'We look after our neighbours here'

Support services for NSW social housing tenants

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NEW SOUTH WALES

'We look after our neighbours here': support services for NSW social housing tenants

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Research for this report was undertaken from September to October 2012. The data in this paper are, to the best of the authors' knowledge, current as at November 2012. While every effort has been made to ensure the information is up-to-date and accurate, socioeconomic conditions, public policy and the law are constantly changing. Shelter NSW accepts no responsibility for any errors resulting from unforeseen inaccuracies or for damage or loss suffered by any individual or agency as a result. Readers are advised to seek professional advice and refer to relevant legislation, as necessary, before taking action in relation to any matters covered by this document.

Any opinions expressed in this paper are those of the authors and do not necessarily reflect the views of Shelter NSW.

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Executive Summary

Since 2005, the NSW Government has increasingly allocated a higher proportion of its social housing to tenants with high levels of disadvantage, and this means more of their tenants will require support to sustain their tenancy. A number of policy initiatives have been implemented to try and improve access to support services for these high need tenants. This project aimed to get a tenant perspective on how well these systems are working on the ground for social housing tenants.

A detailed literature search identified a number of elements of good support services.

- Trust and respect – tenants in many studies speak of the value of having a support worker who is honest with them, treats them with respect and who they trust.
- Flexibility – tenants value support that can help them with the particular issues they are facing, irrespective of program or disciplinary boundaries.
- Coordination – tenants often need multiple supports to deal with different specialised issues, and there needs to be good communication and coordination between these support services.
- Cultural appropriateness – services need to be provided in a way which respects the diverse cultures of tenants.

The core of the project was four focus groups with tenants in different locations – one in a regional city and three in various Sydney locations. Our participants were a mix of experienced tenant advocates and tenants who had never been involved in tenant activities before, and a mix of long term tenants and those who had only recently entered social housing. The majority of participants had long term health or disability issues and many had other support needs as well, including mental health conditions, drug and alcohol problems and histories of domestic violence. However, they were far from being a group of passive, dependent people – many were highly involved in their community, supporting other tenants and playing active roles in local community groups.

Tenants identified a range of issues in their communities, including residents with acute mental health conditions, issues of drug and alcohol abuse, domestic violence, ageing and physical disability. Often these issues show up for residents in the form of neighbourhood disturbances and this means the issues don't only affect the individuals concerned, they affect the entire neighbourhood. This meant that tenants faced a real dilemma – on the one hand, they didn't want to see people made homeless and understood that they needed support, but on the other hand they wanted to be able to live at peace in their own homes.

Participants were able to identify a number of aspects of good support. They identified clearly that when they had support needs, they would be most likely to turn first of all to their family, friends and neighbours, and that a strong local support network was crucial to local wellbeing and tenancy sustainment. These networks need support to keep functioning, particularly where there are high levels of disadvantage in a neighbourhood, to avoid the risk of burnout. There also needs to be a good connection between this informal neighbourhood care and the formal service system.

The consequences of not providing support services can be drastic for high need tenants and for their neighbours. Consequences of service failure for individual tenants can

include worsening of health conditions (both physical and mental), loss of housing and risk of homelessness, and in extreme cases an increased risk of suicide. Consequences for their neighbours can include increased tension and stress in neighbourhoods, increased anti-social behaviour with consequent loss of feelings of safety, and burnout for informal carers.

Tenants often expressed their frustration about the formal service system because they felt they were not treated with respect, and that service delivery was too unreliable and intermittent. However, they were also able to tell stories in which the service system had responded well to their needs. The key elements of a good response were:
- being treated respectfully, as people who knew their own needs
- receiving a consistent, flexible service which met their actual needs in a way they were happy with
- responsiveness, particularly in crisis situations or situations of conflict between neighbours
- provision of good information about service availability in a way that meets the needs of people who may not have high levels of literacy.

Provision of services in this way could have significant positive impacts on community wellbeing, and had the effect of sustaining not only individual tenancies, but the quality of community life for all residents.

1.0 Introduction

As social housing in NSW and other Australian states and territories has moved towards needs-based allocation, the support needs of tenants have become a more pressing part of social housing management.

This project explores the issue of support from a tenant point of view, reporting on discussions about this issue with four focus groups of NSW social housing tenants in various urban communities. The project's core research question is:

- How good is NSW social-housing tenants' access to support services that assist them (where needed) to sustain successful tenancies?

This question is explored through seeking answers to three sub-questions.
1. What sort of support do tenants need to maintain their tenancies?
2. What is their access to this support – is it available, how do they link into it and what referral pathways are available?
3. What are the consequences of them getting or not getting this support?

This report addresses these questions in three sections. Section 2 summarises the current NSW policy context in which the issue is being examined; Section 3 provides a summary of some key Australian and overseas literature on the subject; and Section 4 reports on the views of the tenants who participated in our four focus groups. A brief conclusion sums up some key messages from the research as a whole.

2.0 NSW Context

This section provides a brief summary of the housing and service delivery context in NSW in which this project takes place.

2.1 Housing NSW Eligibility and Allocation Policy

In 2005 the NSW Government released the *NSW Government Plan for Reshaping Public Housing 2005.*[1]

This plan had two key elements which are relevant to this project, as quoted below.

> ***'End the policy of public housing for life***.
> - *New tenants will be offered fixed term tenancies with reviews.*
> - *There will now be three types of leases – short-term (up to two years), medium (two to 10 years) and long-term (10 years).*
> - *Tenants' needs will be reviewed toward the end of each tenancy. If their review shows they still need public housing, their tenancy will continue.*
> - *The reforms allow the Government to assist greater numbers of people in the longer term.*
> - *Existing tenants will remain on their current tenancy arrangements.*
> - *Fixed term arrangements start for new tenants from 1 July 2005.'*
>
> ***'Allocate all public housing on the principle of strongest housing need.***
> *This means the public housing eligibility rules will be focused on:*
> *assisting low income people who need support to help them live independently; and*
> - *low income households who have problems finding affordable housing in the private market that is suitable for their needs.*
>
> *This policy will help people in the following groups:*
> - *the frail elderly (over 80 years) and aged pensioners;*
> - *people with a disability;*
> - *families with children;*
> - *young people under 20 without family support;*
> - *homeless people; and*
> - *unemployed and low waged adults.'*

These reforms aimed to re-orient the NSW social housing system towards higher need tenants, allocating a higher proportion of the increasingly limited social housing to those in high need and moving on tenants who are no longer in need. It continued a trend going back at least to the mid-1990s towards targeting social housing to higher need applicants

The result of this policy has been a steady increase in the proportion of new allocations to households in 'greatest need' as defined by the Australian Institute of Health and Welfare, as shown in Figure 1. However, these need to be understood in the context of a general decline in the overall number of allocations as housing market conditions and levels of need make it more difficult for social housing tenants to move into home ownership or secure private rental.[2]

Figure 1: Proportion of greatest need (new) allocations
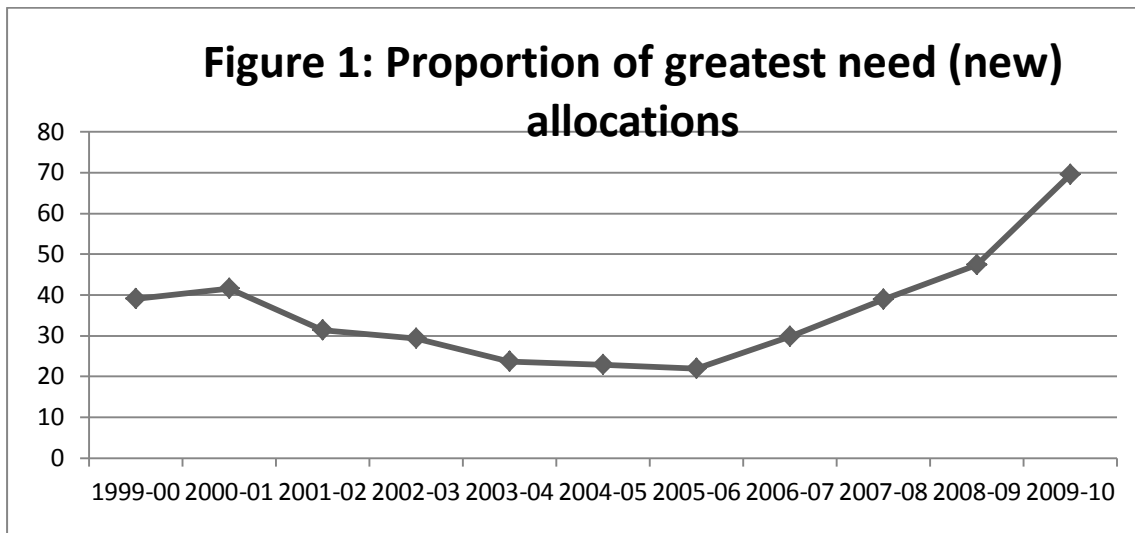
As a consequence of this increased targeting, social housing tenants suffer higher levels of disadvantage than other segments of the population. In 2010 the Australian Institute of Health and Welfare[3] found that:

- About 16% of their sample of NSW social housing tenants were unemployed and looking for work
- About half of all people aged 18 or older in the households surveyed were not employed and not looking for work for reasons including ill health and siability, retirement or parenting.
- Almost one-fifth of social housing households contained at least one person who needed help with self-care, communication or body movement activities.
- One-fifth of public housing (21%) and one-third (31%) of community housing respondents indicated that they had been homeless at some time in the past. Of these, one quarter of public housing (24%) and one-third (31%) of community housing respondents had been homeless during the past 5 years.

