of home ownership within Australia has remained around the 70% level for many years (Baxter & MacDonald 2000), and to adequately answer questions about the extent to which people with disability and people with mental illness are participating in the regular housing market, current rates of participation would be useful. Statistics would also help to verify or dispel the strong anecdotal evidence that people in the three target groups are significantly excluded from all housing options except for public housing and community housing. Such data would also help to ascertain whether or not individualised support mechanisms play a role in breaking down some of the barriers to these private and purchased options, where these arrangements are in place. Meaningful data on the suitability of current housing and support arrangements for people in the three groups would also be useful, both to gauge the satisfaction of clients who are in certain options, and to measure the quality of life outcomes affected by the nature of the housing provided. Although privacy legislation may prevent the collation of data in the private sector, MDS and SHA data could include aspects of satisfaction and individual quality of life to provide a better picture of the adequacy or inadequacy of certain housing and support options.

### **5.4 Existing housing provision and service delivery**

#### **5.4.1 Proactive role of housing providers**

SHAs played a significant role in a number of the arrangements mentioned described in the research findings. The HASI Program in NSW relies on MoUs between Health NSW and Housing NSW, whereby properties will be made available to program clients, through services having nomination rights, and their tenancies will be able to extend within that property if they no longer receive support. In Victoria, the same arrangements exist at the local level, with the PDRSS still able to nominate clients for tenancy, and also to house people in suitable accommodation, often alone, by means of only paying for one tenancy within a two-bedroom property. The community housing sector is involved in both states, and their ability to head-lease or purchase capital stock is helping to increase the availability of housing to match the support resources. In WA the historical relationship between Homeswest and DSC has led to the separation of housing provision and the delivery of support, and the agreement to provide and specially adapt (or build) new housing for a specific number of DSC clients each year.

#### *5.4.2 Local availability of private and/or community housing*

There was less proactive housing assistance provided in both the NSW ILTS example, and the Community Participation Project, which assisted people with intellectual disability and people with physical disability respectively. The housing accessed by clients of these programs was found by the client, with assistance from the support provider/case manager, and negotiations were conducted direct with the local level agent or housing officer. Regional variations accounted for the diversity of housing options that clients of the programs were able to access, but in general there was less difficulty in meeting the needs of ILTS clients through private and community housing, than there was in finding suitable independent accommodation for the latter group. This reflected the skills of support providers to negotiate tenancies on behalf of clients, and so indicates an instance whereby the support agency is taking a leading role in delivering the choice of housing option to the client.

#### *5.4.3 Efforts to increase housing stock*

The lack of availability of suitably accessible housing stock was particularly keenly felt by people with physical disability. Increasing pressure was being brought to bear on social housing through the decrease in affordability in purchased housing and private housing for people who were on benefits, including those with intellectual disability and those with mental illness. Some progress was made during the timeframe in which the research was conducted, in the form of a commitment by the Australian Government to funding services to assist people with mental illness, as well as the NSW State Government's *Stronger Together* program, which involves a \$1.3 billion increase in funding to deliver increased and enhanced services to people with disability. Whilst the latter was concerned to provide options beyond those currently provided within group homes, no significant announcements were made in relation to how housing stock would be freed up or created to enable additional housing options.

The Disability Housing Trust in Victoria was a significant development in that State, as was the increased role of large housing associations, which had the potential to attract private investment for the procurement of additional stock. However, there appeared to be no prospect of housing funds from the Commonwealth Government, despite the tacit expectation through the announcement of growth funds in mental health that states should follow suit with resource enhancements in areas of their responsibility, including housing and non-clinical support.

#### *5.4.4 Strong commitment to the right to housing – housing providers*

In relation to the provision of housing specifically an important aspect was the commitment to the ethos of community living, rather than seeing it as an issue of equity of resource allocation, or managing problem tenancies. There was an acceptance by most housing practitioners interviewed that perhaps to some degree the interest that now is characterising the housing sector, in providing housing to people in these groups, has emerged from the realisation that they now form such a significant proportion of public housing tenants<sup>4</sup>, and that reality dictates that client services officers need to become more skilled in understanding the issues that such clients need to be supported in. There was also recognition that housing was part of

---

<sup>4</sup> Respondents from state housing associations in all states reported anecdotally that the figure was around 40% of all public housing tenants. The Australian Institute of Health and Welfare (2005) reports that 46% of tenants said they or a member of their household has a disability, health condition or other condition that limited participation in activities, or for which assistance was required, which endured for a period of at least six months. The 40% figure may reflect an established rule of thumb, but the actual figure is likely to be higher now given the increased targeting on high needs allocations

the rehabilitation process for people with mental illness, and an option that should be more available to people with intellectual disability and people with physical disability.

