# ACT GOVERNMENT SUBMISSION

## to the Inquiry by the Standing Committee on Health and Disability into

# Appropriate Housing for People with Mental Illness



July 2005

Authorised by
Mr John Hargreaves MLA
Minister for Disability, Housing and Community Services

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# 1. INTRODUCTION

On 17 March 2005 the Chair of the Standing Committee on Health and Disability announced that the Committee would conduct an Inquiry into appropriate housing for people with a mental illness.

The Terms of Reference for the Inquiry are:

> *To inquire into, and report on, the current levels of access to safe, secure and affordable housing for people with mental illness, with particular reference to:*
> - *the flexibility of criteria for gaining access to public housing;*
> - *support mechanisms for people currently living in public housing;*
> - *opportunities to involve non-Government stakeholders in the provision of appropriate housing;*
> - *the feasibility of alternate support-based housing models; and*
> - *any other related matter.*

It is recognised that aspects of this Inquiry will overlap with the Senate Select Committee on Mental Health [1] announced on 8 March 2005. The Terms of Reference for the Inquiry by the Senate Standing Committee are on the Senate's website. The outcomes of the Senate Inquiry, particularly in respect of Terms of Reference (a) - (g) will provide considerable insight and information to the Standing Committee on Health and Disability. The Report is due on 6 October 2005.

This Submission is concerned with the needs and issues of people with a mental disorder where the effect of the disorder, alone, or in conjunction with other forms of disability or disadvantage, means they are unable to secure or maintain housing independent of some form of assistance.

This submission provides background information, a summary of national research, the ACT policy and service delivery context, and a direct response to the Standing Committee's terms of reference. An overview of the current housing market in the ACT is included in the attachment to the submission, in order to provide contextual information for the Committee.

# 2. BACKGROUND

A large majority of people with a mental disorder manage both their disorder and their accommodation without formal intervention or support services. ACT residents with a mental disorder are represented in all types of residential tenure - they may be homeowners or mortgagees, tenants in the private, community or public rental markets, living in emergency or supported accommodation, or homeless. People with a mental disorder live in households of a wide variety of configurations from single person households to extended families and a variety of group home arrangements. They may suffer to a varying degree, a mental disorder, or variable severity, at different stages of their life.

Many people with a mental disorder are at a disadvantage in accessing home ownership and the private rental market, compared with the general population. In addition, studies have repeatedly identified that there is a disproportionate number of people with a mental disorder who are homeless. For example, reports, such as *Understanding iterative Homelessness – the case of people with mental disorders* [ii], indicate that as many as three out of four people experiencing primary homelessness have been diagnosed with a mental disorder.

The presence of a mental disorder per se is not the primary indicator of the need for either public or supported housing, rather, the degree and manifestations of disability arising from a person's mental disorder in terms of access to appropriate housing are the determining factors.

People with a mental disorder may experience additional factors that can compound their disadvantage and make their need for service provision (including housing) more complex. Some examples of additional characteristics that may be experienced by people with a mental disorder that may increase their disadvantage include:

- Co morbidity – for example where the person has a psychiatric disability and substance abuse issues;
- Aboriginal or Torres Strait Islander background – the issue of spiritual homelessness may increase mental health stressors, along with perceived or real barriers to accessing support services;
- Culturally and linguistically diverse background – the provision of culturally sensitive and appropriate services;
- Trauma Survivors – for example, experiences of refugees, domestic violence victims and victims of crime;
- Involvement with the criminal justice system as offenders or alleged offenders;
- Carers – people with responsibilities to care for their children or others may experience additional barriers to accessing services.

Appropriate housing responses for people with a mental disorder require consideration of a complex set of factors. These include the expectations, capacity and resilience of each person, their access to levels of a variety of supports, their connection with family, carers and the broader community. In addition, housing for people with a mental disorder, like that for the rest of the community, should, ideally, be safe, stable and secure, provide appropriate levels of amenity and access to

community life, and not present barriers to the maintenance and improvement of the entirety of the inhabitants' life and lifestyle.

There are two issues which arise consistently throughout the research, and are considered the cornerstones of a response to people with a mental disorder, at both the levels of policy development and service provision.

Firstly, there is a need for a point of stability – whether developed through housing, drop-in centres or support groups – through which to sustain and build relationships with individuals experiencing iterative homelessness and a mental disorder. This can be viewed as a resource saving mechanism in the context of the demonstrated ongoing cycling through accommodation, prison, hospital, support services etc.

Secondly, much more attention needs to be paid to the 'fit' of people with traumatic lifestyles with current policy focus and service delivery. Ownership of support and trauma issues needs to be taken at a Federal and State/Territory level. There is a need for integrated support, housing, and mental health care to be set within a targeted, case worker and key worker based service sector which can provide sustained one-to-one relationship building with clients.

The ACT Government is committed to providing quality mental health services that aim to achieve and maintain good mental health across the lifespan in the ACT. We are committed to working in partnerships with professionalism, respect and integrity, with a strong consumer and carer focus and the provision of services that are responsive, timely and equitable.

# 3. NATIONAL RESEARCH CONTEXT

In 1999, the Australian Bureau of Statistics included a special article in the Year Book of Australia – *Mental Health of Australian Adults* [iii]. The survey, which was undertaken in 1997, was to determine the prevalence of certain major mental health disorders, the level of disability associated with these disorders, health services used and help needed as a consequence of mental health problems.

The types of mental disorders targeted were:

- Anxiety Disorders;
- Affective Disorders; and
- Substance Abuse Disorders.

Against these indicators, 17.7% of those surveyed had experienced mental disorders over the previous 12 months. The Report noted:

> *"Mental illness can have a disruptive influence in personal relationships. Sometimes the stigma and ignorance surrounding mental disorder lead to isolation. A lack of social contact can be as damaging and painful as the disorder itself. In this context it is important to consider the association of these characteristics with the prevalence of mental disorder."*

In November 1999, the Department of Family and Community Services released a paper *Appropriate responses for homeless people whose needs require a high level and complexity of service provision*.[iv] The accessibility of the Supported Accommodation Assistance Program, its holistic response, and its concern for providing a sense of community, were affirmed as important ingredients of an effective response. Nevertheless, the highest priorities for high need clients were fundamental needs such as food and shelter.

The Report drew the distinction between people with complex and/or high needs and people whose needs required high or complex service responses.

A typology of need was developed which categorised homeless people into four types:

- those with multiple non-intensive needs (Type 1);
- those with a few intense needs (Type 2);
- those with multiple intensive needs which compromise functioning but not the ability to meet basic needs (Type 3); and
- those with multiple intensive needs which compromise the ability to function and meet basic needs and which often manifest in challenging behaviours (Type 4)

People presenting as Type 3 and 4 were included as high need clients for the purposes of the Report.

Interviews with clients identified as high need by service providers, confirmed the multiplicity and complexity of high need. More revealing, however, was the insight into the social isolation of these people and their marginalisation from community services.

In September 2002, the Australian Housing and Urban Research Institute (AHURI) Report *Linkages between housing and support – what is important from the perspective of people living with mental illness*[v] identified four key elements in improving housing outcomes for people with complex needs. These are:

1. They live in housing they find acceptable, and that does not make it very hard or impossible to manage particular disabilities or manifestations arising from their mental illness;
2. They have support, medication and/or treatments they trust, accept and find helpful;
3. They demonstrate a willingness and readiness to tackle, with appropriate support, the individual daily challenges and difficulties living independently may present; and
4. Major issues that may place their housing at risk have been identified and addressed

In July 2003, another relevant AHURI Report *Understanding iterative homelessness: the case of people with mental disorders* [vi] noted in its policy and practice implications:

> *"The study concludes that any attempt to respond to the needs and vulnerabilities of homeless people with mental disorders must consider addressing underlying or core issues of trauma and fluctuating mental health, as well as the development of targeted supported accommodation options. This research suggests the need for a national re-focus on the core issue of trauma as way of re-shaping a response to iterative homelessness which is focused on individual experience and suffering."*

# 4. ACT POLICY AND SERVICE DELIVERY CONTEXT

## Mental Health

### Policy

***ACT Mental Health Strategy and Action Plan 2003-2008***

The ACT Mental Health Strategy and Action Plan 2003-2008 (the Plan) sets the direction for the delivery of mental health care in the ACT. The Plan was developed in consultation with a wide range of health professionals, consumers, carers, community organisations, other Government agencies and the general public.