2.2 Focus on Sustaining Tenancies

High levels of disadvantage, and particularly high levels of disability and health problems, create the risk of a higher number of tenants failing to sustain their tenancies. Housing NSW attempts to manage this risk by assessing the support needs of applicants prior to allocating them housing, and ensuring they are linked to support services if needed before offering them housing. The text box on the next page shows the relevant policy statement from Housing NSW.[4]

To support this policy the NSW Government, led by Housing NSW, has implemented a number of service delivery initiatives aimed at coordinating housing and support services and ensuring high need tenants get access to the support they need. The main initiatives are listed below.

The Housing and Human Services Accord
In 2006 the Accord was negotiated under the auspices of Housing NSW and signed off by a number of State agencies including:

- Aboriginal Housing Office
- Attorney General's Department

- Department of Ageing Disability and Home Care
- Department of Community Services
- Department of Corrective Services
- Department of Education and Training
- Department of Housing
- Department of Juvenile Justice
- NSW Health
- NSW Police.

The stated purpose of the Accord is 'to improve the planning, coordination and delivery of services to assist social housing tenants to sustain their tenancies, as well as to facilitate community building and to reduce social disadvantage in the larger public housing estates.'[5]

It includes two key priorities: working together to improve service delivery in large public housing estates, and supporting high need households. It also includes various process commitments about communication, coordination, consultation and shared decision-making.

The Accord document is framed in a very general way and its primary value is in providing a framework for more specific, targeted collaborative processes which are developed as schedules to the main agreement. The two main processes are summarised below.

While the Accord is no longer formally operative, a number of the practices developed during its operation are still in use, including the protocol around information sharing and a number of the local and regional service delivery relationships.

Shared Access Schedule and Trial Projects
The Shared Access Schedule as signed off in 2006 as an addendum to the Housing and Human Services Accord. It aimed to trial ways of providing coordinated housing and support for highly vulnerable households. Sixteen separate trial projects were planned for implementation from 2006 onwards, with projects targeting vulnerable young people, people with disabilities, ex-prisoners, families affected by domestic violence and long-term homeless people.[6] The aim of each of these trial projects was to ensure that vulnerable households were securely housed and received the support they needed to sustain their tenancies over time. The trial projects had a clearly defined time-frame and a detailed evaluation framework, and the intent appeared to be to use the evaluation of the trial projects to inform system-wide improvements to coordination of housing and support.

Following publication of a brief mid-term evaluation in June 2007 (at which point it was too early in the trial process to draw any clear conclusions) there has been no further published information on the trials, and their current status is unclear following the discontinuation of the Accord. Nonetheless, it appears that a number of the lessons from the trials have led to ongoing improvements in the collaborative arrangements between agencies. Some of the concrete approaches appear to have been incorporated into the Regional Homelessness Action Plans which have been developed since 2009, while it is

> **Housing NSW Eligibility**
> 'To be eligible for social housing, the client must be able to sustain a successful tenancy. This means that they must be able to meet the obligations of their tenancy, with or without support. When determining whether social housing is the most appropriate housing option for an applicant, the social housing provider will consider whether the applicant is able to:
> - Pay their rent, and
> - Look after their property, and
> - Not create a nuisance and annoyance to their neighbours, and
> - Live independently with, or without support, and
> - Live in the property on an ongoing basis.
>
> Where the client needs support to maintain a tenancy, they must show that they have access to appropriate support services. Social housing providers will make appropriate referrals to other agencies in situations where the client has not accessed available support services. If there are concerns about a client's ability to live independently, the social housing provider will request permission from the applicant to obtain:
> - A living skills assessment from an external support agency, or
> - An independent living skills report from their support worker.'

likely that the local partnerships developed for the trial projects have continued beyond the formal trials.

Overall this part of the Accord points both to the importance and the difficulty of cross government collaboration. Issues such as information sharing and client consent, variable service priorities, high level of demand on services and pressure on staff, and interagency rivalry can all make collaboration difficult. Nonetheless, the trial projects also show the benefits of such collaboration for the households involved, and for the agencies who are able to access a a broader network of agencies to solve service delivery problems.

Housing and Mental Health Agreement
In contrast to the Shared Access Trials, the *Housing and Mental Health Agreement* and the *Housing and Support Initiative* (HASI) which is its main implementation vehicle have proved robust and successful. The agreement, made in 2011, is signed by

- the Department of Family and Community Services (FACS) – encompassing all its agencies: Housing NSW, Aboriginal Housing Office, Community Services and Ageing, Disability & Home Care
- NSW Health.

The agreement includes a set of commitments and processes aimed at ensuring people with mental health problems receive the appropriate support to enable them to sustain their tenancies and recover from or manage their illness. It includes communication and referral processes, commitments about shared responsibility, a governance framework and a detailed action plan.

The HASI is one of the key mechanisms for the delivery of this agreement.

> *'The Housing and Accommodation Support Initiative (HASI) in New South Wales (NSW) aims to provide adults with a mental health diagnosis with access to stable housing, clinical mental health services and accommodation support. HASI supports over 1000 mental health consumers across NSW living in social and private housing and ranging from very high support (8 hours per day) to low support (5 hours per week) levels. It is a partnership program between Housing NSW, NSW Health, NGO Accommodation Support Providers (ASPs) and community housing providers.'[7]*

The HASI evaluation published in September 2012 identifies this as a highly successful program. Measured from their entry to the time of the evaluation it showed that clients had

- significantly reduced level of hospital admission for mental health
- improved mental health overall, improved life skills and decrease in behavioural issues
- improved skills in daily living and participation in community, social, education and employment activities.

It also shows significant improvements in clients' housing situations.

> *'The HASI program has achieved its aim of stable housing for most HASI consumers. Most people enter the program with a history of unstable housing, including almost half with no home immediately prior to entering HASI, for example, from hospital, prison, living with friends or family, living in a boarding house, in other unstable or temporary housing or primary homelessness. Many*

consumers who were already housed before joining HASI had also experienced unstable housing in the past.'[8]

'Most HASI consumers were satisfied with their housing and the support they receive from the housing provider. If consumers had moved, it was usually for planned reasons to more suitable accommodation. Most HASI consumers successfully maintained their tenancies (90 per cent)....almost all HASI consumers met their tenancy obligations – they paid rent on time, maintained their property and were good neighbours....The number of Consumer Trader and Tenancy Tribunal (CTTT) actions against HASI tenants was low, as was the incidence of damage caused by tenants. Both these results were similar to other people living in social housing. Housing managers were generally satisfied that, with support, HASI tenants were reliable and paid their rent on time.'[9]

The evaluation identified four potential improvements:
- clarification of objectives and particularly the meaning of the program's 'recovery' focus
- improvement in the process for transition within and out of the program
- improvement in resourcing to address pressure on the service
- clarification of the link between the program and access to secure housing.

The HASI initiative and the overall NSW Government approach to mental health and housing provides a strong positive example of the benefits of collaborative housing and support. The key, however, appears to be the provision of dedicated resources and support to assist people to maintain their housing. In the absence of this consistent resourcing, supports for other people experiencing disadvantage appear to be more piecemeal and this suggests there may be lower levels of success in assisting them to sustain tenancies.
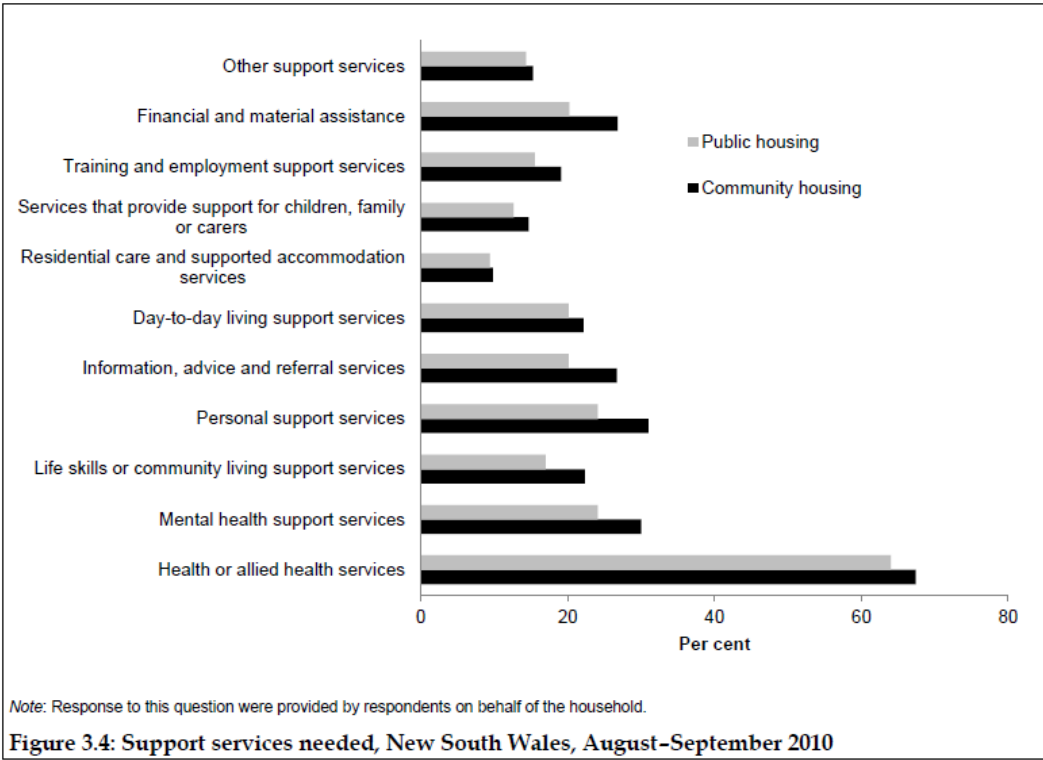
3.0 What the Literature Says

