

Standing Committee on Health, Community and Social Services
ACT Legislative Assembly
Committee Secretary
Via email committees@parliament.act.gov.au

Dear Mr Rowe

Thank you for the opportunity to provide a response to the supplementary submission made by Minister Burch to the inquiry into social housing.

Minister Burch asserts that the submission made by ADACAS on behalf of the ACT Disability Advocacy Network, among others, contained significant factual errors and provided a response to matters of fact and of opinion presented in the submissions and during the hearings. ADACAS has reviewed the comments made by the Minister in regard to a number of points we made and stands by the original statements included in our submission and made during the hearing. The enclosed response has given us the opportunity to provide updated information concerning some of the case studies presented, and to include additional case studies as evidence for the points that we make.

The Minister expressed her concern that the submissions use case studies "*as evidence of systemic service delivery issues within a social housing system collapsing under the weight of demand*". ADACAS has previously acknowledged cases of Housing ACT providing timely and responsive service to tenants and continues to recognize that in some cases the housing system is able to provide effective and appropriate housing solutions for vulnerable people. However it is also true that the case studies presented by ourselves and others do paint a picture of a housing system that is not always able to respond appropriately to clients, particularly people with disabilities, and we therefore continue to argue that there is room for improvement in housing systems and practices as well as a need for additional public housing resources that are appropriate for the needs of a complex tenant group.

If the Committee requires any further information I would be pleased to be of assistance where I can.

Yours sincerely



Fiona May
Chief Executive Officer
ADACAS

27 April 2012

ADACAS response to Minister Burch supplementary submission to the Social Housing Inquiry.

ADACAS Transcript and Minister's response	ADACAS Response
The Ombudsman's focus is a whole-of-service one, and indeed our clients face significant barriers because the ACT public service does not operate as a cohesive whole. Take a long-term client of ADACAS, for instance, who remains in hospital because Housing maintains that a house cannot be allocated until support services are in place, and Disability ACT maintain that they cannot set up support services until a house is provided. One result of this lack of cooperation is a client who has become institutionalised to such an extent that he now fears to leave hospital and now resists Advocacy attempts to resolve the impasse.p55	
Response: The statement is incorrect. Senior officers of Housing ACT and Disability ACT regularly liaise together in order to coordinate the support and accommodation needs of individuals with disability. With regards to the specific case mentioned, there are complex issues related to the extremely high support needs of the individual concerned who is currently supported in intensive care and predominantly requires a clinical model of care in order to be discharged in to a community setting. Apart from the clinical issues there is also a cost challenge in facilitating the intensive model of care required. In this case the anticipated cost is expected to be in the region of \$600k per annum.	ADACAS agrees fully that this is a complex case and that the needs are very high – as stated during the hearing. However, ADACAS can confirm that from the client's perspective it appeared that the two parts of the directorate were not working cooperatively to find a solution. It was this perspective that was conveyed during the hearing. This example affirms comments made elsewhere in our submission that communication with the client does not always convey sufficient and timely information to enable them to be confident about progress with their matters.
CHAIR: Thank you, Ms May. If I can just take you back to the last part of your opening statement. You mentioned the person having to stay in hospital because there was no accommodation available. Is that a current case that you have got?	

Ms May: Yes, that is a current case. This man is in hospital and has been in hospital for a very long time. CHAIR: How long? Ms May: More than a year—two years. CHAIR: There was a similar case where it took three years for someone to get out of hospital. ADACAS was involved and my office got involved as well. That is why I am interested to know whether this is a fresh case. I thought there would have been a few lessons learned from the last one about the provision of interaction between departments to ensure that while the hospitalisation is required something can be done to progress the next stage of that person's path through the medical system. Would you like to add to that a little as to how the current state is where it is? Ms May: This client has very complex needs and needs a very high level of care, which he is getting in hospital but which, unfortunately, neither Housing nor Disability are prepared to work together sufficiently in order to enable that to happen in a non-hospital setting at this time. It is very difficult.p56	
Response: The <i>Policy Framework For People With Complex Ongoing Support Needs From Hospital To The Community (2010)</i> draws together the principles and commitments of the key ACT Government human service agencies which provide services to people who are medically and functionally fit for discharge and who require intensive and ongoing support, and/or specialised equipment, and/or modified housing to transition from hospital to the community, and to remain in the community. This Framework aims to: 1. Enable people with high ongoing support needs, related to disability, to resume a lifestyle in the community with essential community-based resources, services and support. 2. Reduce the risk of inappropriate long-term hospitalisation, and the	ADACAS thanks the Minister for including these references from the framework and applauds the principles articulated within it. In this case, we are yet to see these aims implemented to enable the individual concerned to “resume a lifestyle in the community”, reduce “long-term hospitalisation” and “transition from hospital to the community in a safe, timely and sustainable manner”.

