CCHOACT

COALITION OF COMMUNITY HOUSING ORGANISATIONS OF THE ACT INC.

Submission to the Standing Committee on Health and Disability (6th)

July 2005

From: Coalition of Community Housing Organisations of the ACT (CCHOACT)

To: ACT Legislative Assembly.

The Coalition of Community Housing Organisations of the ACT (CCHOACT) is responding to an invitation to provide input to the Standing Committee on Health and Disability (6th)

CCHOACT's submission will address the following

- Opportunities to involve non-Government stakeholders in the provision of appropriate housing
- The feasibility of alternate support based housing models

The Coalition of Community Housing Organisations of the Act.

The Coalition of Community Housing Organisations of the ACT (CCHOACT) has been established as the peak organisation to foster and promote the continuing high quality service delivery, development, and expansion of community housing in the ACT. Community housing in the ACT provides housing choice for low and moderate income households while maximising affordability, security of tenure and opportunities for tenants to participate in managing their accommodation.

Membership of CCHOACT is open to all community housing providers, tenants and other interested individuals or organisations. Currently CCHOACT represents in excess of 500 households.

What Is Community Housing?

Community Housing is long term, safe, secure, affordable and appropriate housing provided by not-for-profit community organisations which:

- encourages and maximises opportunities for tenants to assume control over their home and environment through participation in management
- is flexible and responsive and respectful of individual rights
- Contributes to the development of communities.

RECOMMENDATIONS

KEY ISSUES

- We need to Increase the supply of flexible, affordable and secure housing in the ACT
- We need a whole of government, cross-sector, government, / non-government approach.
- Recognition of the role and value Community Housing providers play in the provision of flexible, secure long term housing for people with support needs
- The principle of the separation of mental health support, accommodation support and tenancy management is appropriate for people living with mental health issues. Though a close working relationship between these providers is essential
- We need adequate training for all organisations involved in providing housing and/or support to people living with mental health issues.
- We need to identify and address key issues faced by housing providers in the provision of housing for people with mental health issues
- Improved availability, coordination and linkages in regard to support services that assist people to maintain housing.
- We need to adequately and flexibly fund Community based mental health workers to ensure that people on low incomes are the able to access the individual support they might need. Community Mental health workers are inadequately funded to address the level of need existent in the ACT.
- We need recognition that continuity of care is critical to the continued wellbeing of people with mental health problems and this care should be available regardless of geographical location. All members of our Community in need of support albeit Mental Health Support, living support, disability support or another should ideally have the opportunity to receive that support in the stable environment of a home of their own.
- We need recognition that there needs to be a range of housing models available to address the needs of those people living with mental health issues. No one model is the sole model of housing and support provision. We need to develop key principles that underpins appropriate, safe, secure and sustainable housing for people with mental health issues in order to help evaluate proposed models to ensure that the individuals need are being met and the best possible outcomes for the individual are achieved.

Overview

Mental illness in our society still holds stigma and many people with mental health problems experience discrimination and social isolation as a result. People with mental illness are among the most vulnerable and disadvantaged groups in Australian society. Whilst the decision was made to deinstitutionalize mental health care and accommodation the consequent demand for support and housing in the community has never been properly addressed. The reality is that while de-institutionalisation worked for many, it did not work for some

Access to housing for people with mental health problems and disorders is an issue of basic rights – it is essential for the maintenance of health, particularly mental health. For someone with a mental illness or disorder, appropriate and secure housing is critical for a return to health. However, for many, security of their housing is at risk through a lack of housing, the inability of housing providers to respond flexibly to changes in needs and the limited amount of support available.

Despite the fact that housing is consistently identified as a priority area, few gains have occurred, shortages are increasing, and the situation is critical. Allocators of priority housing waiting lists are faced with the difficult job of trying to establish whose need is the greatest, whose misery is the most pressing.

Evidence of strain within SAAP and services for the homeless when there are no exit points for people no longer requiring the support but unable to leave as there are no houses, decline in affordable and accessible private housing options, stretched public and community housing and support resources and continued pressure on inpatient beds indicate that housing is an area requiring immediate attention. Addressing the housing needs of people with mental illness must also include an understanding of the essential role support services play.

Responding to the needs of people living with mental health issues requires a coordinated approach involving Housing ACT, Disability ACT and ACT Health, the Office for Children, Youth and Family Support, Department of Education and the ACT police.

In the United States the McKinney Project [1]funded 12 demonstration projects to examine best practice with this vulnerable population (Tessler & Dennis, 1989). The findings demonstrate that fragmented approaches focusing on only one set of needs will not change the individual's condition of homelessness in the long term. Services need to go beyond traditional boundaries so that "health" solutions link with mental health, income support, drug and alcohol treatment, vocational training and work.

This approach has been identified in the **ACT Mental Health Strategy & Action Plan 2003-2008** although we also need to consider the contribution of National Government Departments - Centrelink, more broadly the Department of Family and Community Services, the Department of Education, and Workplace Relations. This holistic approach requires a government, non-government, consumer, carer and community partnership. Whilst this is the direction we are heading there is a long way to go before people living with a mental illness will have sufficient access to

[1] The Stewart B. McKinney Homeless Assistance Act (PL100-77) was the first -- and remains the only -- major USA federal legislative response to homelessness.

suitable, affordable housing options sufficiently flexible to respond to their diverse needs.