As preparation for our tenant focus groups, we conducted a search of the relevant literature to get a sense of what other researchers had found about these issues. There is a wealth of research into this subject in Australia and around the world, and our own search has been far from exhaustive. The following is a brief summary of what we found.

3.1 Support Needs of Social Housing Tenants

The Australian Institute of Health and Welfare (AIHW) included three questions about access to support services in the National Social Housing Survey[10], which surveyed a sample of public and community housing tenants in all States and Territories. As reported above, they found that NSW social housing tenants, in common with tenants in other parts of Australia, have higher levels of unemployment, workforce participation and disability than the general population, and a large proportion have been homeless at some point in their lives.

They asked tenants to report on their need for support services, their access to those services and where they didn't access them, the reasons for not doing so. The first figure below[11] shows that almost two thirds of tenants reported needing access to health services, and smaller proportions of tenants expressing the need for a wide range of other services.

Note: Response to this question were provided by respondents on behalf of the household.

Figure 3.4: Support services needed, New South Wales, August–September 2010

The National Social Housing Survey reports a number of reasons why social housing tenants don't access the services they need. These are shown in the figure below[12]. Note that

tenants could select more than one response to this question. A large proportion of tenants report not accessing services as a result of their own choice. A number of other reasons selected give an indication of external barriers to service access. These include barriers around information ("did not know where to go"), service availability ("no service in the area", "waiting list too long", "transport restrictions") and cost. Taken together, these responses indicate the likelihood than many tenants who needed support services did not get them despite making attempts to do so.

Table 3.5: Reasons for not accessing services, by service type, New South Wales, August–September 2010 (per cent)

	Cost of service	Did not know where to go	No service in the area	Waiting list too long	Transport restrictions	Did not want to access service	Other
Public housing							
Health or allied health services	17.0	20.0	8.7	18.1	12.7	18.5	5.0
Mental health support services	13.9	15.0	8.2	11.5	9.6	37.2	4.6
Life skills or community living support services	13.5	17.7	9.3	10.8	9.1	33.8	5.8
Personal support services	12.6	24.4	9.4	8.6	9.7	30.0	5.3
Information, advice and referral services	10.7	22.9	8.1	10.3	7.8	37.6	2.6
Day-to-day living support services	10.4	18.3	5.6	7.0	11.0	36.3	11.4
Residential care and supported accommodation services	12.8	18.4	5.7	7.4	4.8	46.4	4.5
Services that provide support for children, family or carer	14.2	17.8	6.1	7.7	5.4	43.6	5.2
Training and employment support services	9.0	18.3	5.6	6.5	7.2	48.8	4.6
Financial and material assistance	8.5	29.6	7.1	5.1	6.5	38.8	4.4
Other support services	11.1	19.0	5.5	11.1	7.7	40.6	5.0
Community housing							
Health or allied health services	19.8	21.6	8.1	19.1	11.3	13.0	7.1
Mental health support services	21.2	21.4	9.6	3.0	5.6	24.4	14.8
Life skills or community living support services	12.2	35.6	6.4	9.0	2.8	24.6	9.4
Personal support services	17.2	33.3	9.2	3.7	5.0	25.0	6.6
Information, advice and referral services	15.4	30.6	8.0	1.6	8.0	28.1	8.3
Day-to-day living support services	15.2	24.4	8.2	5.0	4.9	31.9	10.4
Residential care and supported accommodation services	9.3	17.4	8.6	2.8	5.7	53.4	2.8
Services that provide support for children, family or carer	17.7	33.4	2.8	5.0	2.8	34.3	4.0
Training and employment support services	12.2	22.3	3.1	0.0	0.0	52.6	9.8
Financial and material assistance	8.5	35.7	5.6	3.0	6.9	30.8	9.5
Other support services	19.2	24.1	6.8	6.7	11.0	30.1	2.1

Note: Responses to this question relate to all individuals who are part of the household.

By way of comparison, in 2006 the Department of Human Services Victoria conducted an investigation into the needs of "high risk tenants" in Victorian public housing.[13] They found the following.

> *'Key characteristics of Victorians in public housing high-risk tenancies include:*
> - *they are poor*
> - *they are most likely to be either sole parents and their children or younger, single men and women*
> - *although smaller in number, Indigenous Australians and youth are over-represented*
> - *they often have long-standing health, welfare and economic problems, and chaotic life situations*
> - *mental health, addiction, behavioural and financial problems are common.'[14]*

They estimated that there were approximately 2,000-2,500 such tenants in Victorian public housing. Their findings on best practice in support provision for this group indicated that:

> *'the evidence from these Victorian examples and the international literature reveal that where service support is committed and coordinated, the tenancy*

outcomes for this high needs group improve, and that particular service approaches are more successful than others. However, the tenancy is likely to fail if the tenant is disengaged or is disinclined to engage with housing or support staff. Key elements of successful approaches are:

- *flexibility (meaning the capacity to negotiate and tailor arrangements), flexibility in the type and duration of service response, flexibility of resources*
- *client engagement, the development of trusting working relationships over time*
- *early and appropriate referral and interventions*
- *joint working where appropriate*
- *planning and coordination of service delivery.'* [15]

The Commonwealth Government's White Paper on Homelessness identifies a number of key risk factors which are likely to lead to people becoming homeless or remaining homeless, and these are likely to be the same factors that put people's tenancies at risk. In addition to a shortage of secure, affordable housing these include:

- domestic violence
- long-term unemployment
- family breakdown
- mental health problems
- substance abuse
- leaving health care and correctional institutions and State care. [16]

A wide literature on housing and support links and tenancy sustainment identifies a number of population groups which have particular needs for support which impact on their ability to sustain their housing. Some of these are described below.

3.2 People with disabilities

A number of research reports highlight the housing and support needs of people with disabilities, including those with physical, intellectual and psychiatric disabilities. Selina Tually, Andrew Beer and Pauline McLoughlin interviewed a large number of people with disabilities about the impact access to housing has on other aspects of social inclusion[17]. Participants included people with a wide range of disabilities and at different levels of disability, and many participants also had other life experiences which compounded their problems – substance abuse, homelessness, childhood trauma. In general they find that housing assistance (especially social housing) provides stability to the lives of people with disabilities, aids them in dealing with crises, reduces their risk of eviction and unaffordable housing costs, improves employment outcomes and helps them to find a voice in the community. In this context they highlight the importance of measures aimed at sustaining tenancies.

> *'Regardless of the tenure focus of assistance, the findings of this small scoping study also highlights the immediate need for supports for people living with a disability, including housing assistance, to concentrate on <u>sustaining tenancies</u>. Social inclusion outcomes for tenants will remain sub-optimal if actions to sustain tenancies are not promoted. This is clearly a concern for those with mental health issues in particular.'* [18]

This project identified a number of issues where housing intersected with support in the lives of study participants.

- Hoarding, often associated with mental illness, was a cause of conflict with social housing landlords and many tenants were receiving support to deal with this.
- Issues of safety in public housing estates had a big negative impact on social inclusion – many people with disabilities did not feel safe in their communities for a variety of reasons and this led to social isolation.
- Social contact was in itself seen as important for social inclusion, and many people with disabilities reported being socially isolated. Depending on the person some relied on informal contact while others stressed the importance of formal networks such as agency-organised social activities.
- They identified issues around tenants with disabilities (especially intellectual or psychiatric disabilities) being taken advantage of by others in their neighbourhood.
- Access to services – including doctors who could deal with their specific disability, support services, general services such as shops, and the transport to get to these – was crucial to social inclusion. Some reported a tradeoff between affordable housing and living in a more expensive location where the services they needed were present, and in some communities appropriate services were not available at all.
- Good housing was seen as assisting people to deal with health crises, especially for mental health issues – however issues in the neighbourhood such as concerns about safety could also trigger these crises or make them worse.