The Plan represents the commitment of the community to work collaboratively to improve mental health services in the ACT and support the ongoing development of more detailed plans for specific target groups. The principles that underpin the Plan reflect a framework of human rights and promote a fresh and innovative approach to managing mental health issues.

It is essential to ensure that the pre-condition for mental health and recovery are available to consumers as a component of planning for longer term treatment, rehabilitation or recovery. This requires that access is available to a range of accommodation options, including supported accommodation.

The key concern in this area is the establishment and maintenance of effective and practical partnerships between mental health services and organisations able to provide appropriate accommodation options. Such organisations include Housing ACT and community organisations providing specialised accommodation and support.

Enshrined in this framework are underlying principles regarding the interaction of the provision of clinical, psychiatric disability and accommodation support:

- Ensuring the least restrictive environment;
- Providing support that aims to maintain the least restrictive environment and security of tenure; and
- Recognising that, for some people, it is necessary to impose more intensive/restrictive support, including accommodation. Where this is the case, it ought be, as far as possible, in place; and temporary.

For a very small minority of people with a mental disorder, there is a need for long-term inpatient care and/or long-term supported housing models that provide for a variety of support levels and approaches, particularly to respond to the individual needs of people as their mental disorder fluctuates.

### Services

The *National Mental Health Report* of 2002 noted the ACT Government's expenditure on mental health services was lagging behind the national average, with a per capita expenditure of $67 in 1999-2000, compared with the national average of $81.

The present ACT Government has increased funding for mental health services in the last three budgets, with the level of funding for mental health services has in the 2004-05 budget amounting to an estimated per capita expenditure of $131. This is a substantial growth in mental health funding.

Public mental health services in the ACT are provided through Mental Health ACT, a Division of ACT Health. The ACT Health Action Plan 2002 set the directions for health services in the ACT, incorporating the vision for health in the Territory, the values that underpin our health system and strategic areas of focus. The Health Action Plan identified mental health as a key priority area.

The ACT Government funds twenty community organisations to provide a range of services related to mental health within the ACT. In the last financial year $5.1million was spent to provide a range of services including:

- The establishment of a peak body;
- Mental health consumer representative;
- Mental health education and advocacy group;
- Information and referral service;
- Respite care
- Outreach services;
- Life skills programs;
- Psychosocial rehabilitation centre;
- Psychosocial recreational and support programs;
- Vocational training;
- Support groups;
- Family sensitive training;
- Support workers targeted to inpatients;
- Long-term medium level care needs supported accommodation and outreach;
- High-level, fully supported youth special care accommodation and outreach support,
- Step-down respite accommodation;
- Counselling;
- Self-help groups;
- Information and education in Secondary Schools;
- Crisis management; and
- An Indigenous community mental health worker.

## Social Housing

### Policy

The current assessment criteria for access to the Early Allocation Categories of Public Housing are as follows:

Priority 1 – Applicants in urgent need of housing

- homeless - people moving between various forms of temporary shelter such as refuges, hostels, boarding houses or accommodation provided by friends;

- in extreme housing crisis or at imminent risk of becoming homeless, which may include applicants at risk of domestic violence, exiting CAP/SAAP programs, or facing imminent eviction; and
- Housing ACT tenants who need to be re-housed urgently.

Priority 2 – Applicants for whom the private rental market is not suitable or accessible as a long term option

- facing private rental barriers such as extreme affordability problems caused by multiple issues, lack of supply or discrimination; this may include refugees, indigenous groups, or applicants with disabilities, severe medical conditions, or people with a requirement for accommodation with a level of amenity or in a certain locality not available in the private market; and
- Housing ACT tenants whose current housing is seriously overcrowded, or is no longer suitable because of serious medical or other reasons.

While the Commissioner for Housing in the ACT is able to exercise discretion in administering the *Housing Assistance Act 1987* and operational programs, eligibility for public housing is primarily based on financial capacity and residency within the ACT. Once an applicant household has been accepted as eligible for assistance, the Commissioner for Housing assigns a priority category to that application.

At present, homelessness for the purposes of assessing eligibility for Early Allocation Category 1 includes both primary and secondary homelessness. This includes being without conventional accommodation (sleeping rough) and accessing stop-gap accommodation (including temporary shelter such as SAAP services, "couch surfing" and emergency accommodation).

## Services

### Public Housing

In the 2004-05 financial year, Housing ACT expects to allocate approximately 650 properties to new applicants (i.e. people not tenants of Housing ACT at the time of allocation). More than 90 per cent of these allocations are expected to be to applicant households in Early Allocation Category 1 and 2 of the Applicant List.

### Community Housing

Community housing is long term, safe, secure and affordable accommodation provided by not-for-profit community organisations. Community housing is complementary to public housing in that it offers a higher level of tenant participation in tenancy management and seeks to accommodate people with diverse and complex needs.

Housing and Community Services ACT provides a number of properties to a range of community organisations for community housing purposes, such as:

- Richmond Fellowship and Havelock Housing Assistance (7 properties);
- Innana Women's Service (12 properties);
- Barton Association (Grow House) (1 properties);
- Shareability (2 properties);
- Mental Health Foundation (5 properties);
- ACT Mental Health Service (8 properties).

These organisations then offer accommodation support, which includes people with a mental illness.

## Homelessness

### Policy

***Breaking the Cycle - the ACT Homelessness Strategy***

The ACT Minister for Disability, Housing and Community Services launched *Breaking the Cycle - the ACT Homelessness Strategy* [vii] in 2004. This Strategy identifies a number of target groups who are at particular risk of becoming homeless, including those with an enduring mental illness. The ACT Government has committed significant additional funding $14.4 million over four years to implement this strategy aimed at improving housing options for the most vulnerable in our community. The ACT Government already provides over $4 million annually for the SAAP Program.

Theme 3 of *Breaking the Cycle* recognises that access to appropriate housing is a keystone to health and well being for the community. In addition to housing, access to a range of social and community support services assists people with mental health issues to participate in the broader community and provides opportunities for management of mental health issues.

The homeless population in Canberra includes people with mental health issues and people exiting the criminal justice system. The aim within the Strategy is to achieve a coordinated and integrated response across all levels of the service system so that clients receive the support they require including assistance integrating back into the community.

Specific actions in the Homelessness Strategy in relation to accountability include:

- undertake program evaluation and continuous improvement to ensure service quality and effectiveness;
- undertake research to enhance evidence based decision-making and service development;
- develop and implement a workforce planning strategy, to maintain a high level of skill and capability in the sector; and
- increase public awareness of homelessness in the ACT.

Many people who are homeless or at risk of homelessness may additionally have a range of mental health, drug and alcohol concerns. The ACT Homelessness Strategy identifies the following groups as being in need of specific attention.

- Aboriginal and Torres Strait Islander people;
- single men;
- single women;
- couples;
- accompanying children;
- young people;
- families; and
- people leaving custody or who are involved in the criminal justice system.

