

**Submission
No 1**

TENANCY MANAGEMENT IN SOCIAL HOUSING

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7 August 2014

Our Ref: LS

Mr David Hale
Committee Manager
Public Accounts Committee
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Mr Hale

Inquiry into tenancy management in social housing

The Public Interest Advocacy Centre (PIAC) welcomes the opportunity to respond to the terms of reference to the Inquiry into tenancy management in social housing currently being undertaken by the Public Accounts Committee.

PIAC is an independent, non-profit law and policy organisation that works for a fair, just and democratic society, empowering citizens, consumers and communities by taking strategic action on public interest issues. PIAC identifies public interest issues and, where possible and appropriate, works co-operatively with other organisations to advocate for individuals and groups affected.

Through its project, the Homeless Persons' Legal Service (HPLS), PIAC has significant experience with people who experience mental illness who are homeless or in housing crisis, and who are seeking to access social housing, or have had difficulties sustaining their social housing tenancy. Since it commenced in 2004, HPLS has provided free legal advice and representation to over 8,000 people who are homeless or at risk of homelessness. From January 2012 to December 2013, HPLS helped 1,914 clients with a range of civil and criminal law matters. Of these, 16.4 per cent displayed some form of mental illness or self identified as having a mental illness.

During this same period, HPLS provided advice and assistance to 177 people who had tenancy and/or housing related disputes with Housing NSW. Of these, 20 per cent displayed some form of mental illness or self identified as having a mental illness. In all of these cases, the individual was either in receipt of a Centrelink payment, or did not receive any income at all. This would suggest that none of these individuals could afford accommodation in the private rental market, with public and community housing likely to be the only option for safe, secure accommodation.

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In 2013, PIAC commenced two projects that focused on the relationship between mental illness, homelessness, and accessing stable housing. In particular, PIAC wanted to look at the difficulties faced by people living with mental illness in exiting homelessness, accessing safe, stable and secure accommodation, and sustaining that accommodation.

These projects resulted in the release of two research papers based on the casework and consumer engagement work of HPLS:

- *Skating on thin ice: Difficulties faced by people living with mental illness accessing and maintaining Social Housing* – based on the casework of HPLS, this publication looks at the close relationship between homelessness and mental illness, and considers alternative strategies to respond to the needs of homeless people with mental illness who are reliant on social housing for their accommodation needs.¹
- *“Somewhere over the rainbow...” – The opinions and experiences of people living with mental illness in getting housing* – this publication is based on a series of consumer consultations, which had the principal aim of identifying the experiences and difficulties of people living with mental illness in applying for and sustaining accommodation, as identified by the individuals themselves. The publication documents comments and input from the consumers who participated in these consultations.²

These two research papers are attached to this correspondence for consideration by the Committee in this inquiry.

These research papers illustrate some of the difficulties and problems social housing tenants face in relation to current tenancy management services, record their experiences of tenancy support services, both positive and negative, and suggest possible measures to improve tenancy management services.

Some of the particular difficulties experienced by HPLS clients and consumer participants with tenancy management services, as documented in these reports, include:

- Poor customer service and delayed/inadequate communications from Housing NSW;
- Inappropriate offers of social housing premises that are unsuited to the physical or psychological needs of the applicants;
- Inflexible application of Housing NSW policies in relation to accessing priority status;
- Housing NSW related debts leading to tenancy termination; and
- Inaction by Housing NSW tenancy managers in response to complaints involving neighbour disputes, repairs and maintenance.

¹ Public Interest Advocacy Centre (2013), *Skating on thin ice: Difficulties faced by people living with mental illness accessing and maintaining Social Housing*, available online at <<http://www.piac.asn.au/publication/2013/10/skating-thin-ice>> (Last accessed 28 July 2014).

² Public Interest Advocacy Centre (2014), *“Somewhere over the rainbow...” – The opinions and experiences of people living with mental illness in getting housing*, available online at <<http://www.piac.asn.au/publication/2014/05/somewhere-over-rainbow>> (Last accessed 1 April 2014)

The research papers identified some key areas for action, which would improve the ability of people with lived experience of homelessness and mental illness to access and sustain social, public and affordable housing. These include:

- Ensuring that all staff in Customer Service Operations in Housing NSW receive training focused on how to effectively engage with homeless people who live with mental illness. This training should be developed in consultation with people who have experienced homelessness.
- That Housing NSW ensure that there is consideration of a person's background and experience of mental illness before placing them in public housing, so that they are not placed in areas or accommodation in which they may feel at risk, unsafe, or where the accommodation is otherwise inappropriate given their particular circumstances.
- That Housing NSW ensure that there is easier access to transfer for people living in public housing if they have a history of mental illness and are fearful for their personal safety or have concerns about becoming/returning to homelessness because of the area in which they are housed.
- That where a social housing tenant has fallen into arrears with their rent payments, or is facing other tenancy related debt, that Housing NSW adopt an 'eviction as a last resort' policy. In such circumstances, Housing NSW should make multiple efforts to contact the tenant via mail, telephone and personal visits, in order to ascertain if the tenant is facing circumstances of financial hardship or crisis, with a view to referring the tenant to appropriate support services. Only after multiple attempts to contact the tenant have been unsuccessful should Housing NSW consider issuing a written warning that it is considering a Notice of Termination.
- That Housing NSW develop procedures to enable identification of social housing tenants in financial crisis or hardship, by virtue of a history of falling into rental arrears, and provide warm referrals for such tenants to appropriate welfare support and financial counselling organisations.
- Ongoing, long-term support from caseworkers after a person has been housed, to identify their further support needs, and to facilitate ongoing support for the person to help them maintain their tenancy.

Access to ongoing, long-term casework support, community programs and counselling services become essential initiatives in sustaining accommodation for people who have exited homelessness but who will always remain at risk of returning to homelessness. Several participants in these studies expressed strong appreciation for the committed, determined and competent caseworkers and outreach support workers, who assisted them in obtaining safe, secure and stable accommodation, and provided them with ongoing counselling, brokerage support and other services to assist them in maintaining their accommodation.

Participants also spoke of the value of various support and educational programs that they had been able to access, and the importance of these programs in helping them sustain their tenancies, including counselling, financial counselling, medical support, life-skills training, or social group activities.

PIAC notes that in the last 12 months, the NSW Government announced that it was reviewing the training of frontline staff in public housing, community housing and specialist homelessness services in working with people with mental health issues, with a view to identifying

improvements to the current approach to training of these personnel. It is our understanding that Housing NSW has recently piloted a training program for frontline customer service officers focusing on mental illness and a trauma informed care approach to service delivery.

PIAC welcomes these developments, and looks forward to receiving updates with regard to the evaluation of the piloted training program and proposals concerning how the training will be rolled out across NSW to all Housing NSW customer service officers and staff in specialist homelessness services.

PIAC welcomes the opportunity to have input into the Public Account's Committee Inquiry into tenancy management in social housing. The inquiry presents as a timely opportunity to consider appropriate strategies to respond to the difficulties faced by people with lived experience of homelessness and mental illness in accessing and sustaining their social housing tenancies.

We would be pleased to discuss this submission with you. Please do not hesitate to contact Louis Schetzer, Senior Policy Officer on (02) [REDACTED] if you would like to do so.

Yours sincerely

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Enc.



Skating on thin ice –

Difficulties faced by people living with mental illness accessing and maintaining Social Housing

October 2013

Sam Sowerwine, Senior Solicitor

Louis Schetzer, Senior Policy Officer

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Introduction

The Public Interest Advocacy Centre

The Public Interest Advocacy Centre (PIAC) is an independent, non-profit law and policy organisation that works for a fair, just and democratic society, empowering citizens, consumers and communities by taking strategic action on public interest issues.

PIAC identifies public interest issues and, where possible and appropriate, works co-operatively with other organisations to advocate for individuals and groups affected. PIAC seeks to:

- expose and redress unjust or unsafe practices, deficient laws or policies;
- promote accountable, transparent and responsive government;
- encourage, influence and inform public debate on issues affecting legal and democratic rights; and
- promote the development of law that reflects the public interest;
- develop and assist community organisations with a public interest focus to pursue the interests of the communities they represent;
- develop models to respond to unmet legal need; and
- maintain an effective and sustainable organisation.

Established in July 1982 as an initiative of the (then) Law Foundation of New South Wales, with support from the NSW Legal Aid Commission, PIAC was the first, and remains the only broadly based public interest legal centre in Australia. Financial support for PIAC comes primarily from the NSW Public Purpose Fund and the Commonwealth and State Community Legal Services Program.

PIAC's work with homeless people accessing social housing

Through its work with the Homeless Persons' Legal Service (HPLS), PIAC has significant experience with people who experience mental illness who are homeless or in housing crisis, and who are seeking to access social housing, or have had difficulties sustaining their social housing tenancy. HPLS is a joint initiative between PIAC and the Public Interest Law Clearing House (PILCH) NSW.

Since it commenced in 2004, HPLS has provided free legal advice and representation to over 7,000 people who are homeless or at risk of homelessness. In 2012, HPLS helped 929 clients with a range of civil and criminal law matters. Of these, 17 per cent displayed some form of mental illness or self identified as having a mental illness.

In 2012, HPLS provided advice and assistance to 77 people who had tenancy and/or housing related disputes with Housing NSW. Of these, 15 people displayed some form of mental illness or self identified as having a mental illness.

From January 2010 to December 2012, the HPLS Solicitor Advocate provided court representation to 241 individual clients facing criminal charges. Of these 48 per cent disclosed that they had a mental illness.