## **5.5 Successful linkages**

### *5.5.1 Factors relating to success*

Previous research into the question of how to approach providing housing and support to people in the three target groups has identified a range of levels at which different approaches can be implemented, so that different outcomes are achieved. Reynolds, Inglis and O'Brien (2002, p.38) established that for housing and support amongst people with mental illness there were five levels at which different types of approach are possible:

- arrangements between Commonwealth and State government
- government handling its own business
- government departments as designers of programs and funders of services provided by others
- local service networks
- individual service

The current research indicates that these factors are important across all three groups that were studied, and has sought to stress the importance of the linkages between the various elements within them, and to clarify their different impact. The combination of factors is extremely important when developing approaches that are to be successful, and when planning for the use of targeted resources. The quality of factors within each range is also important, as is the recognition that each individual arrangement may differ in order to reflect the unique personality of the client.

The Disability Advisory Council (2004) report on inappropriate housing for people with disability focused on the individual journey required to achieve a suitable arrangement. This graduates from the establishment of planning and basic attempts to get suitable housing with required adaptations; through to establishing supports and systems within the household; and finally the capacity to review and adapt to changing circumstances or needs. The realisation of this journey requires a capacity to manage the circumstances that impact on an individual.

What the current research has found is that what is required is not only a range of approaches and initiatives, that can meet diverse needs of different groups and individuals in particular circumstances, but also the means by which working examples of good practice can be sustained, modified and developed, such that people in the three target groups can be confident of having opportunities to find and maintain suitable housing options.

### *5.5.2 Individualised solutions*

The research did ascertain that more choice was available in circumstances where supports were individualised, and were responsive to the needs and preferences of individual clients. In Western Australia the system of providing funds that relate to the negotiated support outcomes of an individual with intellectual disability, and the requirement of the appointed service provider to meet those needs, has worked toward clients becoming able to access private rental properties, which have in the past been difficult for people in the three target groups to access. Where clients and their families are confident that services will listen and respond to their needs, they

may be more willing to consider a wider array of accommodation options suitable for people with intellectual disability, including the option of purchased housing.

The use of individualised packages has become commonplace across most states and territories, and the research indicated that where these were implemented (for example in Tasmania and Queensland) there had been some success in people with significant levels of disability finding and maintaining chosen housing options. The Valuing People (Department of Health (UK) 2001) initiative in the UK is working toward the individualising of services for people with intellectual disability, and the Direct Payments Act (1996) provides a mechanism by which people are able to control how their support dollars are spent. In such a policy context, a program such as the Supporting People Program can at times be seen to limit rather than enhance the opportunities available to people with disability.

### *5.5.3 Local area solutions*

In all three states where the fieldwork was conducted, there was evidence of local area collaboration, either with or without the use of Memoranda of Understanding (or MoUs). These were largely regarded as useful in ensuring the continuity of good practice and contribute to the success of linkages between housing and support. As well as having strong local networks of support providers who could share information and work to ensure coverage of services within an area, the capacity to work cohesively to meet the needs of individuals who required 'joined up' solutions was a significant contributor to successful outcomes. The Local Area Coordinator (LAC) in WA was a formal expression of this arrangement, but the relationships brokered by the Psychiatric Disability Rehabilitation and Support Services (PDRSS) in Victoria, amongst housing providers and other services, mirrored the cooperation that was needed to make housing and support arrangements succeed. The dissatisfaction expressed by both housing and support providers about state-wide moves to rationalise housing provision and enforce consistency at a broad level (particularly in Victoria, but also to some extent in WA), contributed to a lukewarm response about a great coordinating role for the Commonwealth government in ensuring that people in the three target groups have their housing and support needs met, regardless of where they live. The experience of the Supporting People Program in the UK could serve to alert advocates of a national, strategic response that there is a need to ensure that local initiatives, or those implemented through other areas of the system, must not be compromised by the requirements of a national program.

### *5.5.4 Less emphasis and reliance on 'models'*

The realist synthesis approach, described in detail in the Positioning Paper, and adopted as a broad framework of analysis for the project as a whole, would appear to eschew the formation of 'models' as the way to address a fundamental issue such as housing and support for people with disability, and people with mental illness. Accepting that 'models' are the way that these matters should be addressed largely confines options to those that can be 'provided' by government departments, as opposed to 'facilitated' by a range of social partners. . In Australia it appears that matters concerning the three target groups under consideration are largely consigned to the relevant specialist service system in order for policies and programs to be developed. The influx of people within these groups has led to a response by housing departments over time to develop joined-up approaches to meet current demand. These responses have been tightly regulated with guarantees of resources and support from different government departments, as well as clearly demarcated roles and responsibilities. The advantage of this approach has been the capacity for governments to fund initiatives when money is made available, and to point to proven

techniques which can bring about ‘success’ as the primary accountability mechanism for spending public funds. The downside of the approach is that it keeps the issue within program boundaries, and does not necessarily extend to a broader recognition of the need to improve access to community opportunities for marginalised groups.