Through *Breaking the Cycle - the ACT Homelessness Strategy*, the ACT Government is committed to prevention and early intervention initiatives to address homelessness as noted in the following key actions:

- **Action 1.2.1**: Map key pathways for people who are at risk of homelessness or who are homeless to determine opportunities for prevention and early intervention strategies, crisis, medium and longer-term responses;
- **Action 1.2.2**: Map current resources for prevention and early intervention services for people in housing stress and at risk of homelessness in the ACT;
- **Action: 1.2.3**: Map current response for prevention and early intervention services for children at risk of homelessness or experiencing homelessness;
- **Action 1.2.5**: Development of a risk assessment framework and associated training strategy for use by the broader service system to guide the development of intervention strategies and to mitigate the risk of homelessness; and
- **Action 1.2.6**: Coordinate outreach services in regional locations in the ACT to provide an early intervention and preventative response to people in housing stress, people at risk of homelessness and those who are homeless (1.2.6).

Developing and coordinating appropriate funding models across government to support clients who are homeless or at risk of homelessness are key initiatives under the Strategy. The actions include:

- **Action 1.1.3**: Assess and develop current funding models to ensure they adequately support service viability and sustainability in providing outcomes for clients; and
- **Action 3.1.2:** Develop an investment strategy for social housing in the ACT.

## Services

The ACT Government's primary service response to homelessness in the ACT is the Supported Accommodation Assistance Program (SAAP), a joint ACT and Australian Government program.

ACT SAAP agencies provide a range of support and accommodation services to young people, single men, single women, families including sole parents with accompanying children, women and/or children escaping domestic violence.

SAAP funds transitional supported accommodation and related services to assist people to achieve self-reliance and live independently. SAAP services provide housing and accommodation and other basic support such as showering, meals, general support and advocacy, financial and employment support and specialist services. Referrals are also made to other services for specialist assistance, including income support.

The ACT SAAP currently provides funding to 29 organisations to deliver 51 services to assist people who are homeless or at risk of homelessness, including outreach support, accommodation and free food services.

In 2003-04, a total of $10.373 million in recurrent funding was provided for the SAAP, of which $5.7 million was provided by the Australian Government and $4.673 million was provided by the ACT Government.

Further, in 2003-04 there were 1,650 SAAP clients in the ACT receiving a total of 3,050 support periods. The number of SAAP clients per 10,000 population in the ACT was 59.

In the same period, SAAP services were provided to 750 accompanying children, totalling 1150 support periods.

In April 2004, the ACT Government launched *Breaking the Cycle – the ACT Homelessness Strategy*. The Strategy provides a framework to develop a whole of community response to homelessness. It is an action plan to deliver reform to the service system, recognising the need for collaboration between government and the community.

The following services provide support to people with mental illness:

- Centacare Ainslie Village (approx 200 residents including 19 places for dual diagnosis program – The Lodge);
- Inanna Women's Service;
- Toora Women's Service (Aleta Outreach Service);
- Canberra Men's Centre (Men's Accommodation Service and outreach service to 19 flats);
- Lowana Young Women's Service (1 house plus youth boarding house which provides accommodation for 5 young people);
- Canberra Emergency Accommodation Service (CEAS).

Centacare, Ainslie Village, Inanna and Toora also receive specific funding from ACT Health to provide support to people experiencing mental illness.

# 5. RESPONSE TO TERMS OF REFERENCE OF THE INQUIRY

The following information is provided against the background of the details included in previous sections, relating to the current nature of policy implementation and service delivery being undertaken by a wide range of ACT Government and community sector agencies.

## The flexibility of criteria for gaining access to public housing

ACT residents who have difficulty accessing the private housing market for reasons of low and unpredictable income, disadvantage, illness and disability are eligible for public housing assistance. As the national research indicates, people with a mental disorder similarly experience such difficulties.

The primary tests for priority allocation to public housing are incapacity to obtain shelter and lack of financial resources to maintain any form of shelter contract. The causes of homelessness are treated as second order issues in determining the public housing response.

Given the breadth of circumstances experienced by applicants for social housing, Housing ACT does not prioritise the causes of homelessness in assessing relative need. However, it is cognisant that particular circumstances, such as domestic violence, can result in "invisible homelessness", which can make the person's current shelter unsafe and insecure, and includes these factors in its assessment protocols.

The increasing level of households being assessed at Priority Category 1 (functionally homeless) or for an Out of Turn Allocation, together with the increasing timeframe for a housing response, creates an environment where households are "graduating" through the segments of the Applicant List prior to being allocated public housing. For example, households unable to sustain payments on their private rental home and being served Notices to Vacate would be reassessed from either Standard Allocation Category 3 (Eligible for public housing) or Early Allocation Category 2 (in this case – severe financial hardship) to Early Allocation 1 (at imminent risk of homelessness).

It could be argued that the eligibility criteria for access to public housing in the ACT are too broad, in the context of available supply. Another level of complexity, when assessing applicants in crisis, is the need to focus on whether a housing response is the most appropriate to meet the presenting needs. Households with accommodation that may not be optimal in one or more facets, and have considerable complexity in their lives may not require an urgent or immediate housing response, rather other supports that increase their resilience or capacity to manage within their current environment. This is particularly the case for people with a mental disorder.

The chronological approach, within defined segments of the Applicant List, to the provision of public housing allows for acceptance of the breadth of issues, complexity and disadvantage being faced by applicants for public housing

assistance as well as the effect of the increasing stressors over time. Given the policy position of providing assistance to households in the greatest need, the actual practice assesses whether households demonstrate need against the criteria and then apply a chronological allocation. Although this provides flexibility of response, it does not incorporate an assessment of the resilience and capacity, and the layers of disadvantage experienced by households seeking housing assistance.

The ACT Government recognises that the existing social housing framework does not align well with the current environment, particularly the relatively new shortage of affordable housing. It has announced plans for a review of the *Housing Assistance Act 1987* and the subsidiary gazetted programs under Priority 6 of *Building Our Community - Canberra Social Plan* [viii]

Further, the Government is committed to improving housing outcomes for the Aboriginal and Torres Strait Islander communities, older people and refugees in the ACT while being also required under the Commonwealth State Housing Agreement to leverage access to housing assistance into increased economic participation.

Housing ACT works closely with a number of government and community agencies to identify the specific housing requirements of a number of applicant and tenant households. Where there are specific concerns or risk factors, Mental Health ACT and Housing ACT have worked collaboratively to optimise outcomes including working in collaboration pursuant to the Memorandum of Understanding between Mental Health ACT and Housing ACT.

**Flexibility of access to appropriate public housing properties**

Systemically, Housing ACT recognises the need for "appropriate" housing in terms of broad location and number of bedrooms. Where an applicant household seeks or requires a more sophisticated housing response, there are limited mechanisms provided to support better matching to appropriate properties.

Most applicants for public housing seek rental accommodation in any type of property other than the multi-unit sites (generally defined as wholly social housing sites of 40 or more dwellings). However, clients experiencing disadvantage and/or homelessness also seek accommodation that is close to major town centres, with the associated access to support, transportation and social interaction. Clients with a severe mental disorder are more likely to be in a single person household and consequently are provided with few housing choices within the public housing system other than within the higher density properties. Many such people end up being offered accommodation in the multi-unit properties.

Arising from the above combination of circumstances, multi-unit complexes often become sites of concentrated disadvantage. This can result in difficulties in developing sustainable tenant communities. The Department of Disability, Housing and Community Services funds a range of community interventions and activities to address these issues, including the Community Linkages Program, Housing Manager Specialists and the funding of Community Development Workers.

While the wholly owned multi-unit properties have limitations to responding to the needs of the clients Housing ACT seeks to serve, in terms of quality, amenity or

community harmony, they do represent a relatively cost efficient approach to the provision of shelter in high demand locations in the ACT.

