

Housing is a Human Right



*Health, Housing and Disability -
A Queensland Perspective*

Queensland Shelter
December 2009

Introduction

Queensland Shelter is a community based peak organisation which promotes improved access to housing for all Queenslanders. We provide an independent voice on housing rights and provide a link between government and the community through consultation, research and policy advice. We are committed to improving housing access for all Queenslanders. Our funding mandate and social justice framework puts particular focus on the interests of low and moderate income housing consumers and others who struggle to meet their housing needs in Queensland.

Our members are both individuals and community organisations across the State. Q Shelter currently has a total of 18 active branches that are formed either around a geographical area, or represent specific housing needs. The special interest branches include the Seniors Branch, the Women's Housing Network, the Indigenous Panel, and ASHRAM (Agencies Supporting Housing for Asylum Seekers, Refugees and Migrants).

To be able to redevelop and enhance Queensland Shelter's current housing policy for people with a disability, research and consultation was undertaken to establish the current needs, issues and concerns facing people with a disability accessing and maintaining housing in Queensland.

This report aims to identify the main issues facing people with a disability and health issues when accessing and maintaining housing, and further define Queensland Shelter's principles for housing people with a disability and health issues. Using these principles, recommendations and strategies have been developed to address ensure people with a disability and health issues can access and maintain safe, secure, appropriate, accessible and affordable housing. This report will be used to inform Queensland Shelter's policy platform which is currently being reviewed.

Background

The Australian Bureau of Statistics states that one in five Australians have some form of disability¹, and with an ageing population this percentage is going to get higher. AHURI research² reported that people with a disability have lower home ownership levels with the majority of people living in social housing. Those that do live in the private rental market face high levels of housing stress due to their lower levels of income. Moreover research indicates 'housing is a key social determinant of health³ and significant engine of social inequality⁴ with unequal access to adequate affordable and secure housing being cited as a potential source of health inequality in Australia.

The prevalence of mental health issues being raised within many housing contexts from homelessness, to social isolation, young people and the acceptance of affordable housing and public perception have highlighted this issue. Further the Federal Government's whitepaper on homelessness "The Road Home" contains many strategies focused on people with a mental health issues showing the increased awareness of this issue and its impact on people accessing and sustaining housing.

Additionally the United Nations' Convention on the Human Rights of People with Disability 2008, Article 19(a) states that 'persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement'.

Armed with this research and strong housing need for people with a disability and health issues, Queensland Shelter framed a strategy to best interact with the community and elicit information to identify housing issues and concerns. Along with high levels of people living with a disability, Queensland Shelter has chosen to include chronic and mental health issues as a part of this process due to similar housing related issues being experienced.

Aim

Using the International Covenant on Economic, Social and Cultural Rights (ICESCR) and Queensland Shelter principles that housing is to be safe, secure, appropriate, accessible and affordable; the aim of this report is to formulate policies and recommendations to

¹ ABS Disability, Ageing and Carers (2003) Cat No. 4430.0 In the context of health experience, disability may refer to impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).

² Beers, Professor Andrew and Faulkner, Dr Debbie 'The Housing Careers of people with disabilities and their carers' AHURI 2009

³ Kreiger and Higgins 2002: 758; Shaw 2002: 202 cited in Baker, E and Tually, E 'Women, Health and Housing Assistance: Implications in an Emerging Era of Housing Provision' Australian Journal of Social Issues Vol.3 No.1 Autumn 2008: 124

⁴ Dunn 2002: 681 cited in Baker, E and Tually, E 'Women, Health and Housing Assistance: Implications in an Emerging Era of Housing Provision' Australian Journal of Social Issues Autumn 2008: 124

achieve the best housing outcomes for people with a disability and/or health issues in Queensland.

Methodology

Queensland Shelter had few formalised networks within the disability and health communities. To address this we brought together a reference group consisting of disability peaks and advocacy groups, government departments involved in the areas, parents of people with a disability and /or health issues with additional input from other organisations (list of members in Appendix).

