

report

Review of systemic issues for social housing clients with complex needs

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Review of systemic issues for social housing clients with complex needs

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ACRONYMS

ABA	Acceptable Behaviour Agreement
ABC	Acceptable Behaviour Contract
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ADCQ	Anti-Discrimination Commission Queensland
ADHD	Attention Deficit Hyperactivity Disorder
AHI	Australasian Housing Institute
AIC	Australian Institute of Criminology
AIHW	Australian Institute for Health and Welfare
ASB	Anti-social behaviour
ASBO	Anti-social Behaviour Order
ASBU	Anti-social Behaviour Unit
ATODS	Alcohol, Tobacco and Other Drugs
AGPS	Australian Government Publishing Service
AHURI	Australian Housing and Urban Research Institute
APA	American Psychiatric Association
APAIS	Australian Public Affairs Information Service
CCU	Community Care Unit
CHP	Community housing provider
DBMS	Disruptive Behaviour Management Strategy
DBMU	Disruptive Behaviour Management Unit
DCCSDS	Department of Communities, Child Safety and Disability Services
DHPW	Department of Housing and Public Works (Queensland)
DMT	Disruptive Management Team
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5 th edn.
DSP	Disability Support Pension
DOHA	Department of Health and Ageing
DSQ	Disability Services Queensland
HASI	Housing and Accommodation Support Initiative
HASP	Housing and Support Program (Qld)
HASP	Housing and Accommodation Support Partnership (SA)
HASS	Housing and Shared Support
HNA	Housing Needs Assessment
HREOC	Human Rights and Equal Opportunity Commission

HSC	Housing Service Centre
HSC	Housing Support Coordinator
HSO	Housing Service Office
HwSS	Housing with Shared Support
IAGHA	Interagency Group for Housing Assistance
ICAP	Interagency Collaboration Improvement Project
ICLS	Individualised Community Living Strategy
ISSR	Institute for Social Science Research
MCHA	Mental Health Council of Australia
MHC	Mental Health Commission
MOU	Memorandum of Understanding
NGO	Non-Government Organisation
NSW	New South Wales
NT	Northern Territory
OCD	Obsessive-compulsive disorder
OT	Occupational Therapist
PHaMS	Personal Helpers and Mentors Service
PHPM	Public Housing Procedures Manual
PTSD	Post-traumatic stress disorder
QCAT	Queensland Civil and Administrative Tribunal
QDHC	Queensland Disability Housing Coalition
QDOH	Queensland Department of Housing
QDHLGP	Queensland Department of Housing, Local Government and Planning
QMHC	Queensland Mental Health Commission
QPTA	Queensland Public Tenants' Association
QTU	Queensland Tenants' Union
RTA	Residential Tenancies Authority
RTRA	Residential Tenants' Representation Agency
SA	South Australia
SCRSSP	Steering Committee for the Review of Commonwealth-State Service Provision
SEQ	South East Queensland
SHAP	Supported Housing Assistance Program
SHASP	Social Housing Advocacy and Support Program
SPRC	Social Policy Research Centre
SSH	Supported Social Housing
TASWA	Tenants' Advice Service Western Australia

TAAS	Tenant Advice and Advocacy Service
TAASIN	Tenant Advice and Advocacy Service – Inner North
TUQ	Tenants' Union of Queensland
UK	United Kingdom
UQ	University of Queensland
WA	Western Australia
WAEOC	Western Australia Equal Opportunity Commission
YTD	Year to date

EXECUTIVE SUMMARY

The Anti-social Behaviour (ASB) Management Policy introduced in Queensland social housing in 2013 introduced new sanctions on social housing tenants engaged in disruptive behaviour. In accord with Western Australia, the Northern Territory and Victoria, the Queensland Government introduced a strikes-based process superimposed on the existing system of issuing breaches for violations of tenancy agreements involving ASB. The policy stated that three strikes for substantiated incidents of ASB within a twelve month period would result in action to end the tenancy. One strike for an incident of dangerous or severe ASB would lead to immediate action to end the tenancy. The three strikes policy was underpinned by amendments to residential tenancies legislation significantly increasing the powers of social housing providers to seek evictions on the grounds of objectionable behaviour or a serious breach.

Three investigations were undertaken to provide an evidence-based analysis of this policy:

1. A policy analysis examining the context, rationale, provisions and implementation of the ASB during the first year of operation.
2. A case-study analysis examining in detail the impact of the policy on twelve public housing tenants with mental health and substance misuse issues.
3. A literature analysis examining the evidence available from academic and policy studies to inform the policy.

The findings from these studies are set out in the report and the Executive Summary. The policy, case-study and literature analyses are presented in Chapters 2, 3 and 4 respectively.

Three sets of systemic issues arising out of the implementation of the ASB Management Policy were identified in the research report.

Firstly, the implementation of the ASB Management Policy did not take sufficient account of the circumstances of social housing tenants with mental health and substance misuse issues (complex needs).

The formal policy required the Department of Housing and Public Works (DHPW) to consider the circumstances of tenants with complex needs; to carefully explain the strike process to them; to explore alternative options to issuing a strike to help the tenant address their behaviour; and to consult with known support agencies. Once these steps were taken, the Housing Service Centre (HSC) was expected to make a decision in accord with the ASB Management Policy.

Based on the case studies and interviews, we concluded that HSC staff were conscientious in following these requirements. Nevertheless, in a number of respects the process fell short.

1. Although DHPW staff took steps to explain strikes, many tenants with complex needs either misunderstood the strike process or were incapable of understanding it.
2. While staff consulted with known services, many tenants in fact had little or no involvement with support services or had inappropriate or inadequate support.
3. While staff successfully explored alternative options with some tenants, the possibility of doing so was extremely limited for those tenants who were unable to understand the consequences of their behaviour and/or who had limited control over their behaviour. Most of these tenants were at high risk of eviction in accordance with the ASB Management Policy or had already been evicted.

A number of structural factors exacerbated these practice difficulties.

1. In most of the case studies relations between workers in HSCs and mental health services were ad hoc or non-existent. There were only limited examples of joint case planning, use of protocols to manage crisis situations or effective coordination of effort.
2. There were no specialist support services for tenants to draw on from within DHPW and, as mentioned above, little external support. Further, there was no clear mandate in the ASB policy for continuing to provide support to address ASB under some circumstances as an alternative to issuing strikes, if ASB continues.
3. There was no recognition in the ASB Management Policy that people with mental health and substance misuse issues, as well as other minorities, may be victims as well as perpetrators of ASB.
4. No processes were built into the ASB policy to monitor outcomes for tenants with complex needs.

The case studies identified the types of outcomes likely to be replicated across the whole population of tenants with complex needs. Four tenants (out of twelve) who were capable of responding rationally to strikes made short-term improvements in their behaviour out of fear of losing their tenancy. For five tenants, strikes were a catalyst for front-line workers to initiate some form of supportive action. For ten tenants strikes increased the likelihood of eviction: two were actually evicted, three were at high risk and a further five remained at some risk of eviction. It should also be noted that Indigenous tenants are over-represented in those receiving multiple strikes, as are sole parent families.

Secondly, the effectiveness of the ASB Management Policy could be improved by adopting a more comprehensive and strategic approach that includes an emphasis on support.

Reducing the level of ASB is a critically important goal of social housing management. The negative impact of serious ASB on other social housing tenants, neighbours, housing staff, taxpayers and other people with complex needs is illustrated by the case studies and confirmed by the literature analysis. However, the literature analysis indicates that *the most effective approach to reducing ASB is one that combines sanctions with preventative, supportive and rehabilitative strategies*. Sanctions and support should be viewed as complementary rather than contradictory strategies.

The literature also indicates ways that the efficiency and effectiveness of the ASB strategy might be improved. Firstly, it suggests that *monitoring and measuring the effectiveness of the ASB policy* is necessary. Data collection on outputs (complaints, complaints resolved, strikes, breaches, evictions) is important but provides only limited information about the effectiveness of ASB policy. In fact, the meaning of the data compiled on outputs during the first year of the ASB Management Policy is somewhat unclear. Complaints have risen by 37 per cent, but complaints resolved have fallen 18 per cent. Breaches as a proportion of resolved complaints for ASB have declined from 38 per cent to 25 per cent and the number of formal evictions for ASB has risen from 44 to 54. The decline in breaches probably reflects a concentration of effort by HSCs on more serious breaches rather than any changes in tenants' overall behaviour.

Another way that the ASB policy might be improved is by *reviewing staffing and resourcing issues*. Other states have created specialist positions to deal with complex ASB cases and have increased overall resources for managing complaints and issuing strikes. The time consuming nature of the process of investigating, issuing and following up strikes was a consistent theme of front-line workers in the case studies.

There is also a case for *reconsidering terminology*. It has been argued that the term 'anti-social behaviour' is too broad, that it confuses criminal and non-criminal actions and that it is

stigmatising. The use of the term in the context of social housing may reinforce the stigma that is already attached to social housing. Some tenants in the case studies found the term devaluing and upsetting. The term 'disruptive behaviour' has a more precise meaning.

A number of questions of *procedural fairness* were raised in the public debate on the legislation accompanying the new ASB policy. This legislation significantly expanded the powers of social housing providers to obtain evictions. It is important that the operation of these powers is reviewed to assess whether there have been any infringements of the rights of social housing tenants with complex needs, including any infringements of disability discrimination legislation.

Finally, the *wider efficiency* of the ASB Management Policy needs to be considered. Evictions from social housing place cost pressures on other government services, including homelessness and hospital services. Finding ways to address ASB through supportive and other measures may be more efficient when viewed from a whole of government perspective.

Thirdly, the implementation of the ASB Management Policy and its impact on tenants with complex needs demonstrates the need to review the overall role of social housing in providing affordable housing for people with mental health and substance misuse issues.

Almost all new allocations of social housing are priority allocations to people with high or very high needs including people with mental health and substance abuse issues. Some are allocated places through mental health and housing programs such as HASP and exiting homelessness programs such as Common Ground. However, many others have undiagnosed mental health issues and inadequate support, as illustrates by the case studies.

A number of matters require serious attention. Firstly, there is a need for *improved data about the mental health status of new entrants as well as existing residents of social housing*. It is currently not possible to estimate the number of new and current residents with mental health and substance misuse issues. Existing information is totally inadequate for planning purposes.

The case studies demonstrated that *relations between social housing providers (especially DHPW as the major provider) and mental health services need to be reviewed* and new, structural relations developed and monitored. As shown in the literature analysis, several states have strong MOUs at central and local levels that provide a structure for effective collaboration. Arrangements of this kind have existed in the past in Queensland and this issue needs to be re-visited.

Thirdly, attention needs to be given to *housing models that will facilitate positive outcomes* in terms of tenancy sustainment, mental health and social wellbeing. Programs such as HASP, Common Ground, Street to Home and others are examples of supportive housing where housing and support is closely integrated. The supportive housing model and principles provide a framework for social housing and mental health providers to develop affordable, appropriate social housing for tenants with mental health issues.

Finally a critical problem is the lack of *sufficient and suitable housing supply* to meet the increasing demand from people with mental health issues. There is a need to fund the capital costs of housing as well as support services.

A set of specific proposals to address the issues raised by these findings is included in the final chapter of the report (section 5.5).

1 INTRODUCTION

1.1 AIM

This report was prepared in response to the Queensland Mental Health Commission's (QMHC) request for an analysis of systemic issues relating to social housing tenants with mental health and substance misuse issues arising from the Queensland Government's anti-social¹ behaviour (ASB) management policy introduced on 1st July 2013 (QMHC 2014). The report will form the basis of an 'ordinary report' by the Commissioner as outlined in the Queensland Mental Health Commission Act 2013 (s29). The ordinary report will be provided to the Interagency Group for Housing Assistance (IGFHA), a newly established interface forum, to consider recommendations for implementation.

The request for this report was based on concern about the potential for unintended, adverse consequences of the ASB Management Policy for persons living with mental health and substance misuse issues. The policy states that three confirmed incidents of ASB by public housing tenants resulting in the issuing of 'strikes' within a twelve months period may result in action being taken to end their tenancies (Queensland Government 2013). Legislation was passed later in 2013 to provide the legal powers to implement the policy. In response to the proposed legislation, the Queensland Mental Health Commissioner expressed concern about the unintended impact of the legislative changes and the three strikes policy on people with mental health and substance misuse issues. The Commissioner noted that there may be systemic issues that need to be addressed to achieve improved outcomes for social housing clients with complex needs.

During the past two decades, persons with mental illness, together with other groups such as people with physical disabilities, have been encouraged to live independently in the community and many have accessed long-term social housing. The Department of Housing and Public Works (DHPW) has for many years worked with other government and non-government organisations to provide support to assist some of these social housing tenants to sustain their tenancies. This assistance is in accord with national and state-wide mental health reforms that aim to maximise opportunities for people living with mental health issues to live in the community, aided by flexible and responsive support services. The questions raised by the ASB Management Policy are:

1. What impact will this policy have on social housing tenants who have mental health or substance misuse issues?
2. What systemic issues are raised concerning the role of social housing in supporting persons with mental health issues?

In order to address these questions, the QMHC requested a review of issues pertaining to this question. The Commission specified that the analysis should include the following components:

- Analysis of relevant policies, procedures and legislative issues.
- Analysis of the impact of the ASB Management Policy on twelve individual tenants to obtain a picture of the systemic issues impacting on individuals.
- Analysis of relevant policy and research literature including practical approaches to maintaining people with mental health and substance misuse issues in homes in the community.

¹ The spelling 'anti-social' rather than 'antisocial' is used throughout the report, except in the list of references and in quotes from other sources where the spelling used is followed.

- Consultations with stakeholders on findings and recommendations.

This report describes the approach taken by the research team to meet these requirements (chapter 1) and details the main findings of each component of the analysis (chapters 2-4). It concludes with an analysis of systemic issues based on all research components (chapter 5).

1.2 DEFINING AND CONTEXTUALISING KEY TERMS

Two terms are central to this report: 'people with mental health and substance misuse issues' and 'anti-social behaviour'. The report begins by exploring the meanings of these terms in the context of this report.

1.2.1 People with mental health and substance misuse issues

This report is concerned with people living in social housing who have 'mental health and substance misuse issues'. This terminology is closely associated with other widely used terms such as people with 'complex needs' (used in the title of this report), 'a mental illness', 'a psychiatric disability', 'a mental health diagnosis', 'a mental health disorder' and 'a mental or behavioural condition'. The profusion of terminology reflects differing professional perspectives as well as a desire to use non-stigmatising language.

The broadest of these terms is people with 'complex needs'. Bleasdale (2006) proposes that in the context of provision of housing and support services, this term applies to three groups of people:

- People with physical or sensory disability whose needs in relation to housing combines a requirement for physically accessible accommodation and built environment; for assistive technology and mobility aids; and for personal support to assist in personal and domestic tasks.
- People with cognitive impairment as a result of intellectual disability or an acquired brain injury who need housing accompanied by support that may extend beyond personal and domestic support to include complex case management and advocacy.
- People with mental illness who similarly need housing accompanied by support services of varying types and levels of complexity.

Bleasdale (2006) notes that all of these groups, especially people with mental illness, are vulnerable to experiencing stigma and social rejection and that this also impacts on their housing and support needs.

The focus of this report is on people with mental illness, the third of Bleasdale's categories. Mental illness is a term that refers to a wide range of mental health disorders that affect mood, thinking and behaviour causing stress and an inability to function (Mayo Clinic 2014). Mental health issues are widespread in the Australian population. The Australian Bureau of Statistics estimated that in the year 2011-12, three million Australians (13.6 per cent) experienced an adverse mental or behavioural condition (ABS 2011). Serious and chronic mental illnesses such as schizophrenia, bipolar disorder, recurrent major depressive disorder, post-traumatic stress disorder and personality disorder are less common. People with serious mental illness are likely to experience psychiatric disability insofar as they are restricted in their ability to perform certain tasks or to participate in certain activities. They often have fewer social contacts and supports, are likely to be receiving less income, and are at increased risk of unstable housing (Morgan 2010). Many people who are homeless are affected by serious mental health issues (Flatau et al. 2008).

Those social housing tenants who have had contact with mental health professionals are likely to have a mental health diagnosis, based on symptoms detailed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric

Association (APA 2013). However, some social housing tenants who are not linked to mental health services and who exhibit troubled or disturbing behaviour in their housing setting may have undiagnosed mental health problems. Housing managers in Housing NSW participating in the Housing and Support Initiative (HASI) (discussed in Chapter 4) identified this group as presenting particularly complex management issues (SPRC 2012).

Evidence presented in this report indicates that there is a significant population of social housing tenants in Queensland with undiagnosed mental health problems. The recognition and diagnosis of mental illness is typically the role of psychiatrists, psychologists and other mental health professionals, rather than professionals in the housing sector. The housing needs assessment (HNA) undertaken when a person applies for social housing does not make provision for a psychiatric assessment, although applicants are invited to provide information concerning physical and mental health conditions impacting on their housing needs.

A further complication is that, as in the wider population, many social housing tenants have complex problems that do not readily fit any one specific diagnosis, yet may cause them substantial difficulties in areas related to managing a tenancy such as interpersonal relationships, problem solving and emotion regulation. Bleasdale (2006) noted that people with mental illness may have co-existing conditions including physical disability, intellectual disability and acquired brain injury. The evaluation of the NSW HASI program, which was focused on social housing tenants with a mental health diagnosis, found that 26 per cent of consumers had a secondary mental health diagnosis, most commonly depression or anxiety. Furthermore, more than half of the consumers in the HASI program were found to have had a co-existing condition such as alcohol or drug dependency (the most common), physical health problems, intellectual disability, physical disability or acquired brain injury. Some HASI consumers had more than one co-existing condition (SPRC 2012).

The associations between the most widespread mental health diagnoses and the types of troubling or disturbing behaviour that may result in tenancy difficulties are shown in Table 1. Substance misuse issues such as consuming alcohol at risky levels and high levels of drug use are presented in Table 1 as mental health diagnoses, although they could be classified as conditions co-existing with mental health diagnoses. The main causes of tenancy difficulties are rent arrears, damage to the dwelling or inadequate maintenance, disputes with neighbours and illegal behaviour on the premises. Awareness of the links between diagnosed mental illnesses, typical behaviours associated with these illnesses and tenancy problems can lead to more perceptive and effective management of the tenancies of people with mental health issues.

The term 'people with mental health and substance misuse issues' is used frequently throughout this report. However, because this term is somewhat unwieldy we sometimes instead use the shorter term 'people with complex needs'. In this report, these terms are used interchangeably. The term 'people with complex needs' does not refer in this report to people with physical or sensory impairment or to people with cognitive impairment, unless explicitly stated.

Table 1 Mental health diagnoses and possible symptoms or behaviours

Diagnosis	Possible symptoms or behaviour
Bipolar disorder	Mania; elevated mood; sense of invincibility; poor judgment (e.g. may run up fines and debts); irritable mood.
Schizophrenia	Paranoia; social withdrawal; disorganised behaviour; poor grooming.
Depression	Slowed movement, speech and thought; social withdrawal; avoidance of problems.
Post-traumatic stress disorder (PTSD)	High tension and physiological arousal; anger and irritability; sleep disturbance; sensitivity to interpersonal threat; mistrust; avoidance.
Anxiety disorder	Physiological arousal when in contact with feared stimulus; avoidance; safety behaviours; rituals and obsessive-compulsive disorder (OCD).
Personality disorders	Range of presentations – may include lack of empathy for others, manipulative behaviour, labile emotional states, poor interpersonal skills, mistrust of others; obsession with rules and regulations.
Alcohol at risky level	Intoxication; erratic behaviour; slurred speech; loud volume; decreased problem solving; increased risk of aggression, accidents, neglect.
High level of drug use in past 6 / 12 months	Intoxication; erratic behaviour; perceptual disturbances; sedatives (opiates, cannabis, benzos) leading to motivation and energy problems; stimulants (amphetamines, ecstasy, cocaine) leading to manic symptoms, aggressive behaviour.

Source: APA 2013

1.2.2 Anti-social behaviour

The term 'anti-social behaviour' (ASB), used by the Queensland Government in the name of its new policy to manage behaviour of social housing tenants, bears a number of meanings and connotations. One use of the term has been in psychiatry and psychology to refer to unwanted, aggressive or violent behaviour as a result of personality disorder (Millie 2009). Psychologists have developed anger management and violent offender treatment programs to change the behaviour of aggressive and violent individuals (Day and Daffern 2013). Most state correctional services provide such programs for seriously violent prisoners.

The other main use of the term, and the usage relevant to this report, is in public policies relating to maintaining social order. ASB has been widely used as an 'umbrella' term to refer to a wide range of what have been described as 'non-criminal and minor criminal neighbourhood concerns' (Millie 2009). An Australian Institute of Criminology (AIC) research summary (McAtamney and Morgan 2009) identified five sets of issues often referred to by this term:

- Misuse of public space, e.g. consuming alcohol in the street; teenagers loitering and obstructing others from using space, fighting
- Disregard for community safety, e.g. drunk or disorderly behaviour, hooning and dangerous driving
- Disregard for personal safety, e.g. drug use, binge drinking
- Acts directed at people, e.g. bullying, neighbourhood disputes, aggressive language and behaviour
- Environmental damage, e.g. graffiti in public places, littering, property damage and vandalism.

This list is useful in identifying the kinds of actions often referred to as ASB. However, developing a precise and widely acceptable definition of ASB is difficult. This is because perceptions of what constitutes ASB vary across time, context and culture (Day and Daffern 2013), and are linked to local circumstances (McAtamney and Morgan 2009).

The particular definition of ASB used in the ASB Management Policy is described in chapter 2 and analysed in chapter 4. The usage in the ASB Management Policy has some features that require detailed consideration, and the use of the term ASB in the context of social housing management is itself somewhat controversial. As we will show in chapter 2, the use of the term in Australian social housing management has been influenced by the widespread use of the term in this context in the United Kingdom (UK). The UK experience of managing ASB in social housing contexts is directly relevant to analysis of the Queensland policy, as will be discussed in the literature review in chapter 4.

1.3 APPROACH AND METHODS

This report is designed to systematically review the issues for social housing tenants with mental health and substance misuse issues arising from the Queensland Government's anti-social behaviour management policy introduced in July 2013. The report is based on three sets of information and analysis relevant to these issues which are presented as an integrated analysis in the final chapter. The three sets of analysis are:

- *Policy analysis.* This includes an analysis of the policy context of the ASB Management Policy; the details of the policy itself; and the implementation of the policy during its first year of operation (2013-14).
- *Case-study analysis.* This comprises the findings of twelve case studies of social housing tenants known to have mental health or substance misuse issues who have received at least one 'strike' under the provisions of the ASB Management Policy.
- *Literature analysis.* This includes an analysis of research on approaches to housing management relevant to the ASB Management Policy and its impact on tenants with mental health issues.

By drawing on these three sources of information and analysis, the report provides a systematic and wide-ranging review of the ASB Management Policy that can be used to consider its appropriateness and effectiveness with respect to tenants with mental health and substance misuse issues.

1.3.1 Policy analysis

The first task of this component of the systematic review was to put the ASB Management Policy into its historical and organisational context. Firstly, this involved an examination of the changes in the role of social housing in Australia and Queensland over the past two decades and its contemporary role in Queensland society. Against this background, the development of three aspects of social housing management were examined in more detail: the management of ASB perpetrated by social housing tenants; policies and practices to 'sustain tenancies'; and the engagement of social housing with people with complex needs.

This contextual material is reported in section 2.2. These developments are national in scope, but particular attention is paid to the Queensland context. This section of the report relies primarily on the academic and policy literature dealing with these issues. It also draws on policy documents that describe policy and service priorities and administrative practices. Quantitative data showing the changing composition of the population of social housing tenants is also provided.

This description of the policy context provides a vantage-point for description and analysis of Queensland's 2013 ASB Management Policy, which is provided in section 2.3. Firstly, the main elements of the policy are described. The research for this component was based on the official documents and material explaining the policy to social housing tenants and the community. Secondly, the legislative changes underpinning the ASB policy, which took the form of amendments to the *Residential Tenancies and Rooming Accommodation Act*, are

examined. Research was based on analysis of the legislation, parliamentary debates and explanatory documents, ministerial press releases and newspaper coverage. These sources provided information on the scope and extent of the changes introduced through the legislation and the official reasons for introducing the policy. Thirdly, the translation of this legislation into operational policy is reviewed, including the administrative arrangements for implementing the policy such as developing guidelines for staff, undertaking staff training, putting in place staff support measures, setting up data collection processes and communicating the policy to tenants and the wider community. Finally the implementation of the policy during its first year of operation is examined.

Research on the operationalisation and implementation of the policy was based on a number of sources additional to those already mentioned. DHPW provided access to internal policy documents setting out the procedures that were developed for implementing the ASB behaviour management policy and related processes. The data collected by DHPW on the implementation of the ASB initiative were also made available and examined. These sources were complemented by semi-structured interviews conducted with key informants who were involved in the implementation of the ASB behaviour management policy or related programs. These were undertaken either as group or individual interviews. Interview questions were adapted to the role played by the interviewee in the ASB implementation process, based on the interview guidelines provided in Appendix 3. All interviews were recorded and transcribed. In addition, the DHPW workers interviewed as part of the client case studies were asked questions about the implementation of the ASB policy in their region.

A number of key questions guided the analysis of the data collected through these methods. These were:

1. Why did the Queensland Government consider it necessary to introduce new measures to deal with ASB at this time?
2. Does this policy break new ground in ASB management or is it a relatively minor extension of previous arrangements?
3. Does it reflect similar developments in other states or territories and in other countries?
4. Does the new policy conflict with other objectives such as sustaining tenancies and reducing homelessness, or are they accommodated?
5. Are the social housing tenancies of people with complex needs jeopardised by these policies or are their circumstances taken into account?
6. How effective has the policy been thus far in managing ASB in social housing?

1.3.2 Case study analysis

One of the requirements of the brief was to 'analyse the impact of the anti-social behaviour management policy on twelve individual tenants to obtain a picture of the systemic issues impacting on individuals'. Twelve case studies of social housing tenants with complex needs who were directly impacted by the policy were undertaken. A rigorous approach based on well-established principles for conducting social science case studies (Yin 2009) was adopted encompassing case selection, design of research instruments; data collection, data recording and analysis and reporting of findings.

Case selection

Based on the purpose of the case studies, it was decided that the criteria for selection should be:

- A person who is currently, or has recently been, a social housing tenant in Queensland;

- A person who is believed by DHPW, based on their case records, to have mental health and/or substance misuse issues;
- A person who has received at least one 'strike' under the anti-social behaviour management policy.

These criteria ensured that all of the client case studies involved the direct application of the anti-social behaviour management policy to tenants with complex needs. The case studies are not inclusive of social housing tenants with mental health issues whose behaviour did not warrant the issuing of a strike or situations where housing workers used their discretion not to issue a strike for a variety of reasons. The criteria allow for inclusion in the study of tenants believed by housing workers to have a mental health condition as well as those who have a substantiated mental health diagnosis. This approach was adopted because housing workers have identified the difficulties of working with tenants who appear to have undiagnosed mental health conditions.

Within the boundaries of these criteria, it was determined that the twelve case studies should, as far as possible, reflect the diversity of the population group. The project brief specified the inclusion of at least three evicted tenants, three tenants from non-metropolitan areas and one forensic client. Based on these specifications and further consideration of the goals of the project, it was decided that the following elements of diversity should be accommodated to the extent possible in a small sample:

- Age and gender
- Indigenous status
- Tenure status (length of tenure, current tenant or evicted tenant)
- Mental health diagnosis (if known)
- Geographic location (metropolitan and non-metropolitan areas).

It was anticipated that it would be difficult to include all of these elements in just twelve case studies, but it was determined that the broad principle of diversity should guide the case study selection process. Initially it was considered important to include tenants in both public and community housing. However, further investigation revealed that to this point the ASB Management Policy has only been applied systematically in public housing.

The possibility of developing a sampling frame (a list of tenancies from which a sample of twelve could be selected) was explored, but was not possible for a number of reasons. DHPW maintains a record of households that have received an ASB 'strike'. According to data provided by DHPW, this included 702 households for the period 1st July 2013 to 31st December 2013, comprising 1.3 per cent of the 54,165 households in government managed social rental housing. Data was also provided on some of the characteristics of households receiving a strike and the types of behaviour precipitating a strike. However, it was not possible to reliably identify a subset of these households in which one or more household members had mental health and/or substance misuse issues. This information was not obtained for the anti-social behaviour strike data-set, and could not be readily obtained from tenancy records. Since 2008, all new social housing tenancies required completion of a Housing Needs Assessment which included data on mental health issues. However, provision of this information was at the discretion of clients and was not subject to verification. Client records included data on mental health issues to the extent that this data was relevant to ongoing tenancy management. But we were informed that coverage of mental health issues was uneven and mental health data was often unverified. Furthermore, many tenants were considered likely to have mental health conditions that were undiagnosed and/or unrecognized. In any case, housing officials working with the research team deemed it impractical to conduct a search of all 702 tenancy records for information on the mental health status of households who had received a strike.

In the light of these limitations, a purposive sampling approach was adopted. An officer in DHPW involved in the implementation of the ASB Management Policy, in conjunction with local housing service centres, identified 24 tenancies that met the selection criterion and reflected the diversity criteria. The tenancies were drawn from 10 housing service centres located in metropolitan and regional areas across the state. All of these tenancies had received at least one strike. Evidence of mental health issues was drawn from the knowledge of front-line workers and information on tenancy files. A de-identified list of these tenancies was provided to the research team. This list included details of geographical location, gender, age, indigenous status, length of tenancy, type of property, household composition, known mental health issue or diagnosis, challenging behaviour, action taken to manage behaviour, strike history (number and reason) and involvement of other agencies.

A sample of tenancies for potential inclusion as case studies was drawn from this list on the following basis: (a) verification of selection criterion; (b) diversity as defined earlier; (c) practical considerations including location and safety factors (10 of the 24 cases were tagged for 'safety' alert', meaning that DHPW staff were required to visit in pairs). A total of 16 tenancies were identified as suitable for inclusion.

The initial contact with tenancies with respect to participation in the study was made by staff from local housing service centres, using the study documentation provided by the research team. The names of those who provided tentative agreement to participate in the study were provided to the research team who then contacted the tenants. Research team members provided further information regarding the study and requested informed consent for the interview, interviews with housing and support persons and access to summaries of case files to be compiled by DHPW staff. One tenant decided at this stage not to participate in the study and two tenants were not able to be contacted within the available time-frame.

Table 13 in chapter 3 provides details of the twelve tenants included in the study in terms of the five aspects of diversity identified earlier, as well as other defining characteristics. Key elements of diversity in the sample achieved are as follows (figures include the main tenant only, not other household members):

- Eight women and four men
- Two aged in 20s, two in 30s, 6 aged in 40s, one aged in 50s, one aged over 65
- Mental health issues included schizophrenia (4), anxiety and depression (6), bipolar disorder (1), ADHD (1), psychotic disorder (1), chronic fatigue (1), PTSD (1), personality disorder (1).
- Co-existing conditions included substance misuse (5), intellectual impairment (4), head injury (2), seizures (1), compulsive hoarding (1), chronic pain (1)
- Four Indigenous and eight non-Indigenous
- Eight from South-East Queensland and four from other parts of Queensland
- Five living alone, six with other family members and one in shared housing
- Five living in detached dwellings and seven in units
- Eight received first strike, three received two strikes and one a first and final strike (evicted).

For those tenants who agreed to take part in the study, further interviews were conducted face-to-face or by telephone with housing workers in DHPW, mental health or other support workers and family members, depending on suitability and availability. The aim was to complete two interviews in addition to the tenant interview, usually with the housing and support workers. In addition, a housing worker in DHPW was requested to provide a short file summary including details of length of tenancy; number, nature and timing of breaches and

strikes; and other pertinent information concerning the tenancy. Table 2 shows the information sources for each case and across the sample. A total of 32 interviews were conducted and twelve tenancy files were analysed.

Table 2 Information sources for tenancy case studies

	Tenant	Housing worker	Support worker	Family member	Tenancy file
Julia	Yes	Yes	No	Yes	Yes
Bronwyn	Yes	No	No	No	Yes
Kevin	Yes	Yes	No	No	Yes
Penny	Yes	Yes	No	Yes*2	Yes
Raymond	No	Yes	No	Yes	Yes
Valery	Yes	Yes	Yes	Yes	Yes
Sarah	Yes	Yes	No	No	Yes
Christine	No	Yes*2	Yes*2	No	Yes
Susan	Yes	Yes	No	Yes	Yes
Paul	Yes	Yes	No	No	Yes
John	Yes	Yes	Yes	Yes	Yes
Danielle	No	Yes	No	No	Yes
Total	9	12	4	7	12

Identifying, obtaining consent and interviewing tenants was a time-consuming process that would not have been possible without the active involvement of DHPW staff. In many cases, several attempts were necessary to successfully hold interviews as tenants could not be found at the agreed time and place. In several cases, obtaining informed consent was a complex process due to involvement of the Adult Guardian or other agencies. Some support agencies were reluctant to agree to interviews with staff due to the organisation's own research ethics processes. This is one reason for the relatively low response rate from support workers. Two tenants were subject to an Involuntary Treatment Order. Of the tenants interviewed, one had already been evicted, another was evicted shortly after the interview and three more were in imminent danger of eviction. Hence, in all respects the specifications for the sample were achieved as was the aim of achieving a diverse sample.

Due to the small sample size and purposive sampling approach no claims are made that this is a statistically representative sample of tenants with complex needs who have received strikes under the ASB Management Policy. However, the careful attention paid to obtaining a diverse sample means that the cases are likely to illustrate the range of issues that have arisen in the course of the first year of policy implementation. As such the study provides a strong evidence base for constructive analysis of the implementation of the ASB Management Policy and its application to tenants with complex needs.

Design of research instruments

In order to explore the impact of the ASB Management Policy on social housing tenants with complex needs, data was collected, where possible, on the following matters:

Tenant:

- The tenant's age, gender, household structure, main source of income and educational and work experience.

- The tenant's previous and current housing circumstances, including the significance of social housing to tenant.
- The tenant's mental health and substance misuse issues and related problematic behaviour.
- The tenant's perceptions of the strike experience including interactions with the Department of Housing and support agencies.
- The understanding of the tenant of the consequences of losing their social housing tenure.

Housing worker:

- The understanding of the housing worker of the tenant's mental health issues.
- The housing worker's perception of the issues leading to the issuing of the strike(s).
- The housing worker's account of the process of issuing a strike.
- The perception of the housing worker of the likely consequences for the tenant of the issuing of the strike.
- The understanding of the housing worker of the process of local implementation of the ASB Management Policy.

Support worker:

- The support worker's professional background and organisational affiliation.
- The understanding of the support worker of the tenant's mental health issues.
- Whether or not the support worker knew of the strike being issued to the tenant.
- The understanding of the support worker of the psychological impact on the tenant of receiving a strike.
- The perception of the support worker of the likely consequences for the tenant of the issuing of the strike.

Family member:

- The role of the family member in caring for the tenant.
- The understanding of the family member of the tenant's mental health issues.
- Whether or not the family member knew of the strike being issued to the tenant.
- The understanding of the family member of the psychological impact on the tenant of receiving a strike.
- The perception of the family member of the likely consequences for the tenant of the issuing of the strike.

Tenancy file:

- Date of commencement of current social housing tenancy and type of priority entry, if any.
- Number, nature and timing of any breaches and strikes during the tenancy.
- Any pertinent information concerning tenancy difficulties and health issues, especially mental health issues.
- Any established links with support agencies known to DHPW.

The semi-structured questionnaires for the interviews with tenants, housing workers and support workers are shown in Appendix 3. The purpose of interviewing at least three

informants was to obtain a variety of perspectives on the issues under examination. The perspectives of clients and others with direct knowledge of the circumstances are likely to provide different insights into the events under analysis. Obtaining multiple perspectives meant that the qualitative data could be triangulated and verified.

Data collection

Interviewing took place during the period 12 May to 10 July 2014. The interviewing and data collection process was supervised by experienced qualitative researchers and interviews were conducted by these researchers and postgraduate clinical psychology interns. Prior to the interviews, training sessions were undertaken to ensure that the purposes, content and processes to be followed were understood and that the interviews were conducted to consistent standards. At the commencement of each interview, respondents were provided with information about the study and were invited to provide consent using forms designed for this purpose (see appendix 3). All interviews with tenants were conducted face-to-face in order to provide the conditions to build rapport and establish trust. Clients and, where relevant, their carers and family members, received payment for their participation in accordance with the QMHC's *Paid Participation Policy*. Interviews with other respondents were undertaken by phone or face-to-face. All interviews were recorded and transcribed to facilitate analysis. The transcripts and summaries of file records were stored securely in accordance with ISSR research standards.

Data analysis

The data analysis process proceeded by way of two stages. Stage 1 involved systematic analysis of all of the interview transcripts and file summaries relating to an individual tenant to identify common and divergent themes. On this basis, a case study of between 1,500 and 3,500 words, depending on the complexity of the case, was drafted for each tenant. The cases follow a similar structure:

- The client and mental health and substance misuse issues
- Previous and current housing circumstances
- Nature and extent of support services
- Experience of receiving a strike and outcomes
- Likely impacts of eviction on tenant and household.

This draft was reviewed by the research supervision team and finalised. The case studies are attached to this report in Appendix 1.

Stage 2 of the data analysis process involved an overall analysis of the twelve case studies to identify common themes and issues. Research team members identified the overall pattern of responses to key issues and these were compiled in tabular form (Appendix 2). This table, together with individual examples (including quotes from interviews) highlighting important issues was used as a basis for the detailed analysis presented in chapter 3.

1.3.3 Literature analysis

The third component of the systematic review was an analysis and synthesis of academic and policy research relevant to the study. Three sets of research were identified as central to the research objectives:

1. Research on the management of anti-social behaviour in social housing.
2. Research on the role of social housing in supporting and sustaining tenancies for people with complex needs.
3. Research on supportive housing models for people with complex needs, especially those with mental health and substance abuse issues.