Participants reflected the need for both a strong informal network of friends in their community, and access to good formal supports such as specialist health professionals and community support organisations. Various participants reflected on both the positive impact when good support was provided, and the negative impact of its absence or of disjointed, crisis-oriented service provision. Key factors identified for good service provision included clear, accessible information about service access and eligibility, good coordination between services and the importance of finding the 'right' person who would listen and respond flexibly to the person's needs.

Michael Bleasdale explores the linkages between housing and support for people with physical, intellectual and psychiatric disabilities.[19] He identifies some encouraging programs building these linkages in the area of psychiatric disability, including the HASI initiative in NSW and similar programs in Queensland and Tasmania, but relatively few analogous programs meeting the needs of those with other forms of disability. For those with physical disabilities, he sees the situation complicated by a lack of physically accessible housing which means either than people are unable to use support services because they can't get access to housing, or their need for support is greater than it needs to be because their housing is not adapted to their physical needs.

One implication of his research is that people need varying levels of support to sustain their housing. For some, simple training and education will be enough, for others they may need support with a few simple tasks but not a full "support package".

> 'For people with intellectual disability, there is a growing trend away from the provision of group home accommodation. In Victoria, a case management approach has been implemented, and in NSW, the state government, under its Stronger Together program, has recently provided $1.3 billion in funding to

broaden the range of accommodation options. The findings also revealed a program in NSW that provides support and training to people with intellectual disability and low support needs that enables them to live without support in independent settings. Although such examples provide some hope for people who are unlikely to attract packages of support funding, they also challenge the increasing formalisation of housing and support arrangements, where the latter may become obligatory in order to gain access to the former.'[20]

He identifies three features of effective support programs:
1. 'the development of strong local area initiatives, based on cooperation and the capacity to know the individuals who require specific solutions'
2. 'the delivery of flexible support arrangements'
3. 'the capacity to oversee the evolution of programs and initiatives, such as HASP and HASI, to a more locally responsive set of arrangements among housing and support providers'.[21]

Anne O'Brien, Susan Inglis, Tania Herbert and Astrid Reynolds interviewed 50 adults who had suffered psychiatric disabilities to seek their feedback on what works in assisting them to sustain their housing, and what prevents them from doing so. As a result they identified four key elements to a successful housing and support system for this client group.

1. *'**They live in housing that they find acceptable**, and that does not make it very hard or impossible to manage particular disabilities or manifestations arising from their mental illness.'*
2. *'They have **support**, **medication and/or treatments that they trust**, accept and find helpful.'*
3. *'They demonstrate **a willingness and readiness** to tackle, with appropriate support, the individual daily challenges and difficulties living independently may present.'*
4. *'Major issues that may place their housing at **risk have been identified and addressed**.'[22]*

3.3 Aboriginal and Torres Strait Islander People

Aboriginal and Torres Strait Islander people are often identified as amongst those most likely to suffer from homelessness. In their overall review of Aboriginal and Torres Strait Islander housing[23], Vivienne Milligan, Rhonda Phillips, Hazel Easthope, Edgar Liu and Paul Memmott identify a number of crucial linkages between the Aboriginal housing sector and the wider support system. It identifies that Aboriginal and Torres Strait Islander housing organisations play a crucial role in coordinating support services for their tenants, both providing services themselves and building relations with a wide range of Indigenous and mainstream service providers. They conclude as follows.

'Central to future success is shifting direction from 'one size fits all' approaches and embracing a diversity of service options and practices that can respond to the different needs and cultural values of Indigenous people and provide choices that empower Indigenous people and communities to be active agents in creating their housing futures. This means privileging the principle of diversity over that of

equality and creating a genuinely intercultural space for the provision of social housing.'[24]

Paul Flatau, Anne Coleman, Paul Memmott, Jo Baulderstone and Michele Slatter examine the key elements of success in tenancy support programs for Aboriginal and Torres Strait Islander peoples through an examination of data from the Australian Tenant Support Program Survey (ATSP).[25] They identify and at-risk tenancy as 'one in which households:

- Face significant difficulties in establishing and/or sustaining their tenancies due to immediate or long-standing social, health or economic needs.
- Are under threat of possible or actual eviction as a result of rent arrears, accumulated housing debt or tenancy breaches including property damage, inadequate property standards and anti-social behaviour.'[26]

They identified a number of different programs in different states and territories, operating on different models. Some supported homeless people in their transition to housing, others focused on early intervention to prevent homelessness by sustaining an existing tenancy.

Tenants tended to be referred into these programs as a result of direct tenancy issues such as rent arrears, property damage or neighbourhood issues. Behind these presenting issues were a number of issues. Some of these were the common issues known to lead to homelessness – mental and physical illness, relationship breakdown, unemployment, domestic and family violence and incarceration. In addition, respondents in the survey identified a number of issues directly related to their Aboriginality – discrimination by landlords and neighbours, inappropriate responses to cultural behavior such as hospitality obligations, lack of understanding of Indigenous patterns of housing use, and Indigenous beliefs such as mourning customs.

In response to this wide range of underlying problems, tenancy support programs provide diverse responses.

> *'Support measures common across tenant support programs in the ATSP Survey include tenancy advice/information/support and education; needs assessment and case management; financial support to access housing; individual advocacy; counseling; family/household management skills including financial management; and independent and community living skills development. Some programs (but not all) provide support across a wider set of needs relating to family conflict, violence and abuse; mental illness; general health issues; substance misuse; support service referrals; social and personal development; job search skills development; financial relief and material assistance; legal and child protection matters.'*[27]

The research identified six key factors which need to be present to ensure effective support and tenancy sustainment, as follows.

- *'Early intervention: Intervene early before the causes of tenancy instability become too great to manage.*
- *Client empowerment: Empower clients so that they can successfully manage their own tenancies and engage them so that they are attached to achieving positive outcomes from the program.*
- *Local knowledge and trust: Knowledge of local Indigenous communities and the development of trust within communities is vital as is the use of service providers who are local and have credibility in the community.*

- *Support workers: Support workers need to be culturally sensitive, able to understand and acknowledge cultural issues, including kinship obligations, and have an in-depth knowledge and understanding of local family relationships.*
- *Case management: One-to-one client contact, assertive case management, access to brokerage funds, and the use of named referrals linking clients to specific individuals in external agencies together with direct transportation to external agencies works best.*
- *External support linkages: Good linkages with agencies providing personal support services in areas such as mental health support and drug and alcohol counseling and support is critical to address the underlying sources of tenancy failure.'[28]*

3.4 Young people leaving care

As cited above, the White Paper on Homelessness identified people leaving various forms of institutional care as a key risk group for homelessness. Guy Johnson and colleagues explored the housing issues facing young people leaving State care through interviews with 77 recent care leavers.[29] They identified two key barriers to housing access for this group – housing affordability and social relationships.

> *'Many have not maintained a relationship with their family of origin, or find it difficult to negotiate that relationship in positive ways. Few had on-going connections with foster carers. Many had struggled to maintain friendships in light of their moving through multiple placements and emotional trauma. Support workers were often marginal in their lives. A lack of connection had material consequences for housing: many care leavers had no-one from whom they could borrow money, receive household goods, seek advice and emotional support and ask for accommodation when their own housing broke down—housing instability and homelessness are common outcomes. In short, many of the young care leavers had no safety net when they struggled to compete in an already difficult housing market.'[30]*

The authors recommend that each care leaver should be supported through a "leaving care plan", and that these plans be resourced through programs which provide practical and financial support for care leavers up to the age of 25.

3.5 Links to Anti-Social Behaviour

One of the key features of tenancy support programs in a number of countries, including England, Scotland, the USA and Canada, is their connection with programs around anti-social behaviour. One of the ways tenants' support needs often come to the notice of housing organisations is through complaints about tenant behaviour from other tenants. This has led to the development of a body of practice and research about the links between these two issues.