associated social and financial costs to the client and family, and the health system; and 3. Ensure people with high ongoing support needs are able to transition from hospital to the community in a safe, timely and sustainable manner. This Framework: 1. Defines the responsibilities of the key partner agencies, 2. Provides a guide for discharge planning and supporting the timely transition of people with complex and high ongoing support needs from hospital, 3. Identifies government agency decision-making points in relation to resource allocation; and 4. Outlines procedures to assist the partner agencies to work together to achieve the Government's priorities.	
We are certainly aware that a client with disabilities who has particular needs can spend a great deal longer on the priority housing list than a client without disabilities who can be placed in a wider range of accommodation settings. That causes particular issues as well, whether or not you want to say it is discrimination against people with disabilities, but it makes it very difficult for them to find appropriate homes.p59	
Response: Where applicants require specific property modifications, location or other inclusions it can take longer to source an appropriate property. This can apply to applicants who require properties in particular locations for example, to be close to schools, or applicants who need a freestanding bath etc. This is inevitable when there is a finite pool of resources available at any given time.	The response indicates that it is indeed true that people with complex needs, including those with disabilities take longer to house. This is an example of systemic discrimination, ie the system itself is creating the barriers for people with disabilities.
From time to time the workers at Housing will call ADACAS with the assumption that our advocates are in fact caseworkers and will undertake the role of casework or casework coordination on behalf of Housing with a range	

of people. Advocates are not caseworkers. They take instruction from their clients rather than from other services, because we advocate on the express wish of our clients. So there is a fundamental lack of understanding in Housing of what the role of advocates actually is. That is something we would like to change. I understand that my predecessors within ADACAS have offered some training opportunities to Housing before, but it is something that has fallen by the wayside.p.59	
Response: Housing ACT does expect ADACAS advocates to play some role in assisting their clients to meet their expressed needs, even if this requires some degree of coordination with other agencies.	The core function of the advocacy role is to meet the expressed needs of clients. ADACAS is able to provide the Committee with numerous examples of advocates playing significant roles in assisting our clients to meet their expressed needs, including through working very closely with other agencies. However it is not an advocate's role to coordinate other services at the direction of Housing ACT officers, and advocates do not perform the functions of ongoing case managers. Housing ACTs response clearly confirms our concerns that there is a lack of understanding of advocacy and a need for training for Housing staff around the role of advocacy.
ADACAS Submission and Ministers response	ADACAS Response
The 2010-11 Annual Report for Housing does not contain accessible information about the extent to which the ACT Housing tenant population is consistent with or differs from these national figures (of people with a disability)...The priority housing list cap of 150 applicants means that it is not possible to know the actual need for priority housing in the ACT. (p1)	
Response: The demand for public housing is reflected in the number of people on the waiting list, including the priority, high needs and standard	ADACAS understands that the cap of 150 places has now been lifted. We note that in other parts of the Ministers

waiting lists. All of these people are considered to have high needs of some sort in addition to low income and housing affordability issues.	response (related to ACT Shelter transcript) she states “Housing ACT disseminates information regarding changed policies and procedures to its comprehensive network of community partners” Communication around the changes to the cap did not come via this mechanism. We look forward to enhanced communication from Housing ACT in the future.
...experience of advocacy organisations working with people experiencing housing difficulties suggests that the processes implemented by Housing ACT do not have at their core an emphasis on achieving appropriate, responsive housing for individuals. (p2)	
Response: This comment is unsupported and offensive to committed individual staff members and to Housing ACT as an agency.	The views that ADACAS forms are as a result of the collective first hand experiences of its clients. The value of ADACAS submission is that it brings to the Inquiry the voice of current and prospective tenants. ADACAS is commenting on processes that, in the experience of its clients, are not meeting the stated objectives of Housing. We are not suggesting that Housing objectives are not appropriate. We have numerous examples of cases where this has indeed been the case. We cite the following cases as examples that provide evidence that the “core emphasis is not on achieving appropriate responsive housing for individuals” as a real and valid concern, expressed by ADACAS on behalf of the clients we work with, and therefore do not retract the statement: • The family with a child with disabilities whose case study is also mentioned in more detail below is a classic example of the unresponsiveness of housing to the very real concerns they have. Please see more details below.

