Submission to the Inquiry into the Provision of Supported Accommodation for Victorians with a Disability or Mental Illness

October 2008
About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS works to ensure that all Victorians have access to and a fair share of the community’s resources and services, through advocating for the development of a sustainable, fair and equitable society. VCOSS members reflect a wide diversity, with members ranging from large charities, sector peak organisations, small community services, advocacy groups and individuals in social policy debates.

VCOSS is committed to living out the principles of equity and justice, and acknowledges we live in a society where people are interdependent of one another. VCOSS respects the land we live in and recognises the Indigenous custodians of the country. VCOSS is committed to reconciling all injustices with Indigenous Australians. The VCOSS vision is one where social well being is a national priority, and:

- Ensures everyone has access to and a fair share of the community’s resources and services;
- Involves all people as equals, without discrimination; and
- Values and encourages people’s participation in decision making about their own lives and their community.

Introduction

VCOSS welcomes the opportunity to provide a submission to the Inquiry into Provision of Supported Accommodation for Victorians with a Disability or Mental Illness. VCOSS supports both the Terms of Reference for the Inquiry and, in particular, the inclusion of people with mental illness in the scope of the Inquiry.

Under international law, adequate housing is a fundamental human right. Article 11(1) of the International Convention of Economic, Social and Cultural Rights (ICESCR) recognises that everyone has the right to an adequate standard of living including adequate food, clothing and housing, and to the continuous improvement of living conditions. The right to adequate housing has been elaborated upon by the Committee of Economic, Social and Cultural Rights in its General Comment No. 4 on the Right to Adequate Housing which outlines the following elements of adequate housing:

- Security of tenure
- Availability of services, materials, facilities and infrastructure
- Affordability
- Habitability
- Accessibility
- Location, and
- Cultural adequacy.¹
For people with a disability or a mental illness, the availability of services – including appropriate supports, facilities and infrastructure can be fundamental to the adequacy of housing. It is crucial that community-based models of accommodation for people with disability and mental illness include the provision of adequate support, and that such models are appropriate in terms of other factors, including affordability and accessibility. It is also essential that government funding for more traditional supported accommodation models is sufficient to ensure that these are available to people with disability and mental illness if they are the desired and required option, in order to facilitate true choice and the provision of appropriate care.

Accommodation and support for Victorians with a disability

VC OSS strongly supports the key priority of the State Disability Plan 2002-2012 of enabling people with a disability to have a greater choice of where and with whom they live and the type of housing in which they live. This should mean that a young person with a disability is able to move out of their parents’ home at the same age as young people without a disability leave home; to choose to live in a location near to transport, work and friends, as do people without a disability; and to expect to be able to ‘age in place’.

VC OSS recognises and welcomes the work undertaken to date by the State Government to reorient disability supports in line with the Plan’s goal of enabling people with a disability to pursue individual lifestyles. Much work there is still required in the area of supported accommodation and housing in order to further this goal.

Unmet demand

For many people with a disability who have high support needs, shared supported accommodation (SSA) is and may continue to be the most appropriate accommodation option. However, there has been no capital investment by the State Government to create new supported accommodation places for successive years - in the 2008-09 State Budget, funding for supported accommodation fell by almost four per cent in real terms.2

As of June 2008, 1,368 people with a disability in Victoria were recorded on the Disability Support Register (DSR) as requiring supported accommodation.5 The lack of appropriate accommodation options means that many people with a disability must remain in their families’ homes well beyond ages at which most people choose to live independently. The pressures on family members of caring long-term for children with a disability are widely recognised, and also impact on other parts of the disability service system: for example, lack of suitable permanent accommodation options blocks access to respite services, as desperate parent carers leave their adult children in respite because they can no longer care for them.