An alternative to the notion of ‘models’ is shown in Table 1. This provides greater detail to the range of approaches that are actually implemented in the various housing and support arrangements (from community living to ‘regular’ housing) that have been studied. The typology does not attempt to categorise the various external impacts on the way that the approaches are implemented, such as individualised or block funding, and the political or policy context in which they take place.

**Table 1: Housing and Support typologies**

<b><i>Types</i></b>	<b><i>Specifications</i></b>	<b><i>Examples</i></b>
<b><i>Approaches</i></b>	<b>Wide-ranging policy and program attempts to address broad issues</b>	<b>De-institutionalisation Community living Placing marginalised people in ‘regular’ housing Ageing in Place</b>
<b><i>Initiatives</i></b>	<b>Specific attempt by department or funded agency to address housing issues for defined group of people</b>	<b>HASP (people with mental illness, Victoria) HASI (same group – NSW) Supporting People (UK – coordinating support for all marginalised groups) Project 300 Victorian Homelessness Strategy (Vic) Local Area Coordination (WA)</b>
<b><i>Programs</i></b>	<b>Mechanism by which people, targeted by initiatives, can gain access to housing and support, accessed on the basis of eligibility and priority.</b>	<b>PDRSS (service for people with mental illness, Victoria) HASI (synonymous with NGO service provider) ILTS (intellectual disability)</b>
<b><i>Service Models</i></b>	<b>Specific modes of service delivery, which lead to different relations between clients and staff.</b>	<b>Group home/staff care and support in small congregate settings Outreach/drop-in support to client in their home ‘Disability support’ and psychosocial rehabilitation support Home Care</b>
<b><i>Housing Arrangements</i></b>	<b>The type of housing provided, including design, size, tenancy arrangements and position.</b>	<b>Public housing Community housing Boarding houses Private rental Purchased housing Shared equity housing</b>

<b>Types</b>	<b>Specifications</b>	<b>Examples</b>
<b>Housing Products</b>	<b>Specific options and opportunities provided by housing agencies that enhance tenancies/home occupancy.</b>	<b>Accessibility modification</b> <b>Rebated rent on private rental properties (head-lease arrangements)</b> <b>Nomination rights for clients with support services</b> <b>Additional choice in housing options</b> <b>Higher prioritisation</b>

According to this table, HASI in NSW would be best described as an ‘initiative’, although it has the capacity to become recognisable through its use of NGO service providers, similar to those deployed as PDRSS in Victoria under HASP, and for it to evolve into a ‘program’. A basic tenet of both is that it is easily identifiable which clients are ‘in’ and which are ‘out’, and there is always the possibility for resource restrictions to confuse eligibility with priority of need, and so restrict access to regular housing options to those whose needs are high enough to significantly test resource limitations.

In contrast to the initiatives and programs shown above, the arrangements for people with intellectual disability in WA are harder to represent in the table, though they can be characterised as a broad ‘approach’. Whilst this approach, like other programs, is limited by resources, it does not unduly confine who ‘can’ and who ‘cannot’ access regular housing based on levels of disability, as is the tendency within the programmatic approach.

### 5.5.5 Resources

Of vital importance to the delivery of targeted initiatives for Government departments to commit resources across a range of programs. The research revealed that achieving good outcomes for such people as those with mental illness in Victoria is under threat partly because the Victorian Office of Housing is being forced to increase tenancies within existing stock, and to remove nomination rights from service providers in order to ensure equity across a wider range of housing applicants. The reduction in funding for acquiring public housing stock resulting from increasingly circumscribed CSHA funding is constraining the capacity of people who have been marginalised from housing in the past to access and maintain tenancies. Resources are also limited within service support budgets across the states and territories. NSW was the only State to announce significant increases in disability and non-clinical mental health funding during the course of this research, with \$1.3 billion in additional funding announced under the NSW State Government’s *Stronger Together* project.

## 5.6 Impact on those housed

### 5.6.1 Options for people with mental illness

The research provided an opportunity to draw comparisons between the various approaches adopted to meet the housing and support needs of people with mental illness. The HASI program in NSW is still growing and developing, and still retains its basic tri-partite structure across government jurisdictions in Housing and Health and the Non government organisation (NGO) sector. This is leading to the rapid expansion of a viable NGO support sector throughout the State. The HASP in Victoria has the characteristics of a program that is now largely mediated through well-established NGOs, who through their historical arrangement with Housing are able to

nominate their clients for housing when they need it. The result of this is the capacity for those NGOs to grow and develop with influxes of funding for related service delivery, and provides them with an opportunity to expand the range and amount of support they provide. This also means that the entry into housing for people with mental illness is largely service led.