- A client with mental health concerns and medical intolerances to a significant number of medications that would otherwise assist him to manage his condition uses music as therapy and this needs to be taken into account when allocating a home. He was recently told by the housing officer that they “house people not instruments” effectively dismissing his very real need for music therapy as part of managing his condition.
- 2 clients with disabilities who currently live with parents but due to circumstances are aware that they will be homeless at a known date later this year. In both cases Housing has indicated that until they are actually homeless they cannot be considered for priority housing. This has led to considerable anxiety and stress for both clients at least one of whom is considering abandoning Canberra, her work, her networks and supports because she cannot be assured of a smooth and safe transition to independent housing when her parents move. An appropriate and responsive approach from housing would enable these clients to plan for a future transition without extreme levels of anxiety and stress which place additional pressure on them.
- A client who is in hospital rehab because of an ABI and other acquired disabilities has been on the high needs housing list for more than 12 months. The hospital is now planning to release him and he is no closer to being allocated a home that is suitable for him and his mother (as primary carer). Again a known transition that could have been planned for to enable him to leave hospital in a timely way. I note again that the *Policy framework for people with complex ongoing support needs from hospital to the community (2010)* provided by the Minister and discussed above, would also apply here.
- A client seeking to leave a domestic violence situation was

sent a letter stating that her case was closed and she was not allocated a place on the priority housing list. While the process explained to the client and the advocate was that the case would be considered once she was given notice to evict from her ex-partners foreclosed property, receipt of the standard letter closing her application caused her a great deal of unnecessary distress and anxiety. Given that housing knew they would be reopening the file, the process of sending such a letter to a client in a vulnerable situation is another example of a time where Housing ACT did not have at its core an emphasis on a responsive and appropriate service to the client. The client is currently in temporary rental accommodation that is costing more than she can afford because Housing ACT will not agree to assess her application until the paperwork for the foreclosure is complete.

- Failure of Housing to return calls is a common complaint made to ADACAS by its clients. In just one example, A client had appealed a decision made by an officer in Gateway Services. This officer had been dealing with the file for some time and was the contact for this matter, the advocate sometimes waited weeks for a response to calls to clarify information. On one occasion when the advocate contacted the review officer, to check that she had received review documents and how the matter was being progressed, the officer advised the advocate that the client was in jail, had a current tenancy at a rebated rent and was paying a holding fee. The advocate advised the officer that Housing had their clients mixed up but was not believed. After numerous calls the matter was escalated to a more senior housing officer who was angry about the number of messages that had been left by the advocate seeking to clarify what was obviously a mix up with files. The manager eventually acknowledged there was a computer error that would take at least a week to sort out.

	In all it took some 4 weeks for this error to be sorted out by Housing ACT during which time the clients review process was not progressed at all. In addition we note that the ACT Ombudsman's Report 2011 noted that in the case it investigated Housing failed to provide the client with adequate procedural assistance that was reasonable for a client in her circumstances it also noted this was by no means an isolated case.
Housing Process: process of allocation...is fraught and extensive...is not timely and is opaque to the applicant...applicants who have an effective advocate to assist them are more likely to achieve a satisfactory outcome...this is an iniquity in the system administered by Housing ACT. Specific issues include: (p3 of submission)	
Response: There is a counter claim that advocacy services lever this inequity through adversarial engagement with Housing ACT and through relatively junior officers. See previous comments about the Gateway Quality Improvement Project.	In proposing that the assistance of an advocate enables applicants to achieve a satisfactory outcome, ADACAS was commenting upon the lengthiness of the process and the complexity and diversity of documentation that is required for a housing application. The enormity of the process can be overwhelming and or confusing to a person with a disability or other condition that affects their capacity to navigate such a complex system some of whom therefore find themselves at a disadvantage without additional support. The counter claim is an interesting one. Advocates do not set out to be adversarial. Advocates do use the knowledge and skills they have to put the strongest case possible on behalf of their clients. This is a core advocacy responsibility. It is a