Homeless people, mental illness and social housing

Previous research has consistently identified a strong relationship between homelessness and mental illness. In their study of 4,291 homeless people in Melbourne, released in 2011, Johnson and Chamberlain found that 31 per cent of their sample had a mental illness (not including any form of alcohol or drug disorder).¹ Current research exploring the pathways of people with mental and cognitive impairment into prison indicates that those people with disability, in particular people with complex needs, are significantly more likely to have experienced homelessness than those without disability.²

In 2004, Teesson et al conducted interviews with 210 homeless people in Sydney, comprising 160 men and 50 women.³ The study found that 73 per cent of men and 81 per cent of women met the criteria for at least one mental disorder in the year preceding the survey and that 40 per cent of men and 50 per cent of women surveyed had two or more disorders. Of particular interest was their comparison of the rate of mental illness in the homeless population to that of the general population, which found that the prevalence of mental disorders amongst the homeless in Sydney is approximately four times that of Australia in general.

A 2003 study involving 403 homeless young people in Melbourne aged 12-20 found that 26 per cent of those surveyed reported a level of psychological distress indicative of a psychiatric disorder.⁴ In its 2003 study into the legal needs of homeless people in NSW, the Law and Justice Foundation of NSW reported that mental health, alcohol and drug issues, dual diagnosis and other complex needs are prevalent among the homeless population, particularly those who are entrenched in homelessness.⁵

In 2008, Browne and Hemsley undertook a two-part exploration of the views of consumers and carers on the housing needs of people living with a mental illness. The study found that the best form of housing for people with mental illness was stable, safe housing, that allowed individuals to live as independently as possible, making their own decisions about where they live and with whom.⁶ The study found that the biggest barriers to accessing this stable, safe accommodation was lack of money for people with mental illness, and stigma and discrimination from private landlords and real estate agents.⁷ This suggests that people living with mental illness rely heavily on social housing as a form of stable accommodation.

According to a Law and Justice Foundation of NSW 2005 study into the legal needs of people with a mental illness, housing stress and the threat of homelessness are a major problem facing people living with mental illness. The Foundation noted that such people are often on low

¹ Johnson, G. and Chamberlain, C. (2011), 'Are the Homeless Mentally Ill?', *Australian Journal of Social Issues*, Autumn 2011, at 35.

² Baldry, Eileen, Dowse, Leanne and Clarence, Melissa (2012), *People with mental and cognitive disabilities: pathways into prison*, Background Paper for Outlaws to Inclusion Conference, February 2012, available online at <<http://www.mhdcd.unsw.edu.au/publications.html>> (15 March 2013).

³ Teesson, M., Hodder, T. and Buhrich, N. (2004), "Psychiatric Disorders in Homeless Men and Women in Inner Sydney" (2004) 38(162) *Aust NZ J Psychiatry*.

⁴ Rossiter, B., Mallett, S., Myers, P. and Rosenthal, D. (2003) *Living Well? Homeless Young People in Melbourne*, Melbourne, Australian Research Centre in Sex, Health and Society, at 17.

⁵ Forell, Suzie, McCarron, Emily and Schetzer, Louis (2005), *No Home, No Justice? The Legal Needs of Homeless People in NSW*, Law and Justice Foundation of NSW, Sydney, at 124.

⁶ Browne, Graeme and Hemsley, Martin (2010), 'Consumer Participation in Housing: Reflecting On Consumer Preferences', *Australian Psychiatry*, December 2010, 582.

⁷ Browne & Hemsley 25-26.

incomes or reliant on social security payments, making them dependent on private rental, and public and community housing. According to the Foundation, the most common legal problems faced by people living with mental illness in social housing are:

- Applications for social housing, eligibility and the difficulty in passing an 'independent skills report' assessment;
- Housing related debt, arising from rent arrears and property damage, and consequent risk of tenancy termination;
- Neighbour disputes; and
- Refusal to sign or failing to comply with an Acceptable Behaviour Agreement with Housing NSW.⁸

People with mental illness accessing and maintaining social housing tenancies – the HPLS experience

As indicated above, in 2012, HPLS provided advice and assistance to 77 people who had tenancy and/or housing-related disputes with Housing NSW, 15 of whom displayed some form of mental illness or self identified as having a mental illness. In all of these 15 cases, the individual was either in receipt of a Centrelink payment, or did not receive any income at all. This would suggest that none of the 15 individuals could afford accommodation in the private rental market, with public and community housing likely to be the only option for safe, secure accommodation.

The main problems identified by the HPLS casework in relation to these matters were:

- Inappropriate housing offers from Housing NSW for individuals with mental illness applying for social housing;
- Delayed responses and poor client service from Housing NSW;
- Delayed or refused transfer of accommodation;
- Inflexible application of Housing NSW policy in relation to accessing priority status;
- Housing debt and rent arrears;
- Neighbour disputes and difficult behaviours;
- Classification as 'unsatisfactory former tenants' by Housing NSW.

Inappropriate housing offers from Housing NSW

Some HPLS clients have reported that after a considerable period of time on the waiting list for social housing, they received offers of properties from Housing NSW that were unsuitable to their particular needs. In particular, the locations of the offered properties made it difficult for them to access necessary medical treatment, particularly in relation to their mental illness. There is a concern that where two inappropriate offers of property are made and refused by the individual, they will lose their place on the waiting list.

⁸ Karras, Maria, McCarron, Emily, Gray, Abigail and Ardasinki, Sam (2006), *On the Edge of Justice: The Legal Needs of People with a Mental Illness in NSW*, Access to Justice and Legal Needs Volume 4, Law and Justice Foundation of NSW, May 2006, 60-68.

HPLS Case Study 1

G had been on the waiting list for housing for a period of between 10 and 12 years before being offered a choice between two potential properties. Neither of these were suitable as they were located in an outer suburban area, a considerable distance from the medical services from which he receives treatment. G requires accommodation in the inner Sydney metropolitan area as he suffers from hepatitis C and anxiety, for which he receives treatment at St Vincent's Hospital. With accommodation in Sydney, G would have the capacity to care for his two daughters who currently reside with their alcoholic mother.

HPLS Case study 2

V suffers from a mental illness and also a rare medical condition for which she has had the same surgical procedure performed numerous times over 20 years. She has experienced a complete loss of feeling in particular limbs as a result of the surgery. V is due to be placed in public housing; however, the frequency of her hospital visits requires her to be situated in close proximity to the hospital. V is concerned that the public housing she has been allocated will be too far from the hospital, but does not know if there is any alternative.

For women with mental illness who have a history of domestic violence, there may be a specific request for a social housing property in a safer living environment, where there is less likelihood of exposure to drug or alcohol abuse, or violent behaviour from neighbours. For one HPLS client, an application for a transfer on this basis, and the consequent delay in finding appropriate, suitable accommodation, has resulted in her preferring to sleep in her car, rather than reside in an area in which she feels unsafe.

HPLS Case Study 3

K is a tall woman in her 40s. She suffered domestic violence as a child, and as a result has a significant mistrust of men. She is on a Disability Support pension, has some learning difficulties, and suffers from anxiety and stress for which she is seeing a counsellor. She received temporary accommodation from Housing NSW in Western Sydney, which then became transitional accommodation at the same premises. However, she did not feel safe in her accommodation and approximately 8 months ago she applied to Housing NSW for a transfer. She reported a high incidence of violence, and drug and alcohol abuse amongst other people living in those premises, and indicated to Housing NSW that she was in constant fear and suffering from anxiety and depression, given her history of domestic violence.

Given her level of anxiety and stress, she decided not to stay in those premises, preferring to live in her car. At the time of her approach to HPLS she had been sleeping in her small car for approximately six months. There was no information from Housing NSW as to the status of her application for transfer.

These case studies illustrate the need for Housing NSW to ensure that there is consideration of a person's background and experience of mental illness before placing them in public housing, so that they are not placed in inappropriate locations or accommodation. In addition, Housing NSW should ensure that there is easier access to transfer for people living in public housing if they have a history of mental illness and are fearful for their personal safety or have concerns about becoming/returning to homelessness because of the area in which they are housed.

Delayed responses and poor client service from Housing NSW

For HPLS clients who have regular interaction with Housing NSW, difficulties with delayed responses, inordinate waiting periods for accessing social housing, and incidents of poor client service are commonly expressed complaints. For people who live with mental illness, delayed responses from Housing NSW and obstructive client service operators can be particularly stressful. These experiences are evident in several of the case studies included in this discussion paper, and illustrate the need for all staff in Customer Service Operations in Housing NSW to receive training focused on how to effectively engage with homeless people who live with mental illness.

HPLS Case Study 4

A and M reside in a Housing NSW unit. Both have a history of mental illness. M is an approved occupant. In late 2010, Housing NSW approved a transfer within zone CS1, based on A's degenerating medical condition.

In early 2011, HPLS first sought to obtain updated medical assessments on A & M so as to elevate their priority. Housing offers were made in July 2011, Sept 2011 and Feb 2012. All were rejected by M as they did not meet A's medical needs. It became clear, when talking to Housing NSW after the Feb 2012 offer that they had very little idea about the suitability or condition of the housing when it was offered. Housing NSW did not inspect the property before making the offer and seemed to base their offer simply on the fact that the housing was a ground floor unit. One of the units offered was in such a poor state of repair as to be virtually uninhabitable.

HPLS was told by Housing NSW that it would only repair damage to stock which presented an occupational health and safety risk to tenants. Therefore, Housing NSW policy did not include the mending of broken windows (although they would be boarded up for safety), patching of holes in walls, replacing broken light bulbs or anything else that it considered 'aesthetic'.

Further medical assessments were provided to Housing NSW in April 2012 to demonstrate the continuing deterioration of A's condition, to ensure these three offers were not counted as 'reasonable' offers by Housing. An offer which fully met A and M's medical needs was finally made on 3 August 2012.