It is clear that the costs associated with providing accommodation in the location and with the amenity level and lower densities preferred by public housing clients would impact on the number of properties Housing ACT could retain and maintain. Multi-unit properties represent the most cost efficient form of public housing, both in terms of capital investment and ongoing maintenance costs.

## Support mechanisms for people who currently live in public housing

Housing ACT has forty Housing Managers responsible for the day-to-day management of the tenancies within public housing. Each Housing Manager is responsible for approximately 270 tenancies including undertaking annual Client Service Visits, calculating Rental Rebate entitlements, negotiating arrears agreements for rental and maintenance debt, liaising with and undertaking referrals to other support agencies. Where appropriate, Housing Managers will also report issues relating to child protection matters (in accordance with the *Children and Young People Act 1999*, Section 159), issues of concern to the Crisis Assessment and Treatment Team and concerns over illegal activity to the Australian Federal Police in accordance with Principles 10 and 11 of the *Privacy Act 1988*.

Housing ACT has developed a formal qualification for Housing Managers, the Certificate IV in Government (Social Housing). Important facets of the Certificate IV are the modules relating to the provision of specialist support. These modules provide Housing Managers with the conceptual framework for working appropriately with clients presenting with a range of issues. As Housing ACT is a generalist provider of social housing, it is not possible to provide the level of learning and development that would permit Housing Managers to be specialist providers to clients with the full range of needs and vulnerabilities.

Housing ACT also employs five Housing Manager Specialists, who work with public housing tenants and applicants with identified complex needs who are not currently receiving the level of support that they require in order to achieve sustainable and stable tenancies. Issues may include family problems, domestic violence, debt, disability (intellectual, physical and mental illness), drug or alcohol addiction, poor living skills, low level literacy and or comprehension skills, non-English speaking background and Aboriginal and Torres Strait Islander issues. Housing Manager Specialists are employed to assist clients to obtain appropriate supports from the community or other Government Agencies, rather than be direct support service providers.

Other specific activities being actively pursued by the Department of Disability, Housing and Community Services to support people residing in public housing properties include:

- The Cleaner Living and Safer Housing (CLASH) project to ensure better service responses to people whose homes present a fire or health concern;

- The Case Conferencing Project, to improve opportunity to ensure clients with high and complex needs have the opportunity to engage in support planning prior to being allocated a public housing property;
- Exemption of income for individuals undertaking residential rehabilitation for mental disorders, substance abuse or gambling addiction, thereby minimising concerns about costs or lose of home while in an approved rehabilitation program;
- The Sustaining Tenancies Program – funded through Community Linkages, to provide integrated service responses to public and community housing households at risk of eviction;
- The Debt Review Committee Pilot, to explore the causative factors underlying specific debts and consider alternative responses, including the waiving of debt;
- The Tenancy Review Committee, to review the circumstances of every public housing tenancy prior to referral to the Residential Tenancies Tribunal, to ensure that appropriate referrals and offers of assistance and support have been made and that Housing ACT has undertaken all appropriate action to sustain the tenancy; and
- Reviewing the Certificate IV in Social Housing to improve the targeting of skills in the Providing Specialist Support Modules to improve interactions and service delivery to people with a mental disorder.

Notwithstanding Housing ACT's approach to supporting tenants with complex needs, there are some limits to its capacity to respond, including those imposed by the type of stock, its location and availability, and the competing needs and expectations of other applicants.

A strong theme to emerge in the AHURI Report *Linkages between housing and support – what is important from the perspective of people living with a mental illness*[ix] was the importance of good, or even neutral, relationships with neighbours. Participants reported that this was very important to lessen their fear of discrimination, create a sense of belonging in the community and contribute to their sense of well-being.

Privacy legislation prevents Housing ACT from contacting support agencies to seek assistance for tenants unless the client consents to the exchange of information, or unless there is a threat to health or safety. However, clients/ tenants very often do seek assistance from Housing ACT staff in dealing with other agencies to assist and support them. In addition, other support agencies contact Housing ACT where they have already gained the consent of the tenant/ client to discuss their needs. Housing ACT operates in a way that is respectful of privacy, but is active in offering support.

Housing and Community Services also funds the Community Services Program and the Community Linkages Program. In 2005-06, the ACT Government has budgeted $5.37M for the provision of the Community Services Program and $0.55M for the provision of the Community Linkages Program. The Supported Accommodation Assistance Program is separately funded to receive $15.24M in 2005-06.

In 2003-04, Mental Health ACT provided services to 6 387 people through more than 168 000 occasions of service; funding of $4.1M was provided to twenty non-

government organisations to provide mental health services to the ACT community, including supported accommodation and respite services. The ACT Government has budgeted $47.58M for the provision of mental health services in the ACT for 2005-06.

Within the ACT there are currently 213 funded places for the provision of supported accommodation specifically for people with a mental illness. These include:

- 30 medium to long term rehabilitation places;
- 65 group home places
- 18 respite places; and
- 100 outreach places.

Within the ACT, the reform being undertaken within Ainslie Village is an innovative example of an integrated service model under community management. The integration of a continuum of support together with varied tenure types is expected to encourage a sustainable tenant community as well as responding to both the clinical and psychiatric disability needs of people residing on the site who have a mental disorder.

The implementation of the ACT Mental Health Strategy and Action Plan 2003-2008 will increase the targeting of appropriate supports, including to people living in public housing.

Housing ACT works closely with a number of government and community agencies to identify the specific housing requirements of a number of applicant and tenant households. Where there are specific concerns or risk factors, Mental Health ACT and Housing ACT have worked collaboratively to optimise outcomes. The Office of the *Community Advocate's 2003-04 Annual Report* [x] noted the success of the strategy of working directly with Housing ACT, particularly Housing Manager Specialists:

> *"During the reporting period the OCA continued its strategy of close liaison with specialist housing managers to resolve eviction proceedings where possible. The proposed MOU was not proceeded with due to the success of this strategy..."*

## Opportunities to involve non-government stakeholders in the provision of appropriate housing

In the ACT, the model of service provision since the recommendations from the Board of Inquiry into Disability Services, has been to separate accommodation and support so that one organisation does not control every aspect of the service user's life. In this environment, the ACT has seen the development of a number of innovative partnerships between accommodation and support providers, such as Havelock Housing Association and Richmond Fellowship. The Gungahlin Singles Accommodation, of twenty units, including a minimum of five units for people with

mental health issues, will be provided by Havelock Housing Association, in partnership with Toora, Richmond Fellowship and Canberra Men's Centre.

The additional funding provided to the community sector to implement the recommendations of the Homelessness Strategy provides considerable latitude to respond to the immediate housing and non-clinical support needs of Homeless people with a mental disorder. More work is being undertaken to develop options for supported or community housing that is specifically targeted to meet the needs and aspirations of people with a mental disorder.

The AHURI Research Paper *Linkages between housing and support – what is important from the perspective of people living with a mental illness* suggests that the interaction of clinical support, tenancy support and psychiatric disability support, together with the client having significant degrees of choice had a significant impact on housing sustainability. It is evident that the relatively low tenancy load for community housing providers, together with their participative management approaches, would be particularly acceptable to many people with a mental disorder.

Implementation of actions under the *Final Report of the ACT Affordable Housing Taskforce* [xi] provide some specific approaches to support the provision of appropriate, affordable non-government housing.

There are a number of approaches that have been undertaken in other jurisdictions that support the provision of appropriate housing for people with a mental disorder, and most of these supportive housing models operate outside the public housing sector. The reason for this may be that community organisations have historically been able to provide both support services and tenancy management, where as public housing has traditionally been a provider of accommodation, with support being provided from other agencies.

A number of these alternative supportive housing models from other jurisdictions are discussed in the following section.