This Group helped frame a consultation process and strategy to best suit the target audience. They identified a large amount of unmet need for suitable housing and housing stress within the disability and health communities. Additionally there was a lack of knowledge regarding recent initiatives of all levels of government with both the housing and disability sectors. Further it was recognised that there are high levels of disability and health issues within the Aboriginal and Torres Strait Islander population. This combined with the federal government's commitment to 'Closing the Gap' for Indigenous peoples' life expectancy formed part of the process.

Consultations were developed to achieve the following

- Improve the profile of Queensland Shelter in the Disability and Health communities;
- Provide information on new developments within these sectors:
 - Federal – new housing initiatives, new disability strategy and the closing the gap agenda;
 - State – One Social Housing System, Disability Services, Q Health and the Machinery of Government changes;
 - Local Services – to encourage local community engagement, and foster networking while highlighting examples of best practice within the regions;
- Provide an avenue for people with a disability to share issues and concerns regarding their housing experiences along with commentary on these initiatives.

The consultations were held in Cairns, Rockhampton, Toowoomba, North Lakes, Logan and the Gold Coast where over 300 people attended these sessions.

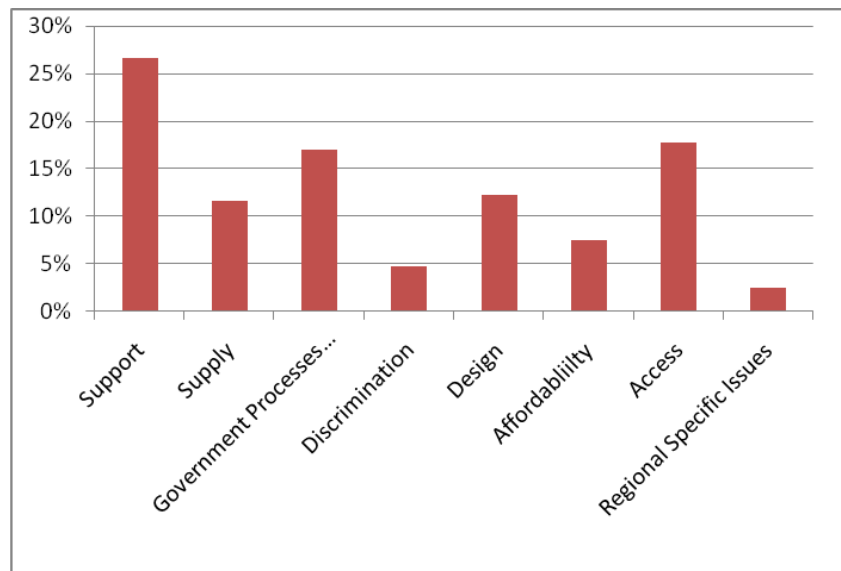
Information collected was analysed using qualitative methods and collated into the main issues and concerns facing people with a disability and health issues in housing. These findings were shared with the participants, published on Q Shelter's webpage and distributed via the e-bulletin, Q Shelter's electronic newsletter.

Findings

Overwhelmingly participants nominated a lack of funding for all programmes as one of the main issues facing people with a disability in accessing and sustaining housing. Additionally many participants expressed the opinion that choice and a flexible approach were needed to house people with a disability or chronic health issue. A one size fits all approach does not work as disability is personal and individualised with homogenous 'catch-all' approaches leaving many frustrated or left out of the system. Further, depending on the type of disability or health issue, different housing options were needed. For some, design was a priority while others faced discrimination and stigma when having to declare a mental health condition. Parents who are ageing expressed concerns about where their children would live or in some cases stated they had to 'abandon' their child before the system could provide support and accommodation.

The main areas that were nominated were Support (27%), Access (18%), Supply (12%), Government Procedures and Policies (17%), Design (12%), Affordability (7%), Discrimination (5%) with some Regionally Specific Issues (2%) as shown in the graph below (percentages are of the total issues raised).