Project 300 in Queensland is similar in its approach, and has maintained its status as an initiative because of the clear delineation of roles across Housing, Health and the disability department, DSQ. This hasn't enjoyed the same influx of new funds as have its interstate counterparts, but it maintains people in stable conditions utilising 'disability' support. This is significant because it aligns a particular mode of service provision, that of outreach support within the home, to one particular department, through the designation of people with chronic mental illness as people with 'psychiatric disability'. Although this significantly differentiates it from the administration of initiatives in other states, the overall approach is the same – the provision of stable accommodation to people with significant needs arising from their mental illness, and the delivery of support to them whilst in those homes. This is the target group also in Tasmania, which utilises individualised support packages to purchase the required services from NGOs, and assist people to access the housing of their choice.

All approaches are holistic, with Queensland and NSW utilising mechanisms of cross-departmental agreements to ensure the maintenance of this approach, with Victoria relying upon the skills of the NGOs to mediate support and housing arrangements, and Tasmania utilising an individual funding instrument to deliver support through the purchase of services. They provide a mechanism for the continued monitoring of the various factors that are involved in the successful housing arrangements, and ensure there is a clear indication of where funding for each is coming from. The autonomy that the PDRSS have achieved from the HASP, whilst retaining the nomination rights to housing, has enabled them to respond creatively to individual needs, and to form local area responses where these are appropriate.

### *5.6.2 Options for people with intellectual disability*

Very different approaches were apparent in Western Australia, Victoria and NSW.

In WA the individualised approach of the Local Area Coordinators has aided the development of collaborative relationships with community-based providers and other departmental officers. This approach has created the various factors needed to achieve a successful housing outcome from the perspective of an individual.

In NSW a block-funded system of providing resources to services was the funding context for the development of the Independent Living Training Service (ILTS), which assisted people with lower support needs to access housing of their choice. This represents a 'flow-through' arrangement for people who are assessed as having the capability of becoming independent in their housing, only after some level of formal support and training is provided. It was helped greatly by private rental in the areas where it ran, and by community housing in one area, through its capacity to head-lease properties that were chosen by the clients. This service challenges the notion that support is always necessary when assisting people who have an intellectual disability. It highlights the capacity for them to move through services to become self-sufficient, and perhaps need only minimal support if and when future problems arise.

The strategy adopted by Victoria combines some elements of the individualised approach, through utilising case management to identify and access housing arrangements. However its population-based approach to people with disability also

establishes the capacity to work on developing availability of housing stock, through influence with Housing and other planning departments, and of requiring the setting of joint goals to meet 'joined-up' targets.

### *5.6.3 Options for people with physical disability*

A good deal of uniformity between states was found in the delivery of support to people with physical disability in independent housing settings. This was generally through the Attendant Care programs in each state, and access to the Housing and Community Care (HACC) high needs pool arrangement. However, there was a strong sense that the availability of suitable housing significantly limits the choices of people with disability to make the movement toward independent living. Furthermore, the houses in which people live often have design limitations that make them reliant upon support. Tasks that may be able to be done independently in an accessible house have to be done with assistance in one that does not have the correct adaptations. This was illustrated in NSW through the challenges posed to the staff of the Community Participation Project, where the identification of housing choices made by people in the project was based on availability and proximity of support, and the accessibility of the local community, and resulted in significant numbers of people moving back into the family home, often for the first time after many years of independence.

Of all three groups, people with physical disability were not provided with many opportunities to access the full range of supports that are needed to make a housing arrangement succeed and this was exacerbated by the lack of availability of housing outside of the public housing system. The lack of accessible housing in the private market further reduces options and increases pressure on the dwindling social housing market.

## **5.7 Implications for future directions**

### *5.7.1 Stronger strategic direction*

Currently some strategic directions in determining how housing and support are to be delivered to people in the three target groups are set by the various frameworks and MoUs that assist in forging cooperation between government departments. Stronger direction is required in order to drive the acquisition of the resources necessary to put into action the various approaches that can assist people with disability and people with mental illness to access and maintain regular housing. The establishment of an Office of Disability in the Victorian State Government heralds the possibility of a national office with responsibility for monitoring the states' accomplishments in relation to a nationally agreed set of outcomes and indicators for the three groups. Ideally, national objectives would drive the direction of future CSTDA, CSHA and National Mental Health Strategy negotiations, and link the agreements in the area of housing.

The use of broad citizenship benchmarks (Burke & Salvaris 1997) would help to avoid programmatic responses to issues associated with the housing and support needs of people in the three target groups. The expression of lack or need in relation to accepted standards within the broad community turns on its head the current perception of people with disability and people with mental illness as a 'special' group requiring special and discrete programs of support to enable them to survive. However, such broad benchmarks should also acknowledge and include the need to enhance, and not adversely affect, local initiatives and arrangements. A framework should be established that has the capacity to fund and support good local practice

whilst insisting on broadly agreed outcomes, and to encourage the development of local networks and good practice in areas where these are not so well developed.