	matter for housing to ensure that the officers charged with decisions and actions on behalf of clients, and who nominate themselves as the contact person, have the skills and support to undertake that role. It is inappropriate and unfortunate that advocates supporting vulnerable clients are criticised in this manner and suggests a need for further role clarification and discussion with Housing ACT. We appreciate the reference to the gateway quality improvement project and offer that the comments concerning the high rate of internal promotion of housing staff (provided in response to the WRLC submission) also impact upon the ongoing relationships between tenants and housing assessors and managers.
...the weight of attention by Housing ACT staff is focussed on eligibility and paper work process rather than individual case support (under Recommendation 5, p4). Housing process is disempowering...encourages dependence...assumes incompetence (under Recommendation 6, p4)	
Response: Gateway staff have a legislative obligation to ensure eligibility is clearly established. The Gateway Quality Project has introduced significant training on client focussed and client centred practices. These issues have also been addressed in the delivery of the Central Access Point, which was developed with the idea that the space should encourage applicants to participate in active waiting, which provides the space and opportunity for clients to print and copy documents and	ADACAS acknowledges that eligibility must be established however this comment misses the point that it is the quality of interaction with tenants and applicants that leads to the outcomes regarding being the 'human services' provider that Housing ACT claims to be. It remains the case that in the experience of our clients, the housing process has been disempowering, encourages dependence and assumes incompetence of many applicants and tenants. ADACAS looks forward to the realisation of the aims of the Gateway Quality Project with regard to client centred practices.

Placement decisions made by Housing ACT have been known to lead to significant abuse or loss of wellbeing for individuals whose needs have not been taken into account either in their own placement or the inappropriate placement of others nearby. p6	
Response: Housing ACT has a finite portfolio of properties a high proportion of which are not necessarily the most appropriate match for the complex tenant population. However, Housing ACT works with applicants and support agencies to identify people's needs and attempt to match them with available properties. A key component of this matching is to recognise what additional support services work with applicants so as they can play a role in supporting their clients once they have been allocated.	ADACAS thanks the Minister for the acknowledgement that the existing portfolio of properties does not necessarily match the needs of the complex tenant population and is aware that planning is underway to transition the portfolio in a number of ways. ADACAS remains concerned by the assumption that the reality of being a housing tenant requires a person to also be a client of support services. As discussed above, this assumption is disempowering for people. To get a priority classification applicants are disadvantaged if they choose not to become a "client". Applicants may indeed feel they have no choice but to "shop around" for services in order to obtain priority housing. For one client, the Assessing Officer made the following statement as the reason for not placing the client on the priority list <i>"xx is not receiving any support from agencies or community organisations therefore xx does not demonstrate a range of complex needs with evidence of significant risk factors that would be addressed or substantially alleviated through the early allocation of public housing."</i> Housing already had a significant history on this client of serious abuse and homelessness. There were numerous letters from her Doctor and Psychologist describing complex needs. This client had a history with Housing of being able to sustain a

	tenancy. This is another example of systemic discrimination where the system sets out to create 'clients'.
Case study- ADACAS recently advocated for an older couple who, due to neighbour harassment needed to move from their long term public tenancy, which had been modified to meet the needs of the couple, one of whom has disabilities. While ADACAS congratulates Housing ACT on approving a timely transfer to a nearby older persons unit, the unit's bathroom facilities were not suitable for the elderly carer to support her partner in personal care. The Housing ACT Occupational Therapist did not recommend modifications to the bathroom on the grounds of cost, and the tenants had to get a private OT assessment, at their own expense, before Housing ACT would approve the necessary modifications. The introduction of in-house Occupational Therapy has reduced the waiting times for occupational assessments of public housing however it has introduced a conflict of interest for the therapists which. as the case study demonstrates. impacts upon the quality of service provided. The responsibility of an Occupational Therapist is to recommend modifications required for a safe environment for people with disabilities and their carers. Their recommendations should be based solely upon these needs and not on cost. While housing should continue to bear the cost of occupational assessments of social housing stock, the therapist's client should be the tenant not the landlord. pp.6-7	
Response: It is not a conflict of interest for an occupational therapist to provide advice on the modifications required to meet the needs of an individual which is informed by an understanding of the ability for properties to be modified, the cost of doing so and of other options which may be used to meet these needs.	ADACAS agrees that it ought not to be a conflict of interest for OTs to have an understanding of the finite budgets in which modifications must be done, however the case study highlights that in this case the budget was available, and the property was able to be modified, as the work was undertaken after the independent OT assessment was provided to