Insufficient supported accommodation also results in people with a disability being housed in less appropriate accommodation options, such as Supported Residential Services (SRS). Submissions to the recent Review of Supported Residential Services in Victoria raised serious
concerns about the levels of staffing, adequacy of staff qualifications and the provision of support in pension-level SRS in comparison to shared supported accommodation. For example, government-funded supported accommodation services are regulated by the Disability Act 2006 which covers provisions including the duties of disability service providers providing residential services, termination of residency and the preparation of support plans. The Act also establishes an independent Disability Services Commissioner and Office of the Senior Practitioner to provide redress in cases in which the rights of residents are not upheld. These protections are stronger than similar provisions and appeal mechanisms in SRS regulations, meaning that an SRS resident with a similar level of impairment and need for care as a resident of a disability supported accommodation service has a lesser entitlement to support and weaker rights protections.

While the most urgent need for more supported accommodation comes from the large number of older people with a disability being cared for by carers over 70, it is important that the system does not respond to this need by excluding younger people with disabilities. For example, the targeting of the previous Federal Government’s Disability Assistance Package towards people with disability aged 45 and over being cared for by carers over 65 implied that it is acceptable for a person with a disability to be cared for at home by family members for 45 years.

Planning for future demand

In its report into supported accommodation for people with a disability, the Victorian Auditor General noted that although unmet demand for supported accommodation is around 30 per cent and increasing by around four to five per cent annually, the Department of Human Services (DHS) ‘has not accurately quantified future support needs or the associated need for resources’ and that, while DHS has taken some steps to address demand growth, this has not occurred ‘in the structured and cohesive manner necessary to reliably address this growing demand’.

Currently the DSR does not account for future demand. This means that people with a disability or their family members are not able to register demand for a supported accommodation place until the point that it is actually (often urgently) required. This hinders DHS’ ability to plan for future demands for accommodation and contributes to the crisis-driven nature of the supported accommodation system.

Additionally, methods for measuring unmet demand for accommodation do not appear to take into account the nature of demand by people with a disability who require supported accommodation. Better methods of measuring and understanding demand would improve DHS’ ability to plan for a disability service system which facilitates a range of accommodation options which support individual choice. For example, it would inform DHS’ planning to know, of those listed on the DSR as requiring supported accommodation, who actually wants or needs to live in SSA facilities such as community residential units (CRUs) and who is applying for them because there are no other appropriate options.

It is possible that a significant proportion of those listed on the DSR as requiring supported accommodation could live in alternate accommodation in the community with the appropriate
support if more such options existed. Additionally, it is possible that some people currently living in SSA may wish to – and could – live in alternative accommodation in the community with the appropriate supports if those options existed. This could free up existing SSA places for people for whom SSA is both the most appropriate and the desired accommodation option.

Alternatives to supported accommodation - housing and support

The State Government has seemed reluctant in recent years to allocate capital investment to expand SSA places, appearing instead to favour investment in alternate accommodation options such as the Disability Housing Trust and Accommodation Innovation Grants. Given that SSA facilities such as CRUs are expensive to build and maintain and may not actually be the desired or required accommodation option for many people with a disability, this is not in itself a bad thing. But the scale of investment in other innovative accommodation options has not been sufficient to provide a real systemic alternative to SSA. There also appears to be a lack of planning by Government in aligning innovative accommodation options with supply of ‘traditional’ forms of SSA as part of a coordinated demand management strategy.

Learnings from the recent Evaluation of the Disability Services Accommodation Innovation Grants around the core elements needed to assist people with a disability to transition to community accommodation options such as private rental housing would be useful to inform a supported accommodation strategy facilitating greater choice in accommodation. However, the accommodation options in the community need to exist to support such a strategy. While funding for individual support packages to enable people to live in the community has increased significantly over recent years, many service providers experience considerable difficulty in obtaining appropriate housing options to pair with support packages.