### *5.7.2 Developing specific housing-related support*

There may be a need to develop specific housing-related support, to enable pathways into housing for people whose other support needs are minimal, but who may either require some specific instruction on how to manage a home or need access to housing-related advice if and when problems arise. There were some examples of a proactive service response being adopted, such as those by the Queensland Department of Housing, and also a tendency to use case management (ideally by other agencies, although prompted by Department of Housing requests) in one region of NSW. These are isolated examples, however.

In Australia, the provision of housing and the provision of support are well demarcated through the allocation of responsibilities to different government departments, these responsibilities being articulated in MoUs when departments work cooperatively together. However, in the UK, 'floating support' is specifically housing-related support, and tends to be provided by housing providers rather than support providers. In some regards the identification of this type of support may assist in developing approaches to meeting the housing needs of those people who have disability or mental illness but whose support needs do not necessitate highly resourced packages of assistance. The 'Good Neighbour' model in Western Australia and the ILTS in NSW illustrate the potential for minimal support to make tenancies succeed. According to respondents, the mechanism of delivery of floating support in the UK varies from direct support by housing association staff, to contracting out to existing service providers, who add the tasks to their existing support arrangements with the client. This has, understandably, caused some confusion, and the Supporting People Program has attempted to rationalise these arrangements. But the identification of a specific type of support related purely to housing matters may enable more people with lower support needs to gain ready access to housing, including in the private rental market.

### *5.7.3 Ensuring support is individualised*

People with disability and people with mental illness experience their lives differently and have very different housing needs, and so an individual approach is warranted when it comes to determining the housing they wish to access and the support they require for it. The notion of choice and client-directedness in their individual support arrangements is gradually becoming a hallmark of successful housing and support arrangements, and is an integral part of the inclusive disability services paradigm that is regulated by disability services legislation.

A common approach in all successful examples has been the implementation of some level of individual support, whether through holistic planning by a service provider, individual case management, provision of individualised funding packages, or the LAC approach of developing community collaboration in order to meet the needs of individuals. The capacity for negotiation on behalf of an individual appears to widen the scope of available housing and also opens up further possibilities for informal support.

The research revealed an argument for increasing individually funded support, if this in turn guarantees service provision that is flexible and responsive to the needs of clients. There is some evidence to back up the assertion by Bostock et al. (2001) that individualised funding could lead to wider housing options for people with disability. However, decisions about how to fund the service system, whether through the block-

funding of services or individualised funding of clients, appear to lie outside current considerations of how best to combine housing and support responses. This highlights the need to consider housing and support at a level outside specific program areas.

## 6 CONCLUSION

Providing housing and support to people with disability and people with mental illness needs to be viewed within the broader context of the general availability and affordability of housing within the community. Wood (2004) has indicated that housing policy in general needs to take account of the increasing polarisation within Australia of those who are wealthy and those who experience hardship. He also indicates that 'whole-of-government' programs, including labour market programs, should be implemented to address this discrepancy holistically, at a Commonwealth level.

There appears to be a discrepancy between the aims of government policy in regard to people with disability (as expressed through the various state Disability Services Acts), and the actions that are taken to achieve those aims. In a brief summary of the current state of disability policy and service provision in Australia, Brennan (2006) indicates that broad social policy supports the rights of people with disability, especially in relation to their participation in the wider community, but that shortages of services in the community in effect lead to a denial of those rights. In addition, she points out the apparent contradiction in the Commonwealth's acknowledgement, on the one hand, of barriers to the workplace faced by people with disability, and the pressure being placed on people with disability to find work, and their subsequent labelling as 'welfare dependent'.

The same discrepancy can be seen with housing and support. Although there is an acknowledgement of the previous lack of consideration of the needs of the three target groups in both housing provision and the delivery of support and infrastructure to enable independent living, there remains a tendency to address solutions through the medium of specialist service delivery. While it may be argued that this is due to the articulation of rights through the framework of disability services legislation, and that it is self-evident that services are required for support, there is a worrying trend towards the formalisation of the 'need' for services within frameworks such as the NSW Accord, with a resultant programmatic relationship between housing and support. The research has provided a number of examples where formal support has not been required to make housing arrangements succeed, or where intensive support has been removed after a time and the person left within their housing without formal service support. While housing and service departments need to communicate and cooperate at the broad and local levels to ensure that housing is provided and support services delivered where necessary, these 'joined-up' initiatives should avoid becoming gatekeepers in determining who gets housing on the basis of their support need profile.

In conclusion, the ability of people with intellectual disability, physical disability and/or mental illness to access and maintain regular housing to the same extent as other members of the community in Australia is negatively affected by:

- a lack of shared responsibility between government and private sector in ensuring that adequate accessible and affordable housing stock is available to those who need it;
- the dominance of market forces in the private housing sector (purchased and provided), which interpret 'demand' only on the basis of capacity to pay and do not recognise the need for planned and integrated accessible housing at affordable prices as a legitimate impact on supply;
- the threat to the stability and viability of housing arrangements for people in the three target groups, because of the need to rationalise a shrinking public housing base to ensure wider equity;

- the tendency for public–private partnerships to proceed along the business principles of the private sector, in which the delivery of profit works against the adequate provision of accessible and adaptable housing both now and in the future;
- a lack of clear indicative data that enables us to understand the current levels of unmet need, and to predict future need for accessible, affordable housing as well as the support required to maintain people in such housing;
- the continued linking of housing and support programs, which leads to tensions associated with eligibility and ‘gate-keeping’ and results in the exclusion of some clients;
- the ongoing shortage of resources for ensuring that all people who need housing and/or support are able to access and maintain housing that matches their needs.