The rationale for drawing on these particular sets of research and writing are as follows:

Managing anti-social behaviour in social housing

The Queensland Government's 2013 ASB Management Policy can be viewed as a recent example of a longstanding emphasis in social housing management on addressing ASB. Managing ASB is a significant component of the work of social housing providers and related agencies. Over the past fifteen years there has developed a body of literature examining approaches that have been taken to the management of ASB in the social housing context. Much of this work was undertaken in the UK in response to the Blair government's ASB initiatives, but there is also an Australian literature addressing these issues. This body of research was reviewed for material pertaining to these questions:

- How has the issue of ASB in social housing been conceptualised?
- What are the conceptual and practical difficulties with the term ASB?
- What alternative terms can be used?
- What are the main reasons for addressing ASB in social housing?
- What is known about tenants with complex needs as (i) perpetrators and (ii) victims of ASB?
- What have been the main approaches and methods to addressing anti-social behaviour?
- Which approaches to addressing anti-social behaviour have been the most appropriate and effective?

Supporting and sustaining social housing tenancies

The literature on supporting and sustaining tenancies is relevant to this review for two main reasons. Firstly, it has been argued that for 'demanding' tenants and tenancies, a 'sustaining tenancies approach' to managing anti-social behaviour is more appropriate than an approach involving the application of sanctions (Atkinson et al. 2007; Habibis et al. 2007). Secondly, it is argued that social housing tenants with complex needs require support to enable them to sustain their tenancies, manage their mental health issues and maximize their wellbeing. Over the past 15 years, social housing providers in Australia and other countries have developed policies and programs to sustain the tenancies of populations of social housing tenants vulnerable to tenancy failure. Sustaining tenancies programs can be viewed as means to prevent or overcome tenancy difficulties. They also contribute to other goals such as the reduction of the level of homelessness in society and assisting in the recovery of people with mental health issues. Over the last decade a number of research studies evaluated the appropriateness and effectiveness of sustaining tenancies programs. This body of research was analysed for this report with a focus on the following questions:

- Do 'sustaining tenancies' approaches have a role in managing ASB?
- What are the main approaches to sustaining tenancies?
- Which approaches to sustaining tenancies have been the most appropriate and effective?

Providing supportive housing

Key factors in enabling people with mental health and substance misuse issues to avoid breaches of their tenancy agreement (including 'strikes') and sustain their social housing tenancies are the appropriateness and quality of their housing arrangements. There is now a large, international literature on the role of housing in enabling people with mental health and substance abuse issues to enjoy stable lives in the community. This literature is focused on the effectiveness of different models of supportive housing for people with complex needs,

including people who have experienced homelessness or who are at risk of homelessness. This literature is increasingly relevant to social housing management as the number and proportion of social housing tenants with complex needs is increasing as a consequence of intense targeting. This body of research was analysed for this report with a focus on these questions:

- What principles should underpin the provision of permanent supportive housing for people with complex needs?
- What are the main housing models for people with mental health and substance misuse issues?
- Which housing models have been found to have the best outcomes for people with complex needs including housing sustainment, positive mental health outcomes, preferences and satisfaction, quality of life and reduced hospital usage?

In order to identify research and policy materials relating to these three areas a number of steps were followed. Firstly, a number of data-bases available through the University of Queensland (UQ) library were identified as suitable for this project. To identify Australian materials, the data-bases *Family* and *Australian Public Affairs Information Service (APAIS)* were chosen. These data-bases have the advantage of covering a wide range of references including journal articles, reports, conference papers, book chapters and feature articles in newspapers. They have strong coverage of social policy issues and extend back over more than thirty years. For the international literature, the data-bases *PsycInfo* and *Social Service Abstracts* were chosen. These provide extensive coverage of psychological and social policy research respectively. Searches were conducted over a 25 year period, which was deemed to be sufficient to address the developments in policy and practice relevant to the systematic review. Search of these data bases was supplemented with searches for selected terms using *Google* and *Google Scholar*. These searches were undertaken to ensure wide coverage of the grey literature (reports, conference papers, etc.) as well as the academic literature. In addition, the websites of selected government departments were reviewed to identify current policy and commissioned research. Finally, the UQ Library catalogue was reviewed for relevant books and reports.

A series of search terms was developed for each of the three topics:

- 'anti-social behaviour'; 'anti-social behaviour'; 'public housing'; 'social housing'; 'eviction'.
- 'sustaining tenancies'; 'supportive tenancies'; 'intensive tenancy management'; 'inter-organisational cooperation'; 'inter-organizational cooperation'; inter-organisational collaboration'; 'inter-organizational collaboration'.
- 'housing'; 'homelessness'; 'mental health'; 'mental illness'; 'substance misuse'; 'supported housing'; 'supportive housing'.

Searches were conducted on various combinations of these terms using the references listed above. Titles or abstracts of all items identified were reviewed and a selection made regarding relevance to the project. Particular attention was directed to items that summarised relevant research. All relevant items were listed and obtained in electronic or print format. A full list of items identified is provided in the references section of this report.

The research identified in this way was reviewed and findings organised in terms of their relevance for the central themes of the report. Four sets of questions were identified to encompass the relevant literature:

1. What is anti-social behaviour and is this an appropriate term to describe disruptive and demanding behaviour in social housing?

2. What are the impacts of anti-social behaviour, particularly on social housing tenants with complex needs?
3. How should anti-social behaviour be tackled? In particular, what is the role of sanctions-based, preventive, supportive and rehabilitative strategies?
4. What housing models should be developed for social housing tenants with complex needs?

The relevant literature is presented under these headings in chapter 4.

1.3.4 Review of systemic issues

The final stage of the research involved drawing together the findings from the policy, case study and literature analyses. This integration of findings also took into account feedback obtained from stakeholders at a workshop held to consider draft findings. The review of systemic issues is reported in chapter 5. It presents an overall review of the issues based on the evidence assembled in the report. It includes proposals to enable social housing to respond more effectively both to the needs and circumstances of people with complex needs and to the requirement to better manage ASB.

The integrated review was designed as a statement of the main issues and proposals arising from the research that could form the basis for an 'ordinary report' by the Queensland Mental Health Commissioner as outlined in the Queensland Mental Health Commission Act 2013 (s29). The review points to difficulties with the current ABS management policy based on the research presented. It suggests ways that the policy could be improved to address these difficulties and raises broader issues concerning the role of social housing and people with complex needs.

2 POLICY ANALYSIS

2.1 INTRODUCTION

The starting point for this analysis of the Anti-social Behaviour (ASB) management policy introduced in Queensland on 1st July 2013 is the development of social housing and mental health policy over the past twenty years. This historical policy context needs to be understood so as to appreciate the significance of the 2013 initiative and the issues that it raises. The ASB Management Policy raises important questions about social housing management and the role of social housing in Australian society in the early twenty-first century, questions that have been widely debated during the past two decades. The policy also raises issues for mental health policy, which for twenty years has viewed social housing as a significant resource to enable people with mental health and substance misuse issues to live in the community. In order to understand the context of these questions and issues, the first part of this chapter addresses the following questions:

- What is the role of social housing in Australian society in the early twenty-first century, and how has this role emerged?
- To what extent and in what ways has troublesome and difficult behaviour by social housing tenants been addressed?
- What role has social housing played in accommodating persons with complex needs and supporting and sustaining their tenancies?
- What role has social housing played in achieving the goals of mental health policy, and how has this role developed?

With this policy context established, the focus of the chapter shifts to analysis of the 2013 ASB Management Policy and its implementation. The policy and its first phase of implementation are described, and a number of key questions are raised and considered:

- Why was it considered necessary to obtain enhanced powers to deal with ASB by social housing tenants at this time?
- Does the policy break new ground in management of unwanted behaviour? What is distinctive about the policy and is it resulting in more efficient and effective management of ASB?
- Is the policy congruent with other social housing policy objectives, such as the housing and support of special needs groups and those at risk of homelessness?
- In what ways is the policy impacting on social housing tenants with mental health and substance misuse issues, given that these issues can give rise to ASB?

2.2 POLICY CONTEXT

2.2.1 The role of social housing

The role of social housing in Australia's housing system and society has changed radically since its beginnings in the aftermath of World War Two (Hayward 1996; Jacobs et al. 2010a). Initially, public housing (which has been the predominant form of social housing from 1945 to the present) was developed through agreements between the Australian Government and states to increase the supply of low cost housing for lower income families. Through the 1950s and 1960s provision of public housing tended to favour working families with children; couples without children, single parents and single people were given lower priority irrespective of their circumstances. In some areas such as Elizabeth in South Australia, public

housing estates were developed to support the regional and industry development plans of state governments.

In the early 1970s, the Whitlam Labor Government introduced stricter income and means testing of applicants in order to target public housing on low income families. This policy shift, reinforced in subsequent housing agreements between the Australian Government and the states, resulted over time in a fundamental change in the social composition of social housing. Social housing became a 'welfare' tenure directed primarily at alleviating poverty for low income households mainly dependant on social security (Hayward, 1996). In 1966 over 80 per cent of public housing tenants were in paid employment; by contrast in 1994 almost 80 per cent were principally dependent on government pensions and benefits (Jacobs et al. 2010a: 25). By 2008-09, 90 per cent of new public housing tenant households in Australia and 83 per cent in Queensland had incomes equal to or below government income support at the pensioner rate (SCRCSSP 2010: 16.24).

Public housing became even more tightly targeted from the mid-1990s, when allocation of public housing became focused on need as well as low income. From the 1990s, public housing was increasingly directed towards households with high and complex needs. This emphasis was formalised in the 1999 Commonwealth State Housing Agreement (CSHA) which stated that housing assistance should 'provide priority of assistance to those with the highest needs' (SCRCSSP 2000: 1369). This was accompanied in the 2003 CSHA by an emphasis on improving housing outcomes for Indigenous people. A further objective set out in the 2003 CSHA was to 'ensure housing assistance links effectively with other programs and provides better support for people with complex needs, and has a role in preventing homelessness' (SCRGSP 2008: 16.22-16.23).

The main instruments used to achieve increased targeting of public rental housing by 'need' are the allocation processes introduced and refined by all states and territories during the last two decades (Hulse and Burke 2005). These processes have been effective in rationing public rental housing in favour of priority need groups. There are considerable variations in allocation processes in the different states and territories both in the system used (segmented wait lists, wait-turn with priority allocation, priority point systems) and the priority given to particular groups. However, the net effect has been increased targeting on special need groups and those considered to be in priority need of housing.

The focus of public housing policy and provision since the 1990s on households with high and complex needs, together with the continuing focus on low income households, once again fundamentally changed the social composition of public housing tenants as shown in Table 6. All states and territories are required under the terms of intergovernmental agreements to report against a number of performance measures including the proportion of 'special needs' and 'priority need' households in new allocations to public housing. Table 3 shows these figures for Queensland and Australia as a whole.

Special needs households are identified in terms of demographic characteristics that in themselves are deemed to be indicators of need. This performance measure recognises four categories:

- Those that have a household member with a disability
- Those that have a principal tenant aged 24 years or under
- Those that have a principal tenant aged 75 years or over
- Those that have one or more Indigenous members (SCRGSP 2008: 16.30).

Table 6 shows that in Queensland, according to this measure, targeting increased markedly from 36.2 per cent in 2001-02 to 71.9 per cent in 2011-12 before tapering off slightly in 2012-13. This is a somewhat more marked change than that which occurred across Australia. It reflects the priority given to these groups in social housing allocations during this period.

Targeting measured in terms of 'priority access to those in greatest need' shows an even more marked change in Queensland and across the country. This performance measure is similarly a composite of several categories of households:

- Those who are homeless
- Those who are in housing inappropriate to their needs
- Those in housing adversely affecting their health or placing their life and safety at risk
- Those that have very high rental housing costs (SCRGSP, 2008, p. 16.32).

Changes in measurement methods may account for some of the change over the decade. However, it is clear that in Queensland, even more so than in the nation as a whole, public housing has become highly targeted on households falling within these categories of priority need.

Table 3 Proportion of new public housing tenancies allocated to households with 'special needs' and 'priority need', 2001-2013 (per cent)

	Special needs		Priority needs	
	Queensland	Australia	Queensland	Australia
2001-02	36.2	43.9	4.9	35.9
2002-03	38.9	48.1	9.1	37.9
2003-04	58.2	53.5	12.2	36.3
2004-05	62.7	58.2	16.9	37.7
2005-06	61.9	59.8	17.5	38.1
2006-07	64.6	57.8	26.3	42.8
2007-08	68.6	59.0	44.5	51.2
2008-09	70.3	64.8	95.0	66.0
2009-10	72.4	65.3	87.7	74.9
2010-11	71.5	66.9	92.1	74.7
2011-12	71.9	67.5	96.4	74.2
2012-13	67.6	63.1	96.4	77.3

Source: SCRGSP 2005: Tables 16A.4 and 16A.5; 2008: Tables 16A.3 and 16A.5; 2011: Tables 16A.2 and 16A.3; 2014: Tables 17A.9 and 17A.12. Note: Data should be interpreted with some caution as definitions and collection methods may vary between years and jurisdictions.

One of the main reasons for the relatively high proportion of persons falling within the priority needs and special needs categories over the past five years is the public policy emphasis on reducing the prevalence of homelessness in Australia. In 2008 the Australian Government announced a long-term plan to halve the number of homeless people in Australia (Australian Government 2008). During the following five years, people experiencing homelessness were given high priority access to social housing. For example, the Social Housing Initiative, funded under the National Partnership Agreement on the Nation Building and Jobs Plan, provided 19,600 new social housing dwellings of which 52 per cent went to people experiencing homelessness or at risk of homelessness (AIHW 2013: 10). Data from the National Social Housing Survey in 2012 found that one in ten public housing households had been homeless in the 5 years prior to the survey, as had one in five community housing households (AIHW 2013: 42).

One consequence of increased targeting has been a change in the household pattern in the household characteristics of public housing applicants and tenants (AIHW 2013). In Queensland, 80 per cent of applicants comprise single person or single parent households

(Queensland DHPW 2013a: 5). Indigenous households are over-represented in public housing compared with all households, comprising 2.7 per cent of all Australian households and about 9 per cent of public housing households (AIHW 2013: 31).

It is not possible to give a precise figure concerning the proportion of special and priority needs households allocated social housing in recent years that include persons with mental health and substance misuse issues. Across Australia in 2012, 40.9 per cent of public housing households and 35.5 per cent of community housing households included at least one person with a disability (AIHW 2013: 40-41). However, it is not known how many of these were households including a person with a psychiatric disability. A high proportion of persons experiencing homelessness are known to have mental health and substance misuse issues. The increasing proportion of people who have experienced homelessness being allocated social housing is likely to have increased the proportion of social housing tenants with mental health issues. Furthermore, significant numbers of Indigenous social housing tenants have mental health and substance abuse issues. Parkin and Hardcastle reported that 11.5 per cent of allocations to public housing in South Australia in 2003-04 were to people who self-reported as having mental health issues, and this was considered by the South Australian Housing Trust's staff to be a 'significant under-enumeration' (2006: 43-44).

In 2009, the NSW Ombudsman estimated, based on the proportion of tenants receiving the Disability Support Pension (DSP) that around 7.5 per cent of social housing tenants in NSW had a mental illness. Given the increasing targeting of social housing in recent years and the focus on allocating public housing to people who have experienced homelessness, it seems likely that the proportion of social housing tenants with mental health and substance misuse issues is now somewhat higher. Some social housing tenants who do not receive the DSP may nevertheless have significant mental health and substance misuse issues: three of the twelve tenants in the case studies reported in chapter 3 were not on the DSP. If the broad estimates of the NSW Ombudsman are applicable to Queensland, there may be upwards of 5,000 social housing tenants with significant mental health and substance misuse issues in this state.

The extreme targeting of social housing to low income persons with special and priority needs is occurring at a time when public housing is 'over-burdened, under-funded and in numerical decline' (Jacobs et al. 2010a: 26). Funding for social housing has been steadily reduced over the past two decades and the targeting of social housing has resulted in housing authorities spending more of their resources to subsidise the rents of low income households (Jacobs et al. 2010a: 24-27). Ageing housing stock has required considerable investment in repairs and maintenance. For these reasons, growth in the overall number of social housing dwellings has not kept pace with population growth. Between 2005 and 2011, the total number of public housing dwellings in Australia actually fell from 343,301 to 331,371, a decline of 3.5 per cent. This was offset by an increase in community housing from 28,648 to 57,506 (SCRGSP 2010: Tables 16A.1 and 16A.25; 2010: Table 16A.1). However, supply of social housing lags behind demand with over 200,000 households on waiting lists around the country in 2012 (AIHW 2013: viii).

The social housing situation in Queensland reflects the national situation, as documented in the Newman Government's policy document *Housing 2020*, published during its first year in office (DHPW 2013). The fundamental issues outlined in this document are the misalignment of supply and demand and the high needs of both existing and prospective tenants. Queensland had 72,329 social housing dwellings in 2012, 75 per cent owned and managed by DHPW. At the same time there were 23,550 eligible applicants for long term social housing listed on the State's Housing Register. More than half of these (56.3 per cent) were classified as 'very high' or 'high' needs. During 2012, 94 per cent of allocations to social housing tenancies were from the 'very high' and 'high need' categories of the Housing Register. The consequences of this profile of new and current tenants were made clear in *Housing 2020*:

Generally speaking, these very high and high need households have lower incomes, require more intensive management and support to maintain their tenancies, remain in social housing for longer periods and are less likely to transition into the private market (Queensland DHPW 2013a: 3).

Other major difficulties outlined in *Housing 2020* included falling rent revenue, increasing maintenance and unsuitable stock. These factors were described as 'a crisis in social housing that must be addressed if we are to have a chance of housing those households currently on the Housing Register' (Queensland DHPW 2013a: 3).

The most direct approach to dealing with this crisis would be a large funding increase for social housing. However, no recent government in Australia at national or state and territory levels has provided increased funding on the scale required to make major and lasting inroads into the unrelenting demand for social housing. However, in *Housing 2020*, the Newman Government outlined a range of initiatives designed to address demand and improve the operation of social housing. The most important of these was a proposal to transfer 90 per cent of public housing stock to community sector management by 2020, beginning with the transfer of over 4,000 projects in the Logan City area. This state-wide proposal is far greater in scope than other proposals in Australia for stock transfer from public housing authorities to community housing organisations (Pawson et al.: 2013). The other major proposal in *Housing 2020* was to provide greater support for and to increase reliance on the private rental sector to provide affordable housing. The *Housing 2020* plan aims to provide assistance to 250,000 low-income households to remain in or move to the private rental market instead of social housing. Rather than social housing being viewed as a home for life, there will be 'greater emphasis on social housing as a transitional period on the path to private rental or home ownership' (Queensland DHPW 2013a: 6).

Within these far-reaching plans, *Housing 2020* contains a number of specific measures for improved management of the tenancies of households with complex needs. These include:

- 'An integrated triage system for those with multiple needs, including disabilities, entering the housing system' (8).
- A 'personalised needs management plan' and 'new client case management and tenancy planning activities' (15).
- A review of the Housing Needs Assessment process 'to better identify the most appropriate housing solution and ensure people have access to appropriate support services' (13).
- Delivery of three new supported accommodation facilities in Redcliffe, Townsville and Cairns comprising 100 beds in all, with possible two more facilities to follow (10).
- Development of 'strong linkages between the full range of housing assistance measures and other relevant government programs especially homelessness, health, disability, education and training' (7).
- Facilitation of five major urban renewal projects, including 'revitalising areas which have a high concentration of social housing' (8).

Several of these proposals are also included in the Newman Government's homelessness policies, outlined in *Homelessness-to-Housing, 2000* (Queensland DHPW 2013b).

An overall assessment of the far-reaching changes proposed in *Housing 2020* is beyond the remit of this report. However, it is important to consider the potential impacts of the *Housing 2020* plans on households with complex needs. Questions to consider include:

- Will widespread transfer of social housing from the public to the community sector increase the difficulty of developing standardised, statewide approaches to

supporting the tenancies of households with complex needs? Alternatively, will it increase opportunities for the development of innovative, local practice?

- Will households with complex needs be able to make the transition to the private rental market and home ownership? What level of support would be required to make this happen? Can the private rental sector provide the level of housing affordability and stability needed by these households?
- What is the potential of the proposed tenancy management measures listed above to sustain the tenancies of households with complex needs as well as addressing ASB?

2.2.2 Managing anti-social behaviour

One of the many policy management proposals described in *Housing 2020* is the initiative to deal with 'unacceptable behaviour' in social housing. The document draws a contrast between the old social housing system, in which, it claims, 'the consequences for unacceptable behaviour [were] not applied consistently resulting in extensive damage to properties and unfair disturbance to neighbours', and the new approach where 'unacceptable behaviour [will] be met with clear and consistent penalties under a new "three strikes" policy' (Queensland DHPW 2013a: 6). In this section the historical antecedents of Queensland's 2013 ASB policy are outlined. The key questions addressed are:

To what extent, in what ways and why has unacceptable behaviour by social housing tenants been addressed in Australia?

The development of policies and programs to address anti-social behaviour by social housing tenants in Australia has had several strands. The first strand has been the development of regulatory (or sanctions-based) approaches that proscribe certain forms of behaviour and threaten or apply the penalty of eviction in order to address the unwanted behaviour. This approach began with the passage of residential tenancies legislation in all states and territories in the final quarter of the last century, and the development in the early-twentieth century of regulations applying solely to social or public housing tenants. During the past decade, this regulatory approach has been strengthened in some jurisdictions through programs introducing new powers and processes to address ASB.

The second strand has been the use of so-called 'preventative' (Jacobs et al. 2003) measures to reduce the incidence of ASB. These include environmental design initiatives, physical security measures, neighbourhood renewal and community development projects, changes to allocations policies and similar measures designed to prevent, or at least reduce, ASB. Thirdly, assistance and support has been provided to tenants with complex needs to meet their tenancy obligations and thereby sustain their tenancies as well as reducing ASB. In this section, the focus is on regulatory approaches with some reference to the ways that regulatory approaches have been intertwined with preventative and tenancy support approaches. The development of the other two approaches is addressed in section 2.2.3.

The foundations for the control of tenants' behaviour were established in the residential tenancy legislation passed in all states and territories during the final quarter of the twentieth century. The South Australian *Residential Tenancies Act 1978* was the first statute to comprehensively set out the responsibilities of landlords and tenants and broadly parallel legislation was enacted over the following two decades in New South Wales (1987), Western Australia (1987), Queensland (1994), Tasmania (1997), Victoria (1997), the Australian Capital Territory (1997) and The Northern Territory (1999) (Slatter and Beer 2004: 15-21; Hunter, Nixon and Slatter 2005). In all jurisdictions this legislation initially applied to both public and private tenancies.

The residential tenancy laws passed between 1978 and 1999 were intended to strike an appropriate balance between the rights and responsibilities of landlords and tenants in a form that was clear, coherent, easy to locate and simple to enforce by both parties (Slatter and

Beer 2004: 4). Most breaches by tenants of residential tenancy laws involve rent arrears, but legislation from the beginning also addressed other aspects of tenants' behaviour. The 1978 South Australian Act provided that the tenant should 'not cause or permit the premises to be used for any illegal purpose' and that 'the tenant should not 'cause or permit a nuisance'. It also provided that a tenant should not 'cause or permit any interference with the reasonable peace, comfort or privacy' of any adjacent tenant or the landlord (Hunter, Nixon and Slatter 2005: 157).

It has been argued that over time a trend can be seen towards provisions that increase control of tenants' behaviour (Hunter, Nixon and Slatter 2005: 157). The legislation passed in various states in the 1990s broadened the 'behaviour' requirements on tenants. For example, Queensland's *Residential Tenancies Act, 1994* (s 170) provided that a breach of the tenancy agreement existed if the tenant 'harassed, intimidated or verbally abused the landlord, an agent or a person occupying, or allowed on, premises nearby' or 'is causing, or has caused, a serious nuisance to persons occupying premises nearby'. Examples of serious nuisance are provided elsewhere in the Act (s 278). They include assault; using threatening or abusive language; behaving in a riotous, violent, disorderly, indecent, offensive or threatening way towards a resident or someone else'; causing substantial unreasonable disruption to the privacy of 'a resident or someone else'; and willfully damaging property of 'a resident or someone else' (Hunter, Nixon and Slatter 2005: 158). It should be noted that these sections of the 1994 legislation mark the formal beginnings of ASB policy directed at tenants in Queensland.

A survey conducted in 2003 of policies and practices to address breaches of tenancy conditions and neighbour disputes confirmed that all states and territories had relevant legislation and eviction policies in place (Jacobs et al. 2003: 6-12). However, the survey also revealed that the approach to addressing ASB in Australian social housing in the early-2000s tended to focus, at least officially, on early intervention and prevention strategies as well as enforcement of tenancy obligations. Common practices included information provision to tenants, early dispute resolution, good neighbour programs and tenancy support. This was confirmed in subsequent research on measures to address ASB on two Australian housing estates in 2004:

Thus far in the Australian context, housing managers and other professionals in general terms eschew more stringent sanctions or legally based punitive measures, such as those adopted in the US and to a lesser extent in the UK. Instead they support more community-focused responses (Arthurson and Jacobs 2006: 275).

It is worth noting that in Jacobs et al.'s survey of ASB practices in 2003, Queensland's approach to managing breaches and neighbourhood disputes was described in strongly client-focused terms. The Queensland approach emphasised information provision to tenants and responses to neighbourhood disputes that emphasised positive outcomes for public housing tenants and their neighbours and opportunities to sustain tenancies. Another national survey conducted at this time of the regulation of tenancies and evictions in the states and territories also emphasised Queensland's client-centred approach to public housing management, as set out in its principal policy document, *Improving People's Lives through Housing* (Slatter and Beer 2004: 17-18). It drew attention to Queensland's *Public Housing Strategy 2003-2008* which included the objective of 'managing tenancies in a manner which supports people to maintain their tenancies as required'. The Strategy stated that its current focus is on 'vulnerable tenancies where households are at risk of eviction (and possibly homelessness) due to their failure to maintain basic tenancy conditions such as rent payments and other issues' (Slatter and Beer 2004: 18).

It seems clear that in the early-2000s the bias in Australian (including Queensland) social housing management was towards community-based, client-focused approaches rather than on the application of sanctions including eviction. In some states, the emphasis at this time

appears to have been on crime prevention and enhanced safety for residents of public housing estates rather than on unacceptable behaviour by residents themselves (Westacott 2002; Shield 2002; Judd et al. 2002). Drug dealing on public housing estates was a particular concern (Westacott 2002). Housing managers debated whether crime on public housing estates could be best addressed through increased security or through community building processes such as neighbourhood renewal, place management, allocations policies emphasising social mix and intensive tenancy management (Westacott 2002; Samuels et al. 2004).

In 2006, it was argued that 'Australian policy [on ASB] is very much at a critical juncture' (Arthurson and Jacobs 2006: 276). It could continue to emphasise early intervention, preventative and supportive approaches or it could follow overseas trends (especially in the UK) towards enforcement of tenancy obligations and a more punitive approach. In broad terms, there is evidence that over the last decade many of the preventative and supportive approaches developed in the early years of this century have been continued by housing authorities, as shown in the next section of this report. However, the balance between supportive and more penalizing policies has changed, with many states introducing measures cracking down on unacceptable behaviour by public housing tenants.

New South Wales

The first state to formally adopt a stronger stance against ASB was NSW, which strengthened its powers to deal with unacceptable behaviour by social housing tenants in the *Residential Tenancies (Social Housing) Amendment Act 1998*. This was also the first time that specific measures directed towards social housing tenants had been included in Australian residential tenancies legislation. The NSW Department of Housing's primary intervention with respect to nuisance behaviour and neighbourhood disputes at this time was its Good Neighbour Policy which encouraged neighbourly behaviour, informal problem solving and dispute resolution. Departmental policy, as depicted in official publications, emphasised that eviction proceedings were only sought for continual breach of the Tenancy Agreement; serious harassment, verbal abuse and intimidation; violence and drug dealing; and illegal or criminal activity (NSW Public Housing 2001).

The expanded powers provided in the 1998 legislation were strongly criticized by the Tenants Union of NSW which claimed that they were 'leading to ... the victimization of already marginalised people' (Martin, Mott and Landles 2002). The Tenants Union used case studies to argue that 'structural factors' such as inappropriate allocations, poor housing design and standards, lack of support services, ineffectual communication and investigation, and inappropriate responses to racist abuse and intolerance played a central role in the difficulties faced by tenants. Many of their case studies involved people with mental health issues whose intermittent difficult behaviour was not well tolerated by other residents. The Tenants Union concluded that NSW Housing's policies were 'having the paradoxical effect of excluding tenants for the reasons that they need public housing in the first place' (Martin, Mott and Landles 2002: 13).

Further amendments to the *Residential Tenants Act 1987* were passed by the NSW Parliament in June 2004. These amendments were described by the Department of Housing as 'part of a new strategy of reforms to reduce anti-social behaviour in public housing communities across NSW' (cited in Martin 2004: 226). This marked the introduction of the concept of 'anti-social behaviour' (ASB) into Australian residential tenancies law. The NSW Government was explicit in acknowledging the influence of UK policy and legislation on its approach: the name of its strategy, 'Tackling Anti-social Behaviour' was the same name as the UK Home Office's ASB project (Martin 2004).

The *Residential Tenancies Amendment (Public Housing) Act 2004* introduced two new provisions: 'acceptable behaviour agreements' (ABAs) and 'renewable tenancies'. Under

section 35A of the Act, the Department was given power to request that a tenant sign an ABA if it considered that, on the basis of the history of their tenancy or past tenancies, the tenant or another occupant of the premises was likely to engage in ASB. ASB was defined as including 'the emission of excessive noise, littering, dumping of cars, vandalism and defacing of property'. This definition went beyond the conduct covered in the *Residential Tenants Act 1987* which included causing of a nuisance or annoyance and property damage. Failure to sign an ABA and persistent breach of an ABA were grounds for the Department to issue a termination notice (Martin 2004: 227-28).

The 2004 Act also gave statutory recognition to the renewable tenancies policy that had been introduced in 2002. Under this policy, new public housing tenants signed up to a tenancy agreement with a fixed term, and when this term was completed the Department decided whether the tenancy was satisfactory or not. This was similar to an 'introductory' or 'probationary' tenancy which, like ABAs, had been introduced in the UK. Under the NSW policy, all kinds of tenancy breaches, including rent arrears as well as ASB, could impact on whether or not a tenancy was renewed (Martin 2004: 228-29).

There is some evidence that the 2004 Act was introduced somewhat hurriedly and with limited consultation (Nheu and McDonald 2010). Its provisions and the processes through which it was introduced were widely criticized by stakeholder organisations. Acceptable Behaviour Agreements were particularly singled out for disapproval. The Department of Housing announced two pilot trials of ABAs in Wagga and Newcastle. The guidelines developed for these trials significantly narrowed the circumstances in which a person could be issued an ABA. One requirement was that 'the tenant is able to make and keep an ABA and their behaviour is not related to an illness or disability for which they need support' (quoted in Nheu and McDonald 2010). It appears that the trials of ABAs were not implemented and that the issuing of ABAs was discontinued (Nheu and McDonald 2010). However, the *Residential Tenancies Act 2010* retained the provisions enabling Housing NSW to issue ABAs and to terminate social housing tenancies on the grounds of refusing to enter into an ABA or breaching the terms of an ABA (s 153; s 154).

Renewable tenancies, on the other hand, were continued and are now an integral part of public housing tenancy management in NSW. Housing NSW now offers 'the type and length of lease that reflects a client's need and circumstances'. Since 2006 most tenancy agreements are for a fixed term period of two, five or ten years. However, tenants with a record of 'substantiated nuisance and annoyance' in a previous tenancy are offered a fixed term lease of only six months (if they are offered housing at all) after which their tenancy is again reviewed (see Housing NSW, *Types and length of lease policy*, <http://www.housing.nsw.gov.au>).

In a careful and detailed critique of the 2004 amendments to the *Residential Tenants Act 1987*, especially the introduction of ABAs, Martin (2004) identified problems of principle and problems of practice. Problems of principle involved such matters as the reversal of the onus of proof, the restriction of discretion and scrutiny and the perversion of contract principles. Some of these issues appear to have been addressed to some degree in the revised ABA guidelines. Problems of practice included the potential for increased tensions; for damage to trust-based initiatives and the delivery of support services; and the potential for lowering the threshold of tolerance amongst neighbours thus increasing the number of complaints (Martin 2004: 229-31). Two other issues of wide applicability to this report were also considered by Martin: the application of higher standards of behaviour to public housing tenants than to persons in other tenures; and the particular problems of applying ABAs and similar instruments to people with mental illness and other disabling conditions.

Renewable tenancies are an example of a policy that when first legislated was labeled as an ASB initiative, but which is now integrated into a wider policy framework (leasing policy). However, it is important to note that NSW continues to have an ongoing Anti-social Behaviour

Strategy (Housing NSW 2014). The description on the Housing NSW website states that the strategy emphasises 'support, prevention and early intervention' and comprises new and revised policies and procedures in relation to ASB; a Memorandum of Understanding with NSW Police; improved procedures for using mediation services and expansion of safety audits within public housing. The website notes that in 2007, 19 Senior Client Service Officers were appointed across the state to:

- Support client service staff to manage anti-social behaviour
- Develop stronger links and partnerships with government and non-government agencies to support tenants
- Work with tenant groups on tenant and landlord obligations in relation to anti-social behaviour
- Develop systems for recording and monitoring anti-social behaviour
- Assist staff to take appropriate action to terminate a tenancy where tenants seriously and/or persistently engage in anti-social behaviour.
- According to the website, the effectiveness of these positions is to be evaluated.

Western Australia

The second state that has been prominent in taking a strong stand against ASB is Western Australia (WA). Although WA's policies in this area have a long history, it was the introduction in 2011 of a Disruptive Behaviour Management Strategy that received extensive attention. This Strategy was influential in the Queensland policy changes that are the focus of this report. It is therefore valuable to examine the rationale for the WA Strategy, its main provisions and the public response.

The *WA Residential Tenancies Act 1987* set out a number of expectations of tenants in both the private and public housing sectors. These included provisions that:

- The tenant ... shall not intentionally or negligently cause or permit damage to the premises (section 38(1)(c))
- The tenant ... shall not use the premises, or cause or permit the premises to be used, for any illegal purpose (section 39(a))
- The tenant ... shall not cause or permit a nuisance (section 39(b)).

The Act also stated that the tenant was responsible for the actions of other persons on the premises with the tenant's permission (section 50(1)) and that the landlord is required to prevent tenants from causing or permitting any interference with another tenant's right to peace, comfort or privacy (section 44(1)(c)).

Unlike the situation in NSW, no changes were made to the WA legislation introducing specific provisions relating to social or public housing tenants prior to 2011. The application of the legislation to social housing tenants was undertaken within the generic provisions of the Act. However, as early as 2002, Homeswest (the WA public housing authority) had introduced the term 'anti-social behaviour' into its manuals and procedures (reported in TASWA 2002, sect. 10.3), defining it as "an ongoing pattern of aggressive, threatening or disruptive behaviour which adversely affects one or more neighbours". Such behaviour was deemed to be a breach of the tenancy agreement (TASWA 2002, sect. 10.3). There is other evidence that at this time the WA Government had identified the behaviour of public housing tenants as a concern. In a press release headed 'Crackdown on unruly tenants', the WA Minister for Housing and Works stated that:

In return for the Government providing good quality, affordable rental housing, our tenants have an obligation to be cooperative and helpful in their behaviour and contribute to strong and peaceful communities' (quoted in Hunter, Nixon and Slatter 2005: 160).

The issue of Homeswest's legislative authority to investigate anti-social behaviour by public housing tenants was raised in an inquiry conducted in 2004 into the provision of public housing to Aboriginal people in WA (WAEOC 2004). In ruling on an allegation of racial discrimination against Homeswest for commencing an investigation into anti-social behaviour by an Aboriginal tenant, the Equal Opportunity Tribunal questioned Homeswest's authority to investigate complaints of anti-social behaviour:

There does not seem to be any legislative or other basis upon which such investigations [into ASB] can be made unless such behaviour is alleged to be creating a nuisance, in the legal sense, or interfering with quiet enjoyment of the Homeswest tenants. However, Homeswest appears to take the view that it has a role investigating any antisocial behaviour by any of its tenants. Unless some legislative basis does exist for such a view, in the Tribunal's opinion, Homeswest has no such role (WAEOC 2004: 48).

In 2009, the WA Government decided to strengthen and clarify Homewest's role in addressing ASB by implementing a Disruptive Behaviour Management Strategy (DBMS) and passing amendments to the 1987 Act (Campbell 2012). A discussion paper circulated in December 2009 stated that the Strategy was 'in response to community concerns regarding ongoing disruptive behaviour by a small proportion of public housing tenants' (cited in WAEOC 2011). The DBMS first came into operation in December 2009, but was extensively revised and re-launched in May 2011. A senior manager in the WA Department of Housing argued that the new policy represented a rebalancing of rights and obligations: 'in this instance the government determined that more emphasis on the obligations of tenants was needed to achieve a fair balance' (Campbell 2012: 60). He explicitly emphasised the conditionality of public housing:

The right to the opportunity of public housing ... comes on condition that the tenant meets their responsibilities to pay rent, look after the property and respect their neighbours. Persistent failure in meeting responsibilities will lead to withdrawal of the opportunity' (Campbell 2012: 60).

The DBMS is a strikes-based policy applying sanctions based on the severity and frequency of disruptive behaviour. There are three levels of disruptive behaviour:

1. *Dangerous.* Activities that pose a demonstrable risk to the safety or security of residents or property; or have resulted in injury to a person in the immediate vicinity and subsequent police charges and conviction.
2. *Serious disruptive.* Activities that intentionally or recklessly cause disturbances to people in the immediate vicinity, or which could reasonably be expected to cause concern for the safety or security of a person or their property.
3. *Minor disruptive.* Activities that cause a nuisance, or unreasonably interfere with the peace, privacy or comfort, of persons in the immediate vicinity.

The Department's response was designed to be commensurate with the seriousness of the behaviour (Campbell 2012). Verified minor disruptive behaviour results in a strike. Three strikes in a twelve month period lead to eviction proceedings being instigated. Serious disruptive behaviour also results in a strike, and two such strikes within a twelve month period leads similarly to legal action. The response to dangerous behaviour is immediate action to terminate the tenancy.