Inflexible application of Housing NSW policy in relation to accessing priority status

For several HPLS clients living with mental illness, the difficulties in producing required documentation to support their application for priority housing on the basis of their mental illness were overwhelming. Specifically, several clients faced difficulties in demonstrating that they satisfied the criteria for 'priority housing', which required that they provide sufficient up-to-date medical documentation to support their claims for 'special needs' for certain housing arrangements. These included the need to be located near certain facilities or medical service providers in a geographical area, and 'fitness to live independently or receipt of requisite support to maintain housing'.

In many cases, these difficulties were compounded by delays in communication from Housing NSW, inflexible application of Housing NSW policies, failing to acknowledge the special needs of people with mental illness, and poor customer service in which individuals felt stigmatised or belittled.

HPLS Case Study 5

R sought assistance to obtain priority housing, having been homeless for 12 months. He had previously lodged an application with Housing NSW for priority housing on the basis of mental illness. Housing NSW advised HPLS that R did not satisfy the 'priority criteria', as R had indicated that he had no 'special need' to be located close to a particular service or facility, and was happy to be housed anywhere.

The only basis upon which R could claim 'priority status' was his mental illness, which needed to be supported by an up-to-date medical report. The medical report provided by R was outdated and did not provide any assessment of R's mental health condition. R did not have a regular doctor and was difficult to keep in contact with. It was difficult for R to obtain an updated medical report for this reason, and he is no longer in touch with appropriate support services.

Decisions by Housing NSW to reject applications for priority housing can be reviewed by the Housing Appeals Committee (HAC), an independent agency that deals with appeals from people unhappy with a decision of a social housing provider, Housing NSW or Community housing providers in NSW. It is the experience of HPLS solicitors, however, that this dispute resolution mechanism sometimes fails to resolve the problem as the HAC lacks determinative powers. That is, Housing NSW can exercise its discretion to reject the HAC recommendations when reviewing particular decisions.

Housing debt and rent arrears

For HPLS clients living with mental illness, their reliance on the Disability Support Pension and other Centrelink payments means that they are extremely vulnerable to financial stress and debt, particularly if their payments are cancelled or they are subject to breaches from Centrelink. These clients often face considerable difficulty sustaining their social housing tenancies, particularly making rent payments or repaying outstanding housing debts. This situation is compounded by the difficulty these individuals have communicating with Housing NSW, and delays in response or poor customer service from Housing NSW.

HPLS Case Study 6

Housing NSW has removed G from his priority position on their waiting list on the grounds that he has housing related debt. Approximately 15 years ago, G incurred a debt of \$1100 after leaving a rental property. The landlord alleged that G had damaged fittings in the property, an allegation denied by G. Notwithstanding his denial, G has reduced the debt by \$800 to date. He claims that if had known earlier about Housing NSW's position on his debt he would have discharged it earlier, and that the delay in communication has unfairly prejudiced his case. G has had trouble liaising with Housing NSW, as he is currently homeless.

The following case study illustrates the difficulties some HPLS clients with mental illness face when negotiating with Housing NSW to settle their debt. The difficulties include delayed response times and ignorance of HPLS's requests for review of the cases. In particular, HPLS evidence suggests that often Housing NSW will issue a termination notice for rental arrears without being prepared to negotiate with the tenant prior. On occasions, Housing NSW will proceed to the Consumer, Trader and Tenancy Tribunal (CTTT) in order to get a specific performance order that puts pressure on the tenant to comply or have their tenancy terminated. For tenants with mental illness, the receipt of a termination notice and a hearing at the CTTT can be particularly intimidating and distressing. As a result, some tenants will not attend at the hearing and orders can be made in their absence, including a termination of the tenancy.

HPLS Case Study 7

H, a 57 year old woman, had been residing at her present Housing NSW home for the past 18 years, and prior to that had been residing in other Housing NSW premises. H suffers from poor physical and mental health and has been diagnosed with multiple physical and psychological medical conditions. She was the victim of child abuse that included neglect and maltreatment.

In 2000, an arrangement was made whereby any payments H owed to Housing NSW would be deducted from her Disability Support Pension and paid directly by Centrelink to Housing NSW. This arrangement occurred without incident until 2009.

In November 2009, Centrelink wrote to H informing her that Housing NSW had contacted Centrelink and requested an increase of \$31.90 per fortnight in the deduction from her pension. The increase meant that instead of deducting \$144.30 per fortnight from H's pension, Centrelink would now deduct \$176.20 per fortnight. Centrelink, however, failed to increase the deductions from H's DSP and continued to pay \$144.30 a fortnight.

In January 2010, H received a phone call from Housing NSW stating she was in arrears. H instructed Centrelink to stop making payments to NSW Housing. The next day, a representative from Housing NSW visited H at her home and provided her with statements for her water account and rent account for the period June 2009 to January 2010. In late February 2010, H attended a Housing NSW Office and offered to pay \$230 per fortnight for her rent, water and arrears until the arrears were paid. Housing NSW refused the offer and told her that a Notice of Termination was being sent to her. When she returned home that same day, H received the Notice of Termination in the mail.

H entered a new agreement with Housing NSW. The agreement authorised Housing NSW to deduct \$221.20 per fortnight from H's DSP, which included \$35 per fortnight in rent arrears and \$10 per fortnight in water arrears.

Housing NSW forwarded the new payment agreement to Centrelink on 15 March 2010. On that same day, Housing NSW commenced proceedings in the Consumer Trader and Tenancy Tribunal seeking an order to evict H from her residence owing to her rent arrears.

These case studies suggest that greater collaboration and information sharing between Housing NSW and non-government organisations involved in crisis service delivery, welfare support or

financial counselling could greatly assist in sustaining social housing tenancies for people with mental illness who are in financial crisis or hardship. It is recommended that where a social housing tenant has fallen into arrears with their rent payments, or is facing other tenancy related debt, that Housing NSW adopt an 'eviction as a last resort' policy. In such circumstances, Housing NSW should make multiple efforts to contact the tenant via mail, telephone and personal visits, in order to ascertain if the tenant is facing circumstances of financial hardship or crisis, with a view to referring the tenant to appropriate support services.

It is also recommended that Housing NSW develop a process of identifying tenants who regularly fall into rental arrears, with a view to providing appropriate warm referrals to financial counselling and welfare support organisations. In addition, Housing NSW could seek consent from tenants to provide details of rent payment difficulties to financial counselling and welfare support organisations, to facilitate effective case management for a tenant in financial crisis.

HPLS considers that such pro-active identification and facilitation of support for tenants facing financial hardship will have a significant impact in assisting social housing tenants living with mental illness who are in hardship, sustaining their tenancies and avoiding eviction into homelessness.

Neighbour disputes and difficult behaviours.

For some HPLS clients living with mental illness in social housing premises, the difficulties faced as a result of neighbours complaining about them often places their tenancy at risk. In particular, HPLS clients face breaches of their tenancy agreements due to complaints by neighbours concerning behavioural problems relating to mental illness, or due to behavioural problems stemming from difficulties in managing their illness.

This often compounds a sense of stigma regarding their illness, making communication with Housing NSW more difficult. As a result of the complaint, Housing NSW often issues a 14 day termination notice for breach of a tenancy agreement, to which HPLS clients do not feel confident to respond.

HPLS's experience suggests that Housing NSW sometimes views termination notices as a way of trying to ensure compliance, and will go to the CTTT in order to get specific performance orders that can be enforced. However, many HPLS clients will not attend a CTTT hearing due to their sense of vulnerability and intimidation at the legal process, and therefore orders will be made in their absence either terminating the tenancy or demanding specific performance. Unless Housing NSW provides clients an appropriate opportunity to rectify the alleged breaches, clients can rapidly end up homeless and without any recourse.

HPLS Case Study 8

E was admitted to hospital in early 2013 after she had been involved in a very serious motor vehicle accident. At the time of her accident she was a disability pensioner who was residing in a Housing NSW unit.

Following her accident, and whilst she was in hospital she was issued with a Notice to Terminate by the Department of Housing. E believed that the termination notice relates to unfounded nuisance complaints made by a neighbour. E was not able to respond to the

Notice to Terminate due to her incapacity and being in hospital. In relation to the complaint E vigorously denied these allegations and could not recall the offending conduct.

E does not wish to move house as she is in hospital and incapacitated. Her apartment is also designed for wheelchair access and she is going to be in a wheelchair when released from hospital. E has been advised that it is likely she will need surgery to amputate her leg as a result of her accident. In addition to this, her youngest son recently committed suicide.

Housing NSW and police have again attended her residence based on a complaint from the neighbour. They have threatened to enter the premises, remove all of her belongings and impound her cat. Housing NSW has advised Centrelink to cease paying the E's rent. Accordingly she has now accrued a rent debt with Housing NSW, who are refusing to provide any information to E.

HPLS Case Study 9

MK was charged with assault. MK has a long history of mental illness. He is currently living in high-density public housing, which he obtained after 7 years of sleeping rough on the streets, and living out of his car.

The allegation of assault was made by a neighbour in his public housing block. The neighbour also made a complaint to Housing NSW.

At his court hearing his solicitor applied for a section 32 order under the *Mental Health (Forensic Provisions) Act 1990*, for the matter to be dismissed without conviction. The order was granted and charges were dismissed. A condition of the order was that he comply with his Community Treatment Order, which requires that reside in the area so he can access necessary treatment.

In spite of the fact that the charges were dismissed under section 32, Housing NSW have issued a notice of termination to MK. MK has nowhere else to live, and is likely to resume living rough. This places him at high risk of breaching his Community Treatment Order, and also his section 32 order.

Unsatisfactory former tenants

Housing NSW has a policy that classifies some evicted residents as 'unsatisfactory former tenants'. People who are classified in this way can only become eligible for public housing again if they complete a six month tenancy in the private rental market.