The State Government has looked to overseas models such as 'In Control' in the UK to inform reorientation of the disability support system towards greater individual choice. In the UK, people with a disability who require quite high levels of support are able to be housed independently within the community, with support delivered through programs such as 'In Control'. In addition to significant funding for support, the factors which make this possible are the large affordable housing sector and regulatory measures requiring housing to be built to a universal design standard (ie. housing which is accessible, visitable or adaptable).

The lack of accessible and affordable accommodation options in Victoria limits the extent to which housing in the community currently presents a real option for people with a disability. Social and affordable housing models in Victoria could provide a real systemic alternative to traditional disability supported accommodation options if appropriately developed. Yet there appears to be no alignment between State Government strategies to grow affordable housing stock through housing associations with planning for alternative accommodation options for people with a disability. While the new body, Housing Choices Australia, was established in part to increase stock of affordable housing for people with a disability, there has been little work done with the broader social housing or housing association sectors in Victoria to ensure that their models develop as appropriate accommodation options for people with a range of
disabilities. This has resulted in, for example, the trend to not to include sleep over rooms in current accommodation developments by housing associations. It is also questionable whether people with high support needs will be able to pay sufficient rent to ensure the commercial viability of housing associations.

Additionally, there are no policies or regulation to ensure that community housing, affordable housing or private housing in Victoria meets a universal design standard. The VCOSS discussion paper ‘Universal Housing, Universal Benefits’ details the cost savings to government that could result from regulating for Victoria’s housing to meet a minimum universal design standard, including considerable savings on the costs of expensive home modifications to accommodate a disability. Research cited in the paper found that modifications made to a non-adaptable home cost between three and eighteen times as much as those made to an adaptable home, depending on the type of house. The paper concluded that, based on international experience, introducing universal housing regulations is the most effective way to grow Victoria’s stock of universally-designed housing. More universal housing stock in Victoria would significantly increase housing options in the community available to people with a disability.

Recommendations
To improve the provision of support and accommodation for Victorians with a disability, VCOSS recommends:

- That the State Government initiate a forum that brings together key stakeholders from the disability and housing sectors, the Disability Services Division of DHS and the Office of Housing to oversee the development of a five year plan for support and accommodation for people with disability in Victoria. Issues which VCOSS recommends be addressed in the planning process include:
  - Improving data collection through the Disability Support Register to improve DHS’ understanding of, and ability to plan effectively for, future demand;
  - Improving linkages between housing and support;
  - Ensuring that the system responds appropriately to people with disability at key life transition points (for example, early adulthood and at contact with the aged care system);
  - Ensuring that the system responds appropriately to Indigenous people with a disability, people from culturally and linguistically diverse backgrounds and people with a disability in rural and regional areas.

- That the State Government increase both capital and recurrent investment in supported accommodation for people with a disability.

- That the State Government commit to the staged implementation of universal housing regulations applying to all new housing and major home renovations.
Accommodation and support for people with a mental illness

Homelessness and mental health

VC OSS welcomes the State Government’s focus on improving access to stable and affordable housing and reducing homelessness for people with a mental illness in its development of the Victorian Mental Health Strategy. Research increasingly suggests that mental illness is both a trigger for and a consequence of homelessness: in one recent study, around 30 per cent of the homeless population surveyed had a mental health issue and 53 per cent had developed the mental health problems after becoming homeless.9

VC OSS jointly hosted a roundtable discussion on mental health and homelessness with the Council to Homeless Persons to inform the development of VC OSS’ response to the Government’s Because Mental Health Matters consultation paper. The following key themes emerged from the roundtable:

- Housing is a mental health response. As such, to effectively address mental health in the community, a significant increase in investment in housing is required.
- The new (mental health) strategy needs to recognise that the onset of mental illness frequently occurs once a person becomes homeless.
- There are existing models that work, that are evidenced-based. More resources are required to extend these models.
- Multidisciplinary teams are critical to addressing the issues around homelessness for a person. There needs to be mental health services in homelessness services.
- The evidence demonstrates that primary health care is critical for this group. However, access to primary health care remains a key issue.