## The feasibility of alternate support-based housing models

For people living with a mental disorder, as with others, stable housing is a foundation to successfully living in the community. In addition to appropriate housing, some people with a mental disorder need access to adequate support to enable them to successfully live independently. Different people will need different types and combinations of support as their needs fluctuate or change over time. Assistance may be required with accessing and co-ordinating support, often with significant negative consequences if services are not well co-ordinated.[xii]

The AHURI Research Paper *Linkages between housing and support – what is important from the perspective of people living with a mental illness* identified four key elements that, in combination, appear to contribute to making sustaining housing work for people with mental illnesses.

These are:

- The person lives in housing they find acceptable and that does not make it hard or impossible to manage particular disabilities or manifestations arising from their mental disorder;
- The person has support, medication and/or treatments that they trust, accept and find helpful. This is predominantly from mental health clinical or support services, often in combination with informal support from family, friends or neighbours;
- The person demonstrates a willingness and readiness to tackle, with appropriate support, the individual daily challenges and difficulties living independently may present; and
- Major issues that may place their housing at risk have been identified and addressed or are being addressed.

A number of examples of supportive housing models that could have some applicability to the ACT are described below:

- Keyring Living Support Networks
- Singleton Equity Housing
- Supported Housing Limited
- Shelter Plus Care Program
- Supportive Housing Coalition of Metropolitan Toronto
- Abbeyfield

**KeyRing Living Support Networks** [xiii]

KeyRing is an example of a support model, currently for people with a mild intellectual disability. It is based on the provision of a volunteer Community Worker (a Community Living Volunteer) to provide social support to its clients in an arrangement that is separated from the tenancy arrangements.

KeyRing is a United Kingdom based Community Organisation that supports adults with mild learning difficulties to live in their own flats with the support necessary for them to maintain their tenancies. A Community Living Volunteer who lives in the area offers flexible support to each of nine tenants in areas like budgeting, cooking, social arrangements and mutual support.

In essence the Community Living Volunteer provides 12 hours of support to their network per week and, in exchange is provided with a flat or house in which the Community Living Volunteer will live to carry out the role. KeyRing pays the rent on this self-contained property, heat and light bills, telephone rental and KeyRing-related calls.

The role of the Community Living Volunteer includes giving their members:

- information, advice and support in practical matters relating to their tenancy. For example: reminding KeyRing members to pay rent and bills, ensuring members understand that they must comply with tenancy conditions (e.g. the upkeep of their flat), helping members with benefits forms;
- reassurance and emotional support .While KeyRing does not expect the Community Living Volunteer to offer counselling, KeyRing will expect the Volunteer to respond sympathetically to the need for reassurance and emotional support;

- encouragement to help and support each other in solving problems and sharing their knowledge;
- support to organise monthly network meetings; and
- support to make connections in their local community.

**Singleton Equity Housing** [xiv]

Singleton Equity Housing is an example of a co-operative/shared equity housing model in which the people living in the properties are co-owners of the properties, together with other investors. It has been included because of this model's possible transferability for people with financial limitations preventing them entering home ownership and could be considered separately from the provision of rehabilitation and disability support.

Singleton Equity Housing Ltd is a Victorian based company that has the objective of providing a housing option for people with an intellectual disability. Singletons commenced activities in March 1989 and have established some 53 properties for over 260 residents throughout Victoria. Singletons provides only the "bricks and mortar" of housing. Any care and support services required by the residents are provided separately by approved support providers funded by Human Services.

The original capital model involved a combination of funds from future residents, Singleton Equity housing Ltd and the Victorian State Government and a partnership arrangement with a number of individuals and organisations holding equity in the company or property.

The rights to occupy a property are established through the ownership of a specific redeemable preference share that can be sold to incoming residents. The transfer value of the share reflects the current value of the property concerned.

The original theory was that residents and/or their families would be shareholders. However some of the residents are sponsored, the original investment having been made by a third party, a charity for example, and the residents enjoy the occupancy rights as a nominee of the ethical investor.

In another example, a family home has been used as equity so that the deceased parent's wish for their daughter to remain in the family home could be a reality. A service charge is paid by the residents calculated to recover the ongoing cost of rates, insurance, taxes, interest and maintenance associated with the property in which they live.

**Supported Housing Ltd** [xv]

Supported Housing Ltd (SHL) is the sister organisation to Singleton Equity Housing, a non-profit organisation dedicated to providing appropriate housing options to people with a disability in Victoria. The Services offered by SHL include, tenancy management, property management, project management and project development, housing advice, information and referral.

Supported Housing Ltd manages a range of properties and offers housing under Transitional, Group and Community Housing programs. All properties are offered under a common supported housing model. Supported Housing Ltd as landlord

assumes all duties associated with property and tenancy management in accordance with the Residential Tenancies Act.

Supported Housing Ltd enters tenancy agreements with tenants and fulfils the normal functions of a landlord. Supported Housing Ltd enters formal protocols with support agencies to govern the working relations between the two organisations.

**Shelter Plus Care Program** [xvi]

Shelter Plus Care is one of the three grant programs administered by the United States' Department of Housing and Urban Development. The Supportive Housing Program and the Single Room Occupancy Program are the other two programs.

The Supportive Housing Program provides for a continuum of shelter and support options, but tends to operate on a more institutional scale than would be found acceptable within the ACT. The maximum size for properties under the program is for 16 people. In the ACT, now support models for congregate living arrangements have been from smaller groups. However, the Supported Housing Program does also provide for innovation grants, not dissimilar to the innovation grants made to the Community sector by the ACT Government over the past two Financial Years.

Since 1992, the U.S. Department of Housing and Urban Development has awarded Shelter Plus Care (S+C) funds to state and local governments and public housing agencies to serve a population that has been traditionally hard to reach – homeless persons with disabilities such as serious mental illness, chronic substance abuse, and/or AIDS and related diseases. The S+C program was built on the premise that housing and services need to be connected in order to ensure the stability of housing for this population. Consequently, S+C provides rental assistance that local grantees must match with an equal value of supportive services appropriate to the target population.

Local S+C projects are typically implemented through partnerships that include:

- a grantee;
- one or more non-profit housing sponsors that own or coordinate leasing of housing for program participants; and
- a network of supportive services providers.

The purpose of the program is to provide permanent housing in connection with supportive services to homeless people with disabilities and their families.

The primary target populations are homeless people who have:

- serious mental illness; and/or
- chronic problems with alcohol, drugs or both; and/or
- acquired immunodeficiency syndrome (AIDS) or related diseases.

The program provides rental assistance for a variety of housing choices, accompanied by a range of supportive services funded by other sources.

The goals of the Shelter Plus Care Program are to assist homeless individuals and their families to:

- Increase their housing stability;
- Increase their skills and/or income; and

- Obtain greater self-sufficiency.

**Supportive Housing Coalition of Metropolitan Toronto** [xvii]
The Supportive Housing Coalition (SHC) is an example of a housing support model that incorporates tenancy and social supports to its clients in Toronto, Canada.

The SHC is a non-profit agency that provides housing for people with a mental disorder in Canada. The SHC rents are geared to incomes and are subsidized by the government. The Coalition currently offers 828 units in a variety of housing options with some degree of support.

There is approximately one housing staff person for every 70 SHC households. They are available to help tenants through the events of day-to-day life. That might mean putting the tenant in touch with community services such as food banks or homemaker services. They are often available to talk about personal problems or concerns in the buildings. They conduct the neighbourhood meetings that help each building run more smoothly.

The SHC has a Board of Directors, one third of whom are Tenants of the Coalition.

**Abbeyfield** [xviii]
Abbeyfield is an example of a Shared Accommodation Model that provides a level of living support, in the form of a housekeeper. While the current service provided by Abbeyfield is focussed on older people, the model may also be the basis of a supported housing option for people with a disability. There are already two Abbeyfield properties for older people in the ACT, and the Government has provided funding to build ten units for people with a disability.