Many HPLS clients with mental illness living in social housing have been classified as unsatisfactory former tenants either due to breach for rental arrears or breach due to complaints by neighbors. Because HPLS clients are often vulnerable and have complex needs (such as mental health, intellectual disability and substance abuse issues), they are more at risk of breaches. As a result, HPLS clients with mental illness are often made homeless as a result of a termination based on breach of tenancy agreement or rental arrears. Subsequently, some of these clients continue to be homeless and unable to access Housing NSW because they are classified as unsatisfactory former tenants and cannot fulfill the requirement to complete a six-month tenancy in the private rental market.

HPLS Case Study 10

J is a man with a history of trauma and abuse. He suffers from a developmental disability, severe epilepsy, brain damage and has experienced periods of mental illness. His sole source of income is his Disability Support Pension. In 2005, he was evicted from his public housing residence after complaints from other residents in the building. This was the beginning of over two years of homelessness. During this period, J lived in an abandoned building, and often was forced to sleep rough on the streets.

Housing NSW classified J as an unsatisfactory former tenants which required him to complete a six month tenancy in the private rental market before he could become eligible for public housing again. Housing NSW conceded that it would not be possible for J to find private rental accommodation. They varied this requirement, indicating he could become eligible for public housing again if he could live in shared, boarding-house style accommodation for six months. For J, shared accommodation was not possible because of his history of institutionalisation and disabilities. HPLS submitted two requests for a review of J's case. Both requests were declined by Housing NSW.

HPLS made a submission to the Housing Appeals Committee on J's behalf. After reviewing the file and speaking to J on the phone, the HAC accepted the HPLS submission that J's circumstances meant that living in private accommodation for six months was beyond J's ability. HAC recommended that J be given a six month fixed term tenancy with strict behavioural guidelines. HAC said the alternative 'is to leave J homeless and to watch his gradual decline which would be considered neither appropriate nor humane given his complex needs'.

Housing NSW did not accept HAC's recommendation, so J remained homeless. Further appeals were made on J's behalf, with HPLS providing Housing NSW with a certificate from J's doctor, advising that his medical condition had become 'potentially life threatening' and that he was in need of a stable residence.

In the first four months of 2008, HPLS sent detailed faxes to Housing NSW. All of these remained unanswered and Housing NSW provided no further information and did not acknowledge receipt of the correspondence. Frustrated by the rejection of the HAC recommendation and its refusal to answer correspondence, HPLS wrote a detailed letter to the then NSW Minister for Housing attaching copies of previous correspondence with the Housing NSW together with a letter from J's doctor and a copy of the HAC decision. The Minister responded favourably and J was finally offered accommodation following approximately two and a half years of rough sleeping.

This 'unsatisfactory former tenant' policy has a huge impact in perpetuating homelessness for people with mental illness. HPLS's experience and evidence suggests that there needs to be significant change in relation to sustaining tenancies and dealing with breaches in order to avoid such situations in the first place. Further, any policy in relation to living six months in a private rental before being able to access the Housing NSW waiting list must allow for discretion in relation to vulnerable clients with mental illness.

Conclusion

The current interest in addressing the relationship between homelessness and mental illness presents as a timely opportunity to consider alternative strategies to respond to the needs of homeless people with mental illness who are reliant on social housing for their accommodation needs.

Given the likelihood that people living with mental illness are reliant on disability support pensions or other forms of Centrelink payments, or are on low incomes, social housing is the most likely option for stable, safe accommodation. For people with mental illness, legal issues associated with obtaining and sustaining tenancies with social and community housing providers is one of the more commonly identified areas of legal need. This is confirmed by the HPLS casework, in which problems with social housing is the second most commonly reported legal problem for people with mental illness (behind criminal law).

The difficulties identified through HPLS casework and exemplified in the case studies included in this discussion paper illustrate particular situations to which people with mental illness seeking to apply or maintain social housing are vulnerable. These include: poor customer service and delayed/inadequate communications from Housing NSW; inappropriate offers of social housing premises that are unsuited to the physical or psychological needs of the applicants; inflexible application of Housing NSW policies in relation to accessing priority status; housing related debts leading to tenancy termination; and neighbour disputes.

Some key areas for improvement, which would address some of the problems identified in this discussion paper, include:

- Ensuring that all staff in Customer Service Operations in Housing NSW receive training focused on how to effectively engage with homeless people who live with mental illness. This training should be developed in consultation with people who have experienced homelessness.
- That Housing NSW ensure that there is consideration of a person's background and experience of mental illness before placing them in public housing, so that they are not placed in areas or accommodation in which they may feel at risk, unsafe, or where the accommodation is otherwise inappropriate given their particular circumstances.
- That Housing NSW ensures that there is easier access to transfer for people living in public housing if they have a history of mental illness and are fearful for their personal safety or have concerns about becoming/returning to homelessness because of the area in which they are housed.
- That where a social housing tenant has fallen into arrears with their rent payments, or is facing other tenancy related debt, that Housing NSW adopt an 'eviction as a last resort' policy. In such circumstances, Housing NSW should make multiple efforts to contact the tenant via mail, telephone and personal visits, in order to ascertain if the tenant is facing circumstances of financial hardship or crisis, with a view to referring the tenant to appropriate support services. Only after multiple attempts to contact the tenant have been unsuccessful

should Housing NSW consider issuing a written warning that it is considering a Notice of Termination.

- That Housing NSW develops procedures to enable identification of social housing tenants in financial crisis or hardship, by virtue of a history of falling into rental arrears, and provide warm referrals for such tenants to appropriate welfare support and financial counselling organisations.



“Somewhere over the rainbow...”

- The opinions and experiences of people living with mental illness in getting housing

May 2014

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Introduction

The Public Interest Advocacy Centre

The Public Interest Advocacy Centre (PIAC) is an independent, non-profit law and policy organisation that works for a fair, just and democratic society, empowering citizens, consumers and communities by taking strategic action on public interest issues. PIAC identifies public interest issues and, where possible and appropriate, works co-operatively with other organisations to advocate for individuals and groups affected. PIAC seeks to:

- expose and redress unjust or unsafe practices, deficient laws or policies;
- promote accountable, transparent and responsive government;
- encourage, influence and inform public debate on issues affecting legal and democratic rights; and
- promote the development of law that reflects the public interest;
- develop and assist community organisations with a public interest focus to pursue the interests of the communities they represent;
- develop models to respond to unmet legal need; and
- maintain an effective and sustainable organisation.

Established in July 1982 as an initiative of the (then) Law Foundation of New South Wales, with support from the NSW Legal Aid Commission, PIAC was the first, and remains the only broadly based public interest legal centre in Australia. Financial support for PIAC comes primarily from the NSW Public Purpose Fund and the Commonwealth and State Community Legal Services Program.

PIAC's work with homeless people living with mental illness

Through its project, the Homeless Persons' Legal Service (HPLS), PIAC has significant experience with people experiencing mental illness who are homeless or in housing crisis, and who are seeking to access social housing, or have had difficulties sustaining their social housing tenancy.

Since it commenced in 2004, HPLS has provided free legal advice and representation to over 8,000 people who are homeless or at risk of homelessness. From January 2012 to December 2013, HPLS helped 1,914 clients with a range of civil and criminal law matters. Of these, 16.4 per cent displayed some form of mental illness or self identified as having a mental illness. During this period, HPLS provided advice and assistance to 177 people who had tenancy and/or housing related disputes with Housing NSW. Of these, 36 people displayed some form of mental illness or self identified as having a mental illness.

From January 2010 to December 2013, the HPLS Solicitor Advocate provided court representation to 346 individual clients facing criminal charges. Of these 43 per cent disclosed that they had a mental illness.

Background to the mental illness and homelessness project

In February 2013, PIAC decided to undertake a series of projects that focused on the relationship between mental illness, homelessness, accessing stable housing and contact with the criminal

justice system. In particular, PIAC wanted to look at the difficulties faced by people living with mental illness in exiting homelessness, accessing safe, stable and secure accommodation, and sustaining that accommodation, and also to look at the contact such people have with the criminal justice system. The difficulties faced by homeless people with mental illness was identified as an area of concern in the 2010 HPLS Consumer Forums.

PIAC recognised that the problems and difficulties faced by people with mental illness, who are homeless or at risk of homelessness, have been identified by the NSW Government as high priorities, and were specifically incorporated in the following goals in the State Plan, *NSW 2021*:

- Goal 11 – Keep healthy people out of hospital - Improve outcomes in mental health.
- Goal 13 – Better protect the most vulnerable members of our community and break the cycle of disadvantage – Reduce the number and rate of people who are homeless.

In addition, in 2012, the NSW Premier’s Advisory Council on Homelessness identified homelessness and mental illness as a priority action area. Previously, in 2011, the Housing NSW Forum on Homelessness Working Group, identified issues relating to mental illness, accessing and sustaining tenancies as a high priority requiring attention.