The examples provided in the brochure explaining the policy show the wide range of behaviour captured by the DBMS. At the low end of the scale, minor disruptive activities include loud parties, excessive noise, domestic disputes that impact on neighbours,

communal property disputes over laundries and car parking bays and 'substantial and unreasonable disturbance from children associated with loud noise'. Serious disruptive behaviour covers verbal threats, abusive language, racial or sexual vilification, vandalism and fighting. At the top end, examples of dangerous behaviour include physical assault, aggravated threats and extensive, deliberate damage to property (Western Australia Department of Housing n.d.).

The DBMS was underpinned by amendments to the Residential Tenancies Act 1987, introduced as part of a major overhaul of the Act. A new Section 75A set out the grounds for termination of a social housing tenancy agreement due to objectionable behaviour of three kinds:

- Using the social housing premises for an illegal purpose, or
- Causing or permitting a nuisance by the use of the social housing premises, or
- Interfering with 'the reasonable peace, comfort or privacy of any person who resides in the immediate vicinity of the premises'.

The standard social housing residential tenancy agreement was revised to include these expectations, alongside responsibilities to keep the premises in a reasonable state of cleanliness and to not cause damage to the premises.

The designers of the DBMS argued that it was structured to provide 'responsive regulation' involving recognition that a range of approaches are needed and that 'regulators should be able to vary their stances as they deal with different people and issues' (Campbell 2012: 61). Tenants were encouraged to report disruptive behaviour and were provided with a reporting line and reporting forms to enable them to do so. In the 2012-13 budget \$12 million was allocated to establish a Disruptive Behaviour Management Unit employing 35 case management staff. All departmental staff were required to follow guidelines in verifying allegations including contacting the tenant against whom a complaint has been made. The Department was required to apply to the Magistrates Court for an eviction order and the onus of proof was on the landlord. The 'balance of probabilities' was the civil standard of proof that applies. In these ways, it was argued, the DBMS provides procedural fairness to tenants as well as protecting them from the disruptive behaviour of others (Campbell 2012).

A further safeguard built into the DBMS was the development of protocols with mental health and child protection authorities. A Memorandum of Understanding (MOU) was signed between the Mental Health Commission (MHC) and the Department of Housing in March 2012 (WA Department of Housing and WA Mental Health Commission 2012). The MOU established that the MHC and Department of Housing would collaborate at a local level with respect to tenants with a mental illness and/or mental health problems who were the subject of complaints under the DBMS. MHC will engage in early intervention activities 'to prevent the escalation of disruptive behaviour and potential eviction of tenants with mental illnesses'. Housing will 'make reasonable attempts to ensure that tenants are provided with the opportunity to address behaviours impacting on the community' and make referrals to support agencies such as the MHC and the Supported Housing Assistance Program (SHAP).

The Department of Housing also entered into a 'Bilateral Schedule' with the Department of Child Protection. Under this arrangement, the Housing Department agreed to notify Child Protection of all strikes issued on families with children. Local workers in both departments agreed to share information and maintain strong local relationships.

During the first year of operation, an average of over 1,000 complaints under the DBMS arrangements were received, of which 12 per cent resulted in a strike being issued. A total of 906 first strikes were issued, 382 second strikes and 110 third strikes. The number of tenancies terminated during 2011-12 continued to be well under 1 per cent of all public housing tenancies (Campbell 2012). As of May 2013, after approximately two years of

operation, 105 tenancies had been terminated as a direct result of disruptive behaviour (Liberal Party, WA Division, press release, 29 May 2013).

The DBMS arrangements were subjected to considerable public scrutiny since they were introduced in 2011. Two organisations in particular examined the policy and its administration in some detail. Shelter WA ran a number of community forums on the DBMS in October and November 2012 and published a report of the issues raised (Shelter WA 2012; Roberts 2013). The WA Equal Opportunity Commission made a detailed submission to the Parliamentary Committee scrutinising the *Residential Tenancies Amendment Bill 2011* (WAEOC 2011) and published a report on the operation of the DBMS (WAEOC 2013). The findings of these reports by Shelter and WAEOC will be reviewed in chapter 4.

Other organisations raised specific concerns with the Minister of Housing on behalf of their members. In a letter to the Minister (8 July 2013), Carers WA raised the problems faced by carers of people with a mental illness living in public housing. They gave the example of a person experiencing psychosis who from time to time may behave in loud and defensive behaviour resulting in conflict with neighbours. They pointed out that carers may not wish to disclose that their family member has a mental health issue due to the potential for stigma and discrimination. 'The threat of eviction, or any threat to the stability of housing, is likely to add further stress to an already vulnerable population'.

The development of ASB policy and programs in NSW and WA during the last decade has been followed in several other states and territories. All states and territories have re-examined their ASB policies and procedures in recent years with varying outcomes. The Northern Territory (NT) and Victoria have both adopted 'three strikes' policies similar to those operating in WA. The Australian Capital Territory (ACT), South Australia (SA) and Tasmania have not gone down that path.

Northern Territory

The Northern Territory introduced a 'three strikes' policy in 2012. New sections were included in the *Housing Act (NT)* in 2011 covering ASB. ASB is defined broadly to cover behaviour that 'creates alarm or fear in, or annoyance to, neighbours or others in the vicinity'. It also includes 'abusive or violent behaviour' and 'graffiti, littering or vandalism'. Under the three strikes policy, ASB is graded according to its severity: minor (nuisance behaviour); moderate (abusive behaviour or behaviour affecting the health or safety of others); and serious (behaviour posing an immediate or imminent threat to life or personal safety, aggressive behaviour, and intentional damage or physical assault). A complex table determines the trigger for eviction proceedings. Six minor, three moderate or one serious incident substantiated in a six month period result in a first strike. A further four (minor), two (moderate) or one (serious) incident in a further four month period results in the second strike. A further 2 (minor), one (moderate) or one (major) incident in a two month period leads to the third strike. In the case of very serious or extreme ASB, eviction proceedings can be commenced immediately. In addition to these provisions, the Northern Territory Licensing Commission can declare particular public housing premises to be alcohol restricted. Public Housing Safety Officers have legislated powers to address ASB, and a Public Housing Safety Unit coordinates policy and manages complex cases (WAEOC 2013: 32-37).

Victoria

The Victorian Government has also recently introduced a three strikes policy, although Victoria historically has strongly emphasised a sustaining tenancies approach to managing unacceptable behaviour by public housing tenants. The Tenancy Management Manual unambiguously states that:

The Department is committed to supporting and sustaining public housing tenancies which experience difficulties in meeting their tenancy obligations (VDOHS 2012a: 7).

Furthermore, if tenants with support needs are in breach of their tenancy agreement,

The local Housing Office will explore various avenues either within the department or via appropriate external supports or dispute resolution mechanisms to resolve the problem (VDOHS 2012a: 7).

Breaches of tenancy agreements that can lead to eviction include malicious damage to premises, behaviour endangering the safety of others, and drug-related conduct. However, where eviction is pending, the Manual states that a local support agency can be appointed to work with the tenant if their health or welfare is at risk, especially if the tenant is a client of other programs within the Department of Human Services. In all cases, issuing a breach of duty notice must take into account any negative impacts on the health (including mental health) of the tenant or family members.

While the provisions of the Manual are still current, new approaches to the management of ASB are emerging. Increasing concerns about ASB led to the establishment in 2009 of ASB pilot projects in three Department of Human Services regions. Tenants with a history of ASB or at high risk of ASB were identified, closely monitored and in many cases required to enter into one-year fixed tenancy agreements unless they demonstrated acceptable behaviour (VDOHS 2012a: 19-20; WAE0C 2013 : 42-43).

Concern over ASB was also highlighted in the Victorian Government's 2012 Discussion Paper on social housing:

The vast majority of public housing tenants are good neighbours, but unfortunately a minority engages in disruptive and damaging behaviour which needs to be addressed (Victoria Department of Human Services 2012b: 41).

The Discussion Paper argued that policies to deal with ASB were founded in part on the principle of reciprocity:

Central to any reforms to the public housing system will be a notion of mutual responsibility and obligation. This principle would recognise that those who are provided financial and other support from the government and the community through housing should seek to improve their own circumstances and contribute to the community and economy that supports them. ... Such a principle reaffirms tenants' clear obligations to maintain positive behaviours in their neighbourhoods in exchange for subsidized housing (Victoria Department of Human Services 2012b: 41).

In accord with this philosophy, the Victorian Government in 2014 announced a new approach to the management of social housing, included 'addressing anti-social behaviour in public housing and increasing safety on public housing estates' (Victorian Government 2014: 3). Amendments to the *Residential Tenancies Act* 1997 were introduced to ensure that action could be taken against illegal drug activity on public housing states. In addition, a 'three strikes over twelve months' policy was introduced for tenancy breaches such as causing a nuisance or damage to property. This included a zero tolerance approach to illegal activity and severe breaches of tenancy agreements such as malicious damage and endangering the safety of other tenants. However, in line with previous practice, tenants with support needs such as disability or mental health issues would be linked to support services (Victorian Government 2014: 12).

At the same time, one-year probationary tenancies were introduced for all new tenants 'to ensure they abide by their responsibilities to respect their public housing properties and their neighbours'. Breaches of the tenancy agreement during this period would put the tenancy at risk. Further, all new tenants were required to sign a neighbourly behaviour statement, outlining the rights and obligations of public housing tenants. These statements would 'make clear the expectation to be a good neighbour and the types of behaviour that constitute unneighbourly behaviour' (Victorian Government 2014: 12).

Other states and territories

In contrast to Western Australia, the Northern Territory and Victoria, three states and territories have decided not to implement a 'three strikes' approach to ASB. These are the Australian Capital Territory, Tasmania and South Australia. Housing ACT reviewed its ASB policies in 2011. It issued a discussion paper for public comment titled *Improved Support – Stronger Communities: Antisocial Behaviour Response and Support in Housing ACT* (Mental Health Community Coalition ACT 2011). The outcome of the review was a 'Disruptive Behaviour Policy' that emphasised sustaining tenancies and communities. The policy affirmed that Housing ACT tenants and their neighbours were entitled to quiet enjoyment of their dwellings and committed housing ACT to providing assistance to those affected by disruptive behaviour, and working towards achieving a decrease in the occurrences of disruptive behaviours. Disruptive behaviours were defined as 'those that cause nuisance or annoyance to sector/s of the community over a period of time and have an adverse or disturbing effect on that community'. This comparatively narrow definition explicitly excluded 'people going about legitimate day-to-day activities such as children playing in the street or people using lawn mowers, motorized equipment or playing music during permissible hours'.

The main approaches to reducing the incidence of disruptive behaviour, the policy stated, would be 'provision of resources in resolving disruptive situations' and 'achieving positive behavioural change to assist tenants to sustain their tenancies' (Housing ACT 2013). To undertake these tasks, Housing ACT has employed specialist Client Support Coordinators and Preventing Eviction Workers. Submissions by the Mental Health Community Coalition ACT, the Alcohol Tobacco and Other Drug Association ACT and the Women's Centre for Health Matters strongly supported the sustaining tenancies approach rather than the option of increased regulation and imposition of penalties (Mental Health Community Coalition ACT 2011; Women's Centre for Health Matters 2011).

Housing Tasmania issued a discussion paper on antisocial behaviour and neighbourhood disputes in 2008. This paper was listed under 'Policies' on the Housing Tasmania website up until 2013 (WAEOC 2013: 40), but it has recently been removed from this site. The policies and fact sheets for tenants currently on the Housing Tasmania website make no reference to ASB and state that 'as a tenant of Housing Tasmania you have the same rights and obligations as private tenants' (Housing Tasmania 2014). It is reported that Housing Tasmania's policies on ASB and neighbourhood disputes are under review and are likely to place a strong emphasis on sustaining tenancies and supporting staff to adequately deal with ASB (WAEOC 2013: 40).

Housing SA's approach to the management of unacceptable behaviour by social housing tenants is distinctive insofar as the term, anti-social behaviour, is not used at all in its policies and procedures relating to tenancy management. This reflects in part a strong emphasis on programs to support tenants with complex needs including the Case Work Support Initiative, the Indigenous Consultancy program and the Disruptive Management Team (WAEOC 2013: 40). Housing SA uses the term 'disruptive behaviour' and its approach is a layered one, beginning with general advice to all persons on dealing with disruptive neighbours, then to tenants both public and private, and then to public housing tenants (see Housing SA website: <http://www.sa.gov.au/topics/housing-property-and-land/housing>). This approach emphasises the common circumstances of householders, all of whom can experience disruptive neighbours. Within this context, the specific policies and procedures applying to public housing tenants are set out, including processes for making a complaint concerning a disruptive public housing tenant and for investigating and managing disruptive behaviour.

The processes for managing disruptive behaviour in public housing involve a series of warnings with increasingly serious consequences. After an investigation is conducted and a complaint substantiated, the tenant will be counseled and given a verbal warning by a Housing Officer provided the incident is viewed as 'infrequent' and 'minor'. A second incident

within six months also receives a verbal warning, but a third incident will result in a formal written warning and a requirement to enter into an Acceptable Behaviour Contract. Further complaints can result in a second formal written warning if the disruption is considered moderate/serious and ongoing, and at this point the management of the issue is transferred from the local Housing Officer to the Disruptive Management Team (DMT). The DMT commenced operation in 2008 and attempts to work with tenants to modify their disruptive behaviour and remain in their home (WAEOC 2013: 38-40). One option at this point is to transfer the tenant to another property. If the disruptive behaviour continues, an eviction process is commenced.

Another important element of Housing SA's approach is the use of probationary and fixed term leases. Ongoing lease agreements have not been issued since 2010. All new tenants are placed on probationary lease agreements for the first twelve months. If they meet the conditions of the lease they are offered a fixed term lease of one, to, five or ten years. The duration of the fixed term lease depends on, amongst other factors, whether the conditions of the lease have been fulfilled. The number, frequency and seriousness of any disruptive complaints upheld against the tenant are taken into account.

The final element of Housing SA's approach is collaboration with other public agencies including Families SA, the South Australian Police and Mental Health Services. An operational protocol with Families SA addresses issues arising when families are at risk of eviction and there are child protection concerns. The operational protocol with the South Australian Police addresses disorder and criminal activity in social housing (WA HRC 2013: 39-40). The Memorandum of Understanding with Mental Health Services covers a wide range of issues including assessment of housing need and provision of mental health information at the time of allocation of housing; joint case planning to enable people to maintain their tenancies; protocols to respond to disruptive behaviour and crisis situations; and coordination of an individual's personal affairs in the event of hospitalization (SA Minister for Social Housing and Minister for Mental Health and Substance Abuse 2012). The MOU will be considered further in chapter 4.

The development of regulatory approaches to addressing ASB in social housing in the Australian states and territories is summarised in Table 4. Between the late-1970s and 2000 all states and territories passed residential tenancies legislation outlining the rights and obligations of landlords and tenants in private and public tenancies. This body of legislation required tenants to refrain from using premises for illegal purposes, from causing or permitting a nuisance and from interfering with the reasonable peace, comfort or privacy of neighbours. Processes for issuing breach notices and evicting tenants not meeting these obligations were included in the legislation.

In the early-twenty first century, amendments were made to residential tenancies legislation in many states introducing additional obligations on public or social housing tenants and/or giving public landlords increased power to deal with undesirable behaviour. The use of the term 'anti-social behaviour' became widespread in social housing management, although some jurisdictions preferred the term 'disruptive behaviour'. In recent years most jurisdictions have developed an ASB policy or strategy and there is increasing use of 'three strikes' approaches, probationary or renewable tenancies, Acceptable Behaviour Agreements, and specialised ASB units and staff. In the early years of this century, approaches to dealing with undesirable behaviour in social housing were generally framed within a policy framework of supporting and sustaining tenancies. The influence of these approaches continues to be strong, with many jurisdictions espousing a continuing commitment to preventative and supportive measures and including processes to take account of mental health and other issues in their ASB policies and processes. However, the balance between sustaining tenancies and enforcing tenancy obligations appears to be shifting. There is also divergence amongst states and territories with New South Wales, Western Australia, Northern Territory,

Queensland and Victoria adopting ASB strategies including (with the exception of NSW) a 'three strikes' approach and the Australian Capital Territory, Tasmania and South Australia seemingly reluctant to go down that path.

Table 4 Overview of sanctions-based approaches to managing ASB in social housing in the Australian states and territories

	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia
1970s					Residential Tenancies Act 1978			
1980s		Residential Tenancies Act 1987						Residential Tenancies Act 1987
1990s	Residential Tenancies Act 1997		Residential Tenancies Act 1999	Residential Tenancies Act, 1994 – broad interpretation of 'nuisance'		Residential Tenancies Act 1997	Residential Tenancies Act 1997	
2000s		2004 'Tackling ASB' Renewable tenancies Acceptable Behaviour Agreements Client Service Officers (ASB)			2008 Disruptive Management Team established Acceptable Behaviour Contracts	2007-08 discussion paper on ASB	2009 Pilot programs to deal with anti-social behaviour	ASB used as a term in tenancy management
2010s	2011 Discussion paper on ASB response and support 2012 Disruptive Behaviour Policy		2011 ASB provisions inserted in Housing Act 2012 three strikes policy and Acceptable Behaviour Agreements	2013 ASB Management Policy including three strikes approach	2010 Probationary and fixed term leases		2014 Neighbourly Behaviour Statements, Three-strikes policy; probationary leases	2011 Disruptive Behaviour Management Strategy including three strikes approach

Sources: See citations in main text.

2.2.3 Sustaining social housing tenancies

As indicated above, policies to address ASB have emerged within a context of strong commitment to supporting and sustaining tenancies, i.e. enabling people with complex needs to maintain their tenancies and avoid eviction. In part, these initiatives can be viewed as attempts to prevent or minimise the incidence of tenancy problems including neighbourhood disturbances. However, there have been other, more prominent policy drivers. One rationale for these programs has been the aim of 'breaking the cycle of homelessness' (Australian Government 2008). Households whose social housing tenancy breaks down have few other housing options and a significant number end up returning to social housing. This process, sometimes referred to as the 'revolving door', reinforces the poverty and disadvantage of the households concerned and is often costly for social agencies.

The second main rationale for sustaining tenancies is that social housing plays an important role in providing housing support to the clients of other public agencies. Government programs in areas such as disability, mental health, aged care, child support, offender rehabilitation and urban redevelopment often require housing resources. Over the past decade there have been many joint arrangements between social housing agencies and other arms of government designed to achieve cross-agency and whole of government outcomes. In these areas there is an expectation that social housing authorities act as 'social landlords' providing stable housing for households with high and complex needs.

A third rationale for sustaining tenancies is based on human rights considerations. It has been argued that under current legislative arrangements, social housing tenants in most parts of Australia are inadequately protected against eviction because in all jurisdictions except the ACT a human right to adequate housing and home is not recognised. While there can be no absolute right to protection against eviction, it is argued that to be compatible with a human rights approach,

... the eviction order must not be arbitrary, unreasonable or disproportionate ... and must only be made according to a procedure which is fair, affords due respect to the interests safeguarded to the individual and allows the reasons for the eviction to be objectively tested. Balance, justification and accountability are central concepts. (Bell 2012: 17)

The underlying issue is that the administration of public rental housing in Australia is based on the private law of property and contract:

Therefore, the dwelling is seen to be the property of the state and the relationship between the parties is seen to be that of landlord and tenant. These private legal categories do not take proper account of the human right to adequate housing and home which a public housing landlord is bound to respect under international law. In human rights terms, the dwelling is not just property but a home. The public housing provider is not just a landlord but a public authority with human rights obligations. The tenant is not just a renter but a person of inherent value and worth, of potential and capability and a bearer of human rights. (Bell 2012: 36-37)

These arguments for sustaining social housing tenancies have to some degree been in tension with the view that social landlords should address disruptive and undesirable behaviour by enforcing tenancy obligations. During the past two decades all Australian housing authorities have moved, to varying degrees, between an approach to tenancy management that primarily emphasises enforcement of the standard legal responsibilities of tenants and one that emphasises support of tenants and sustaining of tenancies. This is an ongoing tension as state housing authorities grapple with the need to address the high and complex needs of their tenants while simultaneously managing ASB and its negative consequences. Tenancy management approaches that aim to reconcile these policy drivers, in part by emphasising the role that supportive tenancy management can play in reducing ASB, are considered later in this report.

An emphasis on sustaining tenancies has been evident in the policy statements and documents of housing authorities over the past decade or so that have given prominence to concepts such as supporting at-risk tenants, practicing early intervention, strengthening housing and support linkages, providing customer support, assisting tenants with complex needs, engaging in case management, developing supportive tenancy management practices, and facilitating community building. Some policies focus on prevention of tenancy failure in the form of eviction or termination in adverse circumstances. Others have emphasised the achievement of positive housing outcomes for tenants, and improvements in people's lives through housing assistance (Seelig and Jones 2006).

The emphasis on supportive tenancy management resulted in a wide range of programs and practices designed to support and sustain tenancies. These fall into five main categories (adapted from Seelig and Jones, 2006):

1. *Client-centred management.* This includes organisation-wide commitment to client-centred social housing management, emphasising respect, fairness, rights of clients, etc. Practices such as automated rent payments designed to reduce rent arrears are also part of a client-centred management approach.
2. *Intensive tenancy support.* This includes early identification and assessment of tenants identified as at risk, intensive case management, financial management and life skills education, and support for particular groups of tenants, e.g. Indigenous tenants.
3. *Conciliatory processes for managing breaches and evictions.* This includes pro-active and conciliatory approaches to public tenancies in difficulty due to rent arrears, disruptive behaviour and failure to maintain premises.
4. *Linkages with other service providers.* This includes protocols and agreements with other agencies (e.g. mental health, disability, child protection, homelessness services), and housing support coordination to engage and broker support for tenants.
5. *Neighbourhood improvement.* This includes intensive management of estates with multiple problems, community renewal programs, and community development and tenant participation approaches.

This emphasis on supporting and sustaining tenancies amounted to a fundamental shift towards a more active public housing system. The goal is not only to provide housing, but to do so in ways that contribute to the social wellbeing of tenants. The growth of these programs and service delivery practices is in part a pragmatic response to the problems of tenancy management in a situation where a higher proportion of public housing tenants have complex needs. However, this growth also reflects a widening of the perception of the role of public housing. Increasingly targeted on families with complex needs, public housing is becoming part of whole-of-government approaches to manage individuals, families and communities with complex needs and limited resources, living in many cases on the margins of Australian society. Associated with this perception, is an understanding of the social and economic costs of not supporting at risk tenancies. When households are evicted from public housing, or leave under duress, new demands and costs are often incurred by other public authorities.

This overview of supportive tenancy management and sustaining tenancies initiatives identifies the breadth of approaches nationally. However, this masks the significant divergence between individual states and territories in the priority given to sustaining tenancies, the resources applied to them and the types of initiatives implemented. For example some states, such as NSW, Vic and SA, established case coordination or social worker positions within service delivery teams to work with at risk tenants and other housing workers to assist them to sustain tenancies and address identified problems. The roles of

these workers included case management, coordinating support through liaison with and referral to external support services, providing intensive tenancy management and supporting other housing staff working with tenancies at risk. Other states funded external service providers to work with at risk tenants. Examples include the Supported Housing Assistance Program in WA, the Social Housing Advocacy and Support program in Victoria and the Sustaining Tenancy Program in the ACT. In most states and territories, public housing authorities sought inter-agency agreements establishing formal protocols for coordinating housing and support. An example is the NSW Housing and Human Services Accord (AHI 2006). While some of these initiatives have been funded by public housing authorities from housing budgets, in other cases they have been funded from sources including homelessness programs and other government agencies (for an overview see Flatau et al. 2009).

Queensland policy over the past decade has espoused a sustaining tenancies philosophy and tenancy management policy and procedures have presented eviction as a last resort. However, Queensland has not followed the lead of other jurisdictions who invested in employing specialist public housing workers or in funding support services to work with tenants. The exception is the employment of occupational therapists who are primarily focused on assessing and coordinating the special needs of tenants with disabilities. This may include tenants living with psychiatric disability but primarily deals with adaptations to the physical environment of the house.

Instead, Queensland has relied on embedding sustaining tenancies policies and practices in service delivery approaches, inter-agency collaboration and systemic responses such as tenant participation and community renewal. The latter two programs have been largely discontinued in recent years, leaving Queensland reliant on the skills and practices of their frontline staff, formal joint housing and support agreements and informal collaboration with other government and non-government support services. The formal agreements and joint programs for tenants with mental illness are addressed in the following section. The other major joint program is the Housing with Shared Support (HwSS) program operated in conjunction with Disability Services in the Department of Communities, Child Protection and Disability Services. Under this program tenants with intellectual and other disabilities who have a disability support package are housed in public housing with support provided or funded by DSQ.

More recent initiatives include services such as Street to Home and HomeStay that are funded under the National Partnership Agreement on Homelessness. Street to Home services provide time limited support to previously homeless tenants to establish their tenancies and link into other support services while HomeStay assists private and social housing tenants who are at risk of eviction to stabilize their tenancies. These services provide only time limited services, operate in limited locations and experience extremely high demand.

This section has provided an overview of the diverse range of individualized and systemic approaches and initiatives that have been employed by Australian public housing authorities over the past twenty years to sustain the tenancies of vulnerable public housing tenants. Apart from Community Renewal and Tenant Participation programs which have now mainly been discontinued, Queensland has tended to avoid investing social housing funds in dedicated sustaining tenancies programs and initiatives. Instead, public housing has relied on frontline staff and collaboration with other government and non-government agencies to support 'at risk' tenants to sustain their tenancies. This raises questions about the adequacy, effectiveness and appropriateness of the resources available to meet the needs of the growing population of social housing tenants who require assistance, and often intensive support, to sustain their tenancies, improve their well-being and achieve social and economic inclusion.

2.2.4 Social housing and mental health

One of the population groups present in significant numbers in social housing is people with mental health and substance misuse issues. In part, this is because many people living with these issues have limited financial resources and consequently limited housing options. A further reason is the fundamental changes that occurred in mental health policy over the past twenty-five years, particularly in the approach taken to the management of people with severe mental illness. These changes emphasised the importance of providing support to enable this population group to live independently in the community rather than, as previously, in institutional settings. Provision of secure housing has been viewed as a critically important component of this support, and much of this housing has been provided through public and community housing.

The support provided to some social housing tenants with mental health and substance misuse issues reflects these developments. This group has been supported by targeted programs involving collaboration between social housing and mental health agencies and by generic supportive tenancies programs. However, as already noted, these supports do not extend to the whole of this population. Persons with undiagnosed mental health issues in social housing have been identified as a group who often have limited or no support. Given the behaviours associated with various mental health conditions, they may be vulnerable to tenancy breakdown and eviction.

In tandem with national and international policy directions, mental health policy reforms in Queensland over the past 25 years have progressed from a primary focus in the 1990s on 'deinstitutionalisation' that involved closing psychiatric institutions and discharging, where possible, long term residents of these facilities into community settings. During the last decade the emphasis has shifted to avoiding where possible long stay in hospital settings and strengthening community based responses that emphasise prevention, early intervention, coordinated care and recovery (Meehan 2008). Meehan summarises the approach by saying that mental health policy is based on 'three key principles i.e. mainstreaming, integration and inter sectoral linkage' (2008: 19).

The importance of stable, affordable and appropriate housing in achieving mental health policy objectives has become increasingly recognised as deinstitutionalisation and community care policies have progressed. There are several aspects that are particularly important from a public policy perspective. First is the accumulating evidence about the critical role housing has in mental health stabilisation and recovery (Meehan 2008, Meehan et al. 2010). Second is the need to secure housing options for consumers discharged from institutional settings. Third is concern about the implications of poor housing conditions experienced by people with mental illness, including exploitation in sub-standard hostels and boarding houses; homelessness; high representation in the prison population and presentation at acute hospital facilities. Accessing and sustaining social housing tenancies is increasingly featured in mental health policy as having a critical role in contributing to the achievement of mental health policy objectives.

During the past fifteen years, there have been many initiatives from housing, mental health and community service agencies in Queensland and across Australia to provide and coordinate housing and support to people with mental health and substance misuse issues in order to provide stable housing and contribute to their recovery and participation in the community. These initiatives include:

- Giving priority access to social housing to vulnerable people with complex needs including mental health issues and other special needs such as experiencing homelessness and substance misuse.
- Linking social tenants with special needs to a wide range of external clinical and personal support services.

- Providing dedicated staff within housing agencies to assist this client group with their tenancies including the management of anti-social behaviour.
- Developing mechanisms to support improved coordination and collaboration amongst housing providers, mental health agencies and other support services at whole-of-government and/or local levels.
- Addressing housing allocation procedures to ensure a good match between the person with special needs and their housing, including the flexibility to enable tenants to transfer to more appropriate dwellings.
- Providing more intensive support to tenants who are potentially facing eviction and assisting evicted tenants to access other forms of housing.

A series of policies and initiatives involving partnership with housing have featured in successive mental health plans and policies in Queensland since the early 1990s. While many of these have relied on access to existing housing public housing supply, some have involved funding for acquisition of additional housing. The largest and most comprehensive initiative was Project 300 which involved re-locating 300 long term residents of psychiatric hospitals into public housing accommodation and providing case management, disability support and clinical care (Meehan 2008).

The next significant initiative, the Housing and Support Program (HASP), was a strategy under the *Queensland Plan for Mental Health, 2007-2017* which aligned with the COAG *National Action Plan on Mental Health, 2006-2011*. HASP provides coordinated social housing, clinical treatment and non-clinical support to enable people with moderate to severe mental illness and psychiatric disability to live successfully in the community and involves collaboration between housing, health and community support services (Queensland Department of Health 2014).

Under the subsequent ten year *National Partnership Agreement on Supporting Mental Health Reform* implemented in 2011, Queensland has further expanded HASP and merged it with Project 300 resulting in a total of 449 supported social housing tenancies assisting tenants with moderate to severe mental illness. Of these, 413 are state funded and 36 Commonwealth funded through the *National Partnership Supporting National Mental Health Reform*. There are a modest number of additional packages approved for implementation (11 this year and another 18 from 1 July). There is also another round of Commonwealth funded packages for 2015/16 but the number has not been determined. No further state funded packages have been approved at this stage.

More recent initiatives that complement HASP include the Personal Support Program (PSP) implemented in 2014 under the Queensland Plan for Mental Health for people whose tenancy in social housing is at risk due to mental health issues (e.g., cycling in and out of hospital) and who need support to stabilise their situation. The aim of PSP is to stabilise consumers' tenancies in social housing and minimise the risk of their mental illness escalating to the extent that they become frequent users of emergency departments and/or inpatient mental health facilities, or experience loss of tenancy and subsequent homelessness. The service model provides for an average level of individual support of up to 10 hours per week.

The target group for PSP comprises people whose tenure in social housing is at risk due to their mental illness and related problems. For example, their ability to maintain daily living skills, social connectedness and contact with services has become compromised during a period of mental illness, with consequent effects on their ability to maintain their tenancy. Included in the target group are people with mental illness who have moved into social housing after a period of homelessness, and become disconnected from supports since that transition. Members of the target group need not have current or previous contact with mental health services. In 2013-14 this initiative is providing 60 places in six areas across the state

and 10-15 further places are expected to be available in 2014-15. This initiative is funded through the National Partnership Agreement Supporting National Mental Health Reform, which is due to expire at the end of June 2016. Funding for these services cannot be guaranteed beyond that date.

The strategic focus over the past three decades on mental health reform in conjunction with the availability of additional funding and an increasing emphasis on interagency collaboration has improved the availability, quality and accessibility of clinical and non-clinical support for people with mental illness living in the community. Many of the enhancements have potential to assist social housing applicants and tenants with mental illness who do not currently have access to HASP. These include:

- Increase in mental health clinicians in community health settings.
- Outreach teams to work with homeless people with mental illness.
- Establishment of regional Service Integration Coordinators to build collaborative relationships between health and other government and community sector agencies.
- Expanding and building the capacity of non-government support providers.
- Expansion of HASP.
- Provision of support services for boarding house and social housing residents where they are vulnerable or their tenancy is at risk of failure.
- Improved collaboration between mental health and drug and alcohol services to improve services to people with dual diagnosis.

There has been a significant increase in resources allocated in recent years to supporting people living with and recovering from mental illness to live successfully in the community. Most of these services are available irrespective of tenure, while some have been specifically targeted to public housing tenants, especially where the tenants are also clients of state mental health services. Important questions for this study include understand how adequate, accessible and appropriate these services are for social housing tenants and what roles mental health and housing providers could play in maximising their usage by tenants who would benefit from these services.

2.3 THE POLICY AND ITS IMPLEMENTATION

Against the background of these developments in social housing and mental health, the Minister for Housing and Public Works, The Honourable Tim Mander, issued a Media Release on 4 April 2013, titled 'Rogue Tenants Put on Notice'. The statement announced the launch of a 'Three strikes and you're out' policy for 'bad behaviour by rogue public housing tenants'. The Media Release stated that:

While the majority of our tenants do the right thing, there is an anti-social minority who treat their neighbours with contempt and the taxpayer with disdain. Under Labor it was almost impossible to get evicted, no matter how badly you behaved. These days are now over. People need to realise that public housing is a privilege that comes with certain responsibilities.

The announcement explained that tenants would be evicted if they received three strikes in a twelve month period for 'disruptive, dangerous or illegal behaviour'. Examples provided of such behaviours included hosting out-of-control parties, aggressive behaviour, vandalism, extensive damage to property and unlawful behaviour such as manufacturing drugs. Tenants receiving a first strike would be issued with a written warning and after a second strike an Acceptable Behaviour Agreement would be issued. The consequence of a third strike would be eviction. Unacceptable behaviour that was serious or illegal would result in immediate

eviction. All persons evicted under the new policy would be ineligible to reapply for public housing for three months.

This announcement confirmed the intention of the Newman Queensland Government to take similar action to other states and territories in articulating explicit policies or strategies to manage disruptive or antisocial behaviour by public housing tenants. Queensland thus joined Western Australia, the Northern Territory and (most recently) Victoria in implementing a 'three strikes' approach as a key feature of these policies (see section 2.2.2 of this report). For the first time in Queensland, it proposed a legislative framework for addressing tenancy breaches in public housing that applied different standards of behaviour and sanctions for public and private rental housing tenants. It also presented public housing as a privilege bringing particular responsibilities. This was emphasised by data in the Media Release stating that there were 23,000 needy households waiting for social housing in the state. Public housing in Queensland was also presented as a sector in urgent need of a stronger approach to unacceptable behaviour, the evidence being the large number of complaints about 'anti-social behaviour' (24,529 in 2012); the large number of breach notices issued to public housing tenants (103,126 between 2008 and 2011²); widespread damage by tenants (costing over \$5 million in 2012) and the comparatively small number of evictions (320 during 2008-11).

Between this announcement in April 2013 and June 2014, the Queensland Government's Anti-social Behaviour Management Policy (ASBMP) was devised legislated and implemented. These developments are described and discussed in this chapter under the following headings:

- The context
- The legislation
- The formal policy
- The reasons for policy change
- The public debate
- Implementation.

2.3.1 The immediate context

As discussed previously, the concept of antisocial behavior is a relatively new one in Australian housing policy that has emerged and gained prominence over the past decade. Responding to problems with troublesome and disruptive tenants and conflict between tenants and their neighbours has, however, a longer history and is an integral part of public housing tenancy management. Until the early 2000s, these issues were conceptualized as breaches of tenancy obligations and addressed by applying the breach and eviction provisions of residential tenancy legislation that apply to both public and private market tenancies (Jacobs and Arthurson 2003). Individual incidents of criminal activity were considered the province of the police, while other issues such as noise and animal nuisance were viewed as the responsibility of local authorities.

Conflict between neighbours were deemed to be largely outside the ambit of landlords' responsibilities and when state housing authorities received complaints associated with such conflicts involving public housing tenants, they would often advise the complainants to use independent dispute resolution agencies for assistance in resolving the issues. The central focus of tenancy management breaches was rent arrears and property damage. Sanctions for unacceptable behavior were generally only imposed by public housing authorities when

² Most breaches were for rent arrears. However, data provided by the Department of Housing identified 23,393 breach notices issued between 1 July 2008 and 30 June 2012 related to unacceptable behaviour.

tenants had been convicted of illegal activity or where the problematic behaviours were serious and demonstrably contravened tenancy conditions.

From the 1990s Queensland, in common with other jurisdictions, took a lead in addressing community concerns about crime and stigmatization of public housing estates through improvements to the physical and social environment of the most problematic estates, initiation of community renewal initiatives, partnerships with police, and tenant participation and engagement strategies. Queensland's Community Renewal program that operated from 1998 to 2008 was a whole of government initiative that targeted communities characterised by poor community amenity, deteriorating housing conditions, low socio-economic status and social problems including high crime rates. In almost all cases these communities were areas of high concentrations of public housing and high rates of tenant turnover. The program involved community engagement in planning priorities and action plans for social and physical improvement. Crime prevention was a high priority in all locations and responses emphasised community policing, intensive tenancy management and high levels of inter-agency collaboration (Judd, Samuels and O'Brien 2002).

In recognition of the increase in high needs and vulnerable public housing tenants, Queensland extended 'supportive' or 'intensive' tenancy management approaches on a statewide basis and played a leadership role in referring tenants to support services and collaborating with other human service agencies in initiatives to assist 'at risk' tenants to sustain their tenancies (see section 2.2.3).

However, since the mid-2000s, a shift has occurred that has seen a move away from systemic approaches as exemplified by the discontinuation of the Community Renewal program in 2008 and more recently, discontinuation of the Tenant Participation program. During this time, some collaborative arrangements between housing and other agencies, aimed at sustaining vulnerable tenancies, have been maintained and extended, particularly in the areas of mental health and homelessness.

The introduction of the antisocial behavior management policy in Queensland can be seen as marking a significant shift in policy approach and rhetoric from one that has emphasised systemic and preventative interventions aimed at sustaining tenancies to one that takes a more individualistic and punitive approach.