Analysis of Issues from Health, Housing and Disability Consultations



Support

We have collected many issues relating to funding for programmes, and the necessary additional support required to establish and sustain people with a disability in housing. Participants stated that support and housing should be provided by separate organisations. Many participants stated that crisis point needs to be reached before housing will be provided, and early intervention strategies would prevent unnecessary

and debilitating trauma, and maintain tenancies. Choice, flexibility of support and the time required for support were also key messages that attendees from around the state nominated. Views on group living were divided where government representatives and service providers found it efficient and effective, advocates and people with a disability thought it was prescriptive and restrictive.

Government Procedures and Policies

As many people with a disability or chronic health issue rely upon government departments for support, funding and housing, there were many concerns and issues raised about procedures and policies. Many people stated that navigating the system or even being able to traverse the minefield of bureaucracy was one of the greatest hurdles facing people with a disability in accessing housing. One of the main issues was the high level bureaucracy involved in people with a disability accessing government systems, with many people stating that processes and procedures need to be streamlined. Many stated that funding was difficult to access, inflexible (time limited in some cases), and not structured around recovery. Others expressed that people with a disability were coerced to live in share housing situations and group funding was not the best fit for many. Systemic issues reported included people falling through gaps or people being assessed by different departments and getting different outcomes. While others find eligibility for housing is dependent upon a crisis situation being reached, by which time the person with a disability and their family have faced high levels of distress and trauma. Private support providers felt isolated by the government system while others were concerned regarding the high prices charged and care given by these providers. Parents stated that the system lacked dignity, requiring parents to complete soul destroying forms regarding their children and the challenges they face before accessing housing or support. Others stated a frustration that the 'system' relied upon people keeping their children at home deeming them adequately housed when applying for social housing even though the family was at breaking point.

Access

The term access covers systemic issues, knowledge about what is available and where housing is located. People stated there were long delays in disability assessment which further delayed support and housing assistance, while others expressed concern regarding the capacity levels for some people in understanding the system. People living outside major health service areas face additional access issues as there are limited support and health services in their local area. Others stated that many people went without assistance as they did not know what was available or how to get help, while many stated that housing was impossible without a support package they could not access.

Supply

Many issues and concerns regarding this area were due to the lack of appropriate housing stock available within Queensland. This was further exacerbated when people with a disability were trying to access private rental properties that were appropriately designed and located. The limited supply of appropriate housing combined with the tight rental market leaves little room for choice. One person stated, "It was a case of living in a group home or nothing". Others stated people with a disability were living far away from essential services as that was the only affordable accommodation available, or were reluctant to complain about the condition of their housing for fear of losing a tenancy.

Affordability

People with a disability have low levels of home ownership and are reliant upon the social housing and private rental system. However as many people with a disability receive income support and private rental costs are high, many are forced to live in inappropriate housing and in some cases far from public transport and support services. Hostel accommodation was reported as charging 85% of income not including personal expenses leaving an extremely low amount to cover these costs. People requiring treatment within another city face the additional costs of housing in two areas during treatment placing further strain on limited resources.

Design

A property's initial design, location and access to services directly impacts upon the people living within them and their ability to be involved with the community. Some areas have no housing available that is of appropriate design, while others have housing that is located on steep hills or in areas without adequate public transport. People with a disability face additional design frustrations when living in share homes that lack privacy, have common rooms for entertaining and require workers to have an office in their home. Cultural and climate appropriateness of housing is especially important within this field – a house within Queensland's North or West requires a veranda for cooling but this also serves as additional entertaining space or even a place for a family member to stay.

Discrimination

People stated that by looking, sounding or being perceived as behaving differently set them apart from the community. Participants reported that they felt isolated and the community lacked the education to accept them. The concentration of higher needs within social housing was not helping with this perception. Without the broader mix of people within the mainstream community this stigma is intensified while others felt a greater level of scrutiny because they lived in social housing. Discrimination also happens with people trying to rent in the private rental market. People are excluded or not considered as a suitable applicant due to their disability or illness while others reported exploitation. People reported community attitudes and acceptance differed depending upon the disability or mental health issue. One participant stated that

community members seemed happy to help someone with a mobility issue but reluctant to engage with a person with a mental health issue.

Regional Specific Issues

Most of the issues above were echoed across Queensland however there were some that were specific to the area.

