Response to Parliamentary Inquiry into the Provision of Supported Accommodation for Victorians with a Disability or Mental Illness
October 2008

Neami Ltd is a psychiatric disability rehabilitation and support service (PDRSS) operating in Victoria in the Local Government areas of Nillumbik, Banyule, Whittlesea and Darebin. Neami provides a range of psychosocial rehabilitation services for people with a mental illness, which include group rehabilitation programs, home based outreach support, supported housing and an art based program. Neami supported housing provides safe, secure and affordable long-term housing coupled with support. There are currently 73 properties in Victoria, with tenancy management provided by Housing Choices Australia (formerly Supported Housing Ltd). Individual support is provided to tenants by Neami Community Rehabilitation and Support Workers who emphasise choice, skill development and community connectedness.

As a provider of supported accommodation, Neami has a number of issues and points that it would like to raise as part of the Parliamentary Inquiry into the provision of Supported Accommodation for people with a mental illness. These issues include shared occupancy of supported accommodation, the economic viability of supported housing into the future and the implications that this may have for consumers of mental health services. Neami would also like to discuss the different models of supported accommodation adopted by PDRSS’s and make recommendations about this, as well as discussing issues associated with other types of accommodation commonly utilised by consumers.

1. What have been your experiences with supported accommodation in Victoria with regard to availability, suitability, and adequacy of care for people with a mental illness or disability?

Supported Accommodation
Two models adopted by PDRS services are supported accommodation and residential rehabilitation. Supported accommodation is the model used by Neami. This involves providing a consumer with accommodation, either in a single occupancy or shared with one other person. The consumer is then supported by their Neami worker to both sustain their tenancy and to work on their own personal goals of recovery from mental illness. If and when the consumer no longer requires or wants support from Neami, their tenancy is not affected; they may continue to live there for as long as they choose.

Neami recognises that the nature of many consumers’ mental illness is episodic. Therefore, though they may not require ongoing support, they benefit from the fact that the support is there if they need it. Neami believes that this ‘safety net’ of support assists consumers to sustain their tenancies longer than they may otherwise be able to. A recent study\(^1\) of a group of people who moved to Neami supported accommodation following the closure of large psychiatric institutions found that twelve years later, 50% of these people were still receiving Neami support, mostly as tenants in Neami supported accommodation. Of the people who were no longer

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living in a Neami supported accommodation, the majority had left because they had moved out of the area.

We believe that this demonstrates that the ‘supported accommodation’ model can lead to excellent outcomes in terms of support and housing stability for consumers.

**Residential Rehabilitation**

The widely used residential rehabilitation model is quite different. It is not so much a form of supported accommodation as a treatment based service, with temporary accommodation provided as a way of having the consumer located at or near the service so that they can go through a process of rehabilitation and work on social skills, activities of daily living etc.

Neami does not think that residential rehabilitation is an especially useful model, as it is transitional. The consumer's tenure at the accommodation is based upon time, as well as their ability or desire to engage with the service in ways prescribed by the service. These limits require the consumer to change in order to fit in with the service.

Often consumers are exited from residential rehabilitation into much worse living conditions. Given that the stay is generally 2 years, it is likely that consumers will need significant assistance to find suitable housing following their stay. Unfortunately, this assistance is not always good enough, with workers being experienced in mental health not housing. Many consumers go on to live in rooming houses or other unstable, unaffordable and unsafe types of accommodation creating additional stress that negatively impacts on their mental illness and produces ongoing housing problems.

**4. What are the implications for individuals who need but cannot get supported accommodation? Is the alternate accommodation that is available adequate and care appropriate?**

Many people are unable to obtain supported accommodation. Two significant alternatives that are routinely used by consumers of mental health services are Supported Residential Services (SRS) and rooming houses.

**Supported Residential Services**

This accommodation can suit the needs of consumers who require assistance with activities of daily living, however there are some issues which often make it a less than desirable place for people to live.

Firstly, the cost of living in an SRS can be extremely high. Most "pension level" SRSs charge the consumer 85 – 90% of their income, leaving very little for discretionary spending (often this is referred to as ‘cigarette money’, indicating what many consumers spend their leftover money on). This means that people living in SRSs can be excluded from participating in their community in any way that requires them to spend money.

Secondly the service offered by SRSs is frequently below standard. Staff members are often not trained to work with people with mental health problems and many of the associated psychosocial problems that go along with this. Staff members are in many cases poorly paid, over worked and not offered any chance to debrief or discuss issues they are having with residents. This can lead to frustration and burn
out, and to residents being treated disrespectfully and in such a way as to be blamed for the symptoms of their disability.

Finally, SRS accommodation does not address a consumer’s psychiatric rehabilitation needs, so it is not a suitable alternative to supported accommodation. Many consumers living in SRS accommodation continue to experience significant problems because of their psychiatric disability. When these problems are not addressed they can lead to the consumer’s accommodation breaking down when they become too difficult for the staff to deal with.

Neami feels that the government must intervene to address the first two issues identified. Government subsidies should be available to pension level SRS. Given that people living in pension level SRSs are on low incomes, it is very difficult for both the SRS to be economically viable and for the residents to have an adequate level of discretionary funding so that they may participate in their community.