Chris Povey, following a recent Churchill Fellowship during which he visited housing and support programs in the UK, USA and Canada prompted by concerns over the eviction and subsequent homelessness of vulnerable people in Victoria, has provided a thoughtful critique of this approach.[31] He is highly critical of approaches to the issue of "anti-social behaviour" on the basis that the concept is poorly defined, there is little effective way of policing non-criminal behaviour, the categories are extremely broad, and the result is to

evict vulnerable people as a more "efficient" means of dealing with their behaviour in contrast to providing support. As alternatives he examines a number of approaches to sustaining tenancies and on the basis of his assessment of these proposes a set of principles for tenancy sustainment programs, including the following:

- *'a high level of support is required for vulnerable tenants*
- *support must not be time limited*
- *worker values and client trust are important*
- *regulating behaviour is difficult and struggles to address underlying issues*
- *legislative and policy support is needed to drive homelessness prevention*
- *public landlords must have direct personal contact with tenants*
- *identifying and understanding vulnerability is essential to sustaining tenancies and in order to appropriately scale support*
- *embedding support workers within housing teams and mental health training assists housing workers to identify vulnerability and disadvantage*
- *we must develop personal skills and connections in order to prevent homelessness and sustain tenancies.'*

The United Kingdom has seen the development of a series of 'Family Intervention Projects'. Much of the political impetus for these projects has come from concerns about anti-social behaviour on public housing estates and the projects have been developed on the basis of a 'twin-track approach', with the provision of support linked to clear sanctions for continued anti-social behaviour. A 2006 evaluation of these programs found that:

> *'The following types of interventions were often applied in combination:*
> - *mediation and liaison with other agencies*
> - *development of budgeting and financial management skills*
> - *action to address health needs*
> - *work with children and development of parenting skills*
> - *support in the home*
> - *interpersonal work to address issues of motivation, self esteem and anger management.'[32]*

The evaluation of the project reported a high level of success, with over 90% of participants sustaining their tenancies and 82% achieving a reduction in complaints about their behaviour.

A later independent research report co-authored by the principal evaluator reflected in more detail on these projects.[33] Interestingly, in contrast to the official focus on sanctions and addressing anti-social behaviour, the greatest value from a tenant point of view was seen as coming from the value of having someone listen to them and take them seriously, including challenging their behavior. Even where formal sanctions were included in support contracts, clients were often not aware of these (or of the contents of the contracts in general) and were mainly focused on their relationship of trust with the support worker.

In Scotland a number of similar programs are packaged as 'homelessness prevention initiatives', managed by local governments as part of their overall housing programs. These programs typically operate through referral of social housing tenants at risk of eviction to dedicated support services. A 2007 evaluation of these services found that:

'…the kinds of problems addressed by the TSSF project included drug addiction, violence within the home and within the neighbourhood. Hence, the kinds of support provided included:

- *help with benefits claims*
- *help in accessing funds for furniture*
- *budgeting advice*
- *help with parenting*
- *help to combat low self-esteem*
- *help in accessing specialist help such as treatment for mental ill health or substance addiction.'[34]*

Clients of the services were also helped with a range of practical issues, such as furnishing or decorating their home. Clients could be receiving support for period ranging from six weeks to three years, with typical support periods of between six and twelve months. The evaluation found a high level of success in those projects where data was available, including:

- *'70 per cent of families reviewed showed an overall improvement in family functioning*
- *90 per cent of cases showed a reduction in the number of complaints against family members by neighbours and others*
- *in 88 per cent of cases there had been a reduction in agencies' concerns about children's involvement in anti-social behaviour.'[35]*

3.6 Key messages

This quick review of the literature and the current service provision landscape in NSW suggests the following key messages.

1. Social housing tenants are more likely to suffer from a number of different disadvantages compared to the general population, including unemployment, disability, family breakdown, family violence and mental illness. These experiences place them at risk of homelessness and many have been homeless at some point in their lives.
2. As State Government policies increasingly emphasise housing those in most need, the proportion of tenants experiencing difficulties is likely to increase.
3. These issues may often present in the form of tenancy problems such as unpaid rent, property damage or neighbourhood disturbance. In these cases, it is important to respond with support to address the issues rather than relying exclusively on enforcement processes.
4. Many tenants who need support do not get it for a variety of reasons including cost, availability and lack of information.
5. The provision of flexible, responsive support services can be highly effective in reducing tenancy problems as well as improving the wellbeing of tenants.
6. While it appears that New South Wales has an effective, coordinated service provision system for social housing tenants with mental illnesses, other areas of service provision do not appear to be so well resourced and coordination efforts in these fields have been more piecemeal and service delivery on these issues may be more patchy.
7. Characteristics of support which appear to be key to successful tenancy sustainment include:

a. Trust and respect – tenants in many studies speak of the value of having a support worker who is honest with them, treats them with respect and who they trust.
b. Flexibility – tenants value support that can help them with the particular issues they are facing, irrespective of program or disciplinary boundaries.
c. Coordination – tenants often need multiple supports to deal with different specialised issues, and there needs to be good communication and coordination between these support services.
d. Cultural appropriateness – services need to be provided in a way which respects the diverse cultures of tenants.

4.0 What the Tenants Said

At the heart of this project is a series of four focus groups with NSW social housing tenants. Three of these were held in different Sydney locations and one in a regional city. Tenants participating in these sessions were asked to respond to the following set of questions.

1. What sort of situations do tenants get into that might lead to them being evicted or moving out of their housing? Tell us about some specific situations you are aware of.
   a. What was the issue or problem?
   b. How did the person, or their family/friends/neighbours, deal with it?
   c. Did they seek help from any sort of services (government or NGO) and did they get it?
   d. How was the situation solved (or not solved) in the end?
2. What sort of support do you think would have helped that tenant, their family, friends or neighbours to deal with this situation better? What would have helped the tenant to get access to this support?
3. If support is not available
   a. What happens to the tenant and their family?
   b. What happens in the neighbourhood?
4. If you were to get into trouble with your tenancy, who would you turn to for help? How would you go about finding the support you needed?

Tenants were invited to speak about their own experiences and those of others they knew. The following sections provide a summary of their responses to these questions, with direct quotes from focus group participants in the text boxes.
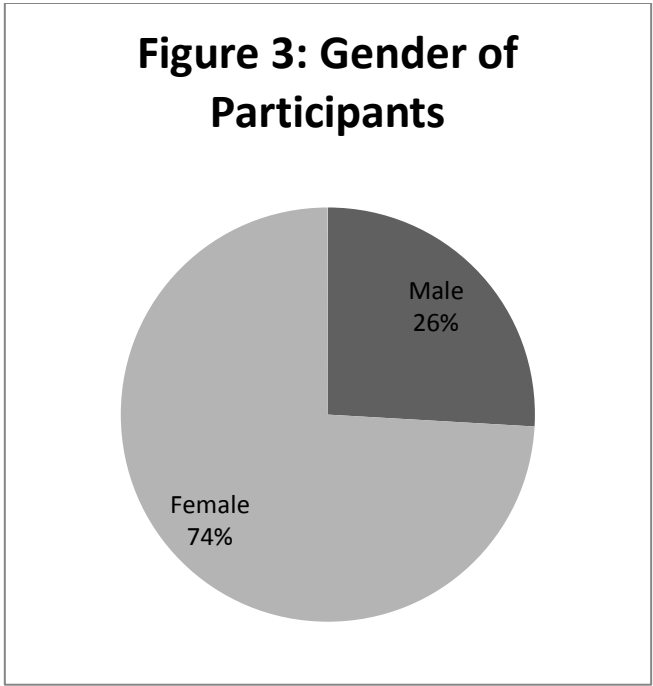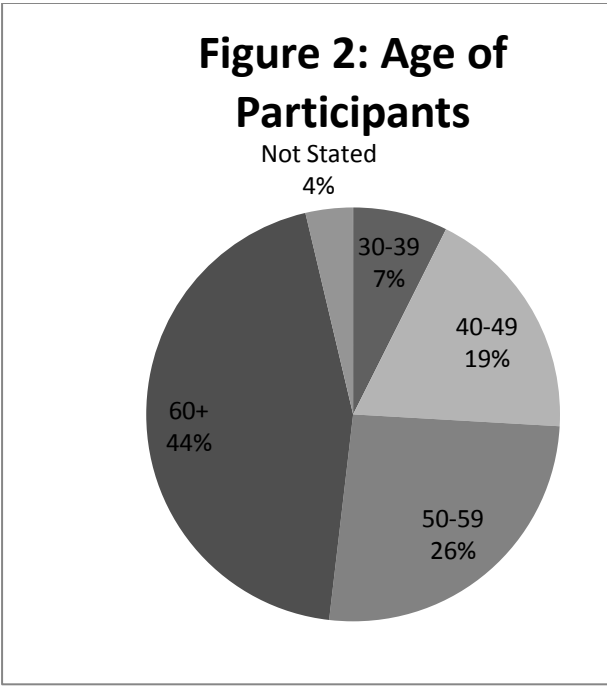
4.1 Focus Group Participants

Focus group participants were recruited through community agencies and tenant networks in the various communities we visited. Tenants self-selected to take part in the focus groups and no particular attempt was made to source a group that was "representative" of the wider tenant body. The tenants we spoke to were often active in their communities and many were experienced tenant advocates. In this sense, the group was possibly better resourced and better connected than many tenants. However, some participants were first-time participants in discussions about housing policy, and most had experienced

disadvantage in their own lives as well as experiencing it in their communities. Participants included a mix of tenants from public and community housing.

At the start of each focus group participants were asked to complete a short anonymous survey which asked some details about themselves and their experiences of seeking support. We received 29 of these across the four groups. The following is a brief summary of what they reveal about the participants in this process. This shows that while they were not necessarily a representative group of tenants, they have a wide range of life experiences including a wide experience of disadvantage and significant personal support needs.