The roundtable also noted that mental health is generally not the priority for people who are homeless with a mental illness – safe, stable, affordable housing is. However the effectiveness of Victoria’s homelessness system to respond to people’s mental health needs is undermined by the lack of permanent, affordable, safe and appropriate housing to refer people into. As one participant said, ‘You can’t solve homelessness or people’s mental illness without a roof’.10

As a result of an inadequate supply of both specialist supported accommodation and affordable, secure housing options, there are ongoing issues of people being discharged from the mental health system into homelessness or accommodation which is unsafe, insecure and which does not provide an appropriate level of support. As HomeGround noted in its submission to the Because Mental Health Matters consultation paper, ‘When permanent housing options are not available, homeless services are too often left with little choice but to place people in private boarding houses with all the danger, violence, negative culture and future of entrenchment they
offer. Both workers and people experiencing homelessness are desperate and demoralised by these situations.\textsuperscript{11}

Additionally, the recent Review of the Regulation of Supported Residential Services (SRS) highlighted problems with the increasing use of pension-level SRS for people with mental illness due to the lack of more appropriate alternatives. The Review noted that a comparison of a 2005 sample survey of pension-level SRS with 2003 census data suggested that the proportion of SRS residents with a psychiatric disability had increased from 45 per cent to 58 per cent.\textsuperscript{12} As noted previously in this submission and in submissions to the Review of the Regulation of Supported Residential Services, there are concerns with the safety, affordability, habitability, security of tenure and levels of support provided by pension-level SRS.

Adequate housing

‘One of the biggest obstacles in the lives of people with mental illness is the absence of adequate affordable and secure accommodation. Living with a mental illness – or recovering from it – is difficult even in the best circumstances. Without a decent place to live it is virtually impossible.’\textsuperscript{13}

To address health inequalities which contribute to poor mental health, the provision of stable, appropriate, affordable, long-term accommodation is critical. However, mental illness often serves as a barrier for people to enter and remain in stable housing. In its submission to the Because Mental Health Matters consultation paper, VCOSS cited research by SANE which indicates that there are a number of factors which contribute to these difficulties:

- Discrimination: Nearly 90 per cent of people surveyed believed they had been discriminated against at some time, particularly in seeking private rental accommodation, forcing them to accept unsafe or substandard housing options;
- Public housing application: Nearly 90 per cent reported that the complexity of applying for public housing had created difficulties for them;
- Lack of support: 87 per cent reported that lack of support around the time they became unwell and were hospitalised had contributed to loss of accommodation, and
- High rental costs – 83 per cent reported that high rental costs were a major barrier to finding a suitable place to live.\textsuperscript{14}

The SANE research also considered the link between housing quality and mental health, and found greater psychological distress where there are issues such as insecurity of tenure, difficulties with repairs and landlords and frequent relocations.

Evidence suggests that when people move to better quality housing, their mental health can improve.\textsuperscript{15} Therefore, housing is more complex than simply the provision of physical shelter. Strategies to address accommodation for people with mental illness must consider the suitability, affordability and quality of housing to improve mental health outcomes.
Yet to date, there have been inadequate linkages between mental health and housing policy and planning agendas by the State Government. As VICSERV has noted, supply of public housing and affordable private rental housing is insufficient, and there is no systematic policy or plan for developing and maintaining an adequate stock of housing or for a flexible, supported housing program with state-wide coverage that directly addresses the (changing) needs of people living with severe mental illness.¹⁶

Recommendations

In order to improve outcomes for people experiencing both mental illness and homelessness, VCOSS recommends:

- That the State Government prioritise investment in safe, appropriate and affordable housing options;
- That greater attention be given to people with mental illness who are homeless in the provision of homelessness supports, including reconsidering the geographic boundaries of the mental health service model to take account of the transient nature of homelessness;
- That the Mental Health Strategy address improving planning for people being discharged from acute mental health services to ensure they are not discharged into homelessness;
- That the regulations governing Supported Residential Services be strengthened to provide better protection for the high proportion of residents of pension-level SRS who have a mental illness;
- That the State Government ensure better linkages and integration across and between the various reviews and strategies currently being undertaken concerning homelessness, affordable housing, mental health and primary health.