In early 2013, HPLS undertook two projects exploring the relationship between mental illness and contact with the criminal justice system, and the difficulties faced by people living with mental illness in accessing and maintaining social housing. Both of these issues were commonly recurring themes in the legal casework of the HPLS, both through the HPLS legal advice clinics operating in the Sydney CBD and Parramatta, and also through the casework of the HPLS Solicitor Advocate. These projects resulted in the release of two research papers based on the casework of HPLS:

- *Sentencing contradictions: Difficulties faced by people living with mental illness in contact with the criminal justice system* – this publication looks at the interrelationship between mental illness, homelessness and criminal offending, and considers alternative strategies in responding to the needs of homeless people with mental illness who disproportionately have contact with the criminal justice system.¹
- *Skating on thin ice: Difficulties faced by people living with mental illness accessing and maintaining Social Housing* – this publication looks at the close relationship between homelessness and mental illness, and considers alternative strategies to respond to the needs of homeless people with mental illness who are reliant on social housing for their accommodation needs.²

In early 2013, the members of the HPLS Consumer Advisory Committee, StreetCare, indicated that they believed that this issue was a high priority, and one on which they would like to undertake further direct consultations with consumers with lived experience of mental illness and housing crisis or homelessness. PIAC decided that as part of the mental illness and

¹ Public Interest Advocacy Centre (2013), *Sentencing Contradictions: Difficulties faced by people living with mental illness in contact with the criminal justice system*, available online at <<http://www.piac.asn.au/publication/2013/10/sentencing-contradictions>> (Last accessed 1 April 2014).

² Public Interest Advocacy Centre (2013), *Skating on thin ice: Difficulties faced by people living with mental illness accessing and maintaining Social Housing*, available online at <<http://www.piac.asn.au/publication/2013/10/skating-thin-ice>> (Last accessed 1 April 2014).

homelessness project, it was important to seek direct input and comment from people who live with mental illness and have experienced homelessness, housing crisis or significant barriers in accessing safe and stable accommodation.

Accordingly, PIAC embarked on these consultations with the principal aim of identifying the experiences and difficulties of people living with mental illness in applying for and sustaining accommodation from the very people most affected: the individuals themselves.

This research paper documents the comments and input from the consumers who participated in these consultations, and represents the final instalment of the PIAC Mental Illness and Homelessness project.

This research paper also documents the participants' views as to what initiatives would assist people with mental illness in accessing and sustaining accommodation. These include having more assertive outreach services, better trained caseworkers who can provide ongoing, long-term support that commences when a person is homeless and is ongoing once that person is housed, and greater access to advocacy support services and community support programs.

Conduct of the consultation project

Project design

The principal organisations involved in facilitating consultations with consumers who had experienced mental illness and homelessness or housing crisis were:

- **StreetCare, the HPLS Homeless Consumer Advisory Council** - StreetCare is made up of nine people who have recent experience of homelessness, several of whom have self-identified as living with mental illness;
- **Common Ground, Camperdown, Sydney** – this project was initiated as part of a co-ordinated government response to homelessness and a commitment to reduce the number of rough sleepers. The project offers 'wrap around' support to tenants providing a wide range of services including case management, psychiatric clinics, general practitioners, chiropractic clinics, psychological services, podiatry and mental health case management.
- **Parramatta Leisure Club, operated by UnitingCare Mental Health** – the Parramatta Leisure Club offers a regular weekly recreational and leisure program for people with mental illness living in the community. Members come from Parramatta and the Western Sydney area and participate in a variety of ways including attending programmed events, office work, preparation and planning of activities, as well as being a member of the Members Forum.

The project involved the following consultations:

- Consultation forum conducted with six members of StreetCare and Housing NSW in March 2013;
- Focus group consultation with 14 people at Parramatta Leisure Club on 23 August 2013;
- Introductory forum with five residents of Common Ground, Camperdown, on 6 August 2013;
- Follow-up consultation with four residents of Common Ground on 27 August 2013;
- Follow-up interview with one resident of Common Ground on 3 September 2013.

All focus group consultations and individual interviews were facilitated by members of StreetCare with assistance from staff of HPLS.

Involvement of homeless consumers in project design and implementation

HPLS believes that the active involvement of those who are or have been homeless leads to the development of more effective public policy in response to issues facing homeless people, as well as assisting in the empowerment of participants. HPLS also recognises the fundamental right of people to ‘take part in the conduct of public affairs’, as enshrined in Article 25 of the International Covenant on Civil and Political Rights (ICCPR).³

HPLS seeks the views of homeless people through its homeless consumer advisory committee, StreetCare. StreetCare is made up of nine people who have recent experience of homelessness. The members reflect the diversity of homelessness in NSW, and include men, women, transgender people, young people, and representatives from inner Sydney, outer suburbs and rural and regional areas. StreetCare also provides a mechanism for HPLS to engage actively with other people who are homeless or at risk of homelessness, to facilitate their input into public policy and law reform initiatives.

One of the unique aspects of this project was the involvement of StreetCare in the design and implementation of this consultation project. Members of StreetCare assisted in developing the key themes for the consultation focus groups and interviews.

The involvement of StreetCare members in the conduct of the consultation focus groups and interviews was an essential ingredient in facilitating participants to be open and expansive in their comments. Given their own experiences of homelessness and mental illness and the difficulties they have encountered in securing housing, StreetCare members were able to provide an empathetic and sensitive mode of interviewing consultation participants, which encouraged them to open up and go into considerable detail about their experiences. The richness and intensity of the recounted testimonies of participants is a product of the confidence and comfort StreetCare members were able to engender from consultation participants when conducting the focus groups and interviews.

Homeless people, mental illness and social housing

Previous research has consistently identified a strong relationship between homelessness and mental illness. In their study of 4,291 homeless people in Melbourne, released in 2011, Johnson and Chamberlain found that 31 per cent of their sample had a mental illness (not including any form of alcohol or drug disorder).⁴ Current research exploring the pathways of people with mental and cognitive impairment into prison indicates that those people with disability, in particular

³ International Covenant on Civil and Political Rights, opened for signature 16 December 1966, 999 UNTS 171 (entered into force 23 March 1976) ratified by Australia on 13 August 1980 (entered into force for Australia on 13 November 1980, except article 41, which entered into force for Australia on 28 January 1993). The full text of the ICCPR is available at: <<http://www2.ohchr.org/english/law/ccpr.htm>>.

⁴ Johnson, G. and Chamberlain, C. (2011), ‘Are the Homeless Mentally Ill?’, *Australian Journal of Social Issues*, Autumn 2011, at 35.

people with complex needs, are significantly more likely to have experienced homelessness than those without disability.⁵

In 2004, Teesson et al conducted interviews with 210 homeless people in Sydney, comprising 160 men and 50 women.⁶ The study found that 73 per cent of men and 81 per cent of women met the criteria for at least one mental disorder in the year preceding the survey and that 40 per cent of men and 50 per cent of women surveyed had two or more disorders. Of particular interest was their comparison of the rate of mental illness in the homeless population to that of the general population, which found that the prevalence of mental disorders amongst homeless people in Sydney is approximately four times that of Australia in general.

A 2003 study involving 403 homeless young people in Melbourne aged 12-20 found that 26 per cent of those surveyed reported a level of psychological distress indicative of a psychiatric disorder.⁷ In its 2003 study into the legal needs of homeless people in NSW, the Law and Justice Foundation of NSW reported that mental health, alcohol and drug issues, dual diagnosis and other complex needs are prevalent among the homeless population, particularly those who are entrenched in homelessness.⁸

In 2008, Browne and Hemsley undertook a two-part exploration of the views of consumers and carers on the housing needs of people living with a mental illness. The study found that the best form of housing for people with mental illness was stable, safe housing, which allowed individuals to live as independently as possible, making their own decisions about where they live and with whom.⁹ The study found that the biggest barriers to accessing this stable, safe accommodation was lack of money for people with mental illness, and stigma and discrimination from private landlords and real estate agents.¹⁰ This suggests that people living with mental illness rely heavily on social housing as a form of stable accommodation.

According to a Law and Justice Foundation of NSW 2005 study into the legal needs of people with a mental illness, housing stress and the threat of homelessness are a major problem facing people living with mental illness. The Foundation noted that such people are often on low incomes or reliant on social security payments, making them dependent on private rental, and public and community housing. According to the Foundation, the most common legal problems faced by people living with mental illness in social housing are:

- Applications for social housing, eligibility and the difficulty in passing an 'independent skills report' assessment;
- Housing related debt, arising from rent arrears and property damage, and consequent risk of tenancy termination;

⁵ Baldry, Eileen, Dowse, Leanne and Clarence, Melissa (2012), *People with mental and cognitive disabilities: pathways into prison*, Background Paper for Outlaws to Inclusion Conference, February 2012, available online at <<http://www.mhdcd.unsw.edu.au/publications.html>> (15 March 2013).

⁶ Teesson, M., Hodder, T. and Buhrich, N. (2004), "Psychiatric Disorders in Homeless Men and Women in Inner Sydney" (2004) 38(162) *Aust NZ J Psychiatry*.

⁷ Rossiter, B., Mallett, S., Myers, P. and Rosenthal, D. (2003) *Living Well? Homeless Young People in Melbourne*, Melbourne, Australian Research Centre in Sex, Health and Society, at 17.

⁸ Forell, Suzie, McCarron, Emily and Schetzer, Louis (2005), *No Home, No Justice? The Legal Needs of Homeless People in NSW*, Law and Justice Foundation of NSW, Sydney, at 124.

⁹ Browne, Graeme and Hemsley, Martin (2010), 'Consumer Participation in Housing: Reflecting On Consumer Preferences', *Australian Psychiatry*, December 2010, 582.

¹⁰ Browne & Hemsley 25-26.

- Neighbour disputes; and
- Refusal to sign or failing to comply with an Acceptable Behaviour Agreement with Housing NSW.¹¹

People with mental illness accessing and maintaining social housing tenancies

I was on the street at nine years old. I was sleeping outside the Kings Cross Post Office and in parks. I had that much abuse. I was prostituting, I got urinated on, I was abused, threatened, I had cans thrown at me... I've experienced a lot of health problems. I'm a schizophrenic and the medication had side effects.

As indicated above, from January 2012 to December 2013, HPLS provided advice and assistance to 177 people who had tenancy and/or housing-related disputes with Housing NSW, 36 of whom displayed some form of mental illness or self identified as having a mental illness. In 31 of these cases, the individual was either in receipt of a Centrelink payment, or did not receive any income at all. This would suggest that none of the 31 individuals could afford accommodation in the private rental market, with public and community housing likely to be the only option for safe, secure accommodation.