2.3.2 The legislation

The legislative authority for Queensland's antisocial behavior management policy lies in the amendments to residential tenancy laws introduced in the *Residential Tenancies and Rooming Accommodation and Other Legislation Amendment Act 2013*. These amendments set out for the first time significantly different expectations for social and private housing tenants. Previously special provisions for social housing tenants were restricted to such areas as the setting of rents and the ending of eligibility for assistance. The first comprehensive residential tenancy legislation in Queensland which was enacted in 1994, included breach provisions that applied to all tenants, irrespective of whether they were public, community or private sector tenants. Many of these provisions addressed issues that under the 2013 policy would be described as ASB. These included tenants using the premises for illegal purposes, nuisance, interference with the peace, comfort or privacy of neighbours, not damaging property or injuring persons and objectionable behaviour. The Act enabled the Queensland Civil and Administrative Tribunal (QCAT) (and its predecessors such as the Small Claims Tribunal), when considering orders regarding these matters to take account, amongst other things, the seriousness and the frequency of alleged breaches.

These legislative provisions continued when the legislation was updated in 2008. The *Residential Tenancies and Rooming Accommodation Act 2008* included an additional provision allowing applications for eviction on the basis of repeated breaches, defined as two remedied breaches within a period prescribed in regulations.

Public housing tenancy management policies and practices have operated within this overall legislative framework since 1994. However, the manner of implementation of these policies in public and community housing have been heavily influenced by recognition and broad acceptance that public and community housing providers have responsibilities as 'social landlords' (Heyward 1996) and that they are the 'housing tenure of last resort' for disadvantaged Queenslanders. In meeting that responsibility, policy implementation emphasised the need to assist tenants to sustain their tenancies where possible through 'supportive' and 'intensive' tenancy management practices.

While the public housing anti-social behaviour management policy was implemented on 1 July 2013, amendments to the *Residential Tenancies and Rooming Accommodation Act 2008* were not introduced into Parliament until 10 September 2013 and not enacted until 7 November 2013. This unusual approach of policy implementation preceding legislation occurred because it was initially believed that the new policy could be implemented under the pre-existing provisions of the legislation that applied to all tenants, irrespective of sector. In addition to the provisions referred to above, these included provisions relating to damage and injury (section 296), objectionable behaviour (section 297), serious breaches (section 281) and repeated breaches (section 299).

However, during the early weeks and months of implementation of the ASB Management Policy the Department experienced difficulties in securing eviction orders through QCAT following the issuing of third strikes and first and final strikes. It was therefore decided to amend the residential tenancies legislation by including provisions that explicitly supported the anti-social behaviour management policy. These amendments were introduced at the same time as other amendments designed to enable the transfer of the management of public housing to community housing providers. This major change to legislation addressing unacceptable behaviour by social housing tenants was introduced without a public consultation process. Little information was provided to tenants, tenants' organisations and other stakeholders prior to the tabling of the Bill.

The tabling of the Bill in the Queensland Parliament on 10 September 2013 was accompanied by an explanation of the rationale for the proposed legislation. The Explanatory Notes to the Bill stated that the reason for the legislation was that,

The Department continues to have difficulty in obtaining termination orders from the Queensland Civil and Administrative Tribunal (QCAT) and subsequently regaining timely possession of public housing dwellings in cases where serious anti-social behaviour has occurred (Queensland Parliament 2013a: 2).

Given these difficulties, the proposed changes:

... will allow the Department and Community Housing providers (CHPs) to act more swiftly and directly when serious and/or persistent antisocial behaviour is occurring in public and community housing. The Bill extends the new antisocial behaviour provisions to all CHPs, so that existing CHPs can respond to antisocial behaviour consistently. This approach will also ensure the coverage of the ASB behaviour policy is not inadvertently reduced as large scale transfers take place (Queensland Parliament 2013a: 3).

In his First Reading Speech, the Minister for Housing and Public Works explained the concerns underlying the Government's intentions:

The Bill will also strengthen the recently announced anti-social behaviour policy for social housing tenants. As we know, the majority of social housing tenants do the right thing, respect their properties and give us no trouble whatsoever. There is, however, an antisocial minority who feel comfortable treating the taxpayers, and their neighbours, with complete contempt. The amendments in this bill will make it easier to act on alleged illegal activity and anti-social behaviour and will allow the Department and community housing providers to respond more

swiftly when serious and/or persistent anti-social behaviour occurs in public and community housing. This is about giving our existing policy some extra grunt and reinforcing the message that poor behaviour at the taxpayers' expense will no longer be tolerated. (Queensland Parliament 2013b: 2877).

The changes introduced through the proposed legislation, which were passed with only minor amendments, made explicit the behavioural expectations now expected solely of social housing tenants. The main changes that were introduced were contained in a number of new sections:

- section 290A (Notice to leave because of serious breach)
- section 297A (Application for termination for objectionable behaviour in public or community housing)
- section 345A (Objectionable behaviour in public or community housing)
- section 349A (How tribunal must deal with public or community housing tenant)
- section 527D (Acceptable behaviour agreements for tenants), and
- section 527E (Application for termination relating to acceptable behaviour agreement).

Collectively, these provisions provided a stronger legislative foundation for the ASB Management Policy. The cornerstone of these provisions was a new section 290A that provided that a notice to leave could be issued to a social housing tenant for a 'serious breach'. This meant that if the Department or a CHP 'reasonably believed' that the tenant, an occupant, a guest or 'a person allowed on the premises by the tenant' had committed a serious breach they could be issued a notice to leave. A serious breach was defined as any one of the following:

- Using the property for illegal purposes;
- Intentionally or recklessly destroying or seriously damaging a part of the premises;
- Endangering another person in the premises or a person occupying premises nearby;
- Interfering with the reasonable peace, comfort or privacy of another tenant (section 290A).

With respect to illegal activities, it was sufficient for the landlord to form a 'reasonable belief' that the premises had been used for these activities. It was not necessary for the tenant to be convicted or found guilty. The notice period for a serious breach was set at 7 days rather than the one month (reduced from two months) for other notices to leave (section 329(2)(ia)). Such a notice to leave can be issued without applying to QCAT; the onus was on the tenant to defy the notice to leave order and challenge it in the tribunal. Section 340 of the Act was amended so that a tenant was given the right to have the matter heard by QCAT if they wished (Queensland Parliament 2013a: 8).

The other amendments also sharply distinguished the expectations of social housing tenants and those housed under other forms of tenure. Section 297A extended the range of behaviours enabling a social housing lessor to apply for a termination order on the grounds of 'objectionable behaviour'. In addition to provisions relating to harassment, intimidation, verbal abuse and serious nuisance which applied to all tenants in the existing legislation (section 297), social housing landlords could apply for termination on the grounds that the tenant 'intentionally or recklessly endangered another person at the premises' or 'interfered with the reasonable peace, comfort or privacy of a person occupying premises nearby'.

In a similar way, section 345A extended the range of factors that QTAC could have regard to in making a termination order relating to 'objectionable behaviour'. In the existing legislation, the tribunal could have regard for the frequency of recurrence and the seriousness of the objectionable behaviour (section 345). Section 345A(2) provided that for social housing tenants only, the tribunal could also take into account the seriousness of 'intentional or reckless endangerment' and of 'interference with a person's reasonable peace, comfort or privacy'. Additionally, the tribunal could have regard to 'serious or adverse effects on neighbouring residents' (section 345A(3)(a)) and the tenancy history of the tenant (section 345A(3)(b)). For tenants under a state tenancy agreement, the tribunal could also take into account 'the department's responsibility to other tenants (section 345A(3)(c)(i)) and 'the needs of persons awaiting housing assistance' (section 345A(3)(c)(ii)). This last provision reflected the underlying philosophy of the ASB Management Policy that social housing is a privilege that should not be abused.

New sections 527D and 527E introduced acceptable behaviour agreements (ABAs) for social housing tenants. Under section 527D, social housing landlords were given the power to require a tenant to sign an ABA indicating that the tenant would not engage in ASB in their premises or adjacent premises, including common areas. The ABA could also apply to other occupants, guests or persons allowed on the premises by the tenant. Under section 527E, failure or refusal to enter into an ABA or failure to abide by its terms are grounds to apply to the tribunal for a termination order.

Following the First Reading, the Bill was referred to the Transport, Housing and Local Government Committee for consideration. The Committee issued a public call for submissions and received twelve, including written submissions from the QMHC, the Queensland Anti-Discrimination Commission (QADC) and the Tenants' Union of Queensland (TUQ). The Committee also held a public hearing and heard thirteen witnesses. In addition it received briefings from the Department of Housing and Public Works and the Department of Communities, Child Safety and Disability Services. The issues raised during these processes are analysed later in this chapter (section 2.3.5).

The Bill was returned to the Legislative Assembly with minor changes, and was debated and passed on 30 October 2013 with support from both major parties. Speakers from the Opposition raised issues identified during the Committee Stage of the Bill (discussed in section 2.3.5), but supported the Bill's broad approach and specific provisions. The Opposition spokesperson endorsed the Government's view that, 'public housing has always been, and should always be, a privilege and not a right' (Queensland Parliament 2013b: 3725). The amended legislation was enacted on 7 November 2014, over four months after the commencement of the anti-social behaviour management policy.

2.3.3 The formal policy

The ASB Management Policy became operational on 1 July 2013. The formal policy comprised seven elements:

- A stated rationale;
- A detailed definition of ASB with sub- types specified in terms of severity;
- A strikes-based process superimposed on the existing system of breaches;
- Processes for making allegations of ASB by social housing tenants;
- Processes for protecting the rights of those accused of ASB;
- Processes to deal with tenants evicted under the ASB Management Policy.
- Processes for other social housing providers.

Each of these elements is discussed below. These accounts are based on the public information provided on the DHPW website (Queensland Government 2013) and the relevant sections of the Public Housing Procedures Manual (PHPM) outlining policy on breaches (Queensland DHPW 2013c). The structures and processes established to operationalise and implement the policy are examined in section 2.3.6.

The stated rationale

As already seen, the rationale for the ASB Management Policy was stated by the Minister in his initial press release (Mander 2013), his First and Second Reading speeches in the Legislative Assembly and in the Explanatory Notes accompanying the Bill (Queensland Parliament 2013a). In the public information provided on the DHPW website (Queensland Government 2013) the theme of intolerance of disruptive behaviour was restated:

The department will take action to end tenancies where tenants do not change their behaviour and continue to behave in ways that disrupt the community and damage public housing' (Queensland Government 2013: 1).

The public information also emphasises the aim of:

... balancing the needs and rights of other tenants, private owners and the broader community with the need to support tenants to sustain their public housing tenancies (Queensland Government 2013: 1).

This emphasis on a balanced approach is reiterated in the PHPM which sets out seven principles to guide implementation of the ASB policy:

1. *Prevention and early intervention:* '... to assist tenants to sustain their tenancy where appropriate.'
2. *A balanced approach:* 'The department will balance a commitment to helping tenants to sustain tenancies and not be forced into housing stress with the duty to respond to situations where neighbours ... are experiencing negative impacts and where the department's property is at risk.'
3. *Making the system fair:* 'With demand for social housing outstripping supply, the department will not tolerate repeated breaches and/or serious or ongoing general/nuisance anti-social behaviour.'
4. *Promoting accountability:* 'The department will ensure tenants understand they have the same obligations as other private tenants.'
5. *Protecting vulnerable people, particularly children:* 'The department acknowledges that some social housing tenants ... can be dealing with life challenges including disability and/or health concerns, mental illness, unemployment, low income and parenting/family dysfunction. The presence of children who may be at risk ... will be considered in any tenancy management decision.'
6. *Supporting our staff:* 'The department will not tolerate threats, abuse or violence directed at department staff.'
7. *Collaboration:* 'The department will work collaboratively with other government and non-government agencies, support providers and families of tenants in undertaking tenancy management functions where possible.' (Queensland DHPW 2013c)

It was also stated that tenancy management functions will be undertaken with an awareness and respect for cultural differences including considerations of family obligations and customs of social housing tenants who are Aboriginal and/or Torres Strait Islander.

Definition and types of ASB

ASB is defined in the PHPM (Queensland DHPW 2013c) and in the public information on the website (Queensland Government 2013) as:

Behaviour which may or is likely to disturb the peace, comfort or privacy of other tenants, neighbours or any other person living in the vicinity of the premises and surrounding community. The behaviour may be harassment, criminal, illegal or other inappropriate behaviour and includes actions by tenants and their household members which damage the public housing property or may place the public housing property at risk of damage.

This is a broad definition that encompasses disruptive behaviour, dangerous and criminal behaviour and damage to departmental property. In order to distinguish amongst these behaviours, the ASB policy creates three sub-classes of ASB: minor, serious and dangerous or severe. These are defined as follows (Queensland DHPW 2013c):

1. *Minor - General or nuisance anti-social behaviours* are activities that could reasonably be expected to occur on occasion in a household, but which disturb the peace, comfort or privacy of other tenants or others living in the vicinity of the premises. Examples include but are not limited to:
 - Rubbish, litter and failure to maintain the property
 - Excessive noise from televisions, stereos, a party, a fight or yelling etc
 - Children at play with unduly noisy or unruly behaviour
 - Loud parties resulting in police attendance (no violent or destructive behaviour)
 - Drunk or disorderly behaviour including consuming alcohol in the street
 - Unwanted entry to neighbouring premises without malicious intent.
2. *Serious' anti-social behaviours* are activities that intentionally or recklessly cause disturbance to neighbours, or could reasonably be expected to cause concern for the safety or security of a tenant, household member or neighbour or their property or which cause damage to the department's property. Examples include but are not limited to:
 - Domestic conflict by a tenant or household member which disturbs or causes nuisance to a neighbour
 - Aggressive or obscene language and behaviour including harassment (including racist or homophobic instances) to a person including but not limited to other tenants and neighbours
 - Deliberate/intentional or reckless damage to the social housing property (minor damage).
3. *Dangerous or severe anti-social behaviours* are activities that pose a risk to the safety or security of residents or property; or have resulted in injury to neighbouring residents where subsequent Police charges or conviction have occurred or where the department's property has been intentionally damaged to a high extent. Examples include but are not limited to:
 - Extensive malicious/intentional damage to the social housing property
 - Illegal or alleged illegal activity at the premises including, but not limited to, fighting or acts of physical violence/assault, drug trafficking, production or supply, child abuse/children at risk (neighbours' children), aggressive threats to health and safety of staff, tenants or neighbours.

These three categories of ASB cover a wide range of behaviours and there is some recognition in the policy that different population groups may use different standards in deciding what constitutes ASB. The policy states that:

The possibility that familial hierarchy and cultural family considerations may prevent Indigenous tenants from being able to address the behaviour of others is recognised by the department and should be considered when managing an incident of anti-social behaviour (Queensland DHPW 2013c).

There is also recognition that in at least one type of situation the causes of ASB should be taken into account and managed appropriately. In situations of domestic conflict causing disturbance to neighbours, staff are advised to refer the victim and/or the perpetrator to appropriate domestic and family violence services; provide information about policies and services relating to domestic violence; and discuss transfer options with both parties (Queensland DHPW 2013c). The principle of managing the causes of ASB could be readily applied to other tenancy situations including the tenancies of people with mental health and drug and alcohol issues.

The strikes-based process

In order to address ASB, the new policy established a strike-based process that is superimposed on the existing system governing breaches and eviction. In the event of a substantiated incident of ASB a written Strike Notice is issued detailing the incident. At the same time the tenant is issued with a Notice to Remedy Breach. If three Strike Notices for ASB are issued to a tenant within a twelve month period the Department may take action to end the tenancy and evict the tenant. In the case of a substantiated incident of dangerous or severe ASB, a First and Final Strike can be issued leading to immediate action to end the tenancy. In the case of a minor incident of ASB, a tenant can be issued with a formal warning rather than a Strike Notice.

The strikes-based process is an additional layer of regulation placed over the existing and continuing process of issuing Notices to Remedy Breach for failure to meet tenancy obligations under the legislation. All Strike Notices that are issued are accompanied by a Notice to Remedy Breach. If a breach is not remedied within the specified time period the Department can still issue a Notice to Leave irrespective of the strikes-based process. Some Notices to Remedy Breach do not involve the issuing of a Strike Notice, most notably in situations involving rent arrears which are not classified as ASB. The main effect of the strikes-based process is to provide a means of addressing situations involving repeated breaches which have been individually remedied. Three breaches involving the simultaneous issuing of Strike Notices can now lead to the Department issuing a Notice to Leave, even if the breaches have been remedied. Two other consequences of the introduction of the strikes-base process can be noted. Firstly, the new process resulted in the 2013 amendments to the *Residential Tenancies and Rooming Accommodation Act 2008*, outlined above, which increased the powers available to social housing providers to regulate the behaviour of social housing tenants. Secondly, the process appears to have resulted in increasing awareness by tenants, departmental staff and the wider community of the Government's intention to take a firm stand on ASB.

A further measure introduced as a tool for managing ASB is the Acceptable Behaviour Agreement (ABA). An ABA is a written agreement that identifies the behaviours that must change and the required alternative behaviour expected of the tenant as well as what the Department and any support provider will do to assist the tenant to comply with the agreement. Failures to enter into an ABA or to meet the requirements of the ABA are a basis for the lessor to seek an eviction. Under the ASB Management Policy, ABAs can be completed after a second strike notice is issued or when a Department issued transfer occurs. According to the PHPM, signing an ABA is not mandatory for tenants after receiving their

second Strike Notice, but is to be used as a means of assisting tenants to address their ASB (Queensland DHPW 2013c).

Making complaints of ASB

The ASB Management Policy sets out the processes for making complaints about ASB. The public information stresses that:

The department will continue to take all complaints about ASB by public housing tenants seriously and will thoroughly investigate each incident in a fair and reasonable manner (Queensland Government 2013).

Complaints can be made in person, by telephone, in writing, by fax or by email. Verbal complaints can be accepted in a range of situations such as when tenants are too scared to file a written complaint due to fear of repercussions or where there are literacy or language issues. Certain types of complaints of ASB more appropriately dealt with by other processes are directed elsewhere. Interpersonal disputes between tenants can be referred to mediation services provided by the Department of Justice and Attorney General and by the Residential Tenancies Authority (RTA). Other matters are the responsibility of the local authority (e.g. noise from dogs) or the Queensland Police Service (e.g. intimidation, threats with weapons, domestic violence, drug use, prostitution and theft).

Protections for those accused of ASB

The policies and processes set in place to implement the ASB policy provide a number of protections for those accused of perpetrating ASB. Firstly, they specify that principles of procedural fairness must be demonstrated and documented. When the department takes action against a tenant, the department is responsible for demonstrating that the decision it takes is supported by evidence that on 'the balance of probabilities' the alleged behaviour and events are true. Tenants who are subject to allegations of ASB must be afforded natural justice. This means in practice that tenants must be advised of the nature of the complaint and have an opportunity to respond to the allegations against them. Complaints must be fairly investigated and any adverse decisions backed up with appropriate evidence.

Secondly, the policy requires that the circumstances of tenants be considered prior to issuing strikes and acknowledges that some tenants may have difficulties in understanding and meeting their tenancy obligations due to factors including mental health issues, disability, parenting/family dysfunction, limited decision making capacity, language barriers or cultural norms. In these case staff are expected to engage with the tenant's carers, support workers, advocates and formal decision makers or to make referrals to support services where they are not already in place. For example, the PHPM makes reference to the Queensland Health Personalised Support Services as a possible referral for tenants with mental health issues (Queensland DHPW 2013c). Staff are expected to consider all available alternative options to taking action under the ASB policy including closer monitoring of the tenancy, engagement of support, a transfer or property modifications.

Thirdly, there are limited appeal processes. Tenants cannot appeal being issued with a Warning Notice or a Strike Notice, but they can dispute the Notice to Remedy Breach that is issued with the Strike Notice. They can appeal being issued with a 3rd Strike Notice or a First and Final Strike Notice as this action means they are no longer eligible for public housing.

Processes for evicted tenants

Tenants who are evicted or vacate public housing following a third strike or a first and final strike must wait at least three months before being re-allocated public housing. If re-housed, they are subject to a fixed term tenancy agreement and required to enter into an Acceptable Behaviour Agreement. The PHPM states that steps are also to be taken that will reduce the likelihood of homelessness. These might include:

- Notifying the tenant's support agency or advocate of the eviction
- Discussing with the tenant their plans to access alternative housing
- Providing information and assessing eligibility for other social housing products such as bond loans
- Making a referral to the RentConnect service
- Providing contact details of emergency housing and crisis support providers in the area (Queensland DHPW 2013c).

Other social housing providers

The anti-social behaviour policy currently only applies to mainstream public housing. Community housing providers are free to decide whether or not they will use the provisions under the Act to introduce their own ASB policies. It is not known to what extent community housing providers are applying such policies. Policy work is currently underway within the Department regarding the feasibility and appropriateness of applying the policy to community housing and to remote Indigenous housing. The rationale for extending the scope of the policy is based on a presumption that all social housing tenants should be treated equally. However, the compulsory application of the policy in these areas faces significant challenges given concerns about undermining the autonomy of community housing providers and the practical challenges of applying the policy in the unique conditions of remote Indigenous communities where housing circumstances and social and cultural norms differ a great deal from urban public housing contexts.

2.3.4 The reasons for policy change

What factors influenced the Queensland Government's decision to introduce a new ASB policy in social housing in 2013? Several appear to have been significant. Firstly, the new policy can be viewed as a response to ongoing complaints from public housing tenants and their neighbours to the Department, the Minister and Members of Parliament about disruptive behaviour and damage to property. The Courier-Mail reported in late-2012 that the then Housing Minister, Dr Bruce Flegg, was being lobbied by MPs from North Queensland to take a tougher stand on highly disruptive behaviour by public housing tenants (Courier-Mail 26 September 2012, 'Horror tenants face boot'). One Housing Department officer interviewed for this study stated that:

.... They would see the complaints from neighbours and letters to MPs and stuff like that ... it is about a neighbour in a street where the whole street was fed up and it was those kind of extreme cases. ... It was that repeated really unacceptable behaviour which they were really clear from the early outset they considered antisocial.

This perception may well have been reinforced by media coverage in local newspapers and current affairs television during 2012 and 2013 concerning poor behaviour by public housing tenants.

On 31 October Minister Flegg announced his decision to introduce a 'three strikes and you are out' policy (Courier Mail 31 October 2012. 'Tenants face three strikes home policy'). While he described the policy as a 'crack down on unruly tenants', he also stressed the importance of measures to ensure that the policy did not increase homelessness rates in Queensland. Press coverage suggests that the Western Australia Disruptive Behaviour Management Policy, introduced a year or two earlier, was influential as a model for the proposed Queensland policy. The 'three strikes policy', based on the WA approach, was flagged in September 2012 and had gained support from Liberal National Party MPs.

Department officers interviewed for this study indicated that the ASB Management Policy announced in late-2012 was viewed as consistent with a broader 'strengthening tenancy

management' reform process already underway for public housing prior to the introduction of the anti-social behaviour policy. 'Strengthening tenancy management' involved increased attention to addressing issues such as under-occupancy, implementing fixed term leases and reviewing tenants' continuing eligibility for public housing. This broader housing policy agenda, articulated in *Housing 2020* (QDHPW 2013a), is underpinned by concerns about tightening rationing and improving efficiency. The ASB Management Policy fitted well with these policy and management themes.

Those interviewed also suggested that the ASB policy was also based on a perception that pre-existing policies and practices placed too much emphasis on sustaining tenancies rather than enforcing acceptable behavioural standards. While tenants were breached for unacceptable behaviour, each breach was treated individually and was remedied once the behaviour ceased. The repeated breach provisions of the Act were rarely enforced. The stronger powers sought in the amendments to residential tenancy laws reflected the uncertainties of securing QCAT eviction orders in such cases. According to department officials, this uncertainty was based on a propensity for the Tribunal to refuse orders for eviction where the presiding magistrate cited in their reasoning from amongst the following: the breaches were not sufficiently serious; the consequences for the tenant were too onerous; or that as a tenure of last resort, public housing should provide the tenant with another chance to remedy the breach. Certainly, the decision to introduce legislative amendments resulted from frustrated attempts to secure eviction orders through QCAT following the introduction of the ASB Management Policy.

Cracking down on ASB in social housing was also compatible with the Newman Government's strong law and order policy agenda, exemplified by the legislative and police crack-down on biker gangs believed to be involved in organised illegal activities. The announcement of the policy by Minister Mander emphasised the small number of evictions relative to the number of complaints and the cost of repairs associated with ASB. The tone of his public statements emphasised that a stronger approach to 'rogue' tenants was required (see for example, Media Release, 4 April 2013, 'Rogue Tenants Put on Notice').

Finally, it seems clear from public statements by Ministers and other documentary materials that the ASB policy fitted well with the prevailing view of the role of social housing within the Newman Government. In the words of Minister Mander introducing the policy on 4 April 2013, 'People need to realise that public housing is a privilege that comes with certain responsibilities'. Anti-social behaviour by social housing tenants was viewed as an abuse of the benefits of low cost, secure housing to the extent, as shown in section 2.3.2, that the Act now requires that the QCAT 'consider the needs of persons awaiting housing assistance from the State when determining if behaviour warrants the termination of a tenancy agreement' (section 345A(3)(c)(ii)). This emphasis on the conditional nature of the provision of social housing also appears in the Department's PHPM on managing ASB:

The department provides a scarce and valuable service through public housing and expects tenants to respect the properties and communities they live in and meet their obligations under their tenancy agreement.... The department places great emphasis on mutual responsibility in the relationship between the department as the lessor and public housing tenants (Queensland DHPW 2013c).

In summary, the new policy reflects a view that there was a need to re-balance the policy emphasis from sustaining tenancies and eviction as a last resort to a greater weight on protecting the rights of those impacted by the behaviour of tenants, increasing the expectations on tenants and imposing higher sanctions on behaviours considered unacceptable.

2.3.5 The public debate

The introduction of the ASB Management Policy and the accompanying legislation marked a significant change in social housing management in Queensland. However, public debate on the new policy was surprisingly limited. This may have reflected in part the withdrawal of funds during the previous two years from several organisations representing the interests of tenants including the Queensland Tenants' Union (QTU), the Queensland Public Tenants' Association (QPTA) and Tenancy Advice and Advocacy Services (TAAS). It also reflected, in part, the limited opportunities for debate surrounding the introduction of the policy and legislation. The announcement of the ASB Management Policy on 4 April 2013 was not preceded by any community consultation process and this was also the case with the introduction into the Parliament on 10 September 2013 of the amendments to residential tenancy legislation underpinning the policy. The new policy received only limited media coverage.

The main opportunity for stakeholders including other government agencies to have input into the new policy was at the Committee stage of the consideration of the *Residential Tenancies and Rooming Accommodation and Other Legislation Amendment Bill 2013*. The submissions to the Parliamentary Committee considering the Bill together with the Committee's public hearings provided the main opportunity for issues to be raised about the legislation underpinning the new policy.

The organisations that made representation to the Committee concerning the additional powers granted to the DHPW to underpin the three strikes policy included two main groups: those representing the interests of tenants (Tenant Advice and Advocacy Service – Inner North (TAASIN); Residential Tenants' Representation Agency (RTRA); Tenants' Union of Queensland (TUQ)) and cognate Government agencies (Queensland Mental Health Commission (QMHC); Anti-Discrimination Commission Queensland (ADCQ); Department of Communities, Child Safety and Disability Services). The concerns of these groups comprised four main issues:

1. The differential treatment of social housing and private housing tenants.
2. Issues relating to tenants' rights and due process.
3. Issues relating to the extension of social housing providers powers to terminate tenancies, both generally and relative to the role of the QCAT.
4. Issues relating to the impact of the proposed legislation on tenants with complex needs.

The arguments around these issues and the response of the Department, the Committee and the Government are outlined below. The Committee also found that the proposed amendments 'raise potentially significant issues of fundamental legislative principle' (Queensland Parliament 2013c: 52). The Committee was critical of the amendments on these grounds and it is relevant to briefly summarise their concerns.

The differential treatment of social housing and private housing tenants

Fundamental to the amendments to the *Residential Tenancies and Rooming Accommodation and other Legislation Amendment Bill* relating to the provision of additional powers to the Department to implement the three strikes policy (described in section 2.3.2 of this report) is the principle that the expectations of social housing tenants and private housing tenants are different. Each of the legislative amendments proposed for (and now included in) Queensland's residential tenancies legislation (sections 290A, 296A, 297A, 345A, 527D and 527E) impose higher expectations of behaviour or stronger penalties on social housing tenants than on private tenants. It was argued, particularly by TAASIN (Queensland Parliament 2013c: 5) that as a matter of principle all tenants should be subject to the same requirements. This view challenges the whole basis of the legislative amendments, the three

strikes policy and the Government's view of social housing. Clearly this is a fundamental issue: if social housing is viewed as a right based on citizenship then it would follow that rental tenure conditions should be the same for all.

The Committee gave consideration to the question of whether the differential treatment of social and private tenants was in conflict with the principle of equality under the law, and sought advice from the Department on this issue. The Department argued that the rights and responsibilities of social and private tenants were quite different in a number of respects. Social housing tenants receive subsidised rents and are therefore in a privileged position. Despite this the level of ASB is very high and measures need to be put in place to address this problem. 'There is a great demand for assistance that needs to be balanced with commitment to current tenants', the Department argued. The Committee noted this response and indicated that it satisfied its concerns about the discriminatory impact of the proposed changes (Queensland Parliament 2013c: 56-57).

Issues relating to tenants rights and due process

A number of objections were made regarding section 290A (Notice to leave because of serious breach) on the grounds that it compromised fundamental human rights. Firstly, it was argued by TAASIN, TUQ and the ADCQ that the provision that, 'A lessor may form a reasonable belief that premises or property has been used for an illegal activity whether or not anyone has been convicted or found guilty of an offence' (section 290A(3)) was incompatible with natural justice. The Anti-Discrimination Commission argued that:

... a fundamental human right is that everyone charged with a criminal offence shall have the right to be presumed innocent until proved guilty according to law. This basic human right ought not be overridden by this legislation, and a conviction for serious illegal behaviour being carried on within the premises ought be the requirement before a notice to leave is issued (Queensland Parliament 2013c: 8).

With respect to section 290A(3), the Department argued that:

This [provision] intentionally lowers the standard of proof and will allow the lessor to take prompt action to issue a notice to leave for serious breach rather than having to await the outcome of criminal proceedings (Queensland Parliament 2013c: 4).

This view rested on the argument that the level of ASB involving illegality in social housing (including, for example, the operation of illegal drug laboratories) was so great that the need for effective action outweighed the importance of the legal principles raised. It was also argued that the Department follows rigorous procedures in arriving at its 'reasonable belief' that criminal activity has taken place. This view was upheld by the Committee, the Parliament and the Government.

The Committee was more sympathetic to the argument that the general powers given to the Department under section 290A (including issuing a notice to leave with seven days notice and without recourse to the tribunal unless initiated by the tenant) were excessive for certain types of activities. In particular, it argued that these powers were excessive for the offence of intentionally or recklessly interfering with the reasonable peace, comfort or privacy of another tenant (section 290A(1)(b)(iii)). This resulted in the changing of the word 'interfered' to 'interfered significantly' in the relevant section of the legislation. However, in overall terms, the Committee came to the view that the proposed section 290A was not consistent with the principles of natural justice (Queensland Parliament 2013c: 61). In response, the Department argued that:

The Department generally has well-established processes and practice to ensure that a tenant is afforded natural justice and has a right of reply before notices are issued and, if the Bill is passed, the Department will where appropriate update its processes and practice to cover the new provisions in the Bill (Queensland Parliament 2013c: 61).

Extension of social housing providers powers to terminate tenancies

The fundamental issue involved in the legislative changes introduced to underpin the ASB policy was whether the extra powers given to social housing providers, both generally and with respect to QCAT, were necessary and appropriate. The Department consistently argued that these powers were required in order to address ASB through its three strikes policy. It should be noted that the extension of powers brought into effect by the legislative amendments go well beyond the minimum required to issue a notice to leave after a 'first and final strike' and 'three strikes'. They amount to a significant increase in or clarification of social housing provider's powers with respect to serious breaches, illegal behaviour, damage, injury and objectionable behaviour. In summary, the new powers include:

- The introduction of 'notice to leave for serious breach' which can result in a seven day notice to leave without recourse to QCAT (section 290A).
- Clarification of social housing provider's powers to apply to the tribunal for termination in the case of damage or injury (section 296A) or objectionable behaviour (section 297A).
- Extension of a social housing tenant's responsibilities to include responsibility for the actions of other occupants, guests and 'persons allowed on the premises by the tenant' with respect to serious breaches (section 290A(1)), damage and injury (section 296A(1)) and objectionable behaviour (section 297A(1)).
- With respect to objectionable behaviour, extending the range of matters that QCAT may consider to include the 'seriousness' of intentional or reckless endangerment (section 345A(2)(c)) and the 'seriousness' of interference with a person's reasonable peace, comfort or privacy (section 345A(2)(d)).
- With respect to objectionable behaviour, extending the range of matters that QCAT must consider to include:
 - Serious or adverse effects on neighbouring residents (section 345A(3)(a)).
 - Evidence regarding the tenancy history of the tenant (section 345A(3)(b)).
 - The social housing provider's responsibility to other tenants (section 345A(3)(b)(i)).
 - The needs of people awaiting housing assistance from the State (section 345A(3)(b)(2)).
- The introduction to Acceptable Behaviour Agreements (ABAs) whereby social housing providers can require a tenant to give a written undertaking not to engage in ASB on the premises or adjacent premises to which the agreement relates (section 527D). An application for termination can be made on the basis of unwillingness to sign an ABA or breaching its terms.

Some aspects of this significant extension of powers were questioned by organisations making submissions to the Committee. The most important of these were:

- TAASIN objected to the requirement that the Tribunal consider serious or adverse effects on neighbouring residents (section 345A(3)(a)) on the grounds that it could result in discrimination against unwanted neighbours (Queensland Parliament 2013c: 11).
- TUQ and the ADCQ objected to the requirements that tenants be responsible for the behaviour of fellow occupants, visitors and guests. (sections 290A(1), 296A(1) and 297A(1)) on the grounds that this was unreasonable. The ADCQ argued that this was especially unreasonable for Indigenous families, 'where people who may have social responsibilities to members of their extended families may have greater difficulty

controlling the behaviour of every person that is invited or allowed onto the premises' (Queensland Parliament 2013c: 11).

- TAASIN and TUQ objected to the reduction in time from two months to one month in the handover time once a notice to leave is issued because of the 'ending of housing assistance'. It was proposed that this form of notice to leave be used when a tenant has engaged in ASB and exceeded the permitted number of strikes, as well as for its use when tenants are no longer eligible for social housing. TAASIN and TUQ argued that one month was insufficient notice for marginalised people to find alternative accommodation and physically relocate (Queensland Parliament 2013c: 13).
- TUQ argued that a person's tenancy history should not have a significant bearing on whether or not a termination order is granted by the tribunal as required in section 345A(3)(b) on the grounds that it unfairly disadvantages tenants and may cause prejudice (Queensland Parliament 2013c: 18).

Generally speaking, the Committee endorsed the granting of stronger powers to social housing providers to terminate tenancies, on the grounds that these powers were necessary to take effective action against ASB. It is worth noting, however, that the Committee did not support the requirement that QCAT 'have regard to the needs of persons awaiting housing assistance from the State' in deciding if objectionable behaviour justifies terminating a tenancy agreement (section 345A(3)(c)(ii)). The Committee expressed the view that the requirement was unnecessary and difficult to apply: 'It could prove difficult for QCAT to weigh up the needs of an existing tenant against those of a person on the waiting list' (Queensland Parliament 2013c: 20). The Committee recommended that this section be removed from the Bill. However, this recommendation was not supported by the Government on the grounds that it 'would be a departure from the fundamental objectives of the Bill' (Queensland Minister for Housing and Public Works 2013: 1). This decision reflects the Government's underlying view that ASB by social housing tenants be viewed and treated as abuse of the privileges of low cost, relatively secure housing.

Impact of the proposed legislation on tenants with complex needs

A recurring theme throughout the Committee's deliberations was the potential impact of the legislative changes and the associated ASB Management Policy on tenants with complex needs. This issue was raised in several submissions by stakeholder organisations and was the subject of a number of the Committee's recommendations. Commenting on section 290A (notice to leave because of serious breach), TASSIN argued that in many cases a serious breach may be the consequence of a person's mental illness or disability:

The actions for which the household is evicted may be the very reasons for which they were originally housed. For example, the child of the tenant (the occupant) may have a disability, mental illness or medical issue causing what may seem to others to be anti-social behaviour. These households are likely to cycle through the housing and homelessness sector, causing cost to the family and the system. The cost of accommodating a person in the homelessness sector is more than housing them in social housing (Queensland Parliament 2013c: 6).

This theme was also addressed by the QADC. The Commission observed that:

Unfortunately, on some occasions persons who have mental health or intellectual disabilities may manifest behaviours that can or may be perceived to be harassing, intimidating or a cause of nuisance. ... the best practice approach is for the Department to take a range of actions to assist the tenant to change their behaviour and maintain their tenancy including referral to a support worker or agency. Termination of a tenancy ought to be the very last resort in circumstances involving highly vulnerable tenants (Queensland Parliament 2013c: 18).

The Commission went on to make the proposal that the Bill be amended to require or allow the tribunal to take account of 'the circumstances of the tenant and any vulnerable members of the tenant's household' (Queensland Parliament 2013c: 19). This proposal was opposed by the Department which argued that in practice the tribunal does consider these matters which are also considered by Housing Service Centre staff who can 'use their discretion when issuing strikes and warnings in cases where the ASB can be attributed to a person's mental health illness or disability' (Queensland Parliament 2013c: 19).

The Parliamentary Committee was persuaded by the arguments put forward by the QADC and TASSIN. It argued that it was important to facilitate a balanced deliberation by QCAT in all termination cases and that, 'while it is important to improve the outcomes of applications for tenancy terminations for objectionable and anti-social behaviour, it is also important to ensure vulnerable tenants and households are safeguarded from unintended consequences'. It therefore recommended (Recommendation 5) that the legislation enable QCAT to 'consider all relevant circumstances of the tenant and any vulnerable members of the tenant's household in determining whether to make a termination order' (Queensland Parliament 2013c: 20).