Despite these significant factors working against the capacity of people in the three target groups and the peak bodies that represent them to achieve satisfactory housing and support, and against the various housing and service departments finding solutions to the issues that emerge, some broad principles of practice that are worthy of description are:

- the development of strong local area initiatives, based on cooperation and the capacity to know the individuals who require specific solutions, and the ability of collective action to provide housing and provide creative support arrangements;
- the delivery of flexible support arrangements, which in turn have the capacity to drive individual housing options in the private rental and purchased housing areas, due to the control the client has over those supports, and the willingness of support agencies to accommodate the client’s wishes in establishing housing and assisting the client to remain there;
- the capacity to oversee the evolution of programs and initiatives, such as HASP and HASI, to a more locally responsive set of arrangements among housing and support providers, which in turn can contribute to the achievement of broadly agreed benchmarks in the provision of housing and support to people with complex needs.

## 7 REFERENCES

- Australian Institute of Health and Welfare 2005. *2005 National Social Housing Public Housing Survey*, TNS Social Research, Canberra.
- Barnes, C. 1991. *Disabled People in Britain and Discrimination: A Case for Anti-Discrimination Legislation*, Hurst and Co., London.
- Barnes, C. and Mercer, G. and Shakespeare, T. 1999. *Exploring Disability: A Sociological Introduction*, Polity Press, Cambridge.
- Baxter, J. and MacDonald, P. 2000. *Why is the rate of home ownership falling in Australia?*, Research and Policy Bulletin, AHURI, available [online]: <http://www.ahuri.edu.au/publications/projects/p10081>
- Bleasdale, M 2006. *Supporting the housing of people with complex needs: Positioning Paper*, Australian Housing and Urban Research Institute, UNSW/UWS Research Centre, available [online]: <http://www.ahuri.edu.au/publications/projects/p70311/>
- Bostock, L., Gleeson, B., McPherson, A. and Pang, L. 2001. *Deinstitutionalisation and housing futures: final report*, AHURI, UNSW-UWS Research Centre.
- Brennan, A. 2006. Community Services: Challenges for the Twenty-First Century, in A. McClelland and P. Smyth (eds), *Social Policy in Australia: Understanding for Action*, Oxford University Press, South Melbourne, pp. 224–237.
- Bridge, C., Kendig, H., Quine, S. and Parsons, A. 2002. *Housing and care for older and younger adults with disabilities*, Australian Housing and Urban Research Institute, Sydney Research Centre.
- Burke, T. and Salvaris, M. 1996. *Measuring Civil Society: Citizenship Benchmarks and Indicators*, Centre for Urban and Social Research (Deakin University), Geelong: Benchmarking Citizenship, Citizenship in Australia Series 1, pp. 65–102.
- Canberra Social Plan 2004, available [online]: <http://unpan1.un.org/intradoc/groups/public/documents/APCITY/UNPAN016269.pdf>
- Cocks, E. 1998. *An Introduction to Intellectual Disability In Australia* (3rd edn, substantially revised), Australian Institute on Intellectual Disability, Fyshwick.
- Department of Health (UK) 1999. *National Service Framework for Mental Health: modern standards and service models*, available [online]: [http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4009598&chk=jmAMLk](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4009598&chk=jmAMLk)
- Department of Health (UK) 2001. *Valuing People: A New Strategy for Learning Disability for the 21st Century*, available [online]: [www.archive.official-documents.co.uk/document/cm50/5086/5086.pdf](http://www.archive.official-documents.co.uk/document/cm50/5086/5086.pdf)
- Department of Health and Ageing. 2006. *National Mental Health Strategy*, available [online]: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-strategy>
- Disability ACT 2004. *Future Directions: A framework for the ACT 2004-2008*, available [online]: <http://www.dhcs.act.gov.au/DisabilityACT/Future/FutureDirections.htm>

Gleeson, B. 2006. *Australian Heartlands: making space for hope in the suburbs*, Allen and Unwin, St Leonards.

Housing and Tenancy Reform Working Group (ACT) 2005. *Final Recommendations to the ACT Department of Disability, Housing and Community Services*, ACT Government, September 2005.