For example in Cairns people were concerned regarding the design decisions being made by people in a climate remote from them without monsoonal rains, high humidity and knowledge of the local geography. In the Darling Downs it was discovered that people with a disability have to contend with heritage buildings that could not be made disability accessible with others stating there was not a demand for disability friendly housing due to everyone knowing there wasn't any in Warwick so they don't apply.

On the Gold Coast there is very little homeless accommodation for someone with a disability and services face hard decisions when faced with high needs clients when they are not adequately resourced or trained to deal with them. Both Rockhampton and Toowoomba reported the effects of the mining boom upon affordability and with many people with a disability on a fixed income this made maintaining housing an even tougher prospect.

Principles

Based on the research, international United Nations conventions and evidence from the consultations Queensland Shelter believes that:

- people with a disability and health issues should be able to choose their place of residence, where and with whom they live on an equal basis;
- support and housing should be provided by separate organisations where possible, with the support to be portable and independent of housing tenure;
- support should be provided for the duration of need and recovery based where applicable; and
- early intervention approaches should be developed to provide support and housing to people with a disability and health issues to avoid crisis and trauma.

Recommendations

Recent machinery of government changes led to the formation a large Department of Communities which now includes Housing and Homelessness, Communities, Disability and Community Care, Multicultural, Sport and Recreation, Aboriginal and Torres Strait Islander and Women's Services. This department is under the banner of a Social Development Cluster which also includes Queensland Health and the Department of Education and Training. These recommendations have been framed with this overarching structure in mind and across broad portfolios and services within the State government.

Additionally there are recommendations that are cover the areas of benefit payments, health and federally funded programs that all directly influence housing for people with a disability or health issues within Queensland.

Support

1. Queensland Shelter recommends:

- an increase in the number of disability support packages available to allow people with a disability or health issues to access and sustain housing;
- an increase in the number of Personal Helpers and Mentors (PHaMs) packages for people with mental health issues to access and sustain housing; and
- the Department of Communities or Q Health or a partnership arrangement develop and offer strengths based recovery approaches like PHaMs program.

Government Procedures and Policies

2. Queensland Shelter recognises and supports the Queensland Government's efforts in the creation of plans for integrating government services. Queensland Shelter recommends that this integration of housing, disability and health systems can be achieved through:

- using a coordinated system or a 'one door' approach developed across Housing and Homelessness, Disability, and Community Health services with referral pathways from Q Health;
- developing consistent procedures and eligibility criteria that maintain people's privacy and dignity while addressing current and projected housing need;
- ensuring guidelines, eligibility and regulations have the flexibility to cater for the change and diversity that is inherent in disability; and

- having eligibility forms and procedures that are accessible with provision made for people with an intellectual or cognitive disability to understand what is required and all the options that are available to them.
- 3. Queensland Shelter recommends that Department of Communities – Disability Services, Mental Health Services and Q Health develop stronger working relations with common assessment tools to prevent people with a disability or mental health issues being further disadvantaged.
- 4. Queensland Shelter recommends that current gaps within the systems, for young people with a disability transitioning to the adult system, be addressed to ensure a seamless handover and provision of service.
- 5. Queensland Shelter recommends private accommodation support providers be appropriately regulated and resourced to provide quality services at a reasonable cost, to allow a high standard of care and quality of life for people using the system so it becomes a viable form of housing.
- 6. Queensland Shelter recommends that trusts set up to provide for housing or care for people with a disability and health issues, be exempted from the assets test eligibility criteria for people access social housing and financial assistance.

Affordability

- 7. Queensland Shelter recommends an immediate increase in the maximum rate of Commonwealth Rent Assistance (CRA) by 30%.

Access

- 8. Queensland Shelter recommends greater dissemination and multiple access points for people with a disability and health issues to gain assistance and access to housing and support information with the ability to have multiple referral pathways.
- 9. Queensland Shelter recommends Q Health provide additional temporary accommodation or access to increased financial assistance for people with a disability or health issues, who need to travel to access essential health services not provided within their regions. Alternately more resources should be allocated to Q Health to provide these essential health services within the regional and remote areas of Queensland to avoid people having to travel.