	Housing ACT.
Case study- Trevor moved into a group home with two house mates 15 years ago, which is operated by a disability accommodation support agency. He has a disability and he needs support every day. Trevor has changed a lot since moving into this home. He has come to realise that living here does not allow him to live the lifestyle he wants to live. Trevor wants to achieve more self-determination and independence, so he needs to move out. Trevor applied for public housing assistance. Housing ACT set up an appointment with him before lodging his application. Housing ACT wanted to clarify a few things as they were doubtful Trevor was making the right decision. These were some of their comments and questions: "Why can't you stay where you are? There does not seem to be good reason for you to move." "But you have a disability, how will you cope outside of a group home?" "What do you need support with? Finances? Domestic assistance? Personal care...? How often do you need this support? Who will provide these supports to you?" "A group home is most appropriate for your needs." "Who will help you manage your tenancy?" "What support services do you currently access?" "You need to prove that you will have adequate support services in place to live in public housing before Housing ACT will action your application." This experience was very disheartening for Trevor. He felt like he had no right to choose his place of living or to have any independence. He felt powerless.	
Response: Previous ADACAS comments criticise Housing ACT for allocations	This response misses the point that the individual concerned

they claim resulted in people experiencing worse outcomes However Housing staff work to ensure that the applicant has the appropriate resources and supports in place to sustain a tenancy and ensure they will not be isolated in an independent tenancy and have the means to ensure some level of community inclusion.	was seeking to identify and express his wish to determine where and how he lives – a right that is denied to many people with disabilities. An appropriate response from Housing ACT would have validated his right to self-determination and offered a collaborative approach to achieving his aim of independent living. In that process a range of other services and supports may indeed have been put in place but without undermining the dignity of the individual to have his voice heard concerning his living arrangements.
For people with disabilities, living in older public housing accessing maintenance can be a significant burden. They are often living with inadequate plumbing, mould, roof leaks, poor security, worn carpet or pest infestations.	
Response: Housing ACT refutes that this experience is a common one for older residents, however, community organisations who have contact with clients in these circumstances should be encouraging them to contact the Spotless call centre so that this maintenance can be carried out.	The response misses the point. The statement by ADACAS refers to people with disabilities rather than to older residents. See comment below.
Given the high level of personal administration and energy input associated with disability, many people with disabilities give up trying to get things fixed as it is just too arduous. Many only deal with emergencies, like hot water tank replacement, and accordingly their standard of living declines.	
Response: Advocates and support agencies who have relationships with vulnerable clients have a responsibility and duty of care to assist in arresting such cases of declining standard of living by working with their clients to access maintenance services. Housing ACT employs a Helping Our Older Tenants (HOST) worker who works with older residents, an initiative funded in recognition of the high support needs of older people in public housing. However the pressures of effectively supporting an ageing population must fall	ADACAS was referring to people with disabilities rather than older tenants. Indeed agencies that work with these individuals do advocate on their behalf to have maintenance issues addressed but the point that was being made is that ideally, a timely response by Housing ACT to initial contacts made by tenants about maintenance concerns, would mean that tenants were heard and responded to the first time they

beyond Housing ACT and become broad community responsibility.	call rather than having to enlist additional support to have these needs addressed after they have been unable to achieve a satisfactory outcome themselves. Just this week we have received a request for help from a person with intellectual disability who has not been able to sleep in the bedroom of his unit for 12 months due to mould from a leak. Housing has known about this problem but has done nothing to address it. Ideally, housing managers would escalate maintenance requests when they hear of or observe issues as an early intervention strategy. The current approach is crisis management and appears to assume that all tenants have an advocate or case manager to advocate for them.
Case study - a family including a child with disabilities, accepted a public house and signed the contract. After moving in they discovered that parts of the house were not insulated and that some drains were not flush with the floor which meant the floors could flood. It was not possible for the family to be aware of these maintenance issues when they signed the contract but the response from Housing ACT staff was that once they signed the contract, Housing ACT was absolved from responsibility for these maintenance issues. An advocate is continuing to work with this family to get Housing ACT to make the required modifications.p8	
Response: Housing ACT refutes the claimed response from one of its officers. The property in question was a newly constructed property and the lack of insulation was not identified in the defects process prior to its handover to Housing ACT. The shower floors were designed to be Class C adaptable and hobless. Housing agreed to install a partial screen to address floor flooding. Both issues have been addressed.	ADACAS continues to state on behalf of its client the facts as he sees them which is that he was told that as he had signed the contract there was nothing more that would be done for him. In addition to these 2 issues, a number of other serious issues have been identified. When these were raised with housing