Firstly, the groups were made up predominantly of mature-aged tenants. The youngest participants were in the 30-39 years age range, and 70% were 50 or over. Almost three quarters were women.
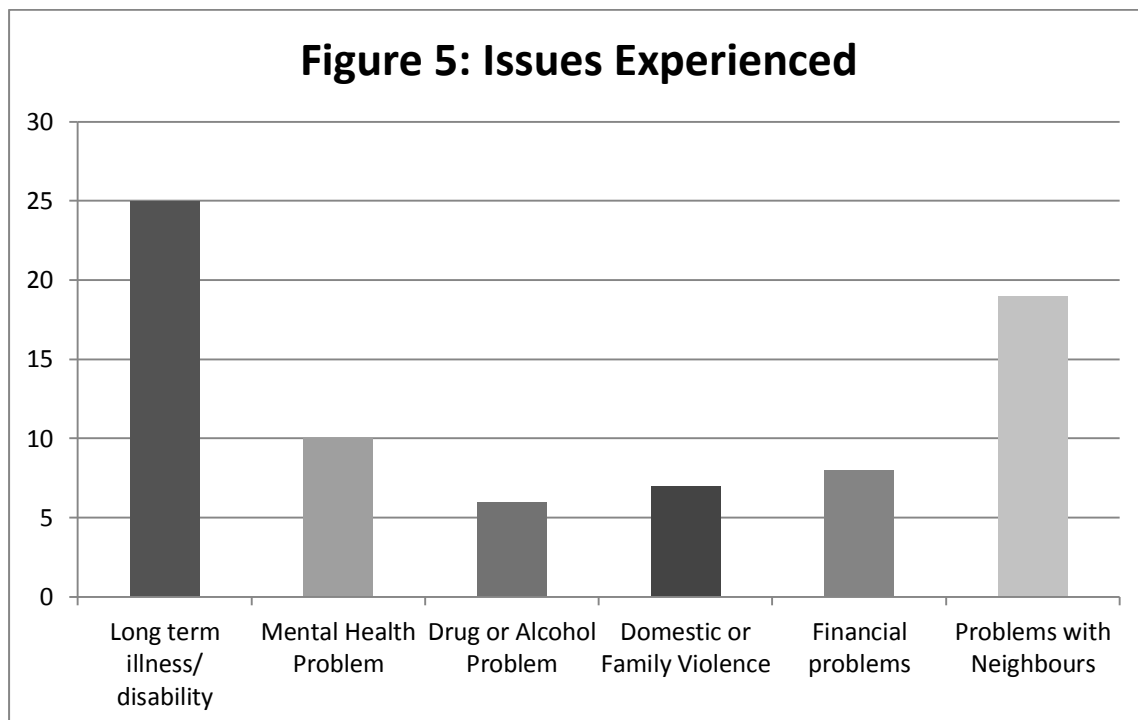
Figure 2: Age of Participants

Not Stated 4%
30-39 7%
40-49 19%
50-59 26%
60+ 44%

Figure 3: Gender of Participants

Male 26%
Female 74%

Participants come from a wide range of household types, with a large proportion of single people.

Figure 4: Household Type

Other
11%

Couple with
children
22%

Single person
41%
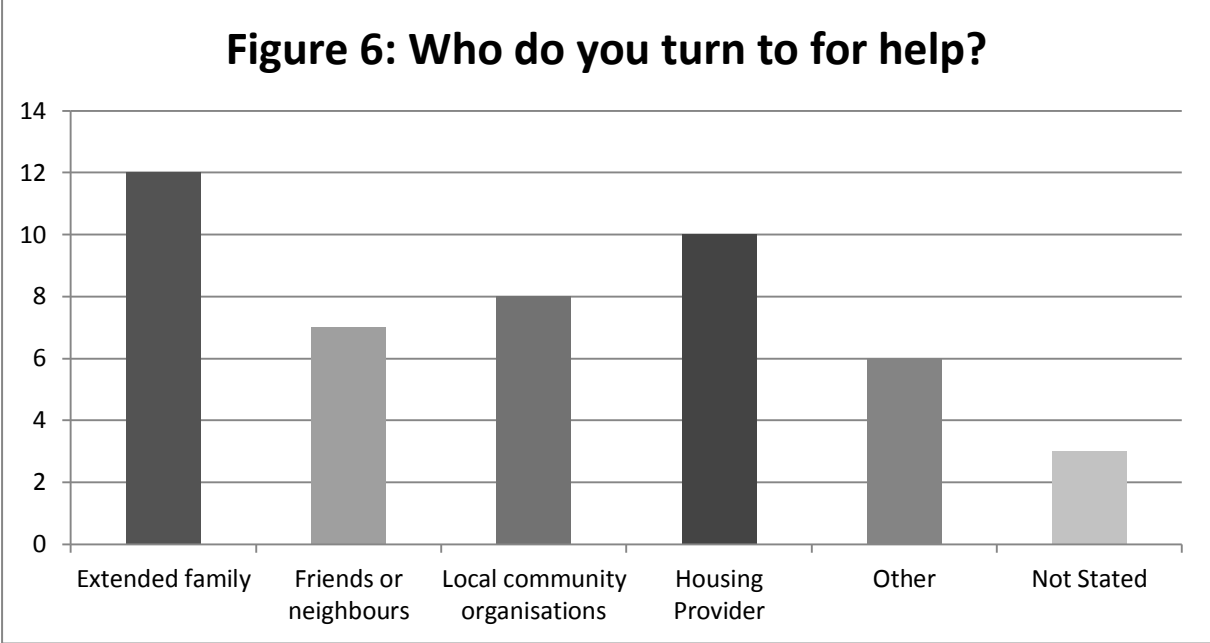
Sole parent
15%

Couple - no
children
11%
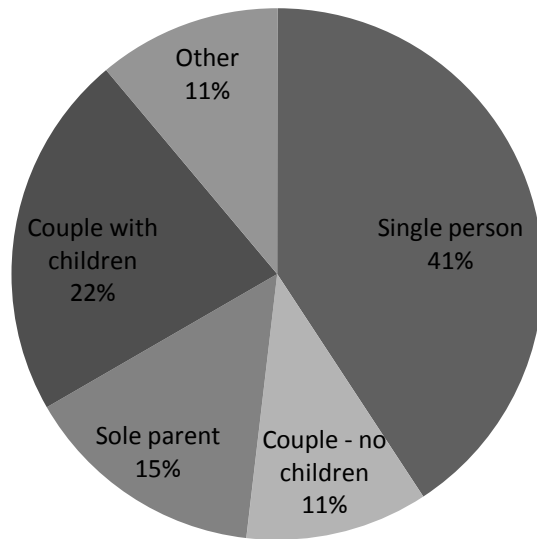
Participants were invited to nominate which from a list of support issues they had experienced - they could nominate more than one issue from the list and a number nominated all six. The results are shown in Figure 5 below. Of the 29 respondents, the vast majority (25) experienced long term illness or disability, while almost two thirds had experienced problems with their neighbours and smaller numbers had experienced other issues.

Figure 5: Issues Experienced

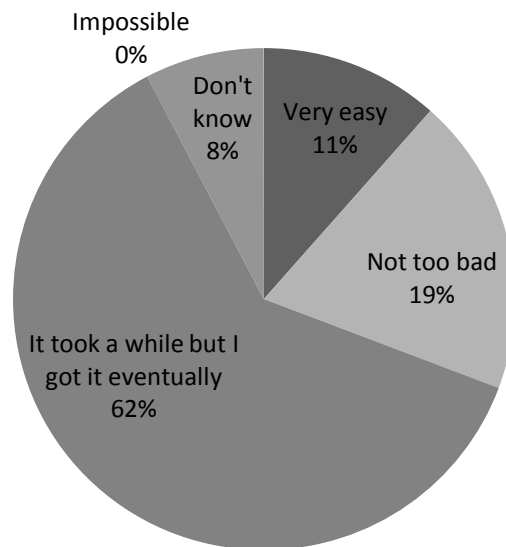|	Long term illness/ disability	Mental Health Problem	Drug or Alcohol Problem	Domestic or Family Violence	Financial problems	Problems with Neighbours
Value	25	10	6	7	8	19

Participants were invited to nominate who they would go to if they needed support, once again with freedom to nominate more than one option. Responses to this question are summarised in Figure 6. They overwhelmingly reported that they would approach family, friends or neighbours (more than half the respondents ticked one or both of these options) but many would also use the formal service system including seeking help from their housing provider, community agencies and others such as police, churches or doctors.

Figure 6: Who do you turn to for help?

A bar chart with the following values:
- Extended family: 12
- Friends or neighbours: 7
- Local community organisations: 8
- Housing Provider: 10
- Other: 6
- Not Stated: 3

Finally, they were asked to nominate how easy or hard they found it to get support when they needed it, as shown in Figure 7. Their responses suggest that while support is available and all those who sought it got it in the end, for most it took a lot of time and effort to get the support they needed.