Community Housing is well-suited to being the housing provider of choice for people with Mental Health issues. Community Housing is diverse and flexible and is people centred. Though having said that, it must be noted that Community Housing in the ACT is made up of a diverse number of housing models, some of which are small cooperatives based on people coming together as a result of shared philosophies, smaller agencies catering to specific needs groups and larger housing associations. All Community Housing Providers (CHP's) could develop the skills to provide high level tenancy management, with ensuing quality outcomes for tenants, to people with mental health issues but not all providers see this role as part of their core reason for existence.

There has been a general move in Social Housing towards targeting to households in greatest need. This has largely been a response to having less accommodation available to offer, owing to a variety of reasons including;

- Reduced tenancy turnover,
- Few additional social housing units as a consequence of reduction in real funding levels under the CSHA, and
- Use of capital funds to reconfigure and upgrade existing property portfolios.

It has also been a response to the changing nature of demand as a result of factors such as non-institutionalisation of people with mental health and other issues, and the decline in private sector accommodation for people with specific needs, such as boarding houses.

The non government sector has been effective in providing varying levels of housing and support services to people with chronic mental illness. However, Housing Providers are not specialist support providers, and are not currently trained to provide appropriate and timely interventions for tenants with Mental Illnesses. They are therefore reliant, and aptly so, on the skills and knowledge of those specialist trained in the delivery of support.

CCHOACT supports the principle of separation of support from accommodation: In the past people have been accommodated under the welfare or institutional model, which increases dependency and reliance on a single agency for the provision of whole life services. Separating support and accommodation is a model of empowerment, which includes the focuses on empowerment, self-determination, increasing opportunities and greater independence. It minimises the potential conflicts of interest that would arise if housing, healthcare and support were to be provided within the same organisation, particularly when rent has not been paid and, or, property has been damaged.

It is important that people have access to health and support services that are provided independently from housing services.

Housing ACT, Community Housing Organisations and other non-government housing providers and the private landlords are all potential partners for the provision of housing for people with mental health problems. Provided they are adequately trained to supportively and sensitively respond to the needs of people living with mental health issues.

In the ACT, property management of Community housing is delivered by a range of organisations, some of whom have a focus on support and some of whom have a focus on housing. In supporting the concept of the separation of support and housing functions CCHOACT encourages the development of strong and robust partnerships between these two sectors, allowing each to perform the roles of which they have both knowledge and experience.

We need to fund and/or encourage Community Housing Providers, Supported Accommodate Providers, and other generalist agencies as well as the private real estate sector (in particular property managers) to attend training that concentrates on:

- Understanding Mental Health
- Current best practice working with people with mental health problems
- Awareness of how to develop and negotiate partnership agreements between Community Housing Providers, Supported Accommodation Assistance Providers and Mental Health workers

Some of the Key issues facing social housing providers who have tenants living Mental Health issues are:

- Neighbourhood issues relating to Anti-social behaviour:
- Lack of broader Community understanding of mental health issues
- Lack of access to Case managers available through support services to assist in maintaining the tenancy. This includes the varying ability of case workers to link with all supports necessary in high needs families.
- Supports that are available are often partial, and not as holistic as desired. Gaps exist.
- Confidentiality issues can limit/constrain the ability of helping agencies to provide support.
- Community housing providers undertaking home visits do not currently have the skills and knowledge needed to satisfactorily communicate with tenants with mental health issues.
- Barriers to information flow between mental health service providers and Community Housing providers undermine “duty of care” for workers and clients/tenants.
- Tenants having many issues that put their tenancy at risk and/or pose problems for the Housing provider ie non-payment of rent, anti-social behaviour, poor/neglected condition of property, abuse/neglect of children, even violence towards workers

We need to adequately and flexibly fund Community based mental health workers to ensure that people on low incomes are the able to access the individual support they might need. Community Mental health workers are inadequately funded to address the level of need existent in the ACT.

Private practitioners give clients time. We need to adequately fund community practitioners so that they do have the time to provide sufficient support to the most vulnerable members of our community

There is a Shortage of clinical support providers. We need more public clinical support providers and more private providers. Access to support is limited and demand for support is growing

We need flexibility in how these support workers are funded to ensure that housing providers are able to make connections with community practitioners regardless of which service they are linked to.

Disability ACT has spent the past 2 years working on Principles of good housing for people with disabilities, whilst not finalised as yet it would seem that these principles are also a valid way to assess housing options for people with mental health issues.

Principle 1: That housing provision for people with mental health issues should be separated from personal support and not administered by a single provider to remove the inherent conflict of interest that can arise between these two roles.

Principle 2: That all persons with mental health issues in rental housing should be able to be party to a tenancy agreement.

Principle 3: The housing provided to a person with mental health issues should include a range of options that meet the definition of 'good housing' and should facilitate the provision of 'good support'.

Principle 4: That where disputes arise in tenancy situations the available pathways to resolve those disputes (both formal and informal) should be pursued to address issues related to either an individual's tenancy or where the dispute is between tenants in common.

Principle 5: Encourage participation of the individuals, families and other members of the community to achieve sustainable housing options, which facilitates people's inclusion in the community.

In Conclusion, CCHOACT believes there are Opportunities to involve non-Government stakeholders in the provision of appropriate housing, providing the levels of awareness of the issues underpinning this are adequately addressed.

CCHOACT also believes that a range of support based housing models should be investigated and evaluated in accordance with some clearly considered principles to underpin both the decision making process (is this suitable accommodation or not?) and what are the client focussed outcomes we are trying to achieve

- empowerment,
- self-determination,
- increased opportunities
- greater independence and
- Ongoing and readily available access to appropriate support.