	the initial response was inadequate. The matter ended up before the Human Rights Commission. Conciliation was held and an agreement reached in February 2012 but to date Housing ACT has not implemented a number of the agreed outcomes, in potential breach of the order. The issue of flooding in the shower was resolved only after the complaint to the HRC and involved correction of a design flaw. The family continues to experience significant hardship as a result of Housing ACTs continuing inadequate response.
People with disabilities, particularly women with disabilities comprise the largest group accessing social housing. As such, it is important that the housing providers are able to understand and meet the needs of this vulnerable group. The housing situation becomes even more complex when supported accommodation is considered. Under this model people often live in group house arrangements with a government or community provider responsible for management and support needs for the house. Allocation of disability supported accommodation is usually based on the type of disability of the person rather than their particular wishes about who to live with, and where to live. Many people with disabilities live in circumstances that they do not want and which they wish to change. The compounding circumstance of not having access to adequate support funds means lengthy and difficult delays in achieving any change, e.g. 5 to 10 years. Case Study - Sandra lives in supported accommodation with three housemates. She has a disability and requires support most days. She didn't choose her living arrangement or her housemates. She was placed in this arrangement when she moved out of her family home many years ago. She is really unhappy in this arrangement, particularly because she doesn't get along with one of the housemates. She would really like to move into a home on her own.	

Sandra approached a number of agencies in search of supported accommodation. All either had no vacancies or offered accommodation only to tenants with an individual support package (ISP), which Sandra doesn't have. Sandra has lodged an expression of interest for an ISP each year for the past four years without success. She decided to submit an application to Housing ACT. Sandra was contacted and told by Housing ACT that her application would not be actioned because she requires support and she does not have the individual funding to provide this. Housing ACT was concerned that her support needs would potentially go unmet and her tenancy unmanaged. Housing ACT suggested that perhaps a group home is the best place for Sandra, since she has a disability. Sandra was not provided with any advice or assistance from Housing ACT on how to overcome this hurdle. She felt trapped. Sandra's advocate assisted her to gather several support letters from various support agencies and post them to Housing ACT. After a couple of months, Sandra was pleased to learn that Housing ACT had registered her on the list, though it will be years before a home is allocated to her. People with disabilities experience more restricted choice in relation to accommodation than other people. There have been instances where the person's application was not actioned due to potential unmet support needs in the future...p9	
Response: All applications for disability accommodation support services are assessed and placed on a Registration of Interest. Access to accommodation support is based on priority of need. Developing a suitable housing, tenancy and support option, particularly for those with complex or high support needs, requires detailed consideration of a number of factors such as the compatibility of an applicant in a shared living arrangement, their specific support needs and any views expressed by the guardian. In DACT a client coordination committee considers these issues as part of an exploration process that seeks	Indeed there are many factors that must be considered to ensure that the living arrangements of a person with disabilities meet their support needs. The point of the case study however, was that people with disabilities experience more restricted housing choices than others and that the response from Housing ACT can de-value their right to have a voice in determining what those arrangements are.

to facilitate allocations appropriate to an individuals needs.	
A recent case saw the tenants in 4 houses being reshuffled without any reference to the tenants and their wishes, including gender of housemates, location, number of housemates, etc. This reallocation would not occur with any other tenant group in our community and is an indication of the continuing lack of respect for the rights of supported accommodation tenants. There is a distinct lack of certainty for tenants of supported accommodation about the style, longevity, and support of their housing arrangements.p.10	
Response: Clients are supported to live in their home by Disability ACT. Generally, clients are only relocated following completion of a Risk Assessment. This is done with the client and their guardian. This process will take into account a person's medical and social circumstances. If through this process, alternative accommodation is considered appropriate, a full exploration process is undertaken to assess the compatibility of people identified to live together. The exploration process can take a number of months to complete. If a risk to the health and/or safety of a client is identified, Disability ACT has a duty of care to mitigate that risk. With guardian consent, this can mean changing an individual's living arrangements in order to ensure their ongoing safety and wellbeing, or the safety and wellbeing of others.	Not all tenants have guardians, clients in this case study were in this position and were rehoused without consultation. The case study does not suggest that it relates to a house where Disability ACT is the accommodation provider. Indeed the ADACAS submission raised issues and used case studies pertinent to supported accommodation generally including other services providers funded by Disability ACT.