Abbeyfield's twenty-two supportive group houses in Australia have been developed according to the Abbeyfield design specifications. Most of them are purpose built and designed to modern building and environmental standards. Other houses have been converted from existing properties.

Each resident has a self–furnished, private bedsitting room with its own bathroom. There are tea-making facilities in each room. The shared living areas - the kitchen, garden, laundry and guest room provide all the space and services required for comfortable living. The privacy of residents is paramount. Each resident has his or her own key. No one may enter his or her room without the resident's invitation or permission.

## Any other related matter

**Provision of holistic services in accordance with Privacy Legislation**
A great deal of the research undertaken in the area of mental illness supports the contention that provision of support to people with insight into their psychiatric disability and a preparedness to seek and accept support are important to managing their lives. Unfortunately, not all people with a psychiatric disability possess this insight and perceive significant barriers to fully engaging with

rehabilitation, accommodation and disability support workers, family and friends who may seek to intervene to support and assist them when they are experiencing difficulties. In the majority of cases, this is successfully undertaken and appropriate support provided.

Where such interventions are not successful or have not been attempted, the interplay of the various pieces of legislation, specifically the *Privacy Act*, the *Mental Health (Treatment and Care)* Act and the *Residential Tenancies Act* 1997 do not support interventions unless the individual presents as a safety risk to themselves or the broader community; when this is in the context of housing support, the individual has often undertaken a course of action that places their tenancy at risk or actually terminates their tenancy. It is important, therefore, that people with a psychiatric disability, their families and carers and support workers develop appropriate protocols to manage such circumstances in advance of their being required.

**Neighbourhood Concerns**

The impact of social isolation on mental health cannot be over-looked. Social isolation for people with a mental illness is compounded by the lack of community awareness and understanding about mental illness and the stigma associated with that lack of understanding.

The stigma associated with mental illness is a major barrier to people seeking help when they need it. The lack of knowledge and understanding of mental health continues to maintain a level of fear of people with a mental illness within the broader community. This stigma can be particularly problematic in seeking to access to a range of services, including safe, appropriate and affordable housing and employment.

Concerns surrounding the provision of appropriate housing to people with a mental dysfunction include the perceived risks to the person with the mental disorder and perceived risks to the broader community from the person with the mental disorder. In view of the statistical data published by the Australian Bureau of Statistics it is evident that the vast majority of people suffering a mental disorder do not present with behaviours that would represent a real or perceived risk to themselves or the broader community.

Improving education around mental illness and dysfunction could reasonably be expected to increase the level of tolerance, acceptance and inclusion of people exhibiting behaviours associated with mental disorders. Where the individual and the community in which s/he resides have an opportunity to establish a relationship and a level of mutual understanding, there is a significantly increased prospect of a sustainable tenancy and neighbourhood community.

ACT Health already funds or otherwise supports a range of other programs including the Mental Illness Education model, which effectively challenges stigma by engaging consumers and carers as presenters talking about their experience of illness and treatment, and providing information on illness and services. The ACT Government also provided the initial funding for the Mental Health First Aid program, now auspiced by University of Melbourne and Orygen Youth services which is also effective in addressing stigma.

Such programs have also been introduced into schools and other educational institutions in order to challenge conventional prejudices at an early age and thereby reduce the stigma of mental illness.

The ACT Government has committed to further develop the range of actions to raise community awareness and understanding of mental health and mental illness. The ACT Mental Health Strategy and Action Plan Implementation Committee has established a Working Group to develop an education program for workers in government departments and the NGO sector who regularly deal with people who may have a mental illness, so that they are better able to deal with behaviours and responses that would otherwise be quite challenging

The AHURI Report *Effective programme linkages: an examination of current knowledge with a particular emphasis on people with mental illness* [xix] indicates, during the assessment of case studies that the individual's insight into their psychiatric disability was a major factor in establishing stable accommodation. Instances where the individual did not acknowledge their mental dysfunction and support needs, together with lack of appropriate transitional and longer term clinical and disability supports resulted in failure of the tenancy. Symptoms of this failure were often expressed though extreme anti-social behaviours, failure to pay rent, damage to the property or terror of neighbours.

Social housing providers are regularly placed in a dilemma over appropriate responses to clients presenting with a range of behaviours that may result from a diagnosable mental disorders. As landlord, Housing ACT is bound by the terms of the *Residential Tenancies Act* 1997 [xx]. This legislation is applicable to all residential tenancy and occupancy agreements in the ACT. It does not recognise the differing needs of many of the tenants of public housing, the differing objectives and outcomes being sought by the ACT Government and community for households with particular issues of vulnerability or disadvantage.

As the major provider of affordable housing for households with multiple or complex disadvantage, Housing ACT is often held responsible both for the inappropriate and confronting behaviours of a small minority its tenants and for the eviction of a tiny minority of tenant households that consistently fail to comply with the terms of their tenancy contracts. In addition, with this small group, there is usually a co morbidity of other conditions, including alcohol and drug misuse, which makes it very difficult, and indeed, unfair, to say that mental health issues are the main cause of the neighbourhood disharmony.

**Forensic Mental Health**

Many studies indicate there is a disproportionate representation of people with a mental disorder within the judicial and corrective services systems. Offenders with a mental disorder are amongst the most highly marginalised and stigmatised groups in society. While acknowledging that the forensic mental health population requires access to the same range of services and support responses as the broader community, it is also recognised that this group can be regarded as one that represents a significant perceived risk by the broader community and may also be at greater risk as a consequence.

The ACT Government recently announced its preferred model of care for forensic mental health clients following an extensive review commissioned in March 2004. The package of initiatives announced by the Government provides care across the continuum of need and includes the identification of improved options for accommodation and support for this client group. The forensic mental health initiatives will be implemented in a staged manner over the next 2 – 3 years.

The Department of Disability, Housing and Community Services is also introducing a new service to meet the needs of people aged 17 and over who have dual disability (intellectual disability and a mental disorder/dysfunction) and are at risk of entering or re-entering the criminal justice system. The Intensive Treatment and Support (ITAS) program will be implemented in stages over the next 12 months.

The aim of the program will be for a multi-disciplined team with clinical and behavioural expertise to provide additional support and treatment options to a client base of 26 people. Specialist accommodation will be available to a small number of clients at any one time, where it is assessed as appropriate. However the vast majority of the program will be delivered to clients in their existing environments.

Discussions are also being undertaken between Mental Health ACT and the Department of Disability, Housing and Community Services regarding possible collaboration with staffing program development and the service model.

**Access to Employment**

People with psychiatric disabilities experience considerable stigma and discrimination from both the general community and employers in particular. The lack of stable employment is a significant factor in limiting recovery from a mental illness and in perpetuating a cycle of poverty, which, in itself, is a primary risk factor for mental illness.

There is an increasing body of evidence about the human and financial cost of mental illness. The costs of intervening early in an episode of care to facilitate early return to work in a supportive environment are less than the costs associated with long term care of people continuing to live with an enduring mental illness and long-term psychiatric disability.

There has long been recognition of the importance of vocational rehabilitation in recovery and relapse prevention for people with a mental illness and all jurisdictions, including the ACT, fund and support vocation rehabilitation programs to try to address this issue. This is not only of individual benefit to the mental health consumer; it can also have a significant impact on reducing the burden of disease for the overall community with significant economic benefits.

The provision of opportunities to participate in employment can counter stigma in the wider community by providing access to socially valued roles other than as a mental health patient. Similarly, people in the wider community have increased opportunities to gain personal knowledge of people with mental illness at work. The evidence suggests that people in the wider community with personal knowledge of people with mental illness are less likely to harbour stigma. There is also consistent evidence that strategies designed to manage disclosure and counter stigma in the

workplace, make a difference to vocational outcomes and can be incorporated into each stage of vocational assistance.