The Committee returned to the issue of tenant vulnerability in response to a proposal from the QMHC and the ADQC that there be close monitoring of the impact of the new legislation on tenants with mental illness and substance misuse issues, as well as on people with intellectual disability, Indigenous people, children, young people and other vulnerable residents of social housing. The QMHC drew the Committee's attention to approaches in other jurisdictions designed to ensure that vulnerable tenants are treated appropriately in the context of ASB policies. The Committee endorsed the idea of examining such approaches and indicated that it was not fully convinced by arguments from the Department that these matters had been fully considered:

The Committee is concerned to ensure that the most vulnerable tenants and households currently residing in public and community housing and on waiting lists for social housing are not subjected to unintended consequences as a result of this legislation. The Committee is, therefore, of the view that this legislation should include appropriate safeguards for those most vulnerable tenants and households (Queensland Parliament 2013c: 35).

The Committee made several recommendations to the Minister to this effect (Recommendations 9, 10, 12). However, these were not supported by the Minister whose primary focus was on ensuring that the ASB policy could be effectively implemented. Concerning the recommendation of enabling QCAT to consider the circumstances of tenants (Recommendation 5), the Minister argued that QCAT had often taken the view that 'tenants in social housing should be given favourable treatment and not evicted, despite serious and/or repeated incidents of illegal and/or anti-social behaviour (Queensland Minister for Housing and Public Works 2013: 2). With respect to Recommendation 10, that a new provision be included in the Bill requiring social housing lessors to consider the circumstances of tenants when administering the Act, the Minister stated that this would, 'significantly impact on the social housing lessor's ability to deal with anti-social behaviour and/or illegal behaviour and this would be a departure from the fundamental objects of the Bill (Queensland Minister for Housing and Public Works 2013: 4).

In his Second Reading Speech, The Minister acknowledged the concerns raised before the Parliamentary Committee concerning 'vulnerable people, including those with mental illness' and opened the door for further consideration of the issue:

I can say that the antisocial behaviour policy is about helping tenants modify their behaviour, not just about kicking them out ... I am extremely mindful of the needs of our most vulnerable and have requested my department liaise with the Mental Health Commissioner and the

Queensland Anti-Discrimination Commissioner to ensure we have adequate support and protection in place (Queensland Parliament 2013b: 3721).

2.3.6 Implementation and outcomes³

The anti-social behaviour management policy came into effect on 1 July 2013. Having been announced just three months earlier, the time frame for putting the policy in place was extremely tight. During the periods from April to July, Queensland policy officers researched the Western Australian experience and liaised with Western Australian housing policy staff. The Western Australia model was influential in shaping the Queensland approach which comprises core elements of that model and some significant variations in approach.

The process of operationalising the policy involved developing detailed written procedures, establishing systems to support the policy, undertaking staff training and putting in place communication processes with tenants. Communication strategies with tenants included a brochure and poster distributed through Housing Service Centres and fact sheets that were posted on the Department's website. It was decided not to write to each individual tenant, although letters and brochures were sent to tenants who were the subject of complaints, warnings or breach notices. Housing Service Centres were encouraged to inform relevant local community services and support providers about the new policies.

Due to the tight schedule, it was necessary for staff training to occur over the same period as the development of procedures and systems. Staff training comprised a number of elements:

- Teleconferences with HSCs to provide an overview of the policy and how it was expected to work.
- Face-to-face information training sessions before and after the policy commenced operation detailing policy and procedures, systems, documentation and engagement with clients.
- Training and information sessions with particular groups of staff impacted by the policy.
- A Q&A document responding to questions raised during by staff training.
- 'Train the trainer' sessions to ensure information delivered to HSC staff was consistent.

A phone advice line was established within the existing practice improvement unit to assist HSC staff members to address problems in interpreting and implementing policy. The advice line was used extensively by frontline staff to assist them to understand and operationalise the new policy. This was a different approach to that taken in other states where new dedicated units or specialist staff positions were used to implement disruptive and anti-social behaviour policies.

The compressed implementation timeframe meant that policies and procedures were refined and amended as implementation proceeded. Examples included:

- Amending the legislation to enable termination orders to be granted by QCAT (as discussed earlier)
- Aligning Complaints with ASB policies and procedures
- Considering how the ASB Management Policy might be applied to community housing and remote Indigenous tenancies

³ This section relies in part on interviews conducted with those involved in the implementation of the policy.

- Developing procedures to ensure natural justice around investigations, the use of evidence and decision making.

The implementation of the ASB policy involved developing new approaches to processes that had long been used to issue breach and termination notices to tenants who had breached the terms of their tenancy agreements. New processes were introduced and implemented in the following areas:

- Investigating complaints
- Issuing strike notices
- Issuing notices to leave
- Giving consideration to tenants with complex needs under the 3 strikes policy.

Investigating complaints

The formal process for making complaints was described in section 2.3.3. Most reports of anti-social behaviour originate in complaints from other tenants, neighbours or their advocates, including local Members of Parliament. Others are identified through housing staff visits to the property or advice from other agencies such as the police. The introduction of the ASB Management Policy was accompanied by information that encouraged tenants and neighbours to identify and report ASB. The Department emphasised that complaints about ASB would be taken seriously and thoroughly investigated and that appropriate action would be taken when ASB was confirmed (Queensland Government 2013).

These assurances and the publicity given to the ASB policy may have been one of the factors resulting in a significant increase in the number of complaints lodged against social housing tenants in the lead up to and following announcement of the policy. Table 5 shows the number of complaints lodged in government managed social housing (comprising public housing and state owned and managed Indigenous housing (SOMIH)) in the twelve months to April 2013 and April 2014. Public housing comprised 93.8 per cent of government managed social housing in 2013 (SCRSSP 2014: Table 17A.3), so these figures can be taken to closely reflect the situation in public housing. The Table shows that total complaints increased by 37.5 per cent (5,463 complaints) between 2012-13 and 2013-14. The 2013-14 figures include the first 10 months of the ASB Management Policy. The relative frequency of types of complaints lodged varied very little from 2012-13 to 2013-14. Complaints about behaviour were the most common comprising 64.3 per cent of all complaints in 2013-14 compared with 63.3 in 2012-13. Complaints about the condition of properties were the other large group of complaints, comprising 24.3 and 23.0 per cent of complaints in 2012-13 and 2013-14 respectively.

The large increase in the number of complaints during the first year of the ASB policy was not matched by the number of complaints resolved. The absolute number of resolved complaints fell very slightly, but the proportion of complaints resolved fell by 18.2 per cent from 65.5 to 47.2 per cent in one year. This fall was not related to any change in the nature of the complaints. The overall distribution of types of complaints was unchanged between 2012-13 and 2013-14. It seems most likely that the change was directly related to the impact of the introduction of the ASB Management Policy.

There are three reasons for believing that the introduction of the new policy resulted in a fall in the proportion of complaints resolved. Firstly, the introduction of the ASB policy was not accompanied by an increase in staffing of HSCs. Local HSCs were expected to cope with any additional workload within existing staff numbers. Given the sharp increase in the number of complaints, lack of capacity may be the explanation for the fall in the rate of resolving complaints.

Secondly, the wide range of behaviours covered by the ASB policy and reflected in the amendments to legislation meant that the range of matters subject to complaint and sanction by the Department was wider than before. Investigators were encouraged to deflect complaints about matters not directly involving the Department to mediation services, police and local councils. They were also directed not to investigate 'complaints that are trivial, of a non-relevant nature, are not based on statements of fact or have been made in bad faith' (QDHPW 2013c). Nevertheless, the scope of the Department's concerns widened.

Thirdly, the investigation processes, set out in the revised Public Housing Procedures Manual (PHPM) (QDHPW 2013c), were increasingly time-consuming and complex. They were designed to ensure a rigorous and fair approach to investigating and substantiating complaints. Investigators were required to ensure that behaviours were breaches under the legislation, and to make certain that the investigation was consistent with principles of natural justice. Given the difficulties experienced in obtaining evictions in the early months of the ASB policies, investigators would also have been aware of the need for their investigation to stand up to the scrutiny of QCAT.

The impact of the increasing complexity of the investigative process was confirmed through interviews with DHPW staff. Staff emphasised the importance of filtering out trivial, non-relevant complaints and those made in bad faith. Repeat complaints without the provision of new evidence were also filtered out. When it was determined that an investigation was warranted, this involved obtaining information and evidence about the matter from independent sources including the police, neighbours and witnesses. The tenant was routinely advised in writing about the complaint and given an opportunity to tell their side of the story either in writing or in a face to face interview. If a decision was made to proceed with a breach or strike the tenant was advised in writing.

For these reasons, HSCs reported that they prioritised complaints on the basis of their seriousness, resulting in delays and a considerable backlog in actioning less serious complaints. As shown in Table 5, over a two year period 18,993 complaints were resolved while 34,585 new complaints were received. It may be that one consequence of the ASB policy was a sharpening of the focus on more serious complaints which were given detailed attention, leaving less serious complaints unattended.

Table 5 Complaints lodged and resolved in Government managed social housing, 2012-13 and 2013-14, Queensland

	1 May 2012 – 30 April 2013		1 May 2013 – 30 April 2014		Increase 2013-14 over 2012-13	
	No.	%	No.	%	No.	% increase
Animals	440	3.0	580	2.9	140	31.7
Behaviour	9 216	63.3	12 872	64.3	3 656	39.7
Illegal use of property	76	0.5	104	0.5	28	39.4
Occupancy	1 290	8.9	1 871	9.3	581	45.0
Property (condition)	3 539	24.3	4 597	23.0	1 058	29.9
Total complaints	14 561	100.0	20 024	100.0	5 463	37.5
Complaints for ASB	12 831	88.1	17 573	87.8	4 742	36.9
Complaints resolved	9 532	65.5	9 461	47.2	-71	-18.2

Source: Data Development and Analysis, DHPW, May 2014.

Note: Government managed social housing comprises public rental housing and ATSI housing. Complaints resolved may relate to an earlier period. 'Complaints for ASB' excludes 'animals' and 'occupancy'.

Issuing Strike Notices

The formal process of issuing strikes was described in section 2.3.3. The process involved increasing levels of severity, beginning with a warning letter if the issue was considered minor in nature. In some cases a second warning was issued. If the behaviour re-occurred, a first strike notice was issued along with an RTA Form 11 (Notice to Remedy a breach). Tenants were provided the option of contacting their local Housing Service Centre by phone or to attend the office in order to discuss the issues. A brochure on the anti-social behaviour policy was included with the strike notice.

The second strike notice had a stronger emphasis on the implications of the behaviour. This notice proposed that the tenant enter into an acceptable behaviour agreement, provided contact details for support agencies and encourages tenants to involve a support person or advocate. Where it was not possible to meet face to face with tenants to negotiate the Agreement, a semi-completed document was posted to the tenants requesting they complete and return the form or make contact to arrange a time to meet.

The third strike notice (as well as the first and final strike) had a far stronger tone, advising the tenant that the matter was being taken to QCAT to seek an eviction and requesting that the tenant contact the Department immediately. It provided details about the process for vacating and the 3 month delay in being eligible to re-apply for public housing as well as offering assistance to secure alternative accommodation and providing contact details for support agencies.

Decisions about proactively contacting tenants by other means, such as phoning them or visiting them at home, are left to the Housing Service Centre and are influenced by factors such as the travel distance from the office, security concerns, and workload. Support services, advocates and alternative decision makers are contacted if permission has been provided by the tenant, often by sending them copies of the correspondence sent to tenants. Where ongoing relationships exist between housing and support providers and these parties are participants in the acceptable behaviour agreements, then a more proactive and collaborative intervention may occur.

Table 6 shows that in the year to 30 June 2014, a total of 1,341 tenants (2.5% of all government managed social housing) were issued with at least one strike notice. Eighty-three (8%) strike actions were first and final strikes. There were 1,277 first strikes, and of these 291 (23%) progressed to second strikes and only 51 progressed to third strikes during the twelve month period. Until the policy has been in operation for a full two-year period, it will not be possible to indicate the proportion of first strikes that result in subsequent strikes in any one year. Further, no comparative data is available on the frequency of recurrence of strikes and breaches. It is therefore too early to tell if strikes have been effective in changing tenant behaviour.

Table 6 ASB strikes and warnings issued 1 July 2013 to 30 June 2014, Queensland

Warnings	Strikes					Current households	Households issued a strike	% households issued a strike
	Strike 1	Strike 2	Strike 3	First and Final	Total strike actions			
1 036	1 277	291	51	83	1 702	53 840	1 341	2.5

Source: Data Development and Analysis, DHPW, August 2014.

The process of issuing warnings and strikes did not supersede the issuing of breaches for behaviours covered by the ASB policy. Tenants issued with warnings and strikes were also issued with breach notices as these were the notices referred to in the residential tenancies legislation and recognised by the QCAT. Strikes were not referred to directly in the 2013 amendments to the legislation. Table 7 shows the number of breaches for ASB issued

annually from 2008 to 2014. The table shows that the number of breaches for ASB declined markedly after the commencement of the ASB policy. The average number of breaches issued for ASB in the five years preceding the introduction of the ASB policy was 3,254. The figure for 2013-14 was 2,396. This was the lowest number of breaches in the period since 2008 and a fall of 26 per cent over the previous five year average.

The reasons for this fall in the number of breaches are unclear. Table 5 showed that the number of complaints for ASB and related matters resolved in 2013-14 (9,461) was virtually unchanged from the previous year. However, the number of resolved complaints resulting in the issuing of a breach fell markedly. One possible explanation is that front-line staff in HSCs were giving greater attention to more serious behaviour and not issuing breaches for behaviour perceived as resulting in less serious consequences.

Table 7 Number of breaches issued for ASB in Government-managed social rental housing, 2008 – 2014, Queensland

Reason for breach	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Damage to premises	360	410	392	432	581	405
Harassment, intimidation, verbal abuse of a serious nature caused to neighbours	200	352	356	457	519	364
Interfered with the reasonable peace, comfort or privacy of a neighbour	1 878	2 094	1 912	2 201	2 348	1 345
Using the premises for an illegal purpose	53	34	24	60	43	57
Causing a nuisance by the use of the premises	490	306	235	359	175	225
Total	2 981	3 196	2 919	3 509	3 666	2 396

Source: Data Development and Analysis, DHPW, August 2014.

Note: Government managed social housing comprises public rental housing and ATSI housing. Number in bracket indicated estimate for full year.

Tenants who received 2 strikes, 3 strikes or a first and final strike are those at greatest risk of eviction. Table 8 shows the types of ASB alleged against the 369 households who received 2 or 3 strikes or a first and final strike. These households received 434 strikes in all. By combining the categories shown in Table 8, a clear pattern of the kinds of behaviour leading to multiple strikes can be found. Disruptive behaviour, sometimes in combination with other ASBs, was by far the most common cause of a strike action, with some 76 per cent of households receiving a 2nd or 3rd strike or 1st and final strike for this reason. Property damage was the second highest cause, with 22 per cent of families receiving strikes for this reason, closely followed by illegal activity (15 per cent). Behaviour involving injury or risk of injury was implicated in the strikes received by a relatively small 4 per cent of households.

Table 8 Types of strikes against households receiving 2nd, 3rd and 1st and final strikes, 1 July 2013 to 30 June 2014, Queensland

Types of strikes	No.	%
Disruptive behaviour only	229	62.1%
Disruptive behaviour, illegal activity	17	4.6%
Disruptive behaviour, property care/damage	30	8.1%
Disruptive behaviour, illegal activity and injury or risk	4	1.1%
Disruptive behaviour; Illegal activity; and Property care or damage	1	0.3%
Disruptive behaviour, injury or risk	3	0.8%
Illegal activity only	28	7.6%
Illegal activity, property care or damage	4	1.1%
Injury or risk only	6	1.6%
Injury and Property Care	1	0.3%
Property care or damage only	46	12.5%
Total households	369	100.0%

Source: Data Development and Analysis, DHPW, August 2014.

Table 9 shows the household type of households receiving multiple strikes or first and final strikes, broken down by Indigenous status and whether the principal tenant was male or female. Single persons with children were the most common household type (42.5 per cent) followed by single person households (34.7 per cent). In non-Indigenous households, the most common household type receiving multiple or serious breaches was single person households (43 per cent), and most of these were male. In Indigenous households, by contrast, single persons with children were the largest group (58.9 per cent) and these were predominantly female-headed households. Of all households receiving multiple or serious breaches, 47.4 per cent were households in which children were present. Overall, Indigenous households are extremely over-represented with 176 of these households issued multiple or serious breaches out of the 369 households in total (47.7 per cent). These figures have two main implications. Firstly, they show that the three strikes policy has consequences for the housing stability of many children, especially children in single parent families. This impact should be considered in any overall assessment of the policy. Secondly, the disproportionate representation of Indigenous households in those receiving strikes requires further scrutiny. This may reflect a higher incidence of ASB amongst Indigenous households, inappropriate application of the policy to Indigenous households, discrimination against Indigenous households by either neighbours or housing workers, or a combination of these factors.

Table 9 Household type and Indigenous status of households receiving 2nd, 3rd and 1st and final strikes, 1 July 2013 to 30 June 2014, Queensland

			Single person	Single person with children	Couples only	Couples with children	Other	All families
Indigenous households	Male	No.	18	12	4	4	6	44
		%	40.9	27.3	9.1	9.1	13.6	100
	Female	No.	27	74	1	5	25	132
		%	20.5	56.1	0.8	3.8	18.9	100
	All	No.	45	86	5	9	31	176
		%	25.6	48.9	2.8	5.1	17.6	100
Non-Indigenous households	Male	No.	49	10	4	4	12	79
		%	62.0	12.7	5.1	5.1	15.2	100
	Female	No.	34	61	4	5	10	114
		%	29.8	53.5	3.5	4.4	8.8	100
	All	No.	83	71	8	9	22	193
		%	43.0	36.8	4.1	4.7	11.4	100
All households	Male	No.	67	22	8	8	18	123
		%	54.5	17.9	6.5	6.5	14.6	100
	Female	No.	61	135	5	10	35	246
		%	24.8	54.9	2.0	4.1	14.2	100
	All	No.	128	157	13	18	53	369
		%	34.7	42.5	3.5	4.9	14.4	100

Source: Data Development and Analysis, DHPW, August 2014.

Issuing notices to leave and evictions

Prior to the introduction of the ASB Management Policy in 2013, notices to leave were issued for failure to remedy breaches. From the commencement of the ASB policy (or more precisely after the passage of the 2013 amendments to residential tenancies legislation), notices to leave were issued after 1st and final strikes for serious breaches and after three strikes in one year, as well as for failure to remedy breaches. The data presented in Table 10 shows the impact of the new policy on formal evictions during the first 10 months of the operation of the policy compared with the number of formal evictions in previous years.

The total number of evictions varied markedly from year to year since 2008 with a spike in 2012-13 which continued into 2013-14. Rent arrears were consistently the main grounds for eviction, followed by objectionable behaviour. Evictions for objectionable behaviour, the category which corresponds most closely to ASB, increased in 2013-14 over the previous year. However, the number of evictions for objectionable behaviour was considerably fewer than the number of 3rd strikes and 1st and final strikes recorded during the same period (see Table 6). One reason for this is that many tenancies in difficulty end without the process of formal eviction. No reliable data are available about the number of tenants who vacate following breach and strike notices or after receiving a 'notice to leave'. The discrepancy between the strike data and the evictions data indicates that the impact on tenancy sustainability cannot be assessed solely on the evictions data.

Table 10. Number of evictions and grounds for eviction in Government-managed social rental housing, 2008 – 2014, Queensland

Eviction reason	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Abandonment	3	5	2	9	3	4
Damage to property	0	1	1	1	1	0
Objectionable behaviour	36	12	14	21	44	54
Ongoing eligibility	5	2	2	0	1	0
Rent arrears	89	34	23	27	108	142
Other	-	-	0	1	20	13
Total	133	54	42	59	177	213

Source: Data Development and Analysis, DHPW, August 2014.

Note: Government managed social housing comprises public rental housing and ATSI housing.

Giving consideration to tenants with special needs

As noted in section 2.3.3, the policy required that the circumstances of tenants be considered prior to issuing strikes and acknowledged that some tenants may have difficulties in understanding and meeting their tenancy obligations due to complex needs. Where ASB was evident, the official procedures required housing staff to consult known support agencies and involve them in case conferences and discussions:

If the behaviours indicate that the tenant requires support, the HSC should ... consider all available alternative options to help the tenant address the behaviours before taking action under ASB. It is important to work with support agencies to address the anti - social behaviours and avoid ... a warning or strike notice where possible (DPWH 2013).

The procedures also recognised that Indigenous households may be impeded in managing the behaviour of family and visitors by cultural obligations and norms:

... the definition of general/nuisance anti-social behaviour includes some behaviours that can be considered 'normal' for Aboriginal and Torres Strait Islander tenants / household members who may be entertaining a large group of family/visitors. While all tenants are accountable for the behaviour of others whilst they are in the tenant's property, the possibility that familial hierarchy and cultural family considerations may prevent Indigenous tenants from being able to address the behaviour of others is recognised by the department and should be considered when managing an incident of anti-social behaviour (DPWH 2013).

In most cases the HSC was responsible for managing relationships with local support and advocacy services and making referrals. The Practice Development and Support Unit in central office provided limited support to HSCs in dealing with relationships with other agencies, especially other government agencies where formal protocols or joint programs were in place. The policy manual also provided some guidance on the types of services that may be appropriate. However, identification and relationship management with support providers was largely a local responsibility.

Interviews conducted with Department of Housing staff indicated that, as suggested by the official procedures, the DHPW has made significant efforts to identify the support needs of tenants when investigating complaints about behaviour. Clearly, there is an ongoing tension between enforcing tenancy conditions and sustaining vulnerable tenancies. This tension is felt most strongly at the HSC level, and the Department is highly dependent on the skills and networks developed locally by HSCs. The implementation strategy did not involve the

establishment of specialist units or personnel to address ASB issues as has been done in some other states and territories.

One of the difficulties experienced by HSCs is that the information held by the Department about mental illness and other vulnerabilities is somewhat ad hoc. DHPW records only capture validated information on mental illness where this is provided as part of the Housing Needs Assessment (HNA) process at application, usually where it is relevant to applications for priority housing. Mental health information about tenants may be also obtained in the course of tenancy management including when disputes or breaches occur. However, this information is not consistently validated or recorded and tends to be identified on the basis of self-reporting by tenants or the assessment of housing and support workers rather than based on clinical diagnosis. One interviewee emphasised that local housing staff do not have specific expertise in mental health and may fail to recognise mental illness or may incorrectly interpret behaviour as stemming from a mental health issue.

Reliable information is therefore not available about the number or proportion of tenancies with household members living with mental illness that were subject to ASB warnings or strikes. According to Department records, only 1,185 of the 2,084 households issued with a warning or strike between 1 July 2013 and 30 June 2014 had completed an HNA; the others had entered public housing prior to the HNA process being instigated. Of those with an HNA, only 143 had information recording that a household member had a mental illness.

A further source of information about the management of tenants with complex needs is a small study conducted by the Interagency Group for Housing Assistance (IAGHA 2014). In this study, HSCs were requested to provide information on their top 5 most difficult/challenging social housing tenants. It transpired that of the 101 households identified, very few had been issued with a strike notice. The main characteristics of this group were summarised:

- The majority (74) had a formal diagnosis recorded in their housing file provided by a case manager, a treating doctor or a support agency.
- Most common diagnoses recorded were depression, schizophrenia, intellectual disability, autism and Asperger's syndrome and drug and alcohol issues. Many clients had multiple or dual diagnoses recorded.
- There were 60 single person households and 25 households with children present.
- A total of 8 tenants were clients of the Housing with Shared Support (HwSS) program. A total of 8 tenants were living with a carer.
- The most common difficult behaviours recorded were excessive noise, abuse, aggression, nuisance and inappropriate behaviour (IAGHA 2014).

HSCs estimated that in addition to this group, they were aware of 600-700 other tenants with high levels of complex needs.

The study suggested that the reason that few of the group of 101 tenants had received a strike notice was that the HSC was aware of their circumstances and worked hard with support agencies to maintain these tenancies. However, HSCs also reported that in 75 per cent of cases, the support these tenants received was inadequate, 'being too limited in time, not resolving mental health behaviours, or only being targeted to one issue':

This review highlights the necessity of support to be flexible, able to be scaled up or down depending on client need, and to also respond to issues that are affecting the stability of the tenancy (IAGHA 2014).

The review drew attention to the problem of clients who refused to engage with support services. It also reported that very few clients of the Housing with Shared Support (HwSS) and Housing and Support (HASP) programs received strikes, and it was concluded that this

was evidence that 'the interagency support and housing arrangements are working effectively' (IAGHA 2014).

Another source of information about the management of tenants with complex needs is the case studies described in chapter 3. In addition to the information about the Department's management of the twelve cases analysed in that chapter, six of the housing workers involved in the case studies spoke in a more general way and in some detail about the changes taking place in public housing and the management of ASB at the HSC level and in the Department more generally. Staff were very aware that the priority given to applicants with complex needs was changing the nature of their work. One highly experienced worker succinctly summarised the characteristics of many new public housing tenants:

These people are often people ... who have mental illness or people who are drug affected or they are very large families and nobody else wants to rent to them or they have disabilities and there is no suitable modified housing for them. Our register now is people who have difficulties managing in society.

This made the task of social housing management far more complex:

It is getting more difficult to manage tenancies because in some of our streets we have quite a few properties, so we have quite a few different people with different behaviours, or even worse, similar people with similar behaviours who don't tolerate each other.

With respect to the implementation of the ASB Management Policy, staff reported a range of issues and views. One worker commented that although training was provided, it will still take some time for staff to 'get their head around it'. Another stated that:

... no one has had any practical experience with the policy. So it's really hard to go through a training session when you have no idea what that policy entails or what it's going to look like. I think there's definitely a lack of training in that respect.

Another staff member pointed out that while initial training was conducted for all staff, the training came before the policy was finalised. The initial training provided a general overview of the policy and its intent. However, a significant amount of work was now required within each office to understand how to apply the policy and to set in place consistent expectations.

A diversity of views was expressed on the extent to which staff were satisfactorily equipped to consider the circumstances of people with mental health and other complex issues. One worker stated that there was a high level of awareness in her HSC of mental health issues and the need to take these into account:

We receive a lot of complaints relating to behaviour and some do suffer from mental health issues but the policy is very detailed and it does encourage staff to ensure that they cover all bases and try and get tenants to engage with agencies and work to sustain their tenancies before issuing these things.

However, another worker reported difficulties in the timing and adequacy of training in ASB procedures. In this worker's view, training did not involve understanding the policy within the context of mental health or drug misuse. Furthermore, while training in working with tenants with mental health issue was available, it was not compulsory for staff members. To illustrate the complexities involved in applying the ASB policy, a worker referred to situations involving mental health issues where the tenant was unwilling to seek assistance:

If we are aware that someone has a mental illness, or if they have an addiction, we do referrals for them to a support agency. But if they continue to refuse to seek help for themselves, they leave us with no option. ... we can only transfer once or twice, not even that often sometimes, but you know, unless people are willing to participate, there isn't a lot we can do if they keep transgressing.

Two workers in different HSCs expressed fundamentally different views about the ways that the ASB policy should be implemented. One worker welcomed the ABS policy because of the flexibility it allowed with decision-making. The worker reported that in her HSC each complaint is looked at on a case-by-case basis so that all options are examined to give the greatest success to the tenant and DHPW. In practice this has meant that although complaints may meet the criteria for the issuing of a strike under the ASB policy, a strike would not be issued if it were thought that it would not produce the best outcomes. The worker reported that cases where greater discretion is required often had mental health and/or cognitive issues as contributing factors. In this HSC, all staff received mental health first aid training and the Centre had a strong partnership with the mental health service at the local hospital. The worker felt that the office would often 'go above and beyond to apply discretion under the ASB policy' for tenants with mental health issues and would often link the tenant to appropriate services.

A very different view was expressed by a worker from another HSC who emphasised the value of the increased powers provided under the HSC:

I implemented this policy when it first came into the complaints team here. It has made our jobs here a lot easier in terms of dealing with tenants because they know we are more serious, it is not just a one off, previously we used to issue breaches and they would have 30 breaches and nothing would happen to them. So this has kind of given them that kick in the pants I guess.

With respect to tenants with mental health and drug and alcohol misuse issues, this worker stressed the universality of the policy:

My understanding is that the antisocial policy is for everybody. Obviously, we take each case as it comes and if we know that there is someone with mental health issues we will deal with that on that basis. But if we are unaware, we are unaware. Across the board, it is for every tenant.

These contrasting perspectives suggest that the views of individual workers and the prevailing culture in particular HSCs have influenced the ways that people with complex needs are managed under the ASB policy. However, it also became apparent that all front-line workers who were interviewed found aspects of the policy challenging to administer. One worker emphasised the difficulty of determining whether or not a person had a mental health issue: 'how do we identify that and how do we make sure we're not discriminating against somebody?' Another felt that too many minor matters such as routine disputes between neighbours fell within the ambit of the ASB policy. This worker suggested that only serious complaints should fall under the policy, and that the ASB provisions should be restricted to providing 'a tool to move people out who clearly shouldn't be in housing, especially when there is a criminal element, and to move them out quickly. Another aspect of the policy causing some concern was the management of Acceptable Behaviour Agreements (ABA). Inconsistencies in the issuing of ABAs were reported and there was concern that tenants were signing ABAs without fully understanding the commitments that they were making and the possible implications for their tenancy.

One worker spoke of the need for a more holistic approach to the management of ASB. This worker pointed out that commonly tenants who are issued strikes under the ASB policy also have breaches for rent arrears. It is often the combination of these issues that lead DHPW to consider eviction. However, under the present system these tenancy issues fall under different policies and require separate submissions to QCAT. The worker reported that if there is evidence to issue a third strike often DHPW will 'hold off on giving the strike' and instead apply to QCAT for eviction on the grounds of rent arrears, where the Department's case is less open to challenge. Only if that application is unsuccessful will a third strike will be issued. The worker proposed that the Department be able to make a general submission that took

into account all of the issues: 'rather than having to argue one case there needs to be a holistic rather than compartmentalised view of the tenancy'.

An oft repeated theme in the interviews with front-line staff was the increased workload involved in administering the ASB policy. Workers emphasised the complexity of the processes involved in administering the policy:

There's a lot of work involved in ensuring that a strike notice is implemented effectively. It's not just simply saying, 'Oh okay, well we'll issue a strike'. We need to ensure we're following the right processes and that we need to demonstrate procedural fairness to ensure that if complaints are received that they are substantiated.

Much of the workload arose because the strikes process was superimposed on the issuing of breach notices and because staff were aware that in the early stages of implementation QCAT was overturning applications from the Department. This had created extra work:

The policy itself has resulted in a lot of extra work, I believe, for the tenancy team because the process in regards to investigating a complaint to get to a final position on whether to issue a strike or not is really, really long and really tiresome.

While the case studies provide some examples of collaboration between HSCs and mental health agencies, several workers emphasised that these relations could be improved. One worker stated that mental health and other agencies had not been provided with information about the ASB policy when it was introduced. Another argued that when multiple agencies are involved with a tenant, lines of responsibility and accountability were often blurred. This increased costs and the risk of poor outcomes such as homelessness for the individual. One worker emphasised the need for structural change in the relationship of DHPW and Mental Health Services:

Mental health services are the hardest to engage with and it is difficult because I know there are personnel changes. There is just no integration between our services. It should be mandatory that where there are tenants involved with mental health, that there be regular meetings between our services.

A similar line of argument was followed by a front line worker in DHPW who argued that once a client of Mental Health Services was housed, the problems of managing the tenancy tended to be left with the social housing provider:

The relationship with mental health has never been close. We've tried. I don't think they are interested enough and again I think, once people are housed, the other agencies seem to back off and say, 'Oh well housing will deal with that'. But we're not trained to deal with that. You know, we get the annual mental health training, updated training and personal protection training ... but we are not trained to even have a guess at what mental health problem someone might have. So if they don't own up to a particular disorder, well it's not up to us to guess it. ... When they are funded to get clients housed they show some urgency there, but once they are housed it's almost like they are just moving onto the next one. So they are often left sitting in our laps.

Some housing workers were also aware of the limited availability of the kinds of support required by their tenants, and argued that there was a need for new forms of supported housing. Commenting on a specific tenancy situation, one worker reported:

We have made a recommendation that supported accommodation is probably the way to go for [tenant], where somebody else will take control over who comes in and out of the place that she is renting. I really do think that there is a place in society for daily visits to somebody like [tenant] ... I wouldn't like to see them in a boarding house. There is some kind of accommodation need in between managed accommodation and community housing, where they would have somebody that would tell them what to do each day.

In summary, front-line workers views on the introduction of the ASB Management Policy were mixed and there is evidence of different approaches to implementing the policy being pursued in different HSCs. There was agreement that applying the policy to tenants with complex needs raised difficult issues, but a diversity of views were expressed concerning the capacity of the Department to address these issues. Several workers spoke of increased workload and the need to improve relations with support services, especially Mental Health Services. Front-line staff made a number of suggestions for policy improvement including that the Department engage in further discussion with QCAT to improve awareness and consistency in policy application; that there be greater consultation with front line workers when new policies are developed; and that any policy should be developed in its entirety before it is announced.

2.4 CONCLUSIONS

The ASB Management Policy introduced in 2013, together with the accompanying legislation, marked a distinct change in emphasis in social housing management in Queensland. For the first time, Queensland residential tenancies legislation set out standards of behaviour and penalties specifically applying only to social housing tenants. Also for the first time, the concept of anti-social behaviour was introduced to refer to a wide range of behaviours that were disruptive to other tenants, local residents and social housing providers. These policies were justified in terms of the allegedly high levels of anti-social behaviour in social housing and the obligations owed by tenants to society in exchange for low cost, relatively secure housing. The Queensland Government's ASB policies were in some key respects in line with those introduced in other states and territories. Four other states and territories (Northern Territory, NSW, Victoria, Western Australia) have ASB policies and all but one of these (NSW) has a similar three strikes policy. ACT, South Australia and Tasmania have chosen different ways of addressing disruptive behaviour.

The introduction of the 2013 ASB policy was in some respects in tension with some of the main drivers of social housing policy in the early twenty-first century. Social housing has been increasingly, and now is almost exclusively, directed towards households with complex needs, including those with mental health and substance misuse issues. A central rationale for this policy is to achieve whole of government objectives, including national government objectives, such as reducing levels of homelessness; protecting women and children at risk of violence and abuse; rehabilitating ex-prisoners; and enabling social groups such as frail older people and people with disabilities to live in the community. One such national, whole of government objective has been the deinstitutionalisation of people with mental illness and more generally to enable people with mental health and substance misuse issues to live in the community. Many people with complex needs of this kind have low incomes and are dependent on the Disability Support Pension or similar payments. Social housing is the predominant form of affordable housing available to this group. Some have accessed social housing through formal interagency programs; many more access social housing through the regular application processes that give priority to people with complex needs.

Tension with the ASB policy arises because some people with mental health and substance misuse issues are prone to behaviour that is disruptive to neighbours and landlords. This means that they may be targeted by ASB policies even though their behaviour is linked to their health condition. The practice of social housing authorities around Australia, including Queensland, over the past decade or more has been to support the social housing tenancies of households with complex needs in order to achieve whole of government objectives and avoid the social and personal costs of eviction and, in many cases, homelessness. The need to balance the competing objectives of addressing ASB and sustaining the tenancies of households with complex needs is recognised in all Australian states and territories.

Queensland's 2013 ASB policy privileges the objective of addressing ASB over the objective of sustaining tenancies. This was seen most clearly in the Minister's rejection of the

recommendation of the Parliamentary Committee scrutinising the Bill to include the circumstances of the tenant as a matter that must be taken into consideration by QCAT in decisions relating to eviction. It was argued by the Minister and the Department that this would inappropriately impede the eviction of tenants engaging in ASB. There are also other indications of relative weight given to addressing ASB and sustaining tenancies in Queensland's policy. Unlike other states and territories with ASB policies, Queensland lacks formal interdepartmental arrangements dealing with all social housing tenants with mental health and substance abuse issues. Similarly in contrast to other jurisdictions, Queensland lacks specialist workers within the public housing system dedicated to sustaining tenancies or to managing the complexities of ASB policies.

The issue of dealing with tenants with complex needs as perpetrators of ASB was unavoidable in the implementation stage of the new ASB policy. The importance of sustaining tenancies was referred to in the public information distributed on the new policy and the need to protect vulnerable people was one of the principles set out in the policy manual to guide front-line workers in the implementation of the policy. The policy manual emphasises procedural fairness, the need to engage with carers and support workers when issuing breaches and strikes and the need to follow certain processes to reduce the likelihood of homelessness following eviction. Many of these measures were in place prior to the introduction of the three strikes policy.

It is difficult to assess the overall impact of the ASB policy on tenants with mental health and substance misuse issues. The fundamental reason for this is that no reliable data is available on the mental health status of most public housing tenants. Nor is such data available on the 1,341 households issued with a strike during the first nine months of the implementation of the policy; the 369 households issued with two or more strikes or a first and final strike during this period; or the 54 households formally evicted during this period. As well as impeding overall assessment of the impact and appropriateness of the ASB policy, the lack of such data is likely to impede the capacity of front-line staff to take account of complex needs in applying the ASB policy. Other factors impacting on this capacity include the evidence presented in this chapter of the uneven level of knowledge of mental health issues by DHPW front-line staff; the variable and somewhat ad hoc relations with mental health and other support agencies; and the possibility that different HSCs may adopt somewhat different approaches to the consideration of complex needs in applying the ASB policy. The data provided by HSCs for the IAGHA also drew attention to the existence of a large number of public housing tenants with very high needs and limited support, some of whom may have been managed by HSCs in ways that did not involve the issuing of strikes.

In summary, our knowledge of the impact of the 2013 ASB Management Policy on tenants with complex needs is scanty, and we also lack a sufficiently developed perspective from which to appraise the policy. These deficiencies are addressed to some degree in the following two chapters. Chapter 3 provides case studies of the application of the policy to twelve social housing tenants with mental health and substance misuse issues. Chapter 4 then provides an overview of the research and policy literature which provides a foundation for a critical analysis of the policy described in this chapter.