The main problems identified by the HPLS casework in relation to these matters were:

- Inappropriate housing offers from Housing NSW for individuals with mental illness applying for social housing;
- Delayed responses and poor client service from Housing NSW;
- Delayed or refused transfer of accommodation;
- Inflexible application of Housing NSW policy in relation to accessing priority status;
- Housing debt and rent arrears;
- Neighbour disputes and difficult behaviours;
- Classification as 'unsatisfactory former tenants' by Housing NSW.

Several of these themes were also identified during the consultations undertaken as part of this project. For the purposes of analysis, the themes identified during the consultations have been categorised in the following manner:

- Difficulties encountered in exiting homelessness and obtaining accommodation;
- Difficulties in sustaining accommodation and avoiding a return to homelessness.

Difficulties obtaining accommodation

Participants in this project identified a range of difficulties that they experienced in trying to obtain accommodation in order to exit homelessness. The most commonly identified difficulties were:

¹¹ Karras, Maria, McCarron, Emily, Gray, Abigail and Ardasinki, Sam (2006), *On the Edge of Justice: The Legal Needs of People with a Mental Illness in NSW*, Access to Justice and Legal Needs Volume 4, Law and Justice Foundation of NSW, May 2006, 60-68.

- Difficulties in negotiating the processes of obtaining accommodation, including dealing with excessive waiting periods for low cost housing;
- Lack of choice of where to live;
- Lack of support for people with mental illness or multiple health problems;
- Experiences of discrimination on the basis of mental illness.

Difficulties negotiating processes for housing

For several people living with mental illness seeking to enter stable accommodation, the processes involved in applying for housing, negotiating a lease, paying a bond, paying rent in advance, and signing a lease agreement is a daunting and confusing ordeal. For some participants, a failure to understand what they are signing can immediately place their accommodation at risk.

Well I was homeless in January after a family blow up, so I got myself admitted to the Katoomba psych ward and told the social worker I was homeless. And so she got me a one bedroom Housing Commission flat ... I signed all the papers on pension day but they didn't take the rent out. Then they started sending me dirty letters, I was going to get evicted because I was two weeks behind in my rent.

But I was just so grateful to have a place, because I was in Cumberland Hospital I had nowhere to live, and my case manager got the place for me and I just had to get a place. I signed it, got them the money. I just had to have somewhere to live, a roof over my head. Very often people sign off on things because they're desperate, and get left in a situation then of obviously creating a debt for you before you start out.

Some participants did not understand that they needed to pay rent in advance, and also a bond, before they could move into accommodation, placing them in immediate financial difficulty.

They don't let you move in until you've got two weeks rent in advance. Housing NSW says you need a \$400 bond. It's difficult to afford...

For some, the biggest frustrations involved lengthy waiting periods to obtain stable, low-cost accommodation.

I was on the waiting list for Housing NSW but I was stuck on the street. I got thrown out of a Housing NSW office. I was so frustrated at having to wait for such a long time for a place. I told them that I needed a place so I could get my children back.

I had to wait seven years to get my place... it was a long wait. It was because I specified Parramatta, yes. So I waited seven years... I think that's the best thing you can do, is when something's not happening right you need to speak up. It's the only way to ever get any help or any advice.

Some participants reported being belittled and abused because of their mental illness.

I also find that people with mental illness sometimes how they're being treated by Housing. We get treated like we are second class citizens. Like we shouldn't have a place in this world. And that's how I've been treated in the past... Yes, they always give the impression they sort of look down on you. Like we come out of the gutter or something, you know.

Lack of choice of where to live

Several participants said that coming off the streets was difficult due to the fact that they had very limited choices available to them, in terms of the type of accommodation available, or the location of the accommodation. Some people were made to feel that they should be grateful no matter what accommodation they were offered, even if it was in an unsafe location, or was not in satisfactory condition, or was not in close proximity to public transport or necessary medical services.

I didn't really want to go to Common Ground, but wasn't against it either. I didn't have much choice.

I didn't have a lot of choice. I was not eligible for NEAMI [North Eastern Alliance for the Mentally Ill]. For people with mental illness, most accommodation options are only short-term.

Well I didn't want to live on the cold streets in winter. I tried to sort of go back to the Inner West... but the only places that I could get to was around the Ermington, Dundas area.

I spoke to my client officer not long ago and he said, 'There is a big chance that you may end up in Telopea.' I said, 'Oh no, no, no, no. No way, no way Jose.' I've heard stories about Telopea that would make your hair stand up. It's because they can't find anywhere better. It's more like a dumping ground. It's the last sort of place you want to end up in, because it's not very popular. I thought they've just dumped me in a rubbish dump. You feel like you're worthless.

Lack of support for people with mental illness and other health problems

For some participants, the ongoing daily experience of living with mental illness was often overwhelming, itself presenting a massive hurdle to overcome in order to move out of homelessness and seek stable accommodation.

Depression is the biggest thing on the street.

Being told you have mental health issues can feel like a jail sentence for people experiencing homelessness.

Mental illness such as schizophrenia affects a smaller proportion of people, but the impacts on the individuals and the people around them can be profound. They often need better support to manage their illness and for people sleeping rough it is often police who end up dealing with them in a crisis event.

If you have depression or anxiety you are not ill enough, if it is addiction, it is not a 'real' mental health issue, services can make you feel like you have to have a substantial mental illness to warrant help... If you have mental health issues and substance abuse issues, mental health services don't want to know you.

Discrimination and stigma relating to mental illness

Many of the participants in the consultations indicated that they had experienced significant discrimination from private landlords when trying to obtain accommodation. For some, this also reinforced the stigma they felt about living with mental illness.

But you've still got the stigma. People go, 'Oh, you're on a disability pension, you've got a mental illness. Oh you must be a bludger.'

If you've got a mental illness, that's the biggest thing. They just say 'no way, get lost.'

People harshly judge you if you're schizophrenic. As soon as you say you've been on the street, they think you're gonna wreck the place or have drug dealers around.

There's so much discrimination for us, if you're a person with mental illness.

People become reluctant to seek out help for their mental wellbeing. There is a perception that you will be labelled crazy.

Difficulties sustaining accommodation

After having finally secured stable accommodation in spite of some of these difficulties, participants in this project also identified a range of difficulties that they experienced in trying to sustain their accommodation, and not return to a life of sleeping rough, relying on crisis accommodation or boarding houses, or couch surfing. The most common difficulties experienced in sustaining their accommodation included:

- Social incohesion and dysfunction in the area in which they lived;
- Isolation and a sense of life being better 'on the streets';
- Difficulty in meeting rent payments;
- Problems with the condition of the residence;
- Difficulties with Housing NSW;
- Lack of ongoing support to help them sustain their accommodation.

Social incohesion and dysfunction in their local area

For many participants, the most significant difficulty they have in sustaining their accommodation is the stress, anxiety and fear they experience in living in areas where there is considerable social incohesion, high crime, poor amenities, or problem neighbours.

Sometimes it feels like a prison... the whole area is just generally scary, you know. Half the time I come here or most of the other time I'm out by myself. I don't come home until maybe like 7.00 or 8.00 at night. But, you know, it depresses me a bit because it's my home... That's part of the reason why I want a transfer, but the Housos don't give a hoot.

We've got a very bad anti-social thing, there's a lot of alcoholics, drug addicts, hard core bludgers... They just don't want to even bother getting a job, you know, they just want to sit around and just do nothing and just play loud music all day.

Where I live I just strictly keep to myself. Whatever happens outside, you know, I wouldn't care if people stab or shoot each other, or kill each other, I don't care. As long as I'm inside I keep straight out of it, I'm inside, I lock my door, lock my windows, I'm safe, you know. They can go and kill each other as far as I care. We've had a couple of sieges in the area... obviously drugs.

For some participants, the problems in the area combined with difficult or abusive neighbours made staying in their accommodation very challenging.

I've had it from other neighbours, you know, swearing and carrying on and I'm thinking oh here we go, another long night of idiocy again... you're thinking yeah for how long... you know, it gets to you.

There's people who shouldn't be here. They're crazy. They need to police it more. They're troublemakers. One person in particular causes friction. Some people play loud music and make lots of noise. You can't pick your neighbours.

If the neighbour knows who it was who put the complaint in, they all gang up on you and make your life hell.

Some participants stated that when these problems combined with a lack of services or public transport, the result is a sense of isolation and loneliness.

I got used to the place but then after a while, trouble arose with the neighbours – there's a very bad drug problem and social problems there, and just generally, it's the isolation. It can be very isolating, particularly on Sundays... So there's no transport, you really need to have your own car...

The area is just too far away from the shops... it's very difficult with the buses. On a Sunday they don't run at all. The shops are actually about a kilometre and a half away from the shopping centre... and also it makes it very hard to come in here sometimes.

Some of the participants reported how these experiences with problematic neighbours and community violence exacerbated their mental illness, causing high levels of stress, anxiety and depression.

If you've got to put up with the environment you're living in you know, the bad neighbours and the drug addicts and alcoholics... I've written it down on the forms you know, it's impacting the state of my mental health, you know... it aggravates your illness.

It's also the environment you live in. If you've got people with drugs or alcohol problems, they worry you or cause problems for you. It can have a lot of impact on your mental health. It can stress you out and when I get very stressed I get sick and it causes people to land back in hospital because the stress of what's going on in the environment. It gets out of hand these drugs and alcohol problems, and they spray graffiti over the buildings... It just has a big impact on your mental state.