Some recent papers on effective models for improving access to the workforce focus on placement, support and training rather than the more traditional model of vocational rehabilitation outside the workplace with a view to placement once the consumer is deemed "ready".

In view of the clear evidence that many people with mental illness may need more effective treatments and assistance with completing education and training, joining and rejoining the workforce, developing career pathways, remaining in the workforce and sustaining work performance, a whole of government approach is needed to address these significant issues. This is the intention underlying the ACT Mental Health Strategy and Action Plan 2003-2008, specifically Action 3 which outlines the establishment of partnerships, formal agreements and promotion of those agreements amongst government agencies to facilitate effective working relationships to assist mental health promotion and recovery.

# 6. CONCLUSION

The ACT has the highest proportion of social housing in Australia. The eligibility criteria for access to public housing are reasonably flexible and do not appear to present systemic access barriers to people with psychiatric disabilities. The ACT Government recognises the need for ongoing improvement in the delivery of holistic and focussed services to people with a mental disorder, particularly those also dealing with other issues and vulnerabilities that can create highly complex and entrenched disadvantage. Many of the proposed enhancements to the service continuum are detailed in the *ACT Mental Health Strategy and Action Plan* 2003-2008[xxi].

The ACT Government is continuing to seek alternative approaches; frameworks and policies that not only preclude systemic discrimination, but also seek to actively engage with the disadvantaged individuals, their carers and community supports. Examples of these identified throughout the submission include the introduction of Housing Manager Specialists, the innovative approach to consultation during the development of *Breaking the Cycle – the ACT Homelessness Strategy*, policy changes to support current tenants to access residential rehabilitation, the ongoing work to support the reform of Ainslie Village to an integrated service delivery option and the construction of the Boarding Housing in Gungahlin which will provide another accommodation option to young people with a mental disorder.

Work around integrating the social and supported housing system is continuing with increasing flexibility to both public and community housing providers and increased resourcing to supported accommodation providers. The partnership model established within the Department of Disability Housing and Community Services has created an environment of increased dialogue, respect and trust between the service sectors and clients.

There is no doubt that there is still much to be done in realigning the social and supported housing sectors to better support the provision of assistance to enable the maintenance of sustainable tenancies and communities. The continuing implementation of *Breaking the Cycle – the ACT Homelessness Strategy*, the *Government Response to the final report of the Affordable Housing Taskforce* and the forthcoming review of the *Housing Assistance Act* 1987 will guide and support this ongoing role.

Supporting the development of approaches that better meet the needs of people with a mental disorder, particularly the provision of psychiatric disability support and improved transitional and permanent housing choice, are significant issues to be addressed.

It is important that there is better availability of statistical data on the level of non-clinical service delivery to people with a mental disorder, to better inform policy development and service delivery, as well as ensuring better targeting.

While the ACT Government is confident that considerable progress has been made in improving the provision of appropriate housing to people with a mental disorder and that there are concrete plans for further enhancements, this Inquiry is welcomed as an additional opportunity for mental health consumers and service providers, and housing and community service providers to provide input to future improvements.

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# ATTACHMENT: Housing in the ACT

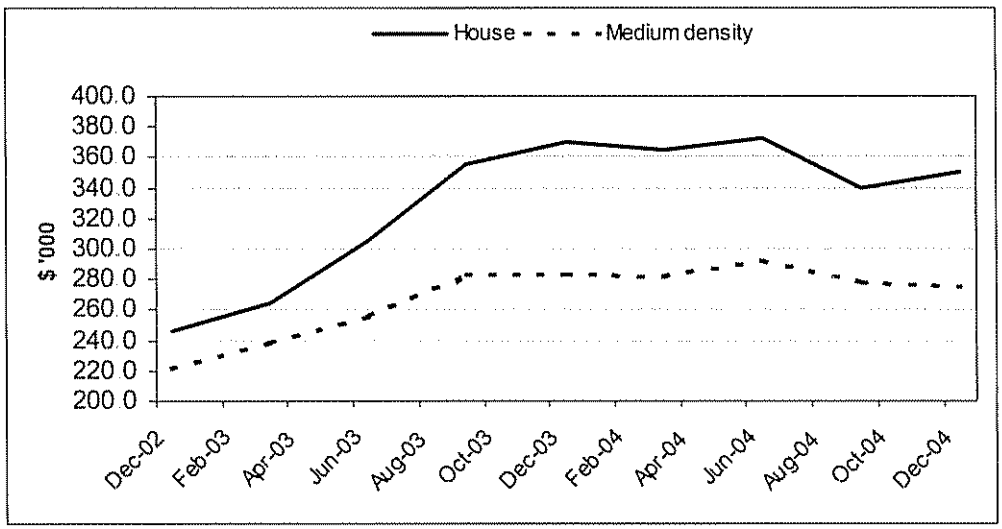
The ACT housing context may be characterised as follows:

- a higher proportion of public housing in comparison with other jurisdictions;
- a relatively low proportion of low cost rental housing;
- the highest average age of public housing stock in Australia;
- a trend towards smaller household units with more people living on their own;
- growth in the number of outright home owners; and
- rising housing costs for both renters and home purchasers.

**House Prices**

Since the introduction of the GST on 1 July 2000, average residential property prices in the ACT have grown by approximately 91 per cent. Just under half this growth has occurred since July 2002, during which time monthly growth has averaged just over 1 per cent. The following graph shows quarterly median property prices for both houses and medium density properties during the period since the Affordable Housing Taskforce tabled its report.

**Median property prices 2002 – 2004**




Source: *Progress on Housing Affordability in the ACT: Report to the ACT Legislative Assembly, 2005*

**Home Ownership**

Home ownership is the primary form of housing tenure in the ACT. In 2002-03, outright home owners represented approximately 28 per cent of ACT households, compared to the national average of around 36 per cent. Home purchasers (that is, those with a mortgage) represented approximately 41 per cent of households, compared to the national average of around 33 per cent.

In order to improve home purchase affordability, the ACT Government's Home Buyer Concession Scheme (HBCS) provides stamp duty concessions to low and moderate income first home buyers. Eligibility is based upon a set of criteria including household income levels (adjusted for dependent children) and an upper limit on the purchase price of the property.

Following low take-up rates, which reflected rising incomes and increasing house prices, eligibility was broadened to the HBCS in both the 2003-04 and 2004-05 ACT Budgets by increasing the property value and income thresholds. The lower property threshold (below which a full stamp duty concession is available) is now based on the bottom 25 per cent of all sales and the upper threshold is based on the bottom 65 per cent of all sales. At 1 January 2005, these were $282,500 and $386,000 respectively. Between these thresholds a partial stamp duty concession is available.

At 1 July 2004, the income threshold was raised to $100,000 with an additional allowance of $3300 per dependent child, to a maximum of five. A full concession now represents a saving to home purchasers of $8,800.

These changes have been very successful. For the financial year to April 2005, there have been 1,360 approved applications, representing a subsidy from the ACT Government of around $8.3 million. By contrast, in 2003-04, there were only 36 approved applications, representing around $0.9 million in subsidy.

Additionally, the Australian Government provides a First Home Owners' Grant (FHOG) to all first home buyers who meet the appropriate eligibility criteria.

**Targeted Land Releases**

As part of the ACT Government's commitment to releasing affordable blocks of land, thereby improving affordable home ownership options for low to moderate income earners, a new initiative was announced in the 2004-05 Budget to provide affordable greenfield sites in the ACT. This initiative makes provision for release of up to 100 blocks each financial year for the next five years to be sold through restricted ballot processes to moderate income earners seeking entry into home ownership and, where possible, to affordable housing providers.