3 CASE STUDIES ANALYSIS

3.1 INTRODUCTION

A central element of the study is to 'analyse the contexts, experiences, and impacts of the anti-social behaviour management policy on twelve individual tenants to obtain a picture of the systemic issues impacting on individuals'. Twelve case studies were conducted to meet this requirement. Full details of the methodology are provided in section 1.3.2. A descriptive overview of the cases is set out in Table 11. The twelve individual case study reports are provided in Appendix 1. A detailed matrix summary of findings can be found in Appendix 2.

This chapter provides an overview of the cases as a whole. In part it complements chapter 2 insofar as it provides an additional perspective on the implementation of the ASB Management Policy during 2013-14. The chapter extends the previous discussion by presenting a picture of the needs and circumstances of a sample of social housing tenants with mental health and substance misuse issues and the ways that the ASB Management Policy impacted upon their behaviour and their tenancies. The key questions addressed in this chapter are:

- What is the nature of the 'complex needs' of the tenants included in the sample?
- What were their housing circumstances prior to entering social housing?
- What is the significance of social housing for this population group?
- What types and level of support does this population group have to live in the community and sustain their tenancies?
- What were the causes, processes and impacts of the strikes received by this population group?
- What are the consequences and likely future consequences of the strike process for this population group?
- What overall implications can be drawn from the findings of the case studies concerning the application of the three strikes policy to tenants with complex needs?

Table 11 Characteristics of tenants included in case study analysis

Name	Mental health issues or diagnosis	Age range	Indigenous Status	Location & Housing	Household composition	Strikes
Julia	Diagnosed Schizophrenia	30-40	Indigenous	Central QLD suburb, unit	Tenant and mother	1 strike: excessive noise
Bronwyn	Suspected alcohol problem, depression and mild intellectual impairment	45-55	Indigenous	Central QLD suburb, detached dwelling	Tenant and two grandchildren	1 strike: behaviour of visitors
Kevin	Disclosed recovered alcoholic and drug addict, and wife with psychiatric illness	40-50	Indigenous	Central QLD suburb, detached dwelling	Tenant, partner, two adult children, grandchild	1 strike: excessive noise and general behaviour
Penny	Disclosed depression	20-30	Indigenous	Central QLD suburb, detached dwelling	Tenant and two dependent children	2 strikes: both for interfering with peace, comfort and privacy
Raymond	Schizophrenia, Bipolar II Disorder, head injuries; ADHD, substance use	40-50	Non-Indigenous	South East Queensland suburb, unit	Tenant	2 strikes: both for deliberate property damage
Valery	Suspected depression, anxiety and intellectual impairment	40-50	Non-Indigenous	Regional South East QLD city, unit	Tenant and adult son	First and final strike: aggressive, intimidating, and illegal behaviours
Sarah	Disclosed recovered psychotic disorder (tenant); daughter schizophrenia	50-60	Non-Indigenous	South East QLD city, detached dwelling	Tenant and adult daughter	1 strike: excessive noise and nuisance
Christine	Intellectual impairment, severe seizure disorder, and depression	20-30	Non-Indigenous	Brisbane suburb, unit	Tenant with shared tenancy arrangement	1 strike: property damage
Susan	Disclosed compulsive hoarding, chronic fatigue syndrome, depression, PTSD	65-75	Non-Indigenous	South East QLD city, unit	Tenant	1 strike: failure to maintain cleanliness of property
Paul	Disclosed chronic pain following head injury, bipolar, depression, substance use	40-50	Non-Indigenous	Brisbane suburb, unit	Tenant	1 strike: property damage
John	Disclosed drug induced schizophrenia, poly-substance abuse	30-40	Non-Indigenous	South East Queensland suburb, unit	Tenant	1 strike: property damage
Danielle	Intellectual impairment, chronic anxiety, possible Aspergers Syndrome, depression, personality disorder	45-55	Non-Indigenous	Brisbane suburb, detached dwelling	Tenant (formerly with son)	2 strikes: disputes, noise excessive rubbish; obscene language directed to DHPW worker

3.2 TENANTS WITH COMPLEX NEEDS

Our main focus in sampling was to include individuals who were considered by the DHPW to have a mental health issue (including some with substance misuse). The sample of twelve cases presented in Table 11 includes ten with chronic mental disorders; six with substance use disorders; four with intellectual impairment; and two with cognitive impairment secondary to head injuries. Thus the tenants fall into two of the three categories of special needs described by Bleasdale (2006), namely people with cognitive impairment as a result of intellectual disability (Bronwyn, Christine, Danielle, and Valery) or an acquired brain injury (Raymond and Paul); and people with mental illness including substance misuse (numerous cases). Bleasdale's third category, people with physical or sensory disability, was not a focus of this project.

To build a picture of the special needs of the tenants, we begin with a description of their socio-demographic circumstances. As described in Table 11, four of the tenants are male and eight female, with ages ranging from their 20s to 60 years. Four are Indigenous Australians. Apart from Kevin, who lives with his wife and extended family, the tenants are predominantly single (although some have been in couple relationships previously). Half of the tenants are living with family members and Christine was sharing with a person her own age in a co-tenancy arrangement.

In terms of financial support, all of the tenants are receiving some form of pension, most commonly disability support pensions, two are on carer's pensions and one tenant receives parenting payments. The resulting effects of poverty are evident in the lack of furnishings and general levels of maintenance in some homes. Some tenants are in debt for repairs to damage to their property.

Limited social participation and connectedness outside of the home was common due to the combined effects of mental health problems (discussed in detail below), unemployment, and carer responsibilities. In some cases social participation was limited due to the influence of physical problems such as chronic fatigue (Susan), hepatitis C (Raymond and Paul), seizure disorder (Christine), chronic pain (Paul), and chronic bronchitis (Sarah).

The majority of tenants experience serious and chronic mental health problems, often two or three types of problems concurrently. For example, Julia had schizophrenia and was on an involuntary treatment order to receive depot injections of antipsychotic medication every month. She also acknowledged a history of drinking to intoxication as a way of dealing with her perceived unsatisfactory housing and the removal of her daughter from her care by officers of the Department of Communities, Child Safety and Disability Services. Raymond is also on an involuntary treatment order, prescribed several psychoactive medications and has been diagnosed at various times with schizoaffective disorder, bipolar II disorder, substance-induced psychosis, and attention deficit hyperactivity disorder. Sarah reported that she was hospitalized for treatment of a psychotic disorder a few times in her 20s and continues to take medication prescribed by her GP to stop hearing voices. There is no record of any mental illness on her DHPW file, although records indicate that her adult daughter whom she lived with had schizophrenia.

Mood disorders such as depression and bipolar disorder were experienced by several tenants. A common theme for these individuals was emotional sensitivity and difficulty solving interpersonal conflicts. For instance, Paul was diagnosed with bipolar disorder at the age of 16 and in his words,

I've spent years trying not to let it get the better of me and try to go the opposite, working on the whole thing. Like I said, because it's an emotional thing I try not to let my emotions run away with me too much and that sort of thing but at the same time it's hard. There's times when I've got no control over it at all. I flip out and then someone will say something or maybe

someone's hacking at me and giving me a hard time and then I start getting the twitches which is me I go <does impression> or stuttering, I start stuttering.

Similarly, Christine who suffers from intellectual impairment and chronic depression, experienced serious interpersonal problems with her co-tenant, described by her support worker as:

What was happening was that the two young ladies were co-tenanting in a four bedroom house. There were a lot of interpersonal clashes for a range of reasons and they did not get along. Both ladies communicated they did not want to live with one another.

At times these disputes escalated into physical aggression and damage of property. It was reported that Christine punched holes in walls; tore lights down; broke ceiling fans; ripped doors off; and on one occasion she set fire to the carpet in her bedroom.

A history of traumatic experiences was mentioned in several cases. For example, Julia was badly affected by the removal of her child (which occurred while she was in hospital) as well as ongoing severe conflict with her neighbours that results in her feeling unsafe in her home. Raymond experienced two head injuries from assaults. Susan has been diagnosed with posttraumatic stress disorder following injuries from a bus accident, her husband's suicide and other traumatic deaths in her family. Penny suffers from depression associated with the trauma of having a still born baby in 2013. Paul has been assaulted multiple times including on the doorstep of his current home. He feels unsafe and has complained to the DHPW requesting a transfer:

I'd prefer to find somewhere more safe. I don't really like it here that much. I mean, I like some of the neighbours but others irk me and I don't know whether some idiot's going to come back here again and try and jump me in my sleep, and try and strangle me and choke me.

Some of the core features of PTSD are heightened emotional arousal and hyper-vigilance for threat in the environment, which could very much impact on the tenant's relationships with the DHPW, other support workers, and neighbours. For example, they may be jumpy and quick to become distressed or angry, and they could avoid contact with DHPW workers or neighbours if they perceive a threat.

Other mental health problems include Susan's chronic hoarding, a condition that has historically been considered a form of obsessive compulsive disorder but was recently given its own DSM-5 diagnosis (hoarding disorder) due to the neurological features that differentiate it from obsessive compulsive disorder. Susan was described by her daughter as 'a greatly sentimental person who holds strong attachment to items', particularly those that belonged to her mother who died of Alzheimer's disease, and who Susan cared for in her final years. Susan's hoarding behaviour was not resolved by the issuing of the strike for antisocial behavior, as stated by the DHPW worker:

I think possibly the manager who issued this [strike] saw this as a way to try and make sure [Susan] was making progress in cleaning the unit but I don't think it had the desired effect and it was probably, from what I understand, quite traumatic for [Susan] to receive that, especially after having been in the unit for so long and [the DHPW] trying to work with her and then to all of a sudden have that action taken against her.

Half of the tenants reported having problems with alcohol and other drug use. For instance, Paul, who has been diagnosed with bipolar disorder and chronic pain following a head injury, self-medicates his symptoms with amphetamines and marijuana. Raymond's mother spoke of his intermittent use of marijuana and amphetamines since his adolescence – and her fear that consumption of these substances 'virtually sends him into a psychosis straight away'. Similarly, John has substance-induced psychosis that is characterised by hallucinations, loud yelling and swearing, and aggressive behavior resulting in serious damage to the property and on one occasion, a physical assault against his mother.

In John's case, the Mental Health Nurse, DHPW worker, and his mother all made a distinction between John's substance use disorder and his other mental health problems in that they saw the substance use as the cause of all of his other symptoms and behaviours. In his Nurse's words:

It's just the thing of being happier to seek out his drugs rather than happier to sort of enjoy his environment more and protect it and look after it. He was very house proud when he moved in there, he certainly was, but that's all changed now, now that the illicit drugs are back on the scene with him. He was away from them for the best part of a year and a half to two years, and he was fine and he was able to look after his abode and just generally be much more caring about his environment. Once the illicit drugs came back on the scene for him it was just back to "don't care".

This is an important point because John's relapse into substance use is a common feature of substance use disorders and just one aspect of his overall circumstances. That is, because of his chronic health problems and unemployment, John lacks social contact and coping strategies. This places him at risk of making links with other people who use substances, which puts him at risk of a psychotic episode and violent behaviour, which has put his housing at risk, and on it goes.

Other tenants are clearly attempting to address problems related to their substance use. Kevin said that he was no longer a heavy drinker but was previously addicted to alcohol and illicit substances. He no longer allowed visitors to drink at his place due to the risk of a further ASB strike. He said the threat of eviction, his wife's mental illness and money problems were "pulling me down and it's sort of pushing me closer back to the bottle which I don't want to go back". Bronwyn also said that she doesn't drink at home any more due to a series of complaints from her neighbours to the DHPW about large numbers of visitors coming around, drinking and causing disturbances.

The sample of twelve tenants also reflects the diversity of tenants with mental health and substance use issues living in social housing. The sample includes a number of very high need individuals (Julia, Raymond, Sarah, Christine, Paul, John, Danielle); others with moderate to high needs when viewed in the context of the sample (Bronwyn, Valery, Susan); and two with significant levels of need (Kevin and Penny). The four Indigenous tenants have issues that reflect in part their cultural background. In all cases but one (Christine), these tenants have not involved any systematic program of support, i.e. all but one of them do not have formal 'supportive housing' arrangements (this term is discussed in detail in chapter 4).

To summarise, these are people with very significant mental health and substance use issues and limited financial and social resources. They are typical of many of the people that are being granted priority access to social housing. Most of them do have contact with family, DHPW workers, and/or other support services, yet as we describe in further detail in section 3.5, the need for resources often outweighs what is available to help them manage their lives and sustain their tenancies. In all cases the mental health and substance misuse issues experienced by these tenants are directly implicated in their tenancy difficulties.

3.3 HOUSING EXPERIENCES AND SITUATION

3.3.1 Prior housing arrangements and homelessness

All of the tenants were asked to describe their housing arrangements over recent years including their housing circumstances immediately prior to their current public housing tenure and any previous experience of homelessness. Two of the tenants receiving strikes were very long term public housing residents with periods of residence spanning 29 years (Susan) and 12 years (Sarah). Three had been continuous public housing tenants for 5-10 years duration,

three for 3-4 years duration and four for a period of 2 years or less. Several had transferred between public housing dwellings during these periods, often more than once.

Three of the tenants in the sample had lived in social housing prior to their current period of tenancy. Kevin had a lengthy period as a social housing tenant earlier in his life and had been evicted for disturbing neighbours with loud parties and drinking, the same issues now causing problems with his tenancy. Danielle had been a public housing tenant with her former husband earlier in her life and had also been evicted for a wide range of disruptive behaviours. Sarah, now in her 50s, had lived in public housing for 13 years in her 20s and 30s. She left public housing of her own accord, saying that the reason was to move to a safer area for her children, away from the drug scene. She reapplied for public housing in 2002 when she would have been in her 40s. Sarah was evicted around the time that the study was being undertaken after living in public housing for a period of approximately 25 years in total.

Three of the tenants had lived in private rental dwellings, but their experiences of this tenure varied greatly. Kevin lived in a number of private rental properties in between his two periods as a public housing tenant. He was evicted from his last private rental property for drinking, fighting and loud parties often involving visitors from the remote Indigenous community where he was brought up. This resulted in him being blacklisted on the TICA tenancy database, which he believed assisted him in gaining priority access to social housing. Susan, who at the time of the study had lived in public housing for nearly 30 years, had previously lived in approximately 13 private rental dwellings including a caravan. Raymond, prior to the episode resulting in his head injury, had been living with his girlfriend in a private rental dwelling while working fulltime.

Five of the tenants in the sample had lived with their parents during their adult life, but had left for a variety of reasons. Penny was a young single mother who had lived with her parents prior to being allocated a public housing dwelling. Raymond, after suffering his head injury, lived with his parents for three years while waiting to be allocated public housing. Christine, a young woman in her 20s suffering from intellectual impairment and with a history of challenging behaviour, lived with her parents until she was 18 years old and her parents were no longer able to support her at home. Paul lived with his mother and brother until his aggressive behaviour, linked to his mental health issues, resulted in the family taking out a Domestic Violence Order against him. Similarly, John's violent behaviour linked to schizophrenia and other issues resulted in his mother deciding that for her own safety she could no longer live with him under the same roof.

Five of the twelve tenants included in the sample had prior experience of homelessness. Julia, who has a diagnosis of schizophrenia and lives with her mother, had several years of homelessness prior to being accommodated in community housing. She reported that she had been evicted from a hostel for behaviour issues and was rough sleeping for part of one year. Sarah, who has a long-term psychotic disorder, was homeless for a short time in between her two lengthy periods in public housing. During this time she lived with friends for a few weeks and at this time her daughter who was living with Sarah was admitted to a psychiatric hospital. This combination of circumstances enabled her to obtain public housing. Paul was homeless for a year after being forced to leave his family on account of his violent behaviour. He spent most of this year rough sleeping in a tent with his dog in a park. A local community service assisted him to apply for and gain access to public housing at this time. John, who was also forced to leave home due to his violent behaviour, lived in a boarding house for some time after a period of hospitalisation. A mental health worker assisted him to apply for public housing while he was living in the boarding house. Danielle became homeless after her marriage broke down and her child was placed in the care of the child safety authorities. She was in touch with a local homelessness service and submitted an application for social housing with the help of that service.

In summary, this sample of twelve public housing tenants had lived in public housing for varied periods of time ranging from less than 2 years to almost 30 years. Seven of the twelve (Kevin, Julia, Sarah, Paul, John, Valery and Danielle) had a history of insecure housing including, in most cases, evictions for disruptive behaviour. Five of this group of seven had experienced at least one period of homelessness. Of the other five, two were long-term residents of public housing (Susan, Bronwyn); one had stable housing prior to a serious head injury (Raymond); and two had previously lived with parents (Penny, Christine). Of the twelve tenants, 3 had prior experience of living in social housing and, somewhat surprisingly, only 3 had lived in private rental dwellings. Five had lived with parents as adults and in four of these cases had left as a result of difficult or demanding behaviour. It seems likely that this diversity of housing circumstances prior to admission to social housing characterises the larger population of social housing tenants with mental health and substance misuse issues.

3.3.2 Experience of public housing

A key factor in considering the role of social housing in providing long-term, affordable, community-based accommodation for households with complex needs is the suitability of the housing provided. As discussed in chapter 2, social housing is characterised by chronic funding problems, supply shortages and problems relating to the mismatch between the current stock and the needs of those currently housed and those on the waiting list.

Households with complex needs require housing that is a strong fit with their circumstances and the unsuitability of housing can be a factor in tenancy failure. In this section we address the issue of the suitability of the housing allocated to the twelve tenants. We are interested in their personal satisfaction with housing allocated; evidence of suitability; and evidence of the department addressing issues of suitability through housing transfers or other means.

Overall, the tenants expressed strong, positive feelings of satisfaction with their housing. Bronwyn had recently been transferred to a three-bedroom, detached house that provided adequate space for herself and her two teenage children. The two-bedroom units she lived in previously had been crowded as she also at that time had her mother living with her. She also liked the location of the new house: 'I find it real good here; quiet area'. Kevin who had his wife, two adult children and one grandchild living with him, said that 'we were just happy to get this house' (a four-bedroom detached house) and he spoke of socialising with neighbours. Penny, a young Indigenous woman with two pre-school age children, had recently been transferred from a house in an inner-city area to a suburban location close to her parents who provided extensive support. She spoke of feeling at home in her three-bedroom house: 'I have settled down heaps and I actually sleep there. ... and I'm right and I feel comfortable and I feel safe'. Valery was evicted from her public housing two-bedroom duplex unit in late-2013 and at the time of interview was living with her son in a three-bedroom house arranged by a support organisation. Valery likes her current house: 'It's nice and quiet. It's a long way from town. Looks really homey'. Sarah was in the process of being evicted from her three-bedroom detached house at the time of the study. She appreciated the low rent, convenient location and promptness of repairs. Christine was initially co-located in a two-bedroom dwelling with another young woman who also had an intellectual impairment. The two young women developed a highly hostile relationship with each other resulting in a change in living arrangement. Christine is now living in her own one-bedroom unit and reportedly is highly motivated to look after her home which had not previously been the case. Susan, a long-term resident in public housing, said that she had always been grateful for her house, which was warm and dry and conveniently located. John was extremely pleased when he secured a public housing unit which he greatly preferred over the boarding house where he had been living because of the independence it provided.

For the eight tenants referred to in the previous paragraph, public housing provided a better standard of accommodation than they were likely to obtain elsewhere. The main values expressed were appropriately sized housing, quiet or convenient locations, speedy repairs,

opportunities for independence and a sense of home. These perspectives were not entirely unqualified. Sarah's positive views were offset by her perception that her house was dusty and lacking in privacy. Susan was unhappy with her neighbours and with unresolved drainage problems in her yard. Kevin argued with one neighbour whom he accused of racism. But overall, these eight tenants were personally satisfied with their housing.

Only two tenants, Paul and Julia, were generally unsatisfied with their housing. Paul had previously been homeless and he conceded that, 'it means a lot, of course, to me to have something over my head and get to be in a safe environment'. However, the area in which his two-bedroom duplex unit was located was a busy area and Paul had been assaulted on the doorstep of his unit. He was very keen to move to a quieter, safer area but had been unable to negotiate a transfer with the Department. Julia, an Indigenous woman living in a two-bedroom unit with her mother, described her house as 'horrible' and said her neighbours were 'out to get me'. She said that her house 'feels like a cell' owing to the lack of a back exit and limited windows. She asked, 'Are they preparing me to go to prison by keeping me here?'

With the exceptions of Paul and Julia, most of the tenants in our case studies were quite satisfied with their housing. But was their housing appropriate to their needs? This issue was not examined in depth, but several elements of suitability or unsuitability were illustrated by the case studies. Firstly, in most cases the tenants had houses that were of a suitable size for their households. In all cases the number of bedrooms equaled or exceeded the number of household residents. Very few negative remarks were recorded with respect to the size or physical layout of dwellings: Julia was the only tenant who spoke out on this issue.

The suitability of location appeared to have been a much more important issue. For Bronwyn, Penny and Valery moving away from locations where they were likely to attract friends and others who wanted to drink and party at their houses was crucial to sustaining their tenancies. Disruptive behaviour of this kind was the major problem for each of these tenants and was addressed by transfers to new locations. Bronwyn was moved to a 'quiet area' that she liked. Penny was moved out of the inner-city area to a suburban location close to her parents and no longer tells people where she lives. Valery was evicted from public housing but now lives in community housing in a quiet area away from her son's friends, 'who don't know where we live now'.

Location was also an important factor in terms of access to support. The clearest example of this was Penny who, together with her two young children, was highly dependent on her parent's support. Allocation of a public housing dwelling close to her parents was extremely important in assisting her to maintain her tenancy. For several other tenants the level of availability of formal support in the areas they lived was a significant factor. This issue is discussed later in this chapter.

For three of the tenants in the case studies, location was a negative factor that was not addressed with potentially detrimental consequences for these tenancies. Some of the consequences of Raymond's head injuries were that from time to time he played music extremely loudly without consideration of the effects on others and that he was prone to violent behaviour involving property damage. According to his mother,

When he's been in a psychotic episode he breaks glass ... and part of the illness is he actually yells out and just basically disturbs the peace. He hasn't hurt anyone or threatened anybody but he definitely disturbs the peace.

The disruptive impacts of his behaviour have been exacerbated by the location of his one-bedroom unit in a large housing complex. Detached housing as separate as possible from surrounding residences would mitigate the impact of his behaviour. The location of Paul's unit in a busy, somewhat unsafe area (discussed above) appears to have had a negative impact on his mental state and behaviour. His request for a transfer to a quieter location had not been approved at the time of interview, in part because he has not remedied damage to his

property. The location of John's one-bedroom unit in an area where he can readily access illegal drugs is part of the reason for the deterioration in his mental health and for his tenancy being placed at risk.

The record of the Department in addressing housing suitability issues through housing transfers or other means is somewhat mixed. There are several examples of the Department arranging a housing transfer to assist tenants to address their ASB including the cases of Bronwyn, Penny and Danielle. In Danielle's case this involved arranging for her to move into a different property to her son, who was causing many of her tenancy difficulties. Although Valery was evicted, the support agency that the Department put her in touch with was able to find more suitable housing for her and her son. In the case of Christine, the Department worked collaboratively with other agencies until a suitable housing solution was obtained. However, in the cases of Raymond and Paul, described above, the option of transferring from unsuitable housing has either been overlooked or resisted. In the case of John, front-line housing workers were aware that he required different housing arrangements, but conceded that these were not currently available.

In summary, most of the tenants in our case studies positively valued living in social housing, which represented a marked improvement over previously insecure and poor quality housing. Only two tenants were fundamentally dissatisfied with their public housing dwellings. All tenants had houses whose size was appropriate to the number of people in their households. The Department arranged transfers for several tenants whose housing location made them susceptible to disruptive behaviour in the form of drinking and loud parties. In one case they arranged a transfer for a young mother to be closer to her parents. However, in three cases tenants continued to live in locations that placed their tenancies at risk.

3.4 SUPPORT AND SERVICES

All of the case studies involved an investigation of the support available to these tenants with complex needs whose tenancies were at risk. The tenants themselves, and where relevant their family members and housing workers, were asked about the support services available and received. When possible, support workers were interviewed. Gaining an understanding of support is important, because the availability of support has been viewed by some writers as a means of preventing ASB. Support is also relevant to the wider issue of the role of social housing for people with mental health issues, where some argue that all social housing for persons with complex needs should be 'supportive housing'.

Four types of support are discussed in this section:

- Professional mental health support and treatment
- Other formal support
- Support from DHPW workers
- Informal support from family, friends and neighbours.

The section considers support around mental health issues, tenancy issues and issues directly arising from strikes. The question of integration of support and housing is also addressed, i.e. to what extent are there cooperation, collaboration and coordination amongst support and housing providers?

3.4.1 Professional mental health support and treatment

All of the twelve tenants featured in the case studies were considered by the DHPW to have mental health issues, including several with substance misuse. Broadly speaking, seven could be classified as having very high needs, three with moderate to high needs and two with significant levels of need. It is relevant to ask how many of them were receiving

professional mental health support and to consider the adequacy and appropriateness of this support.

Only four of the twelve tenants were receiving any form of professional mental health support or treatment at the time they were interviewed. Julia received assistance from her Indigenous mental health community liaison officer and had a mental health manager as a consequence of her ITO. Raymond received effective help from a private psychiatrist in the years immediately following his head injury. However, since receiving his ITO the support from psychiatrists has been significantly less effective due to discontinuity of staff (four psychiatrists over the previous four years) and less frequent sessions, currently four per year. He is also frequently hospitalised which has been helpful in managing crisis situations, but of no particular assistance over the longer term. Sarah received limited support from her GP with medication.

John received support from a mental health worker while hospitalised and continued to receive support from the community mental health service once he returned to public housing. In the interview, John described the community mental health team as 'my second family'. The team assisted John with managing his finances and he had not had any recent problems with rent arrears or utility bills. The team also ensured that John attended his medical appointments and took his medications. A community mental health nurse visited regularly, but reported that there was little that could be done about John's drug use, other than to play a monitoring role. John rejected psychotherapy treatment and although he received assistance from ATODS for a period he also terminated this service.

Other tenants had received mental health treatment and support in the past. For example, Susan had received treatment from a psychiatrist under a mental health plan, although she terminated the treatment before it was finished. A support worker arranged for Valery's son to receive twelve sessions of counselling under a mental health plan approved by a GP.

It is arguable that most of the twelve tenants included in the case studies should have been receiving ongoing support and treatment from a mental health or substance misuse professional. In particular, Julie (schizophrenia), Valerie (depression, hoarding), Susan (hoarding), Paul (bipolar and substance misuse) and Danielle (personality disorder) could have benefited from mental health intervention. Julia, Raymond, Susan and John arguably required higher levels of support than they were receiving. It is possible that the provision of appropriate mental health support would have reduced the extent and intensity of their ASB.

No detailed study was undertaken of the reasons that so many of the tenants in the case study received little or no mental health support and treatment. However, two types of reasons can be deduced from the case studies. Firstly, in some cases support was simply not available or was not readily accessible to the tenants. For example, Kevin, whose alcohol problem threatened his tenancy, said that he 'thought about asking for help' but was not aware of available services in his regional locality:

If there was an organisation today that could get involved or set themselves up to target this sort of area that we're talking about man I'd be straight there, straight on the door knocking on the door.

The second theme that emerged was that many of the tenants were unwilling to obtain professional mental health support or were very difficult to manage. It was reported that Julia could be verbally aggressive and difficult to engage with services. Bronwyn took pride in saying 'I kind of do it myself'. Similarly, Sarah claimed that she was an independent person who wanted to demonstrate her ability to cope on her own. Previous engagement with mental health services had resulted in her being hospitalised and she was keen to avoid this outcome. Raymond's mother had been informed by one of Raymond's psychiatrists that his head injury and short-term memory problems made it difficult to treat his symptoms. Paul demonstrated lack of trust with any type of service. John showed no interest in addressing his

severe substance misuse issues. Danielle had a long history of inability and unwillingness to consistently engage with services. Finding ways to overcome these barriers must be part of any program to provide supportive housing in the public housing context.

3.4.2 Other formal support

In addition to mental health support and treatment, some of the tenants received other forms of support from organisations including support in activities of daily life, support to maintain the tenancy and general advice, counseling and advocacy. The distinction between these forms of support and mental health treatment is fuzzy: for example, we saw that John received these services from the community mental health service. However, various forms of 'welfare' and tenancy support are acknowledged to play an important role in assisting tenants with complex needs and we need to understand the extent to which these supports were required by and available to our twelve tenants.

The first point of note is that six tenants received little or no support from formal services during their tenancies and during the period that their tenancy was in difficulty. Julia, Bronwyn and Kevin reported no involvement with services at all. Sarah was referred by DHPW to various support organisations when her tenancy was running into difficulties, but she said that, 'I didn't go through it. I just thought I'm capable enough of looking after myself'. By the time she finally contacted a support service it was after she had received a strike and it was too late for the support to be effective. In any case, she found that many services in the area where she lived were already at full capacity. Paul was even more reluctant to engage with support services. A family support service had assisted with his application to public housing but attempts by the HSC to re-engage him with this service were unsuccessful. Penny received little support from formal services during the period her tenancy was in difficulty, and requests from her father to the police to assist in removing unwanted guests were reportedly unheeded. At the time of interview, Penny's parents were arranging for her to receive counselling to deal with her mental health issues.

These experiences of disconnectedness from services contrast with the experiences of Raymond, Valerie, Christine, Susan and Danielle, all of whom had extensive engagement with services, albeit with varying degrees of success. Raymond, suffering from schizophrenia and habitual substance misuse, received visits every two days from case workers and social workers who focused on assisting him with practical, everyday tasks. This was seen as very helpful, but largely unrelated to his more fundamental problems of substance misuse, severe mental illness and intermittent but extreme behavioural problems.

Valerie and her son received extensive support from a community organisation both before and after the family's eviction from public housing. They were referred to this organisation by DHPW and the Department and support agency worked together to support the family and the tenancy. Prior to the eviction, the organisation assisted in a wide range of ways including parenting skills, assisting in household management and assisting Valerie to keep unwanted visitors out of her house. During this period there was regular contact with the family via phone and home visits, and other forms of support were provided such as involvement by ATODS to deal with addiction issues. Despite this level of support, the family received a first and final strike for extreme, disruptive behaviour. Some months after the eviction, the organisation arranged new housing for the family and assisted them in moving and furnishing the house. At the time of interview they were continuing to provide housing and support for Valerie and her son.

Christine, the young woman with intellectual impairment and severe seizure disorder, also received extensive support from other agencies working closely with an Occupational Therapist from DHPW. Once the problems of Christine's co-tenancy arrangement were identified, the Specialist Behaviour and Clinical Services team within Disability Services worked closely with DHPW to identify a solution to her housing and support needs. Prior to

the problems leading to the strikes, Christine had been identified as a person requiring 24 hour accommodation support and the agencies concerned were under an obligation to work closely together to address her needs. She is now in her new public housing dwelling receiving 24-hour support in daily living.

Susan has received many different kinds of support over her many years in public housing including social workers, an occupational therapist, psychologists and homelessness outreach teams. A recurring problem has been finding a good 'fit' between Susan's problems, which are centred on her compulsive hoarding, and available services which view her needs as out of their scope. The Department has found great difficulty in finding an appropriate service for her. Recently, she has been referred to an aged care service that provides a 'buddy system' to assist and encourage her in the immense task of sorting out and disposing of many of the possessions in her house. Susan has found this service helpful and the worker from the HSC is waiting to see whether the support arrangement can be sustained.

Danielle has also had extensive interaction with support agencies including Disability Services, child safety authorities, several community organisations and medical practitioners. In the view of the housing worker in the local HSC, the difficulty is getting consistent engagement from Danielle:

Danielle is good at getting lots of agencies involved and having them chasing each other. Danielle will give each agency different versions. Everyone is then trying to speak to each other to do the right thing for Danielle.

As a consequence, despite extensive activity, developing effective relations between Danielle, the public housing provider and support services has been very difficult to achieve.

In summary, there are large variations in the types, level and appropriateness of support provided to the tenants in the case studies. Half of the sample (including three tenants with very high needs) received few if any general support services. The other half was engaged with services but with varying degrees of appropriateness and effectiveness. Valerie, one of the tenants receiving a very high level of support, was nevertheless evicted. Factors that appeared to limit service effectiveness included: difficulties in finding the right services (e.g., Susan); inadequate services (e.g., Raymond); and inappropriate use of services (Danielle). The best outcome was achieved when housing and support services were under an obligation to work together to find a positive outcome for the tenant (Christine). This suggests that greater formalisation of housing and support arrangements such as the arrangements found in the Housing with Shared Support (HwSS) program and the Housing and Support Program (HASP) may be required to achieve more effective outcomes (see section 2.3.5).

3.4.3 Support from family

There were wide variations in the extent to which family and friends were involved in assisting the tenants to manage their tenancies and their mental health issues. Three tenants relied heavily on close family members. Julia, who has schizophrenia and alcohol issues, considered that her mother assisted her to deal with her frequent intoxication and partying that led to the strikes. Her mother moved into the house with her, and since then she had been drinking less and is better able to deal with her problems.

Penny, a young single parent who received two strikes for disruptive behaviour at her first public housing dwelling, received a great deal of assistance from her parents. Without their help she would probably have been evicted. As well as impressing on her the seriousness of the strikes, they met with the Department and negotiated her transfer to a house in a more suitable location. Her father personally forced the visitors who were taking over her house to leave. Penny is now living close to her parents who continue to provide support.

Raymond has been highly dependent on his parents, and especially his mother, since the head injury that triggered his mental health and serious substance misuse issues. He lived

with his parents for three years after the injury while waiting for public housing and his mother was his full-time carer during this period. She provides ongoing financial and emotional support, liaises with health workers and advocates for him with housing and health care providers. She believes that he would have been evicted prior to this time had she not been available to speak for him. She described her role as 'carer, nurse, policeman, you name it'.

Three other tenants were also able to draw on the support of family members to some degree. Christine's parents were involved in case conferences held to discuss the serious problems that she was having with her co-tenant, although there is no evidence that they played a central role in decision-making. Susan's daughter provides emotional support and is able to assist her mother to clean her house 'at a pace that Susan is comfortable with'. The daughter has often attended meetings with the Department to explain her mother's compulsive hoarding and failure to properly clean and maintain the property, and to stress the importance of delicate management of the problem. John receives a visit from his mother one a fortnight as she lives some distance away. She helps him out financially and with tasks such as buying clothes. She is closely involved in his relationship with the Department of Housing and the Community Mental Health Service.

The six other tenants receive little help from family for a variety of reasons. Bronwyn's mother who lived with her for at least eight years died recently, leaving Bronwyn alone to bring up the two teenage children in her care (a niece and nephew). Bronwyn has to some extent cut herself off from friends due to disruptive behaviour by visitors to her unit. Kevin, who lives with wife and family, also discourages visitors for the same reason, although he has friendly relations with neighbours. Sarah, who was evicted at about the time of the interview, had very little social support and said that, 'I feel a little bit alone with it all'. She has distanced herself from family due to feelings of shame: 'I don't like to tell them what I'm going through because they're all stable and own their own homes'. Concerning her eviction she said,

I haven't told any of my other family members about this at all. There's nothing they can do. They might have been able to help. I feel a bit embarrassed about it.

Paul is socially isolated and estranged from his family. Danielle has a mother and sister who live nearby, but she has minimal contact with them. There is no evidence that Valery receives support from any family or friends.

On the evidence of these case studies, support from close family members is a key factor in sustaining tenancies when tenancy difficulties arise. In at least two cases (Penny and Raymond) it is highly likely that they would have been evicted already without family support, and in three other cases (Julia, Susan and John) family support has played a key role in sustaining the tenancy. Family members provide emotional and material support, and in some cases are critically important as advocates to the housing authority and other services. The absence of family support appears to be risk factor for eviction, as illustrated by the cases of Sarah, Paul, Valery and Danielle.

3.4.4 Support from DHPW workers

In many of the case studies there is evidence that front-line staff managed the tenancies in a supportive manner. In some cases this simply involved showing a degree of empathy for the tenant and their difficult circumstances. In other cases, tangible assistance was provided in the form of linking tenants to support services, arranging transfers and advocating for the tenant within the Department. In a small number of cases, the housing workers became an important part of the tenant's support network. Usually, but not always, these forms of support were acknowledged by the tenant. In a small number of cases, tenants expressed the view that Departmental staff had been unhelpful or had failed to understand their circumstances.

One of the most tangible ways that support was provided to tenants was referral to and liaison with support organisations. A number of examples of these referrals and linkages were

reported in section 3.4.2. The emphasis in this and the following paragraphs is on the role played by DHPW staff in initiating and maintaining these relationships. There are several examples of housing staff playing a proactive role in referring tenants to support organisations and keeping up close working relations with them.

The first of these examples is Valery, who was referred to a community organisation several months before her eviction for repeated serious disturbances. DHPW workers were in close contact with the support organisation during the months prior to the eviction. Although the public housing tenancy was not sustained, this link was vitally important to Valery and her family as they were subsequently re-housed by the support organisation. It was clear that DHPW staff had been closely engaged with Valerie, explaining to her the implications of her actions, mustering support and arranging housing transfers. In the end, the Department ran out of options, a situation that the worker clearly regretted:

I have always felt sorry for her, but she hasn't done anything to address the situation. ... [I don't know] whether she is capable of that or not, I am sure with the right support she might be able to make some sound decisions but I don't know where she is going to get that support.

Another example of close engagement by DHPW with support organisations was the assistance and understanding given to Susan, a long-term public housing tenant with a compulsive hoarding problem. Over a period of years, Department staff have referred her to services to help her with this condition. The front-line worker expressed a personal view that the strike issued to Susan was not appropriate and indicated that she had put in place a process whereby Susan would aim to achieve small monthly goals with respect to cleaning her property, with the assistance of a support service. She also indicated that she had secured an agreement that no further breaches and strikes would be issued while this process was in place.

A further example of the Department's positive engagement with support agencies is the way that housing staff, including the occupational therapist and client service manager, worked closely with staff from Disability Services to put in place sustainable housing and support arrangements for Christine. In this case it was the Department that initiated and drove the processes resulting in a satisfactory outcome for the tenant.

It is also apparent that DHPW staff are highly engaged with the mental health workers attempting to assist John, who has received a strike and a notice to leave for severe damage to his unit and other disruptive behaviour. The housing worker had a detailed knowledge of John's circumstances and the likelihood of eviction, and spoke of the difficulties of balancing pressures from neighbours with the need to support John's tenancy.