HREOC 2003. Accessing all areas – imminent changes to the BCA, available [online]: [http://www.hreoc.gov.au/disability\\_rights/buildings/article.doc](http://www.hreoc.gov.au/disability_rights/buildings/article.doc)

Mental Health Council of Australia 2005. *Not For service: Experiences of Injustice and Despair in Mental Health Care in Australia*, MHCA, ACT.

Morris, A., Muir, K., Dadich, A., Abello, D. and Bleasdale, M. 2006. *Housing and Support Initiative: Report I: Summary*, Social Policy Research Centre, Sydney, available [online]: [http://www.sprc.unsw.edu.au/reports/HASI\\_ReportI/Summary.pdf](http://www.sprc.unsw.edu.au/reports/HASI_ReportI/Summary.pdf)

Muir, K., Dadich, A., Abello, D., Bleasdale, M., Fisher, K. and Morris, A. 2006. *Housing and Support Initiative: Report II: Final*, Social Policy Research Centre, Sydney, available [online]: [http://www.sprc.unsw.edu.au/reports/HASI\\_Report\\_II.pdf](http://www.sprc.unsw.edu.au/reports/HASI_Report_II.pdf)

National Housing Federation 2004. *Level Threshold: towards equality in housing services for disabled people*, available [online]: [www.habinteg.org.uk/pages/levelthreshold.html](http://www.habinteg.org.uk/pages/levelthreshold.html)

Nirje, B. 1985. "The Basis and Logic of the Normalization Principle", *Australia and New Zealand Journal of Developmental Disabilities*, Vol. 11, No. 2, pp 65-68.

Northamptonshire Council 2006. *Direct Payments – I'm in Control*, available [online]: [http://www.northamptonshire.gov.uk/adults/direct/dp\\_home.htm](http://www.northamptonshire.gov.uk/adults/direct/dp_home.htm)

NSW Department of Housing 2006. *NSW Housing and Human Services Accord (The Accord)*, Between the Department of Housing and NSW Human Services Agencies, available online [online]: <http://www.housing.nsw.gov.au/NR/rdonlyres/8D4D028A-93B0-4BB9-8C40-3B1A6FF0EB09/0/FinalAccorddocument.pdf>

NSW Health 2002. *Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders*, NSW Government Action Plan, Sydney.

O'Brien, A., Inglis, S., Herbert, T. and Reynolds, A. 2002. *Linkages between housing and support – what is important from the perspectives of people living with a mental illness*, AHURI, Swinburne-Monash Research Centre, Ecumenical Housing Inc.

Oliver, Michael 1990. *The Politics of Disablement*, The Macmillan Press, London.

Oliver, M. 1996. *Understanding Disability: from theory to practice*, Macmillan Press Ltd, Hampshire.

Pawson, R., Greenhalgh, T., Harvey, G. and Walshe, K. 2004. *Realist synthesis: an introduction*, ESRC Research Methods Programme, University of Manchester, available [online]: [www.ccsr.ac.uk/methods](http://www.ccsr.ac.uk/methods)

Privacy Amendment (Private Sector) Act 2000, available [online]: <http://www.privacy.gov.au/publications/npps01.html>

Reynolds, A., Inglis, S. and O'Brien, A. 2002. *Effective Programme Linkages – An examination of current knowledge with a particular emphasis on people with mental illness*, AHURI, Swinburne-Monash Research Centre and Ecumenical Housing Inc.

Robson, B. 1995. *Can I Call This Home? An evaluation of the Victorian Housing and Support Program for people with psychiatric disabilities*, VICSERV, Melbourne.

Starr, A. 2005. *Report by Amelia Starr, Churchill Fellow, 2003–2004*, The Winston Churchill Memorial Trust of Australia.

Supporting People 2004. *What is Supporting People?*, Supporting People, Supporting Independence, Office of the Deputy Prime minister (UK), available [online]: <http://www.spkweb.org.uk/NR/rdonlyres/06E6FD41-4804-4B78-BDD9-343EC58117A2/4165/WhatisSuppPeopleLP.pdf>

Wolfensberger, W. 1983. "Social Role Valorization: A Proposed New Term for the Principle of Normalization", *Mental Retardation*, Vol. 21, No. 6, pp 234-239.

Wolfensberger, W. 1992. *A Brief Introduction to Social Role Valorization as a High-Order concept for Structuring Human Services*, Training Institute for Human Service Planning, Leadership and Change Agency, Syracuse University, New York.