Well, this is what the place was doing to me, you know, I was actually turning into an alcoholic. Getting casks of wine and I'd go over to my mate's and drink with him. And sometimes I'd invite him over and we'd drink together. And sometimes I'd drink on my own. Drinking on your own is actually the pits, you know, that's the rock bottom. They reckon a good drink will drown your sorrows but it actually doesn't. It makes you feel worse.

For some participants, the difficulties they experienced with the dysfunction in their local environment led to them seeking to transfer out of the area. This often led to problems and frustrations with Housing NSW, with some reporting a lack of sensitivity and professionalism in the responses they received.

A lot of people say you should appreciate where you live you know, you've got a roof over your head... It's better than nothing, better than being in the gutter, I've been told that myself... not to fight the Housing Department.

I've been living where I am for nearly eight years, well over eight years, nearly nine years and I'm currently waiting for a housing transfer. Been waiting on that for the past six years. They think because you got a roof over your head you should be grateful... you're not going to get moved elsewhere, that's the way they look at it.

Isolation and a sense of life being better ‘on the streets’

A common sentiment that was expressed in all of the consultations was the difficulty experienced by many in coming off the streets after spending a significant period being homeless, with a feeling that they were losing the community and camaraderie of living on the streets, when they moved into stable accommodation. For some people, this provided a strong temptation to return to the streets after being housed, especially if the person was also feeling a sense of isolation and alienation from the environment and neighbourhood in which they were housed.

These participants often used phrases like ‘the home of the street’ and ‘the community on the street’, juxtaposing this with the sense of isolation and claustrophobia they felt in their housed environment. For some, being housed took them away from their daily routines on the street which were necessary to survive. Having that time to think and be alone in their newly housed environment meant that they had to wrestle with some of their internal demons, resulting in depression, anxiety and a sense of isolation.

You can take the person off the street, but you can't take the street out of the person... It's in your blood. It pulls you back there.

On the street there is a Street Code. You look out for each other, get up to shenanigans but all in good fun, stand by each other. Other streeties will back you up in a fight.

A lot of people put you in a place and expect you to live there.

The street is always in you. It's always there for you to go back to.

It [the street] feels like where I'm supposed to be. I miss it. It's where my mates are. It gets claustrophobic. I'm not used to it. Sometimes it seems like it's easier to go back on the streets.

Difficulty in meeting rent payments and other tenancy obligations

Several participants recounted how they found it difficult to meet the various obligations as a tenant, often due to a failure to understand their lease documents. Not surprisingly, meeting high rental costs when reliant on a disability support pension or other social security payment proved to be particularly difficult. Some participants reported problems when there was a breakdown in automatic rental deduction arrangements between Housing NSW and Centrelink, resulting in considerable stress, and anxiety that they would lose their accommodation.

I was just so grateful to have a place, but I didn't understand the process. I just signed the lease. The forms are too difficult.

I had problems when they changed the rent, when it goes up... They've got to get Centrelink to take out more money.

They send a letter, takes them about a week. If Centrelink don't fix it up you've got to go back to Housing because they're the ones who've got to fix it up.

As long as the money's deducted properly from Centrelink, as long as the Housos are happy, they've got your money, you've got no problems.

Problems with the condition of the residence

A number of participants indicated that the condition of their public housing residence presented a number of difficulties, and added to the temptation of moving out. This included a failure by Housing NSW to respond to requests for necessary repairs, and frustration that the unit was not sufficiently spacious to accommodate their belongings.

I've had trouble with Housing about maintenance. The maintenance isn't that good.

Oh, yes, because my place is built like cardboard, all together, closely together, and they're only very small units and you got your stove in the front room, it's like part kitchen, part lounge room. That's how small it is.

The place is very small, I've got a lot of belongings. I even had a drum set in there which I've now got in storage because it was very difficult walking around the drum set in a very small unit.

Difficulties when dealing with Housing NSW

Several participants indicated that they had considerable difficulties when approaching Housing NSW for information about available alternative accommodation or inquiries about transferring.

Well, Houso just doesn't care. They have a list of people's names, they have a list of houses, when two come to the top, they say: 'Here's your place, go and have a look. You're allowed to knock back three places and then you'll go to the bottom of the list.'

Housing NSW have hardly done anything at all. They can't tell you how long you've got to wait. They haven't done much at all.

Well I've been waiting six years so they've done hardly anything at all. I've been asking them, 'Oh how far am I up the ladder?' but they can't tell you. They can't even give you a clue... It's only because they don't want to tell you.

For some participants, there was a frustration about poor customer service provided by customer service officers with Housing NSW – a lack of willingness to provide assistance in respect of complaints about neighbours or resolving a mistake about rental arrears. A lack of staff to assist tenants with problems was also identified.

I complained to the Department of Housing in Parramatta about it [problem neighbours], they just didn't want to know. So they're turning a deaf ear, a blind eye to it you know. They just don't want to know.

They don't do much. They just tell you you've got to go over there and do it on the computer. You talk to them, they write it down, and you've got to wait for feedback from their area manager. Because when I had the \$2,000 problem they just passed on the question and that was going nowhere.

The problem with the Housing Commission and Centrelink is they're losing staff and they're not replacing staff so you go there, you ring them up or you go there and it's not just one or two people waiting to see the client officers at Centrelink... there's no staff, they're not replacing them. They're understaffed.

Lack of ongoing support to sustain accommodation

Several participants stated that one of their most pressing difficulties in sustaining their accommodation was the difficulty they faced in accessing appropriate levels of support to help them with their ongoing mental illness issues, as well as practical support necessary to maintain a tenancy, whether it be financial counselling, life-skills support, or advocacy support with Housing NSW or Community Housing.

People expect you to be able to just live once you have housing, not that simple. You can take the person off the street, but you can't take the street out of the person.

There's nothing available for people who fall through the cracks... who can't get help from support services.

Many services and private rental people don't understand the gist of homelessness, like you're talking a totally different language.

It's scary. You know, I could be back on the streets anytime. I don't have a mum and dad that were fortunate enough to have the house.

Some of the barriers that were identified in accessing support for mental health needs and also general housing and living skills needs included: a lack of mental health outreach services for social housing tenants; a lack of trained mental health workers in non-government services, and lack of services for people who have both mental illness and drug/alcohol addictions.

The importance of being able to access skilled, competent support workers and caseworkers will be canvassed in the next section. However, for those consumers who could not access a caseworker, or their caseworker did not competently advocate on their behalf, significant difficulties were encountered.

It was hard for me to get a case-worker. I wanted one, but I couldn't get one.

I was in a desolate situation, just really depressed. I ended up getting really depressed staying there [at the Talbot] for a year. I got granted a transitional home but the actual case worker that was working with me didn't fill out my housing commission form. So I was on the transitional housing and... it was basically a road to nowhere... and during the process he's retired or got the sack... So I was going on a transitional house but after two years it was like well you've got nothing after that.

Programs and strategies that helped people obtain or sustain their accommodation

While participants in the consultations expressed their frustrations and difficulties in either seeking to obtain stable accommodation, or sustaining their accommodation, many were positive and forthright about services and programs that they had been able to access, and had found extremely helpful in moving away from a life of homelessness and housing crisis. This gave them a basis for making suggestions about how to improve assistance and support for people with mental illness who are homeless, or have come off the streets but remain at risk of returning to homelessness. These included:

- The need for more accommodation options and greater access to support services;
- The importance of competent support workers;
- Having access to support groups and support programs;
- Having automatic rent deductions;
- Good customer service practice at Housing NSW.

Accommodation and support services

Several participants were extremely positive about the accommodation and support services they were able to access. Not surprisingly, they strongly endorsed an increase in crisis and supported accommodation for people with mental illness coming off the streets, and more access to support workers that can assist them in coming off the street, advocating on their behalf to obtain supported accommodation in a safe and secure area, and assist them in maintaining their accommodation and avoiding tenancy termination.

If they had more housing available, it would be good. More buildings like this [Common Ground].

They've got to have more services available. More services that are available and accessible for people.

It would help to have another service like this [Common Ground]. We need more places like this.

The importance of competent support workers

Many participants involved in this consultation were quite effusive in their praise and appreciation of the efforts of community support workers who assisted them through the process of coming off the streets, applying for supported accommodation or social housing, and providing ongoing support. This support included brokerage services, ongoing counselling, and assistance with dealing with formal processes with Housing NSW.

The worker [from the Catholic Care personal mentor programme] stayed with me while I was in hospital. He got me into here. He helped me get the papers together.

M who works over at Mission Australia at Harris Park, is an angel. She rings up the Housing Commission until they get sick of her and then they give her a place to shut her up. But about three to four months is all you've got to wait in that housing hostel for men. And they gave me a lounge, a bed and a fridge. All sorts of things for the kitchen and everything, so I was pretty lucky.

I was living in a refuge for homeless persons at the time, and there was a woman who specialised in putting applications through Housing, and I went to see her, and I qualified to go on priority... and I qualified for priority housing, and she pushed the application through Housing.

Right, well I found it quicker and easier to get a Housing Commission house with a homeless case manager...

Some participants were particularly impressed with the level of proficiency and competence of their support worker, their determination, their openness and their supportive attitude. Several stated that there was a need for more such support workers to assist people with a mental illness applying for supported accommodation.

It was all through L [support worker] and ICHOSS [Inner City Homelessness Outreach Support Service] that made them move. L was the actual move maker... she actually shook a few heads to get to get the ball rolling... and yes, I was very fortunate. L was always positive and had good energy. And she opened up her heart. You know, she was one of those guys that you know that opened their heart, and tried to do their best for you.

Having support workers you can talk to and tell them how you're feeling, but not pre-judging you.

You need more support workers to help you deal with Housing NSW.