There are other cases where the Department's engagement with support organisations was not as close and focused as in the cases of Valery, Susan, Christine and John. In the case of Sarah, for example, she was informed by the Department about possible support organisations in the period prior to her eviction for disruptive behaviour. However, apart from this link, there does not seem to have been close contact between Department staff and the relevant support agencies. Sarah had mixed feelings about her treatment from DHPW, acknowledging that they 'have to look after the neighbours', but also feeling that she had not been listened to.

Another tangible way that DHPW staff supported tenants was by arranging transfers to more suitable housing. Bronwyn had received strikes for visitor disturbances in her two-bedroom unit in a block of eight units. She was transferred to a larger, detached house that was better suited to her family. She had not received any strikes in the new unit. In the interview she indicated she was pleased with the move, although she continued to express hostility to DHPW staff arguing that the strikes were 'really just over nothing'.

Penny's case is another illustration of the Department arranging a transfer as a means of sustaining a tenancy. After discussing with Penny's parents the problems that Penny was experiencing with unwanted visitors, the HSC arranged a transfer to a house in a more suitable location. This almost certainly avoided a third strike and eviction.

Danielle's case is a third example of a DHPW initiated transfer designed to avoid eviction. Danielle, who lived with her son, had received two strikes for noise, excessive rubbish on the property, loud disputes between Danielle and her son and aggressive behaviour by her son. Rather than proceed with a third strike, DHPW workers initiated a process of splitting the household by providing the son with his own, separate public housing dwelling. This was done to protect Danielle as well as to address the ASB. Since this split was put into effect, no further issues with Danielle's tenancy have been reported.

The cases of Bronwyn, Penny and Danielle illustrate the way that DHPW front-line staff initiated transfers in order to support and sustain tenancies. However, not all tenants received housing transfers that they needed or wanted. Julie applied for a transfer on the grounds that her enclosed two-bedroom unit in a block of eight was exacerbating her mental health issues and that she had neighbours who were 'out to get me'. She had not received a response to this request at the time of interview. Nevertheless, she acknowledged that staff recognised her mental health issues and had taken these into account in investigating complaints from neighbours: 'They have been lenient with issuing breaches to me'. Raymond's one-bedroom unit in a large unit complex was not suitable given his history of intermittent disruptive behaviour. However, there is no record of consideration of a transfer to a more suitable dwelling. Similarly, it could be argued that Paul's circumstances might be improved if a transfer to a quieter, safer suburb was made in line with his request.

While many tenants received support from DHPW workers, examples of situations where tenants felt unsupported or misunderstood can also be found in the case studies. Kevin felt that there was lack of understanding by DHPW staff of the impact of his Indigenous background and of the different standards of behaviour that applied in Indigenous communities and mainstream suburbs. Paul rejected all forms of support, including efforts by the Department to link him to support services. His request to be transferred had not been accepted at the time of the interview and his feelings about the Department were negative in the extreme:

They don't care about me. They care about their house, that's it. It's funny; something that doesn't have any feelings or anything like that is more cared about than someone that does have feelings. It's the way it is here.

In summary, for many of the tenants in our case studies, the housing workers who were involved in managing their tenancies became a significant source of support. In six cases (Valery, Susan, Christine, John, Penny, Danielle) housing workers cooperated closely with family members and/or support agencies to provide assistance and support to the tenant. In at least three cases (Christine, Penny, Danielle) this support was directly influential in maintaining a tenancy; in at least two others (Valery, John) the tenant faced eviction despite the support received. The most vulnerable tenants are those such as Paul who are cut off from all sources of support: community agencies, families and housing providers.

3.4.5 Integration of housing and support

It will be shown in chapter 4 that the research literature indicates that the effectiveness of housing and support for individuals with complex needs is closely linked to the quality of the relationship between housing and support providers. In this concluding section on support and services we examine this relationship. To what extent and through what processes were housing and support coordinated in the twelve social housing tenancy case studies? To what extent were these relations characterised by collaboration and cooperation? The focus is on

relations with formal organisations and services rather than with families and other informal supports.

In order to provide an overview of the twelve cases in terms of integration of housing and support we developed a classification of these relationships involving four 'ideal-type' categories:

1. *Integrated housing and support.* Housing and support providers have a formal agreement to work together to support the client to sustain the tenancy and maximize wellbeing. Linking processes can include case conferences, regular reviews of progress, frequent formal and informal information sharing and agreed shared goals.
2. *Strong linkages.* Housing and support providers are aware of the roles that they each play in supporting the client, have frequent informal communication and occasional meetings to discuss the client and view themselves as working together to support the client to sustain their tenancy and maximize wellbeing.
3. *Weak linkages.* Housing and support providers are aware of one another and have occasional contact usually by phone or email regarding the client. They do not necessarily view themselves as working together and do not necessarily have common goals.
4. *Disconnected housing and support.* Housing and support providers have low level or no awareness of each other and little or no contact.

Applying this framework to the twelve cases, it was found that one case could be described as 'integrated housing and support'; one fell into the category of 'strong linkages'; five were examples of 'weak linkages'; and five were situations involving disconnected housing and support or no support at all.

The one case that fell within the category of 'integrated housing and support' was that of Christine. Her highly challenging behaviours were addressed through a close working relationship between DHPW and Disability Services. The problem that threatened her tenure was addressed through joint action by these agencies that are both committed to the goals set out in her person Centred Plan. Christine's case involved relations between housing and care similar to those developed in programs such as Housing with Shared Support (HwSS) and the Housing and Support Program (HASP).

Only one case, Valery, could be described as involving 'strong linkages'. In the year before Valerie was evicted from public housing, DHPW put her into contact with a support organisation which provided a wide range of services and was in frequent contact with front-line housing staff. Although staff from DHPW and the support service worked together closely, they were unable to prevent Valery's eviction. Both the support and housing workers felt that more intensive support was required to sustain her tenancy.

Five cases fall into the category of 'weak linkages', although the nature of these linkages varied markedly. In John's case, there was in theory a formal relationship in the form of a monthly scheduled meeting between DHPW and the adult mental health service of which John was a client. However, it was reported that these meetings were held irregularly and were not necessarily attended by those dealing with a particular joint client. There was some contact between the housing and mental health workers directly involved with John, but there was no joint planning or strong sense of working together.

Like John, Raymond had extensive involvement with the mental health system having used a wide range of services including psychiatric services, hospital services and detoxification programs. He also received frequent and regular support from a case worker and social worker. However, there was little reported communication amongst his various support services or between the support services and the housing provider. Raymond's mother was

left to try to integrate his housing and support and to develop a plan that worked for Raymond and those around him, but without the authority to do so.

In Susan's case, a front-line housing worker tried to sustain Susan's tenancy by putting her into contact with several support organisations and advocating for her within DHPW. The degree of collaboration that the worker achieved was highly dependent on the worker's individual initiative and did not stem from any formal inter-agency agreement.

The case of Danielle involved DHPW front-line workers issuing strikes in order to exert pressure on support organisations to agree to their plan of re-housing Danielle's son in order to sustain Danielle's tenancy and protect her from her son's violence. This was certainly not a cooperative or collaborative relationship and it involved no joint planning between DHPW and the support services involved.

Finally, Sarah received advice from DHPW workers to seek support with her tenancy problems, but when she eventually followed up on this advice she found that services were at full capacity and were unable to assist her and she was evicted. The referral from DHPW was the only link between housing and support providers in this case.

The remaining cases involved 'disconnected housing and support' or no support at all. Julia received treatment under an Involuntary Treatment Order and was in contact with a mental health case manager and an Indigenous mental health community liaison officer. However, there was no evidence in the case study of any regular contact between mental health services and DHPW. Penny's main support came from her family who referred her to a counseling service. Her family worked closely with DHPW, but there were no formal organisations involved. A DHPW worker tried unsuccessfully to put Paul into contact with a local support agency. However, this was rejected by Paul who did not receive support from any services. Finally, both Bronwyn and Kevin appeared to have no contact with any service organisations and did not appear to have been referred to any services by DHPW.

In summary, although all of the twelve tenants included in the case studies had complex needs involving mental health and substance misuse issues, the support and services that they received was patchy and in most cases highly inadequate in terms of both tenancy sustainment and personal wellbeing. Only four of the twelve tenants were receiving any form of professional mental health support or treatment at the time they were interviewed. Half of the sample (including three tenants with very high needs) received few if any general support services. The other half was engaged with services but with varying (and overall low) levels of appropriateness and effectiveness. Only three tenants had strong support from family, support which assisted them to sustain their tenancies when difficulties arose. housing workers who were involved in managing their tenancies became a significant source of support. A further three were able to draw on family support to some degree, but the six other tenants received little or no help from family. For six tenants, the housing workers who were managing their tenancies became a significant source of support and in many cases front line staff managed the tenancies in a supportive manner. In all but two cases, links between housing and support providers were weak or non-existent.

3.5 THE STRIKES

In this section the strike process as it occurred in all twelve cases is analysed in detail. The analysis begins by examining the behaviour that led to the strikes (3.5.1). What was the nature of the tenants' behaviour resulting in the strikes? Were strikes issued for relatively serious or relatively minor disruptive activity? We then examine the strike process, focusing on the efforts that were made to inform tenants of the strikes and the involvement of support agencies (3.5.2). This is followed by consideration of the tenants' understanding of the process (3.5.3). To what extent were they aware of the implications of receiving a strike? We then ask whether tenants felt that the strike process was fair and reasonable (3.5.4). A key

issue is whether or not tenants had the capacity to respond rationally to the strike (3.5.5). Were they aware of the implications and consequences of their behaviour and, if so, were they capable of changing their behaviour or the behaviour of those living with them? We also look at the outcomes of the strike for each of the tenants (3.5.6).

Underpinning these questions is the vital issue of the extent to which mental health issues were taken into account when the strikes were issued. This is examined in section 3.5.7 which draws on the findings of the previous sections. This is a question not only about the practices of front-line workers but also about the capacity of the 3 strikes policy to deal effectively and appropriately with people with mental health and substance misuse issues. In the final section (3.6) the findings of the case studies are summarised and implications of the analysis are discussed.

3.5.1 The tenants' behaviour leading to the strikes

All cases involved strikes issued against tenants with mental health and/or substance misuse issues. The type, severity and frequency of ASB resulting in strikes are shown in Table 12. All strikes were issued between August 2013 and May 2014. In six there was a 1st strike only; in three cases there were 2 strikes; there was one 1st and final strike leading to eviction; and there were two cases where a 1st strike was followed by a notice to leave. One of these cases had resulted in eviction at the time of the study.

In all cases the strikes were issued for serious breaches of the tenancy agreement. In seven cases this involved significant disruption of neighbours often involving loud noise at night, abusive and obscene language, partying and in some cases aggressive behaviour. In five cases the primary issue was damage to property or failure to maintain the property. In some of these cases this impacted on neighbours, e.g., smashing of windows creating danger to neighbours. In all cases, possibly excepting Susan, the seriousness of the ASB could not be reasonably questioned.

In at least six cases (Bronwyn, Kevin, Penny, Valery, Sarah, Danielle), there was a long history of complaints and breaches of tenancy agreements, usually for reasons similar to those leading to the issuing of the strikes. The most breaches were recorded against Sarah (24), and Kevin and Penny had 20 and 16 complaints respectively recorded against them over a short time period. In all of these cases it appears that the strikes were issued to provide a circuit breaker for long-term or frequent ASB.

However, in several cases the HSCs seemed somewhat reluctant to issue further strikes leading to the tenant being issued with a notice to leave. In the case of Julia, two serious complaints subsequent to the 1st strike did not result in the issuing of further strikes. In four cases (Bronwyn, Penny, Danielle, Christine) a housing transfer was arranged with the aim of preventing further strikes. In one case (Susan), the frontline worker noted that further strikes were not to be issued without consultation, and the worker collaborated with a support agency to address the tenant's difficulties. In the six other cases, the strike process has resulted in evictions (Valerie, Sarah), an eviction pending (John) and potential eviction if the ASB is repeated (Kevin, Raymond, Paul). In two cases (Sarah, John), a first strike was followed directly by a notice to leave for a breach not remedied.

In five cases (Julia, Bronwyn, Kevin, Penny, Valery), the ASB leading to strikes was a direct result of the actions of visitors to the tenant, mainly in the form of loud partying, drinking, arguing, abusive language and rubbish. In at least one case (Penny) this involved the tenant losing control of her dwelling. In three cases (Valery, Sarah, Danielle), much of the ASB was occasioned by the adult or teenage children occupying the premises with the tenant. In all three cases, these co-occupants had significant mental health issues themselves.

In summary, front-line workers and HSCs are required to exercise discretion in the management of the strike process. In all cases the behaviour leading to the issuing of strikes

involved serious ASB most commonly involving significant disruption of neighbours or property damage. In more than half of the cases this behaviour was entrenched and had led previously to the issuing of breach notices and in some cases notices to leave. In half of the cases, the issuing of strikes was accompanied by action to sustain the tenancy, most commonly in the form of arranging a housing transfer. But in the other half the process of moving towards eviction was in train, with two tenants evicted and four vulnerable to eviction.

Table 12 Types and frequency of ASB resulting in strikes in twelve case studies

Tenant	Strike	ASB	Other information
Julia	1 st strike Aug 2013.	Smashing bottles, yelling, abusive language and loud disturbances through the night.	Further serious complaints in Feb 2014 and Apr 2014 did not result in strike.
Bronwyn	1 st strike Feb 2014	7 complaints from Nov 2012 to Feb 2014 re disturbances, drinking, arguing, police call-outs, rubbish, people sleeping in car park.	Was transferred to 3-bedroom detached dwelling shortly after the strike.
Kevin	1 st strike Aug 2013	Over 20 complaints since 2011 re partying, drinking, loud music, rubbish, undeclared occupants, frequent vehicle noise, abuse, fighting.	He believed wrongly that he had received 2 strikes.
Penny	1 st strike Oct 2013; 2 nd strike Dec 2013	16 complaints for noise, music, partying, police attendance from Oct 2012 to Dec 2013.	Was transferred to more suitable dwelling shortly after 2 nd strike.
Raymond	1 st and 2 nd strikes for property damage in Sept 2013	Large rock thrown through glass door and broken windows. Other tenants concerned for their safety.	Behaviour due to hallucinations and Perspex installed at tenants expense.
Valery	1 st and final strike Sept 2013 resulting in eviction	8 notices to remedy between 2005 and 2012 and more in 2012-13. 1 st and final issued for aggressive, intimidating, obscene behaviour, noise, injury to neighbours and illegal trespass with malicious intent.	Strike was in response to breaking of most windows in neighbours unit. Most incidents caused by tenant's sons and their friends.
Sarah	1 st strike Feb 2014 and breach not remedied ; notice to leave and eviction	24 breach notices over 10 years and 3 notices to leave for disturbing neighbours, rent arrears, damage, etc. Breach was for repeated disturbance of neighbours.	Many but not all issues related to behaviour of daughter who has schizophrenia.
Christine	1 st strike Dec 2013	Strike issued for property damage. There were 2 previous breaches for same reason	Issues arose through conflict in shared tenancy and were resolved by a transfer arrangement.
Susan	1 st strike Aug 2013	Strike for failure to maintain cleanliness of property after numerous attempts to contact her had been unsuccessful.	Strike issued to motivate her to clean her property. Unlikely to receive further strikes.
Paul	1 st strike April 2014	Strike for property damage and poor condition of premises.	Appears to be susceptible to further strikes.
John	1 st strike May 2014 and notice to leave June 2014	Strike and notice to leave for property damage. No tenancy issues raised previously.	Unclear whether damage caused by tenant or visitors.
Danielle	1 st strike Jan 2014 and 2 nd strike Feb 2014	1 st strike for excessive noise, rubbish. 2 nd strike for obscene language to DHPW employee and aggressive behaviour. Numerous complaints and breaches since 2011.	Housing transfer arranged for son who was cause of many of the problems. DHPW reluctant to issue 3 rd strike.

3.5.2 The strike process

The formal process for the issuing of strikes is set out in the PHPM and was described in section 2.3.6. The key elements are:

- The issuing of a strike may be preceded by warnings.
- Strikes are notified formally in writing. At the discretion of the HSC this may be accompanied by telephone calls or home visits to ensure that the process is understood.
- Support services, advocates and alternative decision makers are contacted if permission has been provided by the tenant. They may be involved in case conferences and discussions.
- It should be recognised that Indigenous households may be impeded in managing the behaviour of family and visitors by cultural obligations and norms.
- Tenants can be required to enter into Acceptable Behaviour Agreements (ABAs) when issued with a second strike.

The case studies suggest that the actual process of implementation of the three strikes policy is somewhat more flexible than that set out in the PHPM, in large part as a consequence of the complexities of the situations being addressed. There is limited evidence from the case studies whether warnings were issued to the tenants prior to strikes, although it is clear that this did not happen in all cases. There was no evidence that any tenant signed an ABA (no specific questions were asked about warnings or ABAs). It is also unclear whether the four Indigenous tenants received special consideration under the PHPM policy. All four experienced difficulties with the behaviour of visitors, but only in Kevin's case did this involve family members and there is no clear evidence of cultural obligations being involved.

Two elements of the strike process are of particular concern in considering the application of strikes to tenants with complex needs: the extent to which efforts were made to explain the strike process to tenants and the level of involvement of support services. The evidence concerning the implementation of these aspects of the strike process in the twelve case studies is shown in Table 13.

In all cases HSCs initiated some form of personal contact with the tenant at the time of the strike additional to the formal strike letter. In three cases this involved a phone call to the tenant and in all but two cases face to face meetings with the tenant were initiated by the HSC worker. This appears to have been a widely applied policy. One of the workers said:

We do take a lot of time with our tenants when we get to a point of confirming their complaints. As well as writing to them we try to have a face-to-face conversation with them and the involvement I have there is normally sitting with one of my housing officers or senior housing officers and I take the lead role in making the tenants aware of the seriousness. We tell them, 'The Department has recently introduced this anti-social behaviour policy'.

In a number of cases, the purpose of the face-to-face meetings was to try to resolve the situation that caused the strike as well as to ensure that the tenant understood the meaning and significance of the strike. In four cases (Penny, Christine, Susan, Danielle) these meetings led to resolution of the issues resulting in the strike, at least in the short term. However, in five cases (Raymond, Valery, Sarah, Paul, John) the efforts to discuss the circumstances leading to the strike were unfruitful. In some of these cases the tenant was unable or unwilling to engage in discussion. In others (Valery, Sarah) the Department decided that the situation was too far gone to avoid eviction.

The record with respect to contact with support agencies was more mixed, although this reflected in part some tenants' lack of support or unwillingness to engage with support. In

three cases (Julia, Bronwyn, Kevin) there is no evidence of any initiative on the part of the HSC to contact support agencies. In the case of Paul, efforts to put him in touch with support were rejected. In two cases (Penny, Raymond), there was extensive contact with parents rather than formal support services. This is surprising in the case of Raymond as he had extensive contact with mental health authorities and social workers. In five of the other cases (Valerie, Christine, Susan, John, Danielle) support agencies were involved quite extensively with the tenant prior to the issuing of the strike and this involvement continued through the strike process. In Sarah's case the attempted contact with support agencies came too late to have any effect.

In summary, in the twelve cases the actual strike process varied somewhat from that set out in the manual reflecting the different situations involved. However, in almost all cases the issuing of the strike was accompanied by a face to face meeting to explain the process. Often these meetings also attempted to address the causes of the strike. In most cases where tenants had established links with support services they became involved in the strike process. However, where these links were not in place or not strong, HSCs either did not make contact or were unable to enable links with support services.

Table 13 Explanation of the strike process and contact with support agencies in twelve case studies

Tenant	Explanation of the strike process	Contact with support agencies
Julia	Received formal notification of first strike. Was also contacted by phone and warned that she may receive a second strike.	Julie has a mental health case manager and an Indigenous mental health community liaison officer but no evidence of contact with them over the strike.
Bronwyn	Received formal notification of first strike. She went into the HSC to discuss the strike but appeared quite confused about the process.	There is no evidence of referral by DHPW to support services and tenant did not seek support.
Kevin	Received formal notification of first strike. HSC worker says that there was a visit to tenant's home to discuss. Tenant does not recall the visit.	HSC worker said contact with support agencies was the usual process but not done on this occasion. Tenant is not in touch with any support agencies.
Penny	Received formal notification of 1 st and 2nd strikes. There was extensive discussion between HSC and tenant's parents which led to resolution of problems.	Contact during strike process was with parents rather than formal services. Housing worker and parents made arrangements for tenant to receive counselling.
Raymond	Received formal notification of 1 st and 2nd strikes. Tenant and mother contacted by phone and face-to-face discussions helped HSC to understand the causes of tenant's behaviour.	Although tenant has extensive involvement with mental health services and has a case worker and social worker, the only contact was with his mother.
Valery	Received formal notice of 1 st and final strike. Numerous meetings held by HSC with tenant before and after strike and in connection with previous breaches.	Extensive contact and collaboration by HSC with support agency throughout the process. Despite this the tenant was evicted.
Sarah	Received formal notice of 1 st strike and notices to remedy and leave. There was a meeting between tenant and DHPW workers but could not resolve the issue.	HSC offered referral to support services but this came too late in the process to be of assistance. They also spoke with daughter's mental health worker.
Christine	Received formal notification of 1 st and 2nd strikes. Disability Services case manager communicated information personally to the tenant.	Disability Services and DHPW worked together closely to arrive at a satisfactory resolution of the tenancy problems.
Susan	Received formal notification of first strike and phone call. HSC worker made home visits after the strike to address the behaviour leading to the strike.	No contact with support agencies at the time of the strike, but ongoing liaison with agencies to address the behaviour leading to the strike.
Paul	Received formal notice of 1 st strike. The HSC worker visited the unit and explained the strike to the tenant.	Tenant is not in contact with support. HSC worker attempted to get tenant engaged with support agency and family, but tenant unwilling to do so.
John	Received formal notice of 1 st strike and then of notice to leave. HSC worker visited twice to explain the strike but felt the tenant did not comprehend.	Was extensive contact with mental health support worker and the tenant's mother who was informed by phone of strike and notice to leave.
Danielle	Received formal notification of 1 st and 2nd strikes. Strikes also communicated in person, although at this visit the tenant behaved in threatening and abusive manner.	Adult Guardian and other agencies involved with the family were informed and agreement was reached to address issue by housing transfer of tenant's son.

3.5.3 The tenants' understanding of the strike process

It is clear from the previous section that considerable efforts were made to explain the strike process to tenants. However, despite these efforts, many of the tenants found aspects of the process confusing as shown in Table 14.

Several tenants (Julia, Bronwyn, Sarah, John) were confused about the differences between strikes and breaches. In the cases of Sarah and John this was quite understandable as their 1st strike was followed by a Notice to Leave for failing to remedy the breach that accompanied the 1st strike. She said that:

I only received one strike notice and the second one was the final one because the way they word it they can take immediate action if it's serious enough.

The DHPW worker reported that they tried very hard to explain the process to Sarah, while being aware that the process can be confusing for tenants:

Sometimes tenants can be confused. I guess with Sarah she thought that she had three strikes or you're out but we distinguished the difference between three strikes and ... a notice to remedy breach and the notice to leave.

Tenants also became confused about the number of strikes they had received. Kevin was convinced he had received two strikes when in fact he had only received one. Valery's son was under the impression that they had two strikes against them, while their DHPW file indicates that it was a first and final strike that resulted in their eviction.

Five tenants (Raymond, Valery, Sarah, Christine and John) were clearly impeded in their ability to understand the significance of the strikes due to their mental health and related issues. Raymond's mother and his housing worker both felt it was unlikely that Raymond understood the reason for the strikes or the fact that his tenancy was at risk. His mother stated that in part this may have been due to the strikes being issued in close succession to each other and due to the long, complex nature of the strike letter. The letter is almost two pages long and even the DHPW worker stated that, for someone that might already have some impaired capacity that might be really difficult to comprehend'. Valery is illiterate and even though the details and implications of the strike were explained to her she seemed incapable of retaining or acting on this knowledge. Sarah clearly misunderstood some aspects of the strike process. She said that written communication can be difficult for her:

I'm not quite sure because I'm not really good with paperwork. I get things mixed up and I read it and then put it down. I don't read it thoroughly.

In the case of John, It was difficult to gauge whether he understood or was capable of understanding the consequences of the strike. DHPW acknowledged that at the time the notice to leave was issued, they 'had not been able to have that conversation with him to have him understand the full gravity of having been issued a strike'.

In summary, only two tenants clearly understood the meaning and implications of the three strikes process. Several were confused about the differences between strikes and breaches and others got mixed up over the number of strikes (or breaches) they had received. At least five tenants were clearly impeded in their ability to understand the significance of the strikes by illiteracy cognitive issues or their dysfunctional state at the time of receiving the strike.

Table 14 Tenants' understanding of the strike process in twelve case studies

Tenant	Tenants' understanding of the strike process
Julia	Julia repeatedly referred to strikes as breaches.
Bronwyn	Bronwyn thought that the strike was a breach, and was generally confused between the two.
Kevin	Kevin was convinced that he had received two strikes, whereas he had only received a 1 st strike.
Penny	Penny did not appreciate the significance of the 1 st strike; it was only when she received the 2 nd strike that she realised her tenancy was at risk.
Raymond	Raymond's mental health issues mean that he probably did not understand the reason for the strikes or their significance. The letter was too complex for him to grasp the meaning.
Valery	Valery does not read or write. The DHPW worker and support worker explained the details and implications of strike to her but it seemed to have no impact on her behaviour.
Sarah	Sarah was confused between strikes and notice to leave. She had difficulty with written communication.
Christine	Christine's intellectual impairment meant that she did not fully understand the meaning of the strike; case managers tried to explain it to her.
Susan	Susan understood the strike and its implications.
Paul	Paul had a good understanding of the three strike process and the implications of receiving a 1 st strike.
John	John did not seem lucid enough to understand the strike and the notice to leave when the housing worker explained it to him. He recalled receiving the strike notice but not the notice to leave.
Danielle	It was not possible to interview Danielle to determine her level of understanding of the strike process.

3.5.4 Tenants' perceptions of the fairness of the process

Concerns about the fairness of the strikes process were expressed in ten of the twelve case studies. In four cases (Bronwyn, Valery, Kevin, Sarah), tenants felt that complaints by neighbours leading to the strike were unjustified. Bronwyn described the complaints from her neighbours as, 'really just over nothing'. Valery's son said the complaints arose from conflict with neighbours, alleging that the neighbours told him that, 'We are going to put complaints in until you get kicked out'.

In six cases (Sarah, Paul, Kevin, John, Julia, Susan), tenants felt that aspects of the investigative process itself were unfair. Sarah felt that in the meeting to discuss the strike she was not listened to:

I went in and they had my answers on the strike notice and they said that I didn't answer any of the questions but I did which I found a bit nasty. It's like they were trying to say that I was ignoring them.

Despite this concern, she stated that the process was fundamentally fair:

Because there's been a few complaints and the severity of it I don't think there's any way I could claim discrimination but they've just gone by their rules because they have to look after the neighbours ... because it's a Housing Commission house then they've come to the conclusion that they have to tell me to go.

Paul had two main complaints about the fairness of the process. Firstly, he complained that he found the Department uncaring:

They don't care about me. They care about their house, that's it. It's funny; something that doesn't have any feelings or anything like that is more cared about than someone that does have feelings. It's the way it is here.

He also felt trapped because he believed he had been told that a transfer that he wanted to a different location could not be considered until he fixed the damage he had caused to his current policy. However, he could not afford to fix the damage:

I want to fix it up because I want to get out of here. I don't think I will be because it's costing me too much. I mean I can't afford to fix it all up on my own. I don't think I will be getting moved really quickly.

Two of the four Indigenous tenants expressed the view that the strike process was discriminatory. Julia described the issuing of the strike as an expression of racism toward Indigenous people. She said that 'white' people in her town look at Aboriginal people as if they are 'antisocial and that we should not be sociably in the community':

I think they're trying to pull a lot of Aboriginal people back into the mission and they're really doing it hard to Aboriginal people who are living in housing.

Kevin felt that insufficient consideration had been given to his Indigenous background:

They don't give a fuck where you come from or they don't look at your background so I come out of a broken home because we've all come out of a broken home where there was alcohol involved, drugs involved, sexual assault or whatever. We've come out of them places but they don't look at that. They put you in a home and expect you to act like a white man and behave like a white man and abide by their laws.

In the case of Susan, the DHPW worker was critical of the colleague who issued the strike, arguing that the strike had been issued without adequate investigation and that Susan had not had an opportunity to state her case. In the case of John, his mother was surprised by the issuing of a notice to leave at a time when she and others were attempting to remedy the damage that John had done to his dwelling.

Two tenants were offended by the term 'anti-social behaviour'. Susan reported the label of 'antisocial behaviour' was greatly distressing to her, as it made her believe that people were judging her as being part of a group of people who intentionally demonstrated 'poor behaviour' against the public and DHPW. As a long-term public housing tenant, she did not view herself in that way. Paul felt that the term should not be applied to people such as him who have a mental illness:

It should be about people that are downtrodden and unwell and they shouldn't be making them feel like scum, just because they're different, because they can't make ends meet. Just because someone's got a brain injury and acts a bit funny or what they called me, what is it, anti-social. It doesn't mean they are. There might be reasons why they're like that.

Two tenants argued that the application of the three strikes policy to people with mental health issues was fundamentally unfair. Paul argued that as public housing was intended for people with problems, it made no sense to evict them when difficulties were experienced:

Look, the place that I'm living in is meant for people like myself who have problems, who go off the handle and destroy and can't control themselves and I've done so. I'm prepared to fix it. So what are you going to do? Are you going to kick me out or help me? Because I'm supposed to be here and this place is meant for people like me. That's why I'm there, is because I can't control myself sometimes. So, why am I getting penalised for doing something in the place where I'm supposed to be?

Raymond's mother also argued that different policies were required for people with mental health issues:

I just feel the Three Strike policy with someone that is diagnosed with a chronic medical mental illness shouldn't really be under the same policy as someone who isn't. I think there must be something put in place for people like that [with chronic mental health issues].

In summary, most of the tenants expressed some concern about the fairness of one or more aspects of the strike process as it applied to them. Some felt that complaints by neighbours were not warranted. Others felt that in their particular case the Department did not listen to them; that it appeared uncaring; that it made unreasonable demands; that it discriminated

against Indigenous people or failed to understand their circumstances; or that it conducted an inadequate investigation. In two cases, tenants felt stigmatised by the term 'anti-social behaviour'. Two tenants raised fundamental questions about whether it was fair to apply the ASB policy to people with mental health and substance misuse issues.

Table 15 Tenants' perceptions of the fairness of the strike process in twelve case studies

Tenant	Tenants' perceptions of the strike process
Julia	Viewed the issuing of the strike as an expression of racism towards Indigenous people.
Bronwyn	Bronwyn felt that she was not responsible for some of the behaviour alleged against her and that some of the complaints were exaggerated.
Kevin	Kevin felt that he had not had a chance to discuss the alleged behaviour prior to receiving a strike; that he was the victim of unfounded complaints from a neighbour; and that his Indigenous background had not been considered sufficiently when the strike was issued.
Penny	Penny had no concerns about the fairness of the process.
Raymond	Raymond's mother felt that it was fundamentally unfair for the three strike policy to be applied to people with mental health issues.
Valery	Valery's son felt that they were the victims of spiteful complaints from neighbours.
Sarah	Sarah felt that her explanation of the ASB in question was not listened to, but she accepted that the process had been fair. She felt her neighbours had been intolerant.
Christine	No concerns regarding fairness of the process were recorded in Christine's case.
Susan	The DHPW worker felt that the strike had been issued without adequate investigation and that Susan had not had an opportunity to state her case. Susan was greatly distressed by the ASB strike and felt stigmatized by being described as 'anti-social'.
Paul	Paul wanted to remedy the damage to his property but was unable to because he could not afford the cost. He also felt that the ASB process was fundamentally unfair. He was offended by the term 'anti-social' and felt that he did not have sufficient support to make his case to the Department. He thought the Department was uncaring.
John	The notice to leave came as a shock as John's mother was in the process of rectifying the property damage.
Danielle	Danielle objected strongly to the issuing of the strike but the particular nature of her concerns was unknown.

3.5.5 The tenants' capacity to respond to the strikes

It is of great importance to examine the question of the tenants' capacity to respond to the strikes in a reasoned fashion. An underlying justification of the three strikes policy (other than the 1st and final strike) that it provides an opportunity for tenants to improve their behaviour. The argument that people with mental health and substance misuse issues should receive special consideration under the policy rests in part on the argument that they are not fully responsible for their actions and cannot respond rationally when they receive a strike. How many of the twelve tenants were capable of a rational response to the strikes they received?

The issue of capacity in this context has two dimensions:

- The ability to understand the implications and consequences of receiving a strike.
- The ability to control or alter their own behaviour and the behaviour of other occupants in response to receiving a strike.

Determining whether the tenants have these capacities involves making judgments based on imperfect information. However, our assessments based on the evidence presented in the case studies are presented in Table 16.

Our judgement is that seven of the twelve tenants did have the ability to understand the implications and consequences of receiving a strike. Julia, Bronwyn and Kevin all understood that receiving a strike was a consequence of their behaviour and threatened their tenancy,

even though they were uncertain or confused about the details of the strike process. Penny also understood the strike process once its significance was explained to her. Sarah was extremely confused about aspects of the strike process, but she was aware that her behaviour and the behaviour of her daughter had resulted in complaints that put the tenancy at risk, and she tried to negotiate with the Department about the issues concerned. Susan was greatly distressed by the strike notice; she understood its implications and the consequences that might follow. Paul fully understood the strike process and was able to present an argument that the process was fundamentally unfair.

Five of the tenants did not understand or only partially understood the meaning, significance and consequences of receiving a strike. As a consequence of their mental health conditions and related issues, Raymond, Christine and Danielle appear to have had little or no understanding of the relationship between their behaviour, the strikes and the possibility of eviction. Valery at times appeared to understand the implications of receiving a strike or breach, but despite the efforts of housing and support workers seemed incapable of retaining in her mind what she had been told. She also did not understand that she was responsible for the behaviour of her son. John is possibly a marginal case. When he first moved into public housing he handled it well and explored the possibility of getting a job. However, once he resumed frequent drug taking his grasp on reality declined and he once again experienced psychotic episodes. At the time he received the strike and shortly thereafter a notice to leave, he was not lucid enough to comprehend what he was being told. Those around him including the housing worker felt that it was difficult to gauge whether he understood the consequences of receiving a strike.

It is possible to understand the consequences of a strike, but to have limited or no ability to change the behaviour that resulted in the strike being issued. Of the twelve tenants, only five demonstrated a capacity to take steps to reduce the likelihood of further strikes. Julia continued to be the subject of complaints from neighbours suggesting that her drinking and partying was continuing to some degree. But she also took some positive steps including informing DHPW about her mental health condition, requesting a housing transfer and informing neighbours to contact her first if they had any problems. Bronwyn said that after receiving her strike she 'quieted down a lot', meaning that she cut down her drinking at home and asked her friends not to come around so often. Kevin adopted a similar strategy:

So we're basically on our last strike and so we just try to do the best we can not to allow another strike. We do have a drink here. I don't in front of whole neighbourhood but we do have a drink now and then. We just have a little drink between ourselves. We don't have anyone here no more because there's just too much trouble. As soon as someone comes there's always a bad apple and I've just got to be a bit wise about it.

Penny also cut down her drinking and after she was transferred to a new dwelling she did not tell her friends where she was living. She posted on Face book that her house is a 'no-go zone ... if you go there the police will be called'. Susan's first response to receiving a strike was to become deeply anxious. The strike itself had no impact on her compulsive hoarding. However, she was willing to follow the suggestions of a DHPW worker to take incremental steps to clean up her property.

It is worth noting that in four of the five cases the tenant's efforts to change were supported by actions from the Department. Julia felt that the Department was showing leniency to her regarding complaints from neighbours. Bronwyn and Penny were transferred to more suitable housing. Susan received support from a housing worker who put her in contact with a useful support agency.

The seven remaining tenants had limited or no ability to address the issues which had resulted in strikes. There was no change in Raymond's behaviour after the 1st and 2nd strikes and no expectation that he was capable of any change. His mother expected that he would

receive a 3rd strike and, despite his mental health issues, be evicted. Similarly, Valery, as a consequence of her mental health issues and intellectual impairment, was unable to act on the oft repeated information she received about the consequences of strikes. She could not control her son's behaviour and they received a first and final strike and were evicted. John, under the influence of his drug addiction was unable to address the issue of repairing the damage to his unit. There also seemed little chance of his addiction issue being addressed in the short-term. At the time he was interviewed it seemed highly likely that he would be evicted.

Two of the tenants in the group of seven with limited ability to address the issues leading to strikes had their tenancies sustained through the actions of housing and support workers. Christine had very limited ability to change her behaviour, but her housing transfer and support package resulted in a stable tenancy. Danielle, who was unable to control her own or her son's erratic behaviour, would have been evicted but for the intervention of a housing worker who arranged a transfer for her son.

The final two tenants from the group of seven understood the significance of the strike process and their vulnerability to eviction but found it impossible to change the problematic behaviour that led to the strike. Sarah demonstrated willingness to try to change, but simply did not know what to do about her daughter's frequent disturbing behaviour (the daughter has schizophrenia):

The first notice I thought 'Oh God, what am I going to do? She's not going to stop what she's doing. I can stop everything else but her yelling.'

Sarah took the strike notice seriously but did not know what to do about the issues it raised:

When I read the paperwork I thought it's pretty crucial I do something with my daughter but sometimes her illness gets worse and I can't do anything with her really because it's not bad enough to go to hospital. It's hard to explain. I can't get her to do anything other than what she's always done.

Sarah had a long record of disturbing behaviour and it was decided that she was unable to change and was evicted.

Paul also understood the strike process and attempted to remedy the damage he had done to his unit. However, he lacked the money to remedy the damage, and more importantly he appeared unable or unwilling to seek the support he needed for his mental health issues. The DHPW worker felt that Paul understood that he was at risk of further strikes and possibly eviction:

I think he understands the severity of it, I just don't think he understands how to get the help he needs.