Accordingly, two Moderate Income Land Ballots have been conducted by the Land Development Agency on 4 December 2004 and 30 April 2005. Eligibility criteria to participate in the ballots included:

- combined household income not in excess of $100,000 (with an additional allowance of $3,330 for each dependent child, capped at $116,650); and
- applicants and their domestic partners having no interest in land for the previous two years.

**Private Rental Market**

The key determinants of affordability for private renters are household income and the level of rent being paid. The level of rent, in turn, is driven by the vacancy rate, which reflects supply and demand in the rental market.

For some time now, average rents for a three-bedroom house in Canberra have been the highest across all capital cities. In the December quarter 2004, the median weekly rent for a three bedroom house in Canberra was $300 per week, $30 higher than the next most expensive city, Darwin.

Median rents for medium density properties in the ACT are similarly high, although not the highest nationally. In the December quarter 2004, the median medium density rent in Canberra was $270 per week, second to Sydney at $290 per week.

Importantly, although rents in Canberra are relatively high when compared with other capital cities, there has been little to no growth in local rents over the last four quarters. Median house rents have fluctuated between $290 and $300 since the December quarter 2003, while median medium density rents fell slightly in the June quarter 2004 to $270 per week and have remained at this level for three consecutive quarters.

Compared with other Australian cities, there are relatively low levels of low cost private rental accommodation in Canberra. However, in relation to this issue, it should be noted that unemployment rates in the ACT are lower and incomes are generally higher than elsewhere, and increasing.

## HOUSING AND HOMELESSNESS SERVICES

### Social Housing

The Commonwealth State Housing Agreement (CSHA) 2003 – 2008[xxii], provides a national framework for the funding of social housing in Australia. The guiding principles require jurisdictions to focus on issues such as:

- maintaining a core social housing to assist people unable to access alternative suitable housing options;
- developing and deliver affordable, appropriate, flexible and diverse housing assistance responses that provide choice and are tailored to their needs, local conditions and opportunities;
- ensuring housing assistance links effectively with other programs and provides better support for people with complex needs, and has a role in preventing homelessness;
- promoting innovative approaches to leverage additional resources into social housing, through community, private sector and other partnerships; and
- ensuring housing assistance supports access to employment and promotes social and economic participation.

### Public Housing

Public housing comprises approximately 9 per cent of all dwellings in the ACT. As the largest source of low cost rental accommodation in the ACT, public housing is the principal component in the Territory's supply of affordable housing. Further, over 24,000 people are currently housed in public housing, providing them with safe, secure and affordable accommodation and long term sustainable tenancies.

The table below provides a snapshot of the public housing asset base for the provision of social housing assistance by the ACT Government since 2002.

**Public housing assets 2002 - 2005**

| Year | Dwellings | Total value $bn | New acquisitions | Disposals | Occupancy rate[Ω] |
|---|---|---|---|---|---|
| 2002-03 | 11,382 | $2.410 | 138 | 223[#] | 98 % |
| 2003-04 | 11,509 | $2.885 | 264 | 137 | 98 % |
| 2004-05[†] | 11,565 | $3.026 | 153 | 87 | 98 % |

[†] forecast 30 June 2005
[#] includes 81 properties destroyed in the bushfires of January 2003
[Ω] excludes properties awaiting redevelopment

Source: *Progress on Affordable Housing in the ACT: Report to the ACT Legislative Assembly, 2005*

The table shows increases each year in public housing stock, affirming the Government's commitment to maintaining a strong and viable public housing sector in the ACT. These increases have been funded by a combination of new initiatives (discussed overleaf) and the ACT Government's ongoing capital works program for Housing ACT, which totalled $203.3 million in funding from 2002-03 to 2004-05.
The next table shows how this public housing asset base has been utilised to provide affordable housing assistance.

**Public housing tenants 2002 - 2005**

| Year | Total persons in public housing | New tenants housed | Allocated on a priority basis | Tenants receiving a rental rebate |
|---|---|---|---|---|
| 2002-03 | 23,324 | 954 | 87.1 % | 82 % |
| 2003-04 | 24,003 | 807 | 86.2 % | 85 % |
| 2004-05* | 24,336 | 505 | 91 % | 87 % |

* at 30 April 2005

Source: *Progress on Affordable Housing in the ACT: Report to the ACT Legislative Assembly, 2005*

Additionally, Housing Manager Specialists (HMS) work with public housing tenants and applicants with identified complex needs who are not currently receiving the level of support that they require in order to achieve sustainable and stable tenancies. Issues may include family breakdown, domestic violence, debt, disability (intellectual, physical and mental illness), drug or alcohol addiction, low-level literacy and or comprehension skills, non-English speaking background and Aboriginal and Torres Strait Islander issues.

**Rental Bond Program**
A bond loan program – the Rental Bonds Housing Assistance Program (RBHAP) –was introduced on 1 July 2003 with the objective of assisting eligible persons to meet the cost of entering into and sustaining private rental accommodation.

Eligible persons, who are in housing need but who are able to sustain a private tenancy, are provided with an interest free loan for up to 80 per cent of the bond required by private landlords upon signing a tenancy.

**Commonwealth Rent Assistance**
Commonwealth Rent Assistance (CRA) is a non-taxable supplementary payment provided by the Australian Government to assist with the cost of private rental housing. It is available to recipients of income support payments, including those who receive more than the base rate of the Family Tax Benefit Part A and who pay private rent above minimum thresholds.

At 30 June 2003, there were 8,240 income units in the ACT receiving CRA, which suggests that up to one third of private renters in the ACT may be receiving CRA.
At 11 June 2004, the number of income units receiving CRA in the ACT had grown to 8,355, an increase of 1.4 per cent. Consistent with ACT rents being relatively high in national terms, around 72 per cent of these income units qualified for the maximum rate of CRA payment, compared to the national average of around 62 per cent.

Further, in the absence of CRA, approximately 73 per cent of ACT CRA recipients would be spending more than 30 per cent of their income on rent. With the provision of CRA, this decreases to around 48 per cent of recipients paying more than 30 per cent of income on rent. Therefore, the presence of CRA reduces the number of households potentially in housing stress by almost one third.

Nationally, after taking CRA payments into account, 35.5 per cent of CRA recipients continue to pay more than 30 per cent of their income on rent, suggesting that the current policy has some limitations in its impact upon housing stress.

# Endnotes

[i] http://www aph gov au/Senate/committee/mentalhealth_ctte/tor htm
[ii] http://www ahuri edu au/general/project/display/dspProject cfm?projectId=59
[iii]http://www abs gov au/ausstats/abs@ nsf/b06660592430724fca2568b5007b8619/3f8a5dfcbecad9c0ca2568a900139380!OpenDocument
[iv] http://www facs gov au/internet/facsinternet nsf/aboutfacs/programs/house-saap_publications htm
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[vii] http://www dhcs act gov au/pubs/documents/BreakingCycleHomelessness pdf
[viii] http://www cmd act gov au/socialplan/documents/Social_Plan pdf
[ix] http://www ahuri edu au/general/project/display/dspProject cfm?projectId=37
[x] http://www oca act gov au/publications/pdfs/oca_ar/OCA0304AnnualReport pdf
[xi] http://www dhcs act gov au/hcs/AffordableHousing/Affordable htm
[xii] Effective program linkages: an examination of current knowledge with a particular emphasis on people with mental illness
[xiii] http://www keyring org/site/keyring_splash php
[xiv] http://www seh com au/
[xv] http://www shl org au/index htm
[xvi] http://www hud gov/offices/cpd/homeless/programs/splusc/index cfm
[xvii] http://www supportivehousing ca/index1 html
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[xxii] http://www facs gov au/internet/facsinternet nsf/AboutFaCS/programs/house-csha htm