Figure 7: How easy is it to get help?

Impossible 0%

Don't know 8%

Very easy 11%

Not too bad 19%

It took a while but I got it eventually 62%

4.2 What support issues do they experience in their communities?

We invited tenants to talk about the support needs they have experienced in their communities. They were free to talk about issues they had found in their own lives, and issues they had observed in their neighbourhoods and communities. The following were some of the key issues they had experienced or observed.

> "In a street of 31 homes we've got 9 that are a problem."

Mental Illness

Many tenants reported having experienced mental illness themselves, and most had friends or neighbours who had. For many these illnesses were episodic – they would be well for extended periods in between shorter periods of illness. They reflected that many people with mental illness were not necessarily aware when they were in the midst of an episode. This means that periods of illness were often picked up first by friends or neighbours.

> "There seems to be suicide in my building every 18 months."

For people with mental health issues, mental illness is obviously a huge source of distress and interferes with all sorts of aspects of their lives. It also has a serious impact on their neighbours. This can show itself in a number of ways, including witnessing or being on the receiving end of odd and sometimes disturbing or threatening behaviour. At the extreme end, many tenants reported the experience of having a neighbour suicide, and the stress of these incidents tends to ripple out through a community, especially worsening other tenants' mental illness.

Tenants reported mental illness as having significant impacts on tenancy. Tenants in the midst of an illness could struggle to sustain a tenancy for a number of reasons, including non-payment of rent, absences from the dwelling while hospitalised, complaints of "anti-social behaviour" placing them under scrutiny as tenants, and in some cases experiences of bullying or victimisation in their neighbourhood increasing their level of distress. Another issue reported occasionally was that of hoarding and its associated health and safety risks.

Ageing and frailty

A second issue frequently discussed by participants was the experience of physical disability and occasionally dementia which accompany ageing. Many of our tenants were themselves older people, and some lived in complexes specifically designed for seniors.

Many tenants reflected on the impact of ageing on their wellbeing, and its interaction with their tenancy. One of the biggest impacts is on tenants' ability to care for their home and garden, and many tenants reported disappointment with not being able to continue this kind of work and with the service provided by the Housing Department when they had to resign the role.

> "I used to do the garden but I just can't do it any more."

Another frequently reported impact of frailty was increasing social isolation. Many older tenants reported being fearful of going out, particularly if there had been violent or threatening behaviour in their neighbourhood. Where this was not the case, simple issues of mobility made it difficult for tenants to sustain social involvement.

Housing management can also have a big impact on this group. Two issues were identified in particular. One was the experiences of older people who were transferred in the course of housing redevelopments. Redevelopments tend to target older housing which is reaching the end of its economic life, and this tends to be housing which has been home to older long-term tenants for an extended period. The experience of these people moving from their long term home to a temporary dwelling, then often back to a different location in their long-term community and with different neighbours, can be hugely disruptive to a frail older person.

A second issue is the difficulty frail older people feel in dealing with younger people who have a mental illness or drug addiction. Many older social housing tenants are living in housing designated for seniors, but find that some units are allocated to younger people on the basis of a disability. While older tenants generally understood that a mental health condition was not the 'fault' of the person and understood the need for support, they also reflected on the impact the presence of such a person had on their feeling of security and safety in their community.

Physical Disability

Many of the tenants in our focus groups experienced some level of physical disability – for the most part at the lower end of the scale. Many of the issues they highlighted were similar to those faced by older tenants – difficulty with the physical tasks of caring for a home and garden, difficulty in physically accessing key services and facilities in their community.

Drug and Alcohol Misuse

Participants spoke at some length about the presence of drug and alcohol misuse in their communities. There was a clear contrast between the way they viewed mental illness (as a health problem for which the person needed treatment and support) and drug and alcohol misuse which was most often viewed as a problem of law and order and public safety. Interestingly while six tenants self-reported as experiencing drug and alcohol problems on the written surveys, none spoke about this in the focus groups as an issue for which they needed support, while a number spoke openly of their own struggles with mental illness. Substance misuse was discussed exclusively as something that other people did.

> "We have a lot of problems with drugs and alcohol in our street."

Tenants were concerned about two things in relation to drug and alcohol abuse. The first was its connection with issues of public order and neighbourhood disturbance. Issues of noise, violence, aggression towards neighbours and domestic disturbance were often connected to alcohol and drug misuse, and participants felt this made their communities less safe and impacted on everyone's quality of life.

> "You can't give people help that don't think they need it."

The second common concern was about the criminality associated with dealing in illicit drugs. Many identified the presence of drug dealing in their communities – sometimes in close proximity to schools – and the associated influx of people from outside the neighbourhood taking part in this trade. Once again, this was seen as a safety risk for other neighbourhood residents.

Domestic Violence

Focus group participants experienced domestic violence in two ways. Firstly many of them had been victims of domestic violence themselves, and reflected on the danger trauma of this experience in their lives both at the time, and subsequently. Secondly, many more experienced this as a reality in their neighbourhoods, having the experience of hearing or seeing violent relationships in their streets or housing complexes.

> "I've just moved into housing and I'm quite alarmed about the amount of tenant violence going on. It's a continual thing that triggers my own PTSD from domestic violence."

This issue was a source of tremendous stress to many tenants. Some who had experienced violence in relationships themselves and then witnessed it in their community spoke of the impact witnessing such violence on their own mental health as they relived their own trauma. Even for those who had not experienced this personally, witnessing domestic violence created a serious dilemma. On one hand, they wanted to protect the women and children involved and were well aware that these people faced serious risks. On the other hand, they felt fearful that if they intervened they would face violence themselves, and if

they called police they feared being identified and victimised as the person who made the report.

Neighbourhood Problems/Anti-Social Behaviour
Many of the problems above were experienced by tenants as 'anti-social behaviour' or neighbourhood disturbances. Many tenants would talk about their 'neighbours from hell' or the 'problem' people in their neighbourhood. Issues experienced by tenants in their neighbourhoods included excessive noise, threatening or intimidating behaviour, suspected drug dealing, in in a few cases direct threats or intimidation directed at the tenants we spoke with.

> "I've got the usual neighbour from hell, as everybody has."

All the tenants we spoke to agreed that this was a problem, although how big a problem depended on where they came from and what their personal experience had been. Many also asserted that this problem was not exclusive to social housing and that many had problems with their neighbours who lived in privately rented or owned housing.

However, they were divided in their understanding of this behaviour. Some saw it as intractable, and had little sympathy with those perpetrating it. Others presented a more empathetic explanation, particularly where mental illness was involved or where domestic and family violence was placing women and children at risk.

4.3 What works and doesn't work in providing support?

Participants in the focus groups had wide experience of community care issues, both from getting their own needs met and supporting other tenants. The following are some of their insights into what works in providing support, and what can go wrong.

Informal Support
Many of the participants in the focus groups provided voluntary support to others in their community, either informally through neighbourhood relationships, or formally through volunteering with local community organisations.

> "We look after our neighbours here, we're a close-knit community."

In one example, the residents of an older persons' housing complex were shocked a few years ago to find that one of their neighbours had died, and no-one had found him for some months after his death. As a result, the tenants of the complex now have a much stronger support network amongst themselves, checking on one another regularly, having copies of their neighbours' unit keys in case of emergencies, and helping each other out as they can.

Another tenant, a middle-aged woman, reported a number of incidents in which she helped stressed neighbours with child care or provided a safe place for children when there was trouble in the home.

Others participated in more formal support. Participants in two of our locations talked about formal peer support networks amongst people with mental illness, which involved them checking on one another, providing practical support and if necessary accompanying peers to doctor's visits if they recognised the symptoms of a mental health crisis beginning. Others participated in organised activities through their local churches – community barbeques, teams to provide practical home support to others who needed it. Many were involved as volunteers or board members of local organisations as diverse as the State Emergency Service, local sports clubs or local community centres.

> "We become community volunteers because we don't want to sit at home all day watching Days of Our Lives."

While not all tenants were able or willing to participate in such support networks, those who did were very positive about the experience, both for the skills and networks they gained from it, and the value it gave to their communities. Voluntary effort was part of what they saw as the strength of their communities, and part of the reason they enjoyed living there despite the difficulties.

Supporting Informal Carers

While many participants were willing volunteer helpers, many also spoke of being out of their depth with some of the issues they confronted, and to the danger of burnout if too much was asked of them or they were unsupported.

> "It would be good if there was a workshop about how to handle those kind of situations."

Part of the answer for participants lay in training. In particular, some had participated in peer support training for people with mental illness, which provided some skills and knowledge in how to deal with the situations they might encounter as peer supporters. Just as important was being part of a network of carers, rather than acting alone.

Another aspect of support was being treated with respect by the more formal support system. Many felt that when they spoke to doctors or health workers about their neighbours' mental health condition, or to police about domestic violence incidents or drug issues, they were not taken seriously. The felt a strong need to be able to hand over to these professionals when the situation got too difficult, in the knowledge that their information would be used well and the person would get the help they needed.