Access to support groups and support programs

Other participants were very positive about various support programs with which they were engaged and organisations and support groups that were providing them with resources and assistance in addition to their accommodation. Some of these programs/groups/organisations also provided group activities, training and educational programs, life-skills training, access to medical support, counselling and general welfare support. For other participants, just providing a warm, friendly, welcoming environment and helping to foster a sense of community was considered an important and valued service. It was not surprising that several participants strongly recommended that there should be more access to these sorts of support groups and support programs.

That they have [a community house meeting] every month is awesome. Like there's a little bit of structure going there where people take minutes and... Just learning sort of group skills. And they've always got activities. Doctors, psychiatrists... It's a ground breaking sort of thing, to have all these people in the one building, you know. I don't have to travel really to do sort of anything.

That was really, it was good. People really friendly and... and a lot of energy. I mean that's really important. There is a lot of love. Even amongst the tenants, you know, there's a lot of love and I think it's awesome!

After being out in the streets, it gets lonely. You feel like there's no one... you know sometimes you feel like you're clutching on to straws there. And there's just a really good, hands on approach. And yes those activities are available. You look forward to the weekends.

Now I actually live in a house where the Salvation Army are the owners, so I'm like very, very happy. And I'm just like living my life and everything... if it wasn't for them I wouldn't be where I am today. They supply everything, like they pay bills... It makes the house a home.

I need help to stay in my house. There needs to be more places to train people how to live in a house, how to live in four walls. It gets claustrophobic. I'm not used to it. Sometimes it seems like it's easier to go back on the streets. If you get that support you'll get more confidence, and then you'll stay longer.

Automatic rent deductions

Given the difficulties several participants faced when dealing with government authorities, and negotiating complex processes and forms when they applied for housing, some participants reported that they appreciated the automatic rental deduction scheme where their social housing rental payments were automatically deducted from their Centrelink pensions or benefits. For these participants, having their rental payments automatically deducted was one less thing for them to worry about, and helped to remove the risk of anxiety or stress surrounding threats to tenancy arising from rental arrears. Where the automatic rental deductions system worked, it was endorsed by participants, who encouraged greater awareness and take up of the facility.

So then they brought in a system where the rent deduction, comes out of Centrelink and both work together... So if there's any stuff up it's between Housing and Centrelink, it's got nothing to do with us. It takes the pressure off you, yes.

Good customer service practice at Housing NSW

In spite of some of the negative comments made about poor customer service from Housing NSW, several participants also reported some very positive and encouraging experiences, where Housing NSW staff were helpful, supportive and diligent in supporting them in dealing with maintenance, neighbour problems or transfers of accommodation. Some participants were quite positive about Housing NSW staff in rural and regional areas, contrasting their more personal approach to customers with the approach of staff in Sydney offices.

Because the flat I got is beautiful, nothing wrong with it. But when the maintenance people came for their inspection, the letter said they would be there for an hour, well she was only there ten minutes, because the carpet didn't even have marks on it from where old furniture was. And so once they got the rent sorted out well everything's been going smoothly.

You get more personal care [from Housing] when you're in the regional areas generally. I waited 10 months when I was 37 to get a two bedroom house to live with my mum because I had to look after her for 20 years... But at Orange you had to have two weeks rent to move in, the day you moved in, so there was no hassle with Centrelink... But it seems so much different in Sydney than what it does in regional areas.

We had a noise problem, loud music, and it was an apartment on the back of us. My client manager said everybody in the three units would have a say under the Act. She sent out a letter to every tenant in the block telling them about the Act...

The importance of home

For nearly all of the participants, the most important thing for them after a life of homelessness, housing instability, anxiety and depression, was the knowledge that they had a place that they could call "home". For many participants, "home" meant safety, security, privacy, being close to amenities, being part of a community, and being able to look after themselves without being judged or hassled.

I only want to know I got a safe, secure home to live in. I don't want to lose the place where I live. I'm very happy there. It's in a good location for me, it's close to shops, transport, family, my friends here, the leisure club, lawn bowls, I play lawn bowls for the RSL. It's convenient for me in the heart of Parramatta. I don't want to lose my unit where I'm living.

I can play me drums, I can sit out on the balcony, do me washing. You know, I can check out some DVDs. I can bring someone home, have a drink... you know, sky's the limit. It feels like home. I mean it's home for now. It's a great place to sew a seed.

I do dream about having a house, but it's home for now. And it sure beats the hell out of sitting on a cold floor during wintertime, you know.

Comments from participants suggested that having the safety and security of their own home meant that many of their mental illness symptoms such as anxiety, stress, paranoia and depression, were alleviated or easier to manage. While the temptation to return to the street and abandon their current accommodation was expressed by several participants, overriding this was an overwhelming sense of relief, gratitude and contentedness with having secured stable, safe accommodation. This serves to illustrate the importance of being able to access appropriate and adequate support services and programs that will assist in sustaining their tenancies and ensuring that they have necessary facilities that will enable them to maintain their accommodation.

At the moment I feel less stressed. I've got my own place. I can have a cat. I have my own bathroom, my own kitchen. I can do my own thing. I can come home, cook my own dinner, have a shower, and feel safe. I feel that I'm not being judged here.

It was really strange moving here after being on the street. It took me a long time to realise that I'm staying here. I kept thinking that they were going to throw me out after three months. Now I'm getting there. I'm starting to feel settled.

There's love in the air. You know what I mean, people in building. I get to wash my clothes every day... And you know, I don't have people screaming and yelling and fighting and cursing, carry on. I'm not stopping fights. I have positive people around. When you got positive around you, anything is possible.

Conclusion

The NSW Government has recognised the difficulties and problems faced by people with mental illness who are homeless or at risk of homelessness as an area of high priority requiring urgent policy attention. This provides a timely opportunity to consider alternative strategies to respond to the needs of homeless people with mental illness who are reliant on social housing for their accommodation needs.

The interrelationship between lived experience of mental illness, experiences of homelessness, difficulties in obtaining social housing and challenges in sustaining that housing calls for specific, tailored responses that cater the particular needs and disadvantages of this highly vulnerable group in the community. This report provides a graphic and moving portrayal of how some of the people who make up this group view their challenges and difficulties, and also what strategies they believe are most effective in seeking to exit homelessness, and remain in safe and stable accommodation.

During these consultations, nearly all participants recounted in vivid language some of the horrendous experiences of homelessness, abuse, violence and discrimination they had been subject to. Many felt that the lack of support and lack of sensitivity they received from government housing officers and private real estate agents robbed them of their dignity and eroded their self-worth. These feelings were often compounded when they were assigned social housing accommodation in areas that lacked social cohesion and were dysfunctional, unsafe and remote from necessary amenities and support services. Many participants recounted how they felt like “garbage dumped on a tip”, forced to live in situations which exacerbated their feelings of isolation, anxiety, depression or stress. For many participants, there was a common feeling of it being too difficult to remain in their accommodation, and a temptation to return to life on the streets.

However, in spite of the difficult experiences that were recounted, the authors and those who assisted with facilitating the consultations were impressed by the strength, resilience, positive attitude and good humour of those with whom we spoke. Where things worked well for participants, they did not hesitate in expressing their gratitude and praise. For example, it was particularly moving to hear participants express appreciation and positiveness for the committed, determined and competent caseworkers and outreach support workers, who assisted them in obtaining safe, secure and stable accommodation, and provided them with ongoing counselling, brokerage support and other services to assist them in maintaining their accommodation. In addition, the participants spoke of the value of various support and educational programs that they had been able to access, and the importance of these programs in helping them sustain their tenancies, including counselling, financial counselling, medical support, life-skills training, or social group activities.

During the consultations, participants identified a number of initiatives that they considered would make a significant difference in making it easier for people with mental illness finding accommodation, and then remaining in their accommodation. These include:

- Having more assertive outreach services for people on the street, with highly skilled, trained and competent workers who could go out, meet with people, identify their needs, and immediately follow through with possible short-term or supported accommodation options;
- Ensuring that those workers who initiate contact are able to maintain long-term follow up with their clients with mental illness;
- Ongoing, long-term support from case-workers after a person has been housed, to identify their further support needs, and to facilitate ongoing support for the person to help them maintain their tenancy;
- Greater access to advocacy support services that can assist when negotiating with Housing NSW or community housing, dealing with processes involved in applying for social housing tenancies, or communicating with social housing providers in relation to repairs and maintenance, problem neighbours, or other difficulties arising in a high density social housing environment;
- Greater access to community support programs such as brokerage services, financial counselling, mental health services, other counselling services, medical services and social activity programs, that will provide the support for a person with mental illness to maintain their tenancy, and overcome feelings of isolation, anxiety and stress.

During the finalisation of this report, the NSW Government announced that it was reviewing the training of frontline staff in public housing, community housing and specialist homelessness services in working with people with mental health issues, with a view to identifying improvements to the current approach to training of these personnel. PIAC welcomes this announcement, and looks forward to working with the Department of Family and Community Services Learning and Development Team to ensure that the training addresses some of the key areas identified by StreetCare and the consumers who participated in this consultation.

One of the most significant issues to come out of this consultation is the recognition that exiting homelessness for people with mental illness is not a process that concludes once that person has been able to access stable accommodation, as important as that step is.

For many people the struggle to stay housed, to readjust and cope with a new set of pressures and demands of living off the streets, to resist the temptation to return to the streets and the perceived social opportunities that come with living on the street, and to develop the necessary coping mechanisms that come with living in high density social housing, mean that the difficulties encountered in sustaining their accommodation in the medium to long term can be as difficult as accessing the accommodation in the first place.

Access to ongoing, long-term casework support, community programs and counselling services become essential initiatives in sustaining accommodation for an extremely vulnerable group of people in the community, who will always remain at risk of returning to homelessness.