Aboriginal and Torres Strait Islander Peoples

- 10. Queensland Shelter has prioritised Indigenous housing and related issues due to the high levels of disability and health issues within the community combined with poor housing conditions and an over-representation in homelessness statistics.

With this high level of disadvantage Queensland Shelter recommends:

- an 'indigenisation' strategy be developed using appropriate - languages; personnel; program, and policies to ensure the issue of 'social inclusion' is a central factor in how the services are delivered; and
- mainstream services to Aboriginal and Torres Strait Islander peoples link with Indigenous services to provide full wrap around services and system coordination.

Supply

11. Queensland Shelter recommends increasing social housing stock to at least 6% of Queensland's dwellings, with at least 60% of new build social housing stock being universally designed.
12. Queensland Shelter recommends that National Rental Affordability Scheme (NRAS) developers be encouraged to have mixed portfolios to include social housing to increase the amount of affordable universally designed rental stock available.
13. Queensland Shelter recommends the increase in supply and the upgrading of crisis accommodation to be able to cater for people with a disability and/or health issues.
14. Queensland Shelter recommends additional training and staffing for services to cater for people with mental health issues.
15. Queensland Shelter recommends the development and strengthening of regional crisis accommodation services to deliver intensive support and access to specialised support similar to Roma House, to cater for people with complex and high needs.
16. Queensland Shelter recommends that current heritage guideline and regulations allow for the refitting or adjustment of buildings to allow people with a disability access and the ability to participate in the community.

Design

17. Queensland Shelter recommends the formation of a Universal Design Alliance comprising design specialists, housing and disability peaks to develop and lobby for universal design codes to be compulsory under planning and building guidelines. This will address the shortfall of suitable housing within the private rental market.

18. Queensland Shelter recommends that dwellings be designed to be physically, environmentally and culturally appropriate and be well located close to transport and other necessary services.
19. Queensland Shelter recommends that share facilities be purposely designed to allow privacy and separate living and working spaces for people with a disability or health issues and their support workers/or carers.
20. Queensland shelter recommends that current fire safety procedures be continually reviewed and developed to allow for the safety of people with a disability and prevent this being used to prevent people from living in housing.

Social Inclusion

21. Queensland Shelter recommends the Department of Communities investigate and develop community education and public awareness campaigns to break down barriers and promote social inclusion for:
 - people with a disability and people with mental health issues;
 - people living in affordable and social housing;
 - Aboriginal and Torres Strait Islander people with a disability or health issues;
 - through a variety of mediums including short film presentations on daily life for people with a disability, print, radio and television advertisements, forums and Indigenous art forms.
22. Queensland Shelter recommends that the Department of Communities further develop and roll out the 'matching for success' program to achieve the best outcome for people with a disability and/or health issues and decrease social isolation and community fatigue.

Conclusion

Consultations were developed to provide information and collect people with a disability and health issues housing needs, issues and concerns. These sessions were held in six locations across the State along with additional consultation with reference group members and other people within the disability community. Interest in these sessions was strong with many people passionately sharing their frustrations and experiences with accessing housing and support. This report has outlined support, affordability, government procedures and policies, access, supply, design and social inclusion as the main issues. Queensland Shelter has recommended strategies and policy changes across many areas to ensure that people with a disability and health issues can live in safe, secure, appropriate and affordable housing with dignity and hope.

Appendix

Health, Housing and Disability Reference Group Members

| | |
|-----------------|--|
| Francis Vicary | Queenslanders with Disability Network |
| Emma Bennett | Parent of Child with a disability |
| Darren McGhee | MICAH |
| Andrew Bartlett | ECCQ |
| Representatives | Department of Communities (Disability Services) |
| Representatives | Q Health |
| Len Airey | NDS |
| Melinda | QAI |
| Marcus Richards | Office of the Public Advocate |
| Georgina Lawson | Queensland Alliance |
| Representatives | Department of Families, Housing, Community Services and Indigenous Affairs |
| Noelle Hudson | Queensland Shelter Policy Team |
| Bill Lowah | Queensland Shelter Policy Team |
| Gary Penfold | Queensland Shelter Policy Team |