Wood, G. 2004. What is Happening In Australian Housing Markets? Why Policy Makers Should be Concerned, 11<sup>th</sup> Annual F. Oswald Barnett Oration, available [online]: [www.sisr.net/events/docs/obo11.doc](http://www.sisr.net/events/docs/obo11.doc)

## APPENDIX A

### Interview Respondents

#### *Western Australia*

Sue Harris	WA Developmental Disability Council
Robyn Lloyd	HomesWest, Perth
Jeff Mould	HomesWest, Perth
Eddie Bartnik	Disability Services Commission, Perth
Jenni Perkins	Disability Services Commission, Perth
Russell Brown	Disability Services Commission, Perth
Dr. Ron Chalmers	Disability Services Commission, Perth
Peter Dunn	My Place (service provider), Perth
Pam Toster	LAC, Disability Services Commission, Geraldton
Trevor Gregory	HomesWest, Geraldton
Sue Murdoch	Midwest Community Living Association, Geraldton
Iris Curtois	Midwest Community Living Association, Geraldton
Deirdre Croft	Parent and Advocate
Des Bray	Great Southern Community Housing Assoc, Albany
Steve Dale	LAC, Disability Services Commission, Albany
Sandro Gilomen	LAC, Disability Services Commission, Busselton

#### *Victoria*

Ian Parsons	Ian Parsons Office of the Minister for Children and Minister for Community Services
Peter Lake	Office of Housing, Department of Human Services
Miriam Segon-Fisher	PDRSS & APMH, Department of Human Services
Claire Thorn	Disability Advisory Council
Charl van Wyk	Neami (service provider) Melbourne
Brendan O'Connor	Neami, Melbourne
Joseph Connellan	Supported Housing Inc., Melbourne
Alison White	Department of Human Services, Geelong
John Dutton	ASPIRE (service provider), Warrnambool
Phil Hose	ASPIRE, Warrnambool

Jeanette Scott	ASPIRE, Warrnambool
Gloria Falla	Office of Housing, Dept of Human Services,
Gavin Watson	PDRSS, Wimmera UnitingCare, Horsham
Stoph Philmore	Housing Management Program, Wimmera UnitingCare

*New South Wales*

Dougie Herd	Disability Council of NSW
Joe Harrison	Disability Council of NSW
Digby Hughes	People with Disability NSW
Alix Goodwin	Dept of Ageing Disability and Homecare, Sydney
Mark Nutting	NSW Department of Housing, Sydney
Anthony Ciesiolka	NSW Department of Housing, Sydney
Bernie Coates	NSW Department of Housing, Sydney
Robyn Murray	Health NSW, Sydney
Jenna Bateman	Mental Health Coordinating Council, Sydney
Neil Mackinnon	Lifetime Care and Support Authority of NSW, Sydney
Julia Shepherd	Lifetime Care and Support Authority of NSW, Sydney
Darrell Meredith	Lifetime Care and Support Authority of NSW, Sydney
Jeffrey Chan	Royal Ryde Rehabilitation Centre, Sydney
Ellen Gallagher	DADHC, Armidale
Mark Daly	Advocacy Northwest, Tamworth
Maree McKenzie	NSW Department of Housing, Armidale
Jeff Mills	NSW Department of Housing, Tamworth
Kate Bowman	Area Mental Health Service, Tamworth
Nicola Chirlian	Challenge Armidale Ltd (service provider)
Kevin Mead	Challenge Armidale Ltd
Narelle Marshall	Challenge Armidale Ltd
Paul Moulton	Living Linkage (service provider), Bingara
Dawn Blanch	Local Support Coordinator, DADHC, Moree
David Borger	Lord Mayor, Parramatta

*Tasmania*

Ken Hardaker	Advocacy Tasmania
Rick Fulton	Department of Health and Human Services

Annie Curtis	Department of Health and Human Services
Michael Sparks	Department of Health and Human Services
Rosemary Boote	Department of Mental Health Services

*South Australia*

David Morrell	Disability Action
Phillip Beddall	Disability Action
Geoff Harris	Mental Health Coalition of South Australia
Paul Willey	Office of Disability and Client Services

*Queensland*

Kevin Cocks	Queensland Advocacy Inc.
Kate Lessing	Department of Housing, Townsville
Helen Ferguson	Disability Services Queensland
Dr. Aaron Groves	Mental Health Branch, Department of Health
Ivan Frkovic	Mental Health Branch, Department of Health

*Australian Capital Territory*

Gerry McKeown	Department of Disability, Housing and Community Services
---------------	--

*Northern Territory*

Rebecca Orr	NT Mental Health Program, Department of Health
-------------	--

*National*

Matthew Munro	Real Estate Institute of Australia
---------------	------------------------------------

*Great Britain*

Supporting People Coordinator	Local Authority
Housing Association employee	
Disability service manager	
Mental health service manager (x 2)	
Laura Hemingway	University of Leeds

## **AHURI Research Centres**

Queensland Research Centre  
RMIT-NATSEM Research Centre  
Southern Research Centre  
Swinburne-Monash Research Centre  
Sydney Research Centre  
UNSW-UWS Research Centre  
Western Australia Research Centre



Australian Housing and Urban Research Institute  
Level 1 114 Flinders Street, Melbourne Victoria 3000  
Phone +61 3 9660 2300 Fax +61 3 9663 5488  
Email [information@ahuri.edu.au](mailto:information@ahuri.edu.au) Web [www.ahuri.edu.au](http://www.ahuri.edu.au)