Another way to decrease the cost of living in an SRS and improve the quality of care is to increase the number of SRSs run by not-for-profit organisations, such as the “Rooming House Plus Project” and the Janoak SRS auspiced by Macaulay, a PDRSS in Melbourne’s western suburbs. Both these examples feature SRS style accommodation that is psychiatric disability specific, with suitably qualified staff on site and strong links to the local area mental health service. Neami believes that this model complements the range of SRS services available.

Finally, private, pension level SRSs are (somewhat) filling a gap left by deinstitutionalisation, and at relatively little cost to government. If the government were to actively enforce standards, SRSs may find that the costs required to meet standards are so prohibitive that the end result is less SRSs. This may be part of the reason why there seems to be so little proactive enforcement of the standards and why many SRS are below par.

**Private Rooming Houses**

In Neami’s catchment area of Whittlesea, Darebin, Nillumbik and Banyule all types of housing services are scarce and waiting times for public housing are incredibly long. When a consumer is unable to sustain private rental, live with their family or access appropriate supported accommodation, they often end up living in private rooming houses. This accommodation is relatively easy to obtain, although not necessarily so easy to sustain. In the experience of Neami workers, consumers who have stayed in private rooming houses have experienced ongoing housing instability for a number of reasons. Firstly, it is not uncommon for a person to be denied their rights under the Residential Tenancies Act 1997 by the proprietors of private rooming houses. Consumers have been evicted, subject to rent increases and expected to live in rooms that lack privacy, security or even basic maintenance. Secondly many consumers are not safe living in private rooming houses. Co-residents are often people who receive little professional support and who themselves have significant mental health problems, substance abuse problems and/or serious criminal histories. Neami consumers living in private rooming houses have been subject to intimidation, threats, theft and assault from co-residents. This makes living in private rooming houses almost impossible in the long term.

8. What other issues do you think need to be considered which have not been addressed by the above questions?

**Economic Viability of Housing Associations**
Neami is extremely concerned about current funding arrangements for supported accommodation. Responsibility for supported accommodation housing stock is largely being transferred over to Affordable Housing Associations such as Housing Choices Australia. The Associations in the long term are expected to arrange the housing so that it is economically viable without ongoing government funding. Money for the upkeep of existing properties is supposed to come from rent being collected. Rent is currently, and fairly, set at 25 percent of a consumer’s income. The problem that Neami can see emerging is that this rent is not enough to sustain the Housing Associations. They are beginning to address this problem however Neami has serious concerns about the implications of this for our consumers.

Working Poor as tenants of Housing Associations
Firstly, Housing Associations are now forced to consider offering a percentage of their accommodation to “the working poor”; people who do not necessarily live on Centrelink benefits, but whom none the less have a relatively low standard of living due to generally earning low wages. The Housing Associations can ask more rent from this group of people, and Neami is concerned that as a result, their focus on housing people with disabilities will be diluted. Under this new model, people with psychiatric disabilities, who are reliant on Centrelink benefits, are again likely to become disadvantaged when it comes to securing safe, affordable housing.

Disadvantage of people on certain types of Centrelink benefit
Secondly, Neami has seen evidence that this problem of economic viability has led to certain groups of people becoming disadvantaged in their ability to obtain supported accommodation through Housing Associations. People receiving Newstart and Youth Allowance requiring supported accommodation are at times disadvantaged because of the lower amount of rent that is collected from them compared with people receiving the DSP. This is expected to worsen in the light of the push to move more people from DSP to Newstart.

Housing Associations, to make ends meet, require that all rooms in a property are filled and bringing in rent. Rooms that are used by children cannot bring in rent, so this automatically means that single parents are at risk of being discriminated against by Housing Associations who must, understandably, give a high priority to their bottom line.

Shared Tenancies
One final issue that Neami has with current arrangements for supported accommodation is that the majority of properties are two bedroom and, as we have shown above, required to be tenanted by two separate people. In all previously mentioned accommodation options for people with psychiatric disabilities: residential rehabilitation, supported accommodation, SRS and rooming houses, significant issues exist due to the expectation that people must share with unrelated others.

In the experience of Neami, people in single occupancy tenancies on the whole do much better than people who are obliged to share. They are able to sustain their tenancy in the long term, and provided that support is in place, these people generally do really well in other areas of their life. Neami has found that a lot of staff resources and time are spent in dealing with issues around shared housing. People often do not get along, and often it is the victim in a particular situation who is forced to move on. Forcing people to share is disempowering, discriminatory and often leads to the continuation of housing instability. Other members of the community do not have to live in this way, so why should people with psychiatric disabilities? The answer is economic. One bedroom properties do not exist in anywhere near the numbers that they should and for Housing Associations to be viable, they need to be
making the maximum amount of rent that they can out of each property that they manage.

**Recommendations**
The government must commit to subsidising Housing Associations in an ongoing way to ensure they are both economically viable and able to house the full range of people that they were originally intended to house; people who require supported accommodation and who are at risk of significant disadvantage on the wider housing market.

Housing Choices Australia hopes to develop a model where they build four houses, or units, on a single housing block, with each unit completely self contained and with a small yard or outdoor space that is also separate. In this way, people can live as separately as they wish, but they may also choose to get to know their neighbours – the other three tenants. It is likely that some of these people would be consumers of the same services. Having them located near each other would produce a cost saving and make it easier to get outreach services to the tenants. Costs are minimised by having four dwellings on a single house block, however the problems of shared tenancies where people are forced to live closely, using the one kitchen, bathroom, living room etc no longer exist. This model will suit some people and will complement the existing range of housing available.