Information

Access to good information was important for many tenants. The information they discussed took many forms including:

- information about local services, particularly for new residents – what they did, where they were and how to contact them
- information about how to respond to particular situations – for instance, what to do in various emergencies, how to recognise a scam.

> "When people need services they're at their lowest ebb – they're that low that they don't know how to access services."

They also talked about many ways this could be delivered, including:

- "welcome packs" for new residents to the area with information about the locality, key services, transport etc
- information days involving fun activities at which various services could be present.
- publication of a book of tips for people moving into a new community, combining local information with other items of interest such as recipes contributed by local residents – one tenant had started writing such a book before ill-health prevented its completion.

> "Then you've got the problem of who <u>can</u> read the newsletter…"

Participants also spoke about information needing to be provided in an appropriate, accessible way, recognising that many tenants have limited literacy and struggle to comprehend complex government documents.

Availability of formal services
Participants talked about a number of different types of formal services they valued in their communities and wanted to see provided as a matter of course. These included:

- health services, including basic GP and clinic services and more specialised services for people with complex health issues
- aged care and disability support services – for instance HACC services
- youth support services and youth centres
- drug and alcohol rehabilitation services, including formal services through the health system, and self-help options such as Alcoholics Anonymous and its equivalents
- community and public transport services, particularly for outer-urban communities where transport options are currently poor
- domestic violence and child protection services
- active police presence
- access to local facilities such as community rooms – these needed to exist, but also needed to be accessible to local residents and available for the kind of activities local residents wanted to organise.

> "Alcohol was a problem in [location] and they started an AA group which is still going. Before that we had to drive them into Sydney."

> "I understand the Department of Housing saying 'you've got a bed' but you need more than that."

Respect and responsiveness
Many participants reported the experience of being treated disrespectfully by officers of their housing provider, or by staff of other support services. They found this frustrating

and felt it hampered their own efforts to improve their communities and support their neighbours. This sense of disrespect was often directed particularly at their housing provider over such things as failing to consult them over maintenance issues, implementing poor designs in housing renovations, or failing to respond to their complaints about neighbours or reports of damage or unsafe infrastructure.

> "The other day I went up to the TAB and there was a horse running called 'Where's Tim?' and I thought 'that's my housing manager!'"

On the other hand, many spoke warmly of particular staff members or community workers who had impressed them. These people tended to have a number of characteristics which participants felt led to good service provision. These included:

- being welcoming – presenting a 'friendly face' to people who came into their service
- treating tenants and clients with respect, being honest with them and taking what they said seriously
- following through on promises and focusing on solving the problem, including being responsive when people said there was a problem
- sticking around for long enough to get to know people and understand the community.

> "If you put that smile on your face it'll come through on the phone – there might be five people in that waiting room but they'll make each of them feel special."

Many participants saw these attributes simply as basic courtesy, and felt that they should be the norm for all service provision. However, they also highlight the fact that for our participants, the quality of support was much more about the person providing it than the organisation they worked for.

Continuity

A final issue that came up frequently in our focus groups was continuity. The experience of many participants was that service provision in their communities was inconsistent, a 'stop/start' business rather than something they could rely on. This was expressed in two different ways.

The first was in their concern about changing personnel. Their concern was not so much that people changed jobs – they mostly understood that this was inevitable – as that these changes led to losses of continuity. A process they were negotiating with one staff member would not be carried on by the next. There would be a break between staff in which no service was provided. A new person would have a new interpretation of how the service was to be provided.

In some cases this could just be frustrating, but in others it could be disastrous. One participant talked about the sudden death of a trusted General Practitioner in their community who had been responsible for the medications of a number of people with mental illness. A delay in replacing this person led to many people not keeping their

medication up to date and worsening of some people's illness. For people who are highly vulnerable, such breaks in service can present a serious problem.

The other concern that was often expressed was the appearance and disappearance of entire services from their communities. For instance, participants from one area talked about the periodic closure of youth centres in their communities. A centre would open up, operate for a while, then close, to be opened again some time later by a new managing organisation. For local residents, this led to a loss of trust. First time around people would be enthusiastic about the service and volunteer their services and young people would participate enthusiastically. However, second time around they would be more wary, young people would be reluctant to commit and the service would be much more difficult to make a success.

> "To build up the trust there has to be an honest relationship. People don't trust organisations. They come in for a while and the next moment they're gone."

Similarly people were disappointed by the experience of time-limited funding and the process of attaching funds to community renewal processes. This tended to mean that a service would be provided for a period of time in a community and then would cease, even though the need for it was as strong as ever. Long term residents had a level of cynicism about these services which once again reduced their willingness to engage.

4.4   What happens when support is not available?

Where needed support services were not provided or were provided badly, this had impacts on the individuals who needed support, on their friends and neighbours, and on the wider community.

For the individuals themselves, the absence of needed services led to impacts that varied from drastic to inconvenient. At the inconvenient end, people would just struggle that little bit more. For instance, people with moderate disabilities or older people experiencing increasing frailty often talked about their need for help with simple physical tasks like gardening, home maintenance or moving house. Where this was not available they could perhaps struggle to do the task themselves over time, or find a family member or neighbour who would help, or else it might just not get done.

At the other end, for people who were particularly vulnerable the consequences could be very serious. For instance, if people with mental illness did not receive the support they needed their condition could deteriorate, leading to hospitalisation, loss of housing and in some cases even suicide. People who had been subjected to domestic violence talked about their experiences when they were not confident of receiving protection through the legal or service system, with the need to hide leading to frequent moves, often without warning, and consequent tenancy problems as they were seen to have abandoned properties.

The absence of support also has effects on the immediate neighbourhood and the informal supporters of people in need. Many participants talked of stress and burnout in trying to

support neighbours with mental illness or women and children who were victims of domestic and family violence. These supporters needed back-up and support themselves from the more formal service system if they were to continue to be effective as informal carers.

> "You run out of energy and then you switch off."

The absence of support was often evident in communities in the level of neighbourhood disturbance or anti-social behaviour. This disturbance could most often be linked to an underlying problem – untreated mental illness, substance misuse and family violence or family breakdown being the most common (sometimes in combination). Hence, leaving these issues unaddressed affected the quality of life and the perception of safety – and at times the actual safety - of everyone in the neighbourhood.

Finally, these issues had a ripple effect into the wider community, particularly in communities with high concentrations of public housing. Residents often reflected a perception of their community as a poor place to live and of government or the wider community not caring about them or looking down on them. They made people less willing to contribute to their community, and more cynical about their neighbours and their fellow tenants.

5.0 Conclusions

The discussions in the focus groups, combined with the information discussed in Sections 2 and 3 of this report, suggests a number of tentative conclusions about issues related to housing and support.

1. Social housing tenants are more likely to have significant support needs than other people in the community, with the major issues including poor physical and mental health, disability, ageing, substance misuse issues, domestic and family violence and financial problems. Tenants also report significant issues with law and order and neighbourhood disturbance and this is often linked to some of these other support issues.
2. At the same time, many tenants are highly committed to their communities and put a lot of energy into supporting their neighbours and their wider communities. This tenant goodwill is a rich resource for communities with significant amounts of social housing, and can help many tenants to sustain their housing. However, such networks need support if active tenants are not to burn out.
3. Tenants are much more likely to turn first to people they know well for help with support needs – family, friends or neighbours. This informal care and support is of central importance in sustaining tenancies and support for informal carers and community networks is likely to have significant benefits in supporting tenancies.
4. However, many issues are too complex or stressful for informal carers to address, and it is important that tenants have access to a well-resourced, coordinated formal support system.
5. Tenants have varying experiences of interaction with the support system. Most have received good support at various points. However, this experience is not consistent and the main experience of the tenants we spoke to is that tenants and their supporters have to work hard to find the supports they need in the formal system. Housing providers can play a key role in this as they are often the first port of call for tenants who need support and can serve as gateways to other parts of the formal support system.
6. The significant resources that have been directed towards mental health in NSW in recent years appear to be bearing fruit on the ground. Many tenants expressed a good understanding of mental health issues and have positive experiences of people with mental illness receiving support and treatment. However this still needs to be placed alongside ongoing difficulty of living with mental health problems, both for the person with a mental health problem and their friends and neighbours.
7. Tenants find other support systems less reliable. Many commented on inconsistent and intermittent service responses in their communities. In particular, there appear to be very limited options for responding to drug and alcohol misuse issues, and a very low level of understanding amongst tenants of what could be done about these issues.
8. Availability of supports can be central in helping tenants to sustain tenancies and also can make communities more liveable places for all of their tenants. On the other hand, the failure to provide adequate support may lead to eviction or

homelessness and occasionally can have more drastic consequences still in the shape of suicide or serious violence.

9. Failure to support tenants who are experiencing problems also has serious consequences for neighbours and the wider community in the shape of increased neighbourhood disturbance and stress.

10. Tenants value a number of characteristics in support services, including respect, continuity and follow-through, coordination and clear information about what is available.

Endnotes

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