VCOSS also supports the following recommendations made by HomeGround in its submission to the Because Mental Health Matters discussion paper to increase the effectiveness of existing supported housing and housing and support models for people with mental illness:

- Increasing the supply and variety of public housing stock and streamlining the assessment process to prioritise people with mental illness, coupled with provision of Intensive Home Based Outreach (PDRS) supports to people in public housing;
- Increasing investment in Supportive Housing models which provide safe, secure and supportive housing for the most vulnerable in the homeless population;¹⁷
- Providing private rental brokerage subsidies to facilitate securing and maintaining private rental, coupled with the provision of Intensive Home Based Outreach (PDRS) supports to people in private rental;
- Increasing investment in affordable housing and ensuring that a percentage of new affordable housing provided by Housing Associations is set aside for people with mental illness and that housing association residents with mental illness are provided with adequate support;
Upgrading community-managed rooming houses and improving the standard of boarding houses.\textsuperscript{18}

Authorised by Carolyn Atkins, VCOSS Deputy Director, 8 October 2008

For further information regarding this submission contact:
Rivkah Nissim
VCOSS Policy Analyst
ph 03 9654 5050
rivkah.nissim@vcoss.org.au

\textsuperscript{1} Nicholson D, The Human Right to Housing in Australia, Centre on Housing Rights and Evictions, 2004, p 17
\textsuperscript{2} Accounting for inflation and projected growth in demand of five per cent per annum. Projected demand growth estimate in KPMG, Final Report of the Review of the Aids and Equipment Program, report prepared for Department of Human Services, 2007, p 49
\textsuperscript{4} Victorian Auditor-General, Accommodation for People with a Disability, State of Victoria, 2008, p 3
\textsuperscript{5} Bigby C, Fyffe C and McCubbery J, Learnings from the Evaluation of the Disability Services Accommodation Innovation Grants: Developing and coordinating housing and support for people with disabilities, 2008
\textsuperscript{6} See the paper by Chris Glennan, Supported Housing Ltd, who received an Ethel Temby scholarship to study accommodation for people with disabilities through housing associations in the UK: http://www.shl.org.au/Documents/E%20Temby%20Report%20Final%20Submitted.pdf
\textsuperscript{7} Hill PDA Rider Hunt & Brian Elton and Associates, Adaptable housing Study: "A cost benefit analysis of adaptable homes", report for NSW Government Department of Urban Affairs and Planning, 1999, p iv
\textsuperscript{8} For more information about universal housing see Nissim R, Universal Housing. Universal Benefits: A VCOSS discussion paper on universal housing regulation in Victoria, Victorian Council of Social Service, 2008
\textsuperscript{10} Notes from VCOSS and CHP Mental health and homelessness roundtable, 24 July 2008.
\textsuperscript{11} HomeGround Services, Submission: Because Mental Health Matters: Victorian Government Consultation, 31 July 2008, p 4
\textsuperscript{12} Department of Human Services, Review of the Regulation of Supported Residential Services: Discussion Paper, 2008, p 8
\textsuperscript{13} Report of National Inquiry into the Human Rights of People with Mental Illness cited in Psychiatric Disability Services of Victoria (VICSERV), Housing and support – a platform for recovery, 2008, unpublished, p 3
\textsuperscript{15} Robinson, E. & Rennell, A., Housing stress and the mental health and wellbeing of families: AFRC Briefing No. 12, 2008
\textsuperscript{16} VICSERV
\textsuperscript{17} For more information about supportive housing see "Models of Supportive Housing", Parity, Volume 21, Issue 2, March 2008, Council to Homeless Persons
18 HomeGround Services