In summary, five tenants (Julie, Bronwyn, Kevin, Penny, Susan) understood the implications and consequences of the strike process and were able to some degree to change their behaviour in response to the strikes. Another five tenants (Raymond, Valery, Christine, John, Danielle) did not understand the significance of the strike process and were unable to control or alter their behaviour in response to receiving a strike. Two tenants (Sarah, Paul) understood the process but had very limited capacity to control the behaviour that resulted in the strikes being issued. The implications of these findings for the ASB Management Policy are considered in a later section of this chapter.

Table 16 Tenant's capacity to respond rationally to strikes in twelve case studies

Tenant	Ability to understand the implications and consequences of receiving a strike	Ability to control or alter behaviour in response to receiving a strike
Julia	Julia understood that eviction is a possible consequence of receiving further strikes, even though she lacked detailed understanding of the strike process.	Julia received further complaints for disruptive behaviour since receiving a 1 st strike; she struggled to control her drinking but she requested a housing transfer; she informed DHPW about her mental health condition; and informed neighbours to contact her with any problems.
Bronwyn	Bronwyn understood that her behaviour could lead to trouble with DHPW, although she had no clear understanding of the strike process.	Bronwyn was transferred to a new dwelling; cut down her drinking, especially at home; she asked visitors not to come around. She said that since receiving letter from DHPW she 'quieted down a lot'.
Kevin	Kevin understood that three strikes will lead to eviction and was concerned about losing his house, even though he was confused about the number of strikes received.	Kevin altered his drinking behaviour and stopped inviting people over to drink because of concern that he would lose his house. He explained that, 'the best thing we found is just don't bring people here drinking'.
Penny	At first Penny did not understand the implications of a strike, but after her 2 nd strike 'it kind of clicked on' and she realised that she would need to change her behaviour to maintain the tenancy.	Penny was transferred by the Department to a location where excessive drinking and partying were less likely. Penny also changed her behaviour. She keeps to herself more and does not tell people where she lives.
Raymond	All concerned agree that it is unlikely that Raymond understood the strikes or the risk they pose to his tenancy. He could not remember that the incidents involving damage to his unit had taken place.	Raymond did not change his behaviour subsequent to the 1 st or 2 nd strikes. No one expected that his behaviour would change and his mother expected him to eventually be evicted.
Valery	Housing and support workers tried repeatedly to explain the implications of receiving a strike or a breach. Valery seemed to understand, but was then incapable of retaining this awareness. She did not understand her responsibility for her son's behaviour.	Valery was incapable of changing her behaviour. She continued to invite unsuitable people to stay with her including friends of her son. This led to the incidents leading to a 1 st and final strike and eviction.
Sarah	Sarah was confused about aspects of the strike process, but was aware that it was an official warning relating to problematic behaviour. She took the strike notice seriously and tried to negotiate around the issues.	Although she understood what the strike meant, Sarah could not control the problem of her daughter's frequent yelling (the daughter has schizophrenia). She also said she had problems with visitors she could not control. She indicated willingness to try to address issues but was evicted.
Christine	Christine had very limited ability to understand the implications of the 1 st and 2 nd strikes, even though attempts were made to explain this to her. She seemed remorseful, but her understanding was minimal.	Christine had no ability to change her behaviour as a consequence of the strikes. She had very little ability to control her emotions or to process information especially in difficult situations involving conflict.

Tenant	Ability to understand the implications and consequences of receiving a strike	Ability to control or alter behaviour in response to receiving a strike
Susan	Susan understood the implications of the 1 st strike she received as a consequence of her hoarding behaviour, although she became deeply anxious about being labeled 'anti-social'.	Susan needs long-term support and assistance to deal with her hoarding. Susan wants to address her problems, but she cannot be frightened into doing this by a strike.
Paul	Paul had a clear understanding that after he received his first strike for property damage that he was vulnerable to eviction if the behaviour was repeated.	Paul was trying to remedy the damage. He said, 'I was fixing it up before hand but the strike thing as well made it'. However, he did not have the money to repair damage. More importantly, he is unwilling or unable to seek support for his mental health issues and is likely to cause further damage: 'I can't control myself sometimes'.
John	When he was finally contacted, John was not lucid enough to comprehend what he was being told about the strike. He recalled receiving the strike notice but not the notice to leave. It was difficult to gauge whether in his current state (using drugs) he understood the consequences of the strike.	John was not able to address the issue of repairing his unit, although his mother attempted to do this. He showed no capacity to address his regular drug taking and was highly vulnerable to eviction.
Danielle	Danielle did not fully understand why the strikes had been issued or the implications of the strikes.	Danielle was not able to control her own or her son's erratic behaviour. She would have been evicted but for the intervention of the housing worker who arranged a transfer for her son. She appears to be incapable of engaging consistently with support agencies.

3.5.6 The outcomes of the strikes for the tenants

It is not possible to provide a complete picture of the tenancy outcomes of strikes for the twelve tenants as the study was undertaken at a particular point in time and the processes are ongoing. The strikes were issued during the nine months prior to the study and for the majority still living in public housing the strikes were still operative, i.e. further strikes within twelve months of the first strike may result in eviction. In this section we examine immediate outcomes and likely long-term outcomes based on the information available through the case studies. Immediate outcomes include actions by the tenants, support agencies or DHPW resulting from the strike or strikes. Long-term outcomes refer primarily to the likely housing status of tenants. This information is summarised in Table 17.

Underpinning the three strikes policy is the idea that tenants can learn from their errors and adjust their behaviour before receiving a third strike. For reasons presented in the previous section (3.5.5), six tenants (Raymond, Christine, Valery, Sarah, John, Danielle) had only limited capacity to understand the implications and consequences of receiving a strike and were hence unable to change their behaviour. Susan became highly anxious after receiving a strike, and subsequent changes in her behaviour were due to other factors. Paul tried to remedy the damage that he had done to his flat, but lacked the financial resources to do this. He has little control over whether or not future psychotic episodes will lead to property damage. The remaining four tenants all made some changes to their behaviour in response to receiving strikes. Bronwyn and Kevin both discouraged visitors and the drinking which resulted in strikes for disruptive behaviour. They also aimed to moderate their own drinking, especially at home. Julia's strike led her to inform the DHPW of her mental health condition, request a housing transfer and ask her neighbours to contact her directly with any problems. Penny and her parents were motivated by the 2nd strike to collaborate with DHPW to sustain the tenancy. A housing transfer was arranged to a more suitable location and Penny resolved to stop her disruptive parties.

In a number of cases the strikes motivated the Department to become involved in addressing tenancy problems. Penny's case, involving a housing transfer, has already been mentioned. In Raymond's case, Perspex was substituted for glass to reduce the likelihood of further damage and to address safety issues. After Susan received a strike, the HSC worker arranged a new support service to address Susan's hoarding problem and monitored Susan's progress more closely than before. In Christine's case, the strike prompted housing and support workers to collaborate to arrange a new supported housing arrangement. In Danielle's case, the DHPW worker persuaded support services to agree to the plan to split Danielle's household by offering her son his own public housing tenancy on the strength of the imminent risk of homelessness arising from her 2nd strike. Valerie's first and final strike led to a support agency becoming closely involved with the family and providing, a short period later a new housing arrangement. Thus, in five out of twelve cases, the strike was a catalyst for some form of supportive action by the Department or a support agency.

In terms of longer term housing outcomes, only Christine and Susan appear to have secure public housing tenancies. The tenancies of Bronwyn, Kevin and Penny will be secure if they can learn from the strikes and maintain their resolutions to avoid behaviour leading to further strikes. Julia's tenancy is somewhat precarious as there have been repetitions of the disruptive behaviour that led to the first strike. Danielle's is also precarious: she has been protected from eviction by the special treatment received from DHPW workers and support agencies. The likelihood of further ASB leading to strikes seems high. The housing outlook for the others is bleak. Valery and Sarah have already been evicted, although Valery has obtained housing arranged by a community agency. John at the time of the study was on the cusp of eviction. Raymond is on two strikes already. He has little control over his behaviour and one more incident will mean three strikes and eviction. Paul has only one strike, but like Raymond, has little control over his behaviour if he experiences further psychotic episodes.

All of the twelve tenants have few if any housing resources to fall back on, and if evicted many would be homeless.

Table 17. Short-term and likely long-term outcomes of strikes for tenants in twelve case studies

Tenant	Short-term outcomes of strikes	Likely long-term outcomes
Julia	Strike led to Julia informing DHPW of her mental health condition; requesting housing transfer and requesting neighbours to contact her directly with problems.	Behaviour disturbing neighbours is continuing and may lead to further strikes. Her aggressive verbal behaviour makes it difficult to engage. The tenancy is somewhat precarious.
Bronwyn	Strike led to Bronwyn not drinking at home and discouraging some people from visiting her at home.	Transfer to a detached dwelling reduces likelihood of disturbing neighbours somewhat. Tenancy is secure at this time but depends on Bronwyn's ability to moderate drinking and avoid disruptive parties.
Kevin	Strike led Kevin to discourage visitors and moderate his own drinking.	He is highly motivated to retain his tenancy. Tenancy is secure at this time but depends on Kevin's ability to moderate drinking and avoid disruptive parties.
Penny	Two strikes for disruptive behaviour resulted in Penny's parents meeting with DHPW to address problem. DHPW arranged a housing transfer away from problem area and close to parents and Penny stopped her disruptive parties.	Support from parents, housing transfer and Penny's willingness to change are positive factors enhancing likelihood of tenancy sustainment.
Raymond	Raymond has no capacity to learn from the two strikes and his behaviour is unchanged. DHPW installed Perspex to avoid further breakage of windows (Raymond has debt for the damage repair).	Strikes did not lead to any improvement to support services or housing arrangements. A third strike and eviction seem to be likely with homelessness the most probable outcome.
Valery	Valery and family did not have the capacity to learn from previous breaches and received a 1 st and final strike resulting in eviction.	After eviction the family lived with friends and then in house provided by support agency. The family seems stable in current house and may reapply for public housing.
Sarah	1 st strike was followed very quickly by notice to leave for unremedied breach. Sarah had limited capacity to learn from breaches and strike.	After notice to leave DHPW granted 1-2 months so that Sarah could find somewhere for family to live. At time of study she was exploring options.
Christine	Christine has little capacity to learn from strike. 1 st strike and possibility of eviction mobilized housing and support services to find a sustainable outcome.	A new housing and support arrangement in which Christine has her own dwelling in duplex with 24-hour support seems to be a long-term sustainable arrangement.
Susan	Susan became highly anxious after issuing of 1 st strike. The strike prompted DHPW to offer more specific and frequent support.	Susan is working with the support services and housing support arranged after the strike. She seems unlikely to receive further strikes.
Paul	Paul understood the implications of his 1 st strike but due to limited finances could not rectify property damage and due to mental health issues could have a further psychotic episode leading to further damage.	Paul will receive further strikes if his behaviour is repeated. He seems unlikely to receive the housing transfer that he believes would make him feel safer and calmer. His unwillingness to engage with support services is a significant problem. He is vulnerable to further strikes and eviction.

Tenant	Short-term outcomes of strikes	Likely long-term outcomes
John	Due to frequent misuse of drugs, John had limited capacity to understand or learn from his 1 st strike and notice to leave.	At the time of the study, John was on the verge of being evicted. The most likely consequence will be homelessness.
Danielle	Danielle has very limited capacity to understand or learn from her two strikes and it is very difficult to engage with her. DHPW used the threat of eviction to gain agreement from support agencies to split the household, with Danielle's son given a separate public housing tenancy.	At the time of the study there had been no more difficulties with Danielle's tenancy. However, it is likely that she and her son will need continuation of the special treatment received to avoid a 3 rd strike if their tenancies are to be sustained into the future.

3.5.7 Consideration of mental health issues

A key point of contention in the introduction of the ABS policy was the extent to which mental health issues should be taken into account in the implementation of the policy. The need to take these factors into account was stressed by many of those, including the QMHC, who made submissions to the Parliamentary Committee considering the 2013 amendments to residential tenancies legislation that accompanied the ASB policy. However, the Minister rejected a recommendation from the Committee that the QCAT be able to have regard to such factors in making eviction determinations for objectionable behaviour, on the grounds that this would thwart the central purposes of the ASB policy (see section 2.3.5).

While consideration of mental health and related issues was not included in legislation, the procedures manual does include reference to this issue. The PHPM specifies that circumstances of tenants be considered prior to issuing strikes and acknowledges that some tenants may have difficulties in understanding and meeting their tenancy obligations due to factors including mental health issues, disability, parenting/family dysfunction, limited decision making capacity, language barriers or cultural norms. In these cases, the manual states that staff should engage with the tenant's carers, support workers, advocates and formal decision makers or make referrals to support services where they are not already in place. However, it is important to note that the policy does not state that mental health issues are grounds for not issuing a strike. The question of what decision to make about strikes when a tenant has a mental health issue that is having a negative impact on their behaviour is not directly addressed in the guidelines. This issue is left to the discretion of front-line workers and HSCs.

The ways in which mental health issues were taken into account in each case are summarised in Table 18. The first point to note is that in terms of consideration of mental health issues the cases fell into two broad groups. The first group comprised the cases where the tenant was to some degree willing and able to address their behaviour and where the issues could be managed by working with the tenant to improve their behaviour, arranging a housing transfer or some other action within the resources of the HSC. Cases that fell within this category include Julia, Bronwyn, Kevin, Penny and Susan. In these cases, the Department was able and willing to acknowledge and manage the mental health and substance misuse issues of the tenants concerned. In all of these cases the tenancies have been sustained and there is a lower risk of tenancy failure than in the other cases.

This first group of tenants can be contrasted with the other seven who shared most of the following characteristics:

- Severe mental health issues sometimes associated with intellectual impairment and substance misuse.
- Extreme ASB involving major disruption of neighbours or significant property damage or both.
- A long history of ASB often extending over the whole period of their tenancy in public housing.
- To a considerable extent, an inability to understand the implications or consequences of their behaviour.
- To a considerable extent, an inability to control their behaviour or the behaviour of other occupants.

This group presented major challenges to the Department's processes and capabilities. It can be divided into two-sub-groups:

1. Those where the HSC, working with other agencies, was able to sustain the tenancy, at least in the short term (Christine, Danielle).

2. Those where the HSC had to consider what weight to give to the tenant's mental health issues when making a decision whether to proceed with evicting the tenant (Raymond, Valery, Sarah, Paul, John).

Each of these cases illustrates the ways in which and the extent to which HSCs are using their discretion to take into account mental health issues in cases involving extreme ASB. After briefly describing each case, conclusions will be drawn about current practice based on the case studies.

Christine is a young woman with intellectual impairment, depression, seizures and challenging behaviour and has a support package. She received one strike for severe property damage stemming from conflicts with her co-tenant. Christine had already been identified as a person with complex needs and she had a disability support package. Her intellectual impairment and mental health issues were understood by the housing provider and Disability Services who worked together to find alternative, sustainable, supported accommodation arrangements. The strike was used strategically to impress upon Disability Services that the damage she was causing was not acceptable to DHPW and the situation had become unsustainable. This stands out as an example of housing and support agencies working together to arrive at a sustainable solution. In no other case-study was this level of collaboration evident. Christine's complex needs were given full consideration and were accepted by all as the explanation for her ASB.

The other case where DHPW acted proactively to sustain the tenancy involved Danielle. Danielle had received two strikes for disruptive and obscene behaviour, which were just the latest of a long history of breaches for highly disruptive behaviour perpetrated by Danielle and her adult son. Danielle has complex needs including intellectual impairment, chronic anxiety, depression and personality disorder. Her son also has mental health issues and engages in highly disruptive behaviour. She has had contact with numerous health and social agencies and is under the care of the Public Guardian. There was no change of behaviour as a consequence of the issuing of the two strikes. After consultation with some of the social agencies involved, a decision was made to split the household by giving the son a separate public housing tenancy. In the short term this has addressed some of the behavioural issues, although there is no reason to think that this will be a permanent fix. A deliberate decision was made not to issue a third strike, but to address the issue through a housing transfer. As with Christine, front-line workers decided to sustain the tenancy on the grounds that Danielle's behaviour was caused by her mental health issues. However, unlike in Christine's case, the solution to Danielle's problems look like a temporary fix.

Although the other five tenants in our sample have mental health issues that are of the same order of complexity as those of Christine and Danielle, they have received very different consideration by DHPW. All five have either been evicted or were at the time of the study at high risk of eviction. Raymond has schizophrenia and other severe mental health issues after sustaining a head injury. He also has ongoing substance misuse issues. He received two strikes in quick succession for damage to property (breaking windows) that occurred while he was experiencing a psychotic episode. The HSC understands that his mental illness causes his behaviour and has installed Perspex windows to minimise future damage. However, he remains at high risk of eviction under the three strikes policy. There have been no changes to his behaviour as a result of the strikes and there is general agreement that he does not understand the implications of the strikes. The housing worker and Raymond's mother both indicated that they think that the strikes he has received will eventually lead to his eviction. Although the HSC was cooperative in responding to his behaviour, Raymond's mother accurately summarised the situation:

That's the way they handled it [cooperatively] but the bottom line is if he gets another strike he's homeless. We're doing everything to try and minimise that but the thing is when he's unwell nobody can minimise what's happening because [he's] not in [his] right mind.

She believes that if he is evicted he will become homeless.

Valery, who also has complex needs including depression, intellectual disability and hoarding behaviour, has already been evicted. Her situation has an added level of complexity insofar as her teenage son, who lives with her, also has psychiatric problems and behaves in erratic and highly disruptive ways. Valery and her family have a long history of receiving breaches and a 1st and final strike was issued after severe neighbourhood disturbance and intimidating behaviour from her son. The HSC was aware of her mental health issues, was sympathetic towards them and had worked closely with other agencies to support the family and their tenancy. The front-line worker in the HSC also recognised that Valery may not be able to get the support she needs:

I have always felt sorry for her, but she hasn't done anything to address the situation. ... Whether she is capable of that or not, I am sure with the right support she might be able to make some sound decisions but I don't know where she is going to get that support.

However, the bottom line in this case was the need to implement the new ASB Management Policy. In the words of the DHPW worker:

The issues were increasing, they were becoming more frequent and they had warnings from me, verbal warnings, they had been breached but the strike was the new policy. It was introduced to eliminate this type of behaviour and I thought it was appropriate to issue her with a 1st and final strike.

Sarah is a further example of a tenant with complex needs who was evicted. Sarah has a psychotic disorder (schizophrenia or schizoaffective disorder) and has an adult daughter who lives with her who has schizophrenia. The family had a long history of multiple breaches for disturbing neighbours. They were issued with a 1st strike for disruptive behaviour and subsequently evicted for not remedying the breach that accompanied the 1st strike notice. The Department were aware of the mental health issues of Sarah and her daughter and had referred the family to support services as required in the PHPM. Sarah had a history of being reluctant to accept support and had either not followed up these referrals or had found that services were not available at short notice. The DHPW worker said that the Department took the view that all required procedures had been followed:

We receive a lot of complaints relating to behaviour and some do suffer from mental health issues but the policy is very detailed and it does encourage staff to ensure that they cover all bases and try and get tenants to engage with agencies and work to sustain their tenancies before issuing these things.

At the time of interview Sarah and her daughter had managed to get the eviction delayed for 1-2 months and they were looking for a new housing arrangement.

Paul has depression and bi-polar following head injury and ongoing substance misuse. He received a 1st strike for property damage incurred during what appears to have been a psychotic episode. The Department had limited awareness of his mental health issues: 'All I have to go off was what Paul has told me himself', said the worker from the HSC. Paul was isolated and unwilling to engage with the support agency to which the DHPW worker referred him. In this situation, further strikes were likely. In reply to a question about Paul's prospects, The DHPW worker stated:

At this stage, it's hard to say because he has stopped engaging. I would hope not, but if we go back out there and there is more property damage or the property condition has gone back to score, then I am going to have no choice but to give him another strike.

When asked about whether she thought Paul was aware of this, the DHPW worker commented:

I think he understands the severity of it, I just don't think he understands how to get the help he needs.

The fifth and final case involved John, who has schizophrenia and ongoing substance misuse and received a 1st strike for property damage followed shortly thereafter by a notice to leave. There were no previous tenancy issues. The strike and notice were issued because of the extent of damage to the unit and John's apparent unwillingness to address the issues which was taken to be an unremedied breach. His mental health issues were recognised but the housing worker felt that there was insufficient allowance in the policy to take them into account:

My understanding is that the antisocial policy is for everybody. Obviously, we take each case as it comes and if we know that there is someone with mental health issues we will deal with that on that basis. But if we are unaware, we are unaware. Across the board, it is for every tenant.

At the time of the study, it seemed most likely that John would be evicted and his family believed that he would most likely become homeless.

These five cases involve tenants with mental health and substance issues who at the time of the study had been evicted (two) or were at high risk of eviction (three) under the ASB Management Policy.⁴ In all cases their ASB was caused by their mental health problems. In all cases the tenants did not understand the implications of the strike they received and/or were unable to control their behaviour in response to receiving a strike. No specific guidance is provided to front-line workers as to whether or not strikes should be issued in these circumstances. In the absence of direction, in all of these cases the decision was made to follow the three strikes process regardless of the mental health and substance abuse issues of the tenant.

In summary, the twelve case studies provide a picture of the ways that the Department of Housing and Public Works addressed the consideration of mental health issues in its implementation of the ASB Management Policy. Although there are differences amongst HSCs, generally there appears to be widespread awareness that some tenants may have difficulties in understanding and meeting their tenancy obligations due to mental health, substance misuse and other issues. In most of our cases, front-line workers in DHPW engaged with the tenant's carers, support workers, advocates and formal decision makers or made referral to support services as required by the PHPM. In many cases, front-line workers demonstrated sympathy and concern for tenants with complex needs. In the five cases in our sample where the tenant was to some degree willing and able to address their behaviour, HSCs showed a high level of ability and willingness to sustain tenancies by engaging with the tenant in a supportive manner, working with support agencies and arranging housing transfers.

In the other seven cases, the nature and severity of the tenants' mental health issues meant that they were not able to understand and/or respond rationally to the strikes that they received for behaviour directly caused by their complex needs. The PHPM is silent on what decisions should be made in such situations and front-line workers applied their discretion within the framework of the ASB policy. In two of the seven cases, they decided to provide support for the tenancy and not to continue to issue strikes leading to eviction. In one of these cases, suitable support arrangements were already in place for the tenant. In the other five cases, the three strikes process was followed regardless of each tenant's complex needs.

⁴ Two cases involved unremedied breaches, but these were the breaches associated with a 1st strike. They were issued subsequent to the 1st strike and were similar in effect to a 1st and final strike.

Table 18 Consideration of mental health issues in twelve case studies

Tenant	Consideration of mental health issues
Julia	Julia issued a strike for excessive noise. She contacted the Department to explain that her behaviour was related to her schizophrenia. Since then her perception is that 'they've been lenient with issuing breaches to me'. She has had subsequent complaints but 'they've always written back to me that there is insufficient evidence and that there's no breach been made'.
Bronwyn	Bronwyn has alcohol issues, depression and mild intellectual impairment and was issued a strike for disturbances and 'neighbourhood fatigue and overcrowding'. The HSC was aware of these issues and she has been transferred to a more suitable dwelling.
Kevin	Kevin is attempting to address alcohol and drug issues and was issued a strike for disruptive behaviour. He has a long history of breaches for alcohol related behaviour. No evidence that he has raised his mental health issues with the HSC or that they have been considered.
Penny	Penny has depression and PTSD and has 2 strikes for disruptive behaviour. HSC was sympathetic to her situation and arranged a housing transfer.
Raymond	Raymond has schizophrenia and other severe mental health issues after head injury and substance misuse issues. He had 2 strikes for damage to property (breaking windows) and neighbours are concerned for their safety. The HSC understands his mental illness according to his mother and installed Perspex windows. While his mental health issues are acknowledged, he remains at risk of eviction; there is no plan for integrated support and housing.
Valery	Valery has depression, intellectual disability and hoarding and her son who lives with her has psychiatric problems and erratic behaviour. There is a long history of breaches and a 1 st and final strike was issued after severe neighbourhood disturbance and intimidating behaviour from son. Department is aware of mental health issues but felt that the family had to be evicted given severity of behaviour and impact on others.
Sarah	Sarah has psychotic disorder and adult daughter has schizophrenia. There is a long history of multiple breaches for disturbing neighbours and family was evicted. Sarah was not adept at explaining her problems and had not followed up DHPW referrals to support. Some attention paid to adult daughter's illness which had caused some of the problems. It appears need to deal with disruptive behaviour privileged over mental health considerations.
Christine	Christine has intellectual impairment, depression, seizures and challenging behaviour and has a support package. She received 1 strike for severe property damage stemming from conflicts with co-tenant. Her mental health issues were understood by all and strike used to pressure Disability Services to provide funding for transfer.
Susan	Susan has compulsive hoarding, depression, PTSD and history of breaches for failure to keep premises clean, for which she received a strike. There was recognition of her mental health issues within HSC and disagreement over issuing of strike. HSC had been trying to work with her to address her issues.
Paul	Paul has depression and bi-polar following head injury and substance misuse and received a strike for property damage linked to his mental health issues. The HSC worker was not aware of the extent of his mental health issues and Paul was not open to receiving support. It seemed unlikely that any further attention would be given to his mental health issues.
John	John has schizophrenia and substance misuse and received one strike for property damage followed by notice to leave. There were no previous tenancy issues. The strike and notice were issued because of the extent of damage to the unit and John's apparent unwillingness to address the issues which was interpreted as an unremedied breach. His mental health issues were recognised but worker felt that there was insufficient allowance in the policy to take them into account.
Danielle	Danielle received 2 strikes for disruptive and obscene behaviour, the latest of a long history of breaches. There is clear recognition by the HSC of her mental health issues and intellectual disability and mental health issues of her son. Frontline workers used their discretion to use the threat of homelessness to get agreement from other agencies to split the family and give the son a separate tenancy. This has calmed the situation for the time being.

3.6 CONCLUSIONS AND IMPLICATIONS

3.6.1 Conclusions

The primary aim of the case studies was to examine the ways that the three strikes policy has been applied to tenants with complex needs. The cases provide a strong evidence base for analysis of the implementation of the ASB Management Policy and its application to tenants with complex needs. All of the tenants in the sample had complex needs including 10 with chronic mental disorders; 6 with substance use disorders; 4 with intellectual impairment; and 2 with cognitive impairment secondary to head injuries. The sample is typical of many of the people that are being granted priority access to social housing. They have very significant mental health and substance misuse issues and limited financial and social resources. Most of the tenants in the sample had a history of insecure housing or were long-term public housing residents. While most have some contact with family and/or formal services, the need for support often outweighs what is available to help them manage their lives and sustain their tenancies.

The strikes and notices to leave that were received by the tenants in the study involved serious ASB most commonly involving significant disruption of neighbours or property damage. In all cases the mental health and substance misuse issues experienced by these tenants are directly implicated in their tenancy difficulties. Often the ASB was entrenched and had led to many previous breaches.

The case studies provide a picture of the ways that these tenants with complex needs are managed under the ASB Management Policy. The official policy sets out a number of guidelines and requirements for applying the ASB policy to these tenants. These can be summarised as follows:

- *Recognition.* It is recognised that some tenants may have difficulties in understanding and meeting their tenancy obligations due to complex needs and these circumstances should be considered prior to issuing strikes.
- *Understanding.* At the discretion of HSCs, efforts should be made to ensure that all tenants receiving strikes understand the implications of the three strikes process, including where possible verbal as well as written advice.
- *Support.* HSCs should identify and work with support agencies to address the ASB so as to avoid a strike notice if possible.
- *Discretion.* Once these three requirements set out above have been met, HSCs are left to use their discretion in applying the ASB guidelines to tenants with complex needs.

With respect to *recognition* of the complex needs of the twelve tenants, generally there appeared to be widespread awareness that some tenants may have difficulties in understanding and meeting their tenancy obligations due to mental health, substance misuse and other issues. In many case studies there is evidence that front-line staff managed the tenancies in a supportive manner. Sometimes this simply involved showing a degree of empathy for the tenant and their difficult circumstances. In other cases, tangible assistance was provided in the form of linking tenants to support services, arranging transfers or advocating for the tenant within the Department. In a small number of cases, the housing workers became an important part of the tenant's support network. Usually, but not always, these forms of support were acknowledged by the tenant. In a small number of cases, tenants expressed the view that Departmental staff had been unhelpful or had failed to understand their circumstances.

It should also be noted, however, that ten tenants expressed some concern about the fairness of the strike process. Some felt that complaints against them by neighbours were not warranted. Others felt that the Department did not listen to them; that it appeared uncaring; that it made unreasonable demands; that it discriminated against Indigenous people; or that it conducted an inadequate investigation. In two cases, tenants felt stigmatised by the term 'anti-social behaviour'. Two tenants raised fundamental questions about whether it was fair to apply the ASB policy to people with mental health and substance misuse issues.

As recommended in the PHPM, the issuing of the strike was accompanied by attempts to ensure that the tenant had a good *understanding* of the strike process. In almost all cases this involved at least a face-to-face meeting to explain the strike. In some cases several attempts were made to explain the implications of the strike to the tenant. Despite these efforts, the study found that only two tenants clearly understood the meaning and implications of the three strikes process. Several were confused about the differences between strikes and breaches and others got mixed up over the number of strikes (or breaches) they had received. At least five tenants were impeded in their ability to understand the significance of the strikes by illiteracy, cognitive issues or their dysfunctional state at the time of receiving the strike.

The main guidance provided by the PHPM for working with tenants with complex needs is to work with *support* agencies to address the ASB so as to avoid a strike notice if possible. In most cases where tenants had well established links with support services, these agencies were involved in the strike process. Where these links were not in place or not strong, HSCs usually attempted to put the tenant in contact with support services. However, it should be noted that the overall level of support available to the tenants was extremely low. Only four of the tenants received any form of professional mental health support or treatment. Only six were in receipt of help from other support services. Tenants experienced difficulty in finding appropriate services or were unwilling to use services. Only one of the twelve cases demonstrated effective coordination between housing and support providers.

Other than the guidance around recognition, understanding and support, HSCs are required to implement the ASB policy and any consideration given to the circumstances of tenants with complex needs is at their discretion within the overall framework of the policy. The twelve case studies provide a picture of the ways that this discretion was exercised.

In the five cases in our sample where the tenant was to some degree willing and able to address their behaviour, HSCs showed a high level of ability and willingness to sustain tenancies by engaging with the tenant in a supportive manner, working with support agencies and arranging housing transfers.

In the other seven cases, the nature and severity of the tenants' mental health issues meant that they were not able to understand and/or respond rationally to the strikes that they received for behaviour directly caused by their complex needs. The PHPM is silent on what decisions should be made in such situations and front-line workers applied their discretion within the framework of the ASB policy. In two of the seven cases, they decided to provide support for the tenancy and not to continue to issue strikes leading to eviction. In one of these cases, suitable support arrangements were already in place for the tenant. In the other five cases, the three strikes process was followed regardless of each tenant's complex needs.

In terms of longer term housing outcomes, only two tenants appear to have secure public housing tenancies. The tenancies of three more will be secure if they can maintain their resolutions to avoid behaviour leading to further strikes. Two further tenancies seem precarious as the likelihood of further ASB leading to strikes seems high. The housing outlook for the other five tenants is bleak. Two have already been evicted, although one has now obtained housing arranged by a community agency. Another at the time of the study was on the cusp of eviction. The final two have received strikes and as they have little control over

their behaviour further strikes seem very likely. All of the tenants have few if any housing resources to fall back on, and if evicted many would be homeless.

In terms of addressing ASB, the case studies suggest that an approach based solely on the application of sanctions is unlikely to have a long-term impact as far as clients with complex needs is concerned. Four tenants did make some changes to their behaviour in response to receiving strikes. In three cases a strike resulted in the Department becoming involved in addressing a tenancy problem which resulted in both sustaining the tenancy and reducing the likelihood of further ASB. However, in seven cases the tenants had only limited capacity to understand the implications and consequences of receiving a strike and/or had little capacity to control their future behaviour. Evicting these tenants may result in a short term decrease in ASB in social housing, but will simply shift the problem of managing their behaviour elsewhere and imposing costs on other services. Many of these tenants will become homeless and will use this status to reapply for priority re-entry into social housing.

3.6.2 Implications

The findings of the case study analysis, detailed throughout this chapter and integrated in the chapter conclusion, have a number of implications for the application of the ASB Management Policy to social housing tenants with complex needs. They also have implications for the management of social housing tenants with complex needs more generally. These implications are listed below in the form of matters to be addressed to ensure more appropriate application of the ASB Management Policy to social housing tenants with complex needs more effective ASB policies. These are considered further in the final chapter in the light of the findings from the other two sub-studies.

Estimating how many tenants have complex needs

The tenants in the sample were chosen purposively to represent tenants with mental health and substance misuse issues. While it is likely that they are typical of many of the tenants receiving priority admission to social housing, no reliable data is available on the proportion of social housing tenants and of new admissions to social housing who have mental health and substance misuse issues. It is also not known what proportion of tenants captured under the ASB policy has complex needs. If a significant proportion of tenants receiving strikes do have complex needs, the policy may need to be reviewed to take this into account.

Formalising and encouraging supportive tenancy management

The case studies found that in general front-line housing staff managed the tenancies in a supportive manner. While there were complaints about the fairness of the three strikes process, front-line staff often showed concern for the client and provided tangible assistance. In a number of cases this led to a reduction of ASB and sustaining of the tenancy. A supportive tenancy management approach of this kind should be further encouraged and formalized both as part of the ASB policy and more generally. The evidence is that in those circumstances where tenants with complex needs are able and willing to collaborate with HSC staff, this can be an effective way of both reducing ASB and sustaining tenancies.

Rethinking terminology

Most of the tenants with complex needs who received strikes had mental health and substance misuse issues which meant that they had little understanding of the strike process and limited control over their own actions. In this context, the term ASB which carries negative connotations is inappropriate. It may be more appropriate to use the term disruptive behaviour which is descriptively accurate and less stigmatizing.

Communicating the meaning and implications of the ASB policy

Frontline staff went to considerable lengths to communicate the ASB policy to those receiving strikes including in most cases face-to-face meetings. However, despite these efforts there

was considerable misunderstanding amongst the tenants with complex needs caused by low levels of literacy, cognitive issues or their dysfunctional state at the time of receiving the strike. There is inherent confusion in a system which issues a breach as well as a strike, and where a strike can be followed by a notice to leave based on an unremedied breach. It seems that there is a need to reconsider the ways that the ASB Management Policy is communicated to tenants with complex needs and to tenants more generally. These communication processes should also be directed towards family members and support agencies.

Consistency in application of the ASB Management Policy

The application of the ASB Management Policy to tenants requires a degree of flexibility to take account of a wide variety of circumstances. However, the cases indicated a need for greater consistency in some areas. As indicated above it is confusing for a tenant issued with a 1st strike under a three strikes policy to receive shortly thereafter a notice to leave. The parallel system of strikes and breaches confused some tenants in our sample. The roles played by warnings and Acceptable Behaviour Agreements were unclear from our case studies. If these are to be key elements of the process, this needs to be made clear and they should be applied consistently. Warnings and ABAs could potentially play a valuable role of clarifying expectations for those clients with complex needs who understand the ASB policy and are able to take a significant degree of responsibility for their actions.

Recognising the limitations of support available to tenants

The main strategy included in the ASB Management Policy for taking into account the circumstances of tenants with complex needs is the requirement to contact and work with support services, advocates and alternative decision makers to address the ASB so as to avoid a strike notice if possible. The case studies showed that in most cases, where tenants had well established links with support services, these agencies were involved in the strike process by the HSC. Where these links were not in place or not strong, HSCs usually attempted to put the tenant in contact with support services. However, this policy assumes that in most cases tenants will have access to support services; that support services are readily available; and that tenants will be willing to use these services. None of these can be assumed. The cases showed that the overall level of formal support available to and used by the tenants was extremely low. Tenants experienced difficulty in finding appropriate services or were unwilling (sometimes for reasons associated with their mental illness) to use services. It simply cannot be assumed that tenants have access to support services that will have the capacity to work with the housing provider to address the ASB.

Developing more effective linkages with mental health services

Of particular note was the absence of effective linkages between HSCs and mental health services as far as these tenants were concerned. Although most tenants had chronic and series mental health issues, only four received any form of professional mental health support or treatment and in most cases this support was inadequate or sporadic. In one case there was reference to a collaborative arrangement between the HSC and local mental health services, but it was acknowledged that this arrangement was given low priority and was of little or no benefit to the tenant involved. The reality conveyed by these cases is that it is probably the case that most public housing tenants with serious mental health and substance misuse issues receive little or no professional mental health support, unless they are clients of the HASS or HwSS programs.

Extending supportive housing arrangements

Only one of the tenants in the case studies benefitted from an arrangement that involved integrated housing and support tailored to the tenant's particular needs. That tenant received a support package providing 24-hour care and housing tailored to his needs. In all other

cases, including those tenants with complex mental health issues, there was little or no coordination of housing and support, and no agreement by housing and support agencies (if the latter existed) to work together to achieve common goals. The case studies show that there is an urgent need to develop more supportive housing arrangements such as those provided through the HASS program and similar programs in other states (see chapter 4).

Providing more rigorous guidelines for applying ASB policies to tenants with complex needs

Other than the requirements to ensure that all tenants receiving strikes understand the implications of the three strikes process and to identify and work with support agencies, HSC's are not required to take into account a tenant's mental health and substance misuse issues when implementing the three strikes policy. Five tenants with complex mental health issues were evicted or were at high risk of eviction at the time of the study as a result of decisions by HSCs to implement the ASB Management Policy irrespective of the mental health issues of the tenant. There is a need to introduce more rigorous guidelines or policies to govern the application of the ASB policy to tenants with complex mental health issues. For example, there could be a requirement to consult with the relevant local mental health service prior to any eviction of a tenant with complex mental health issues, with the objective exploring a supportive housing arrangement aimed at avoiding eviction and addressing ASB issues. Similarly, a policy could be introduced requiring a review at a higher level before a tenant is evicted if that tenant is shown to (a) not understand the implications of the ASB policy or (b) not be able to control their behaviour as a result of mental health issues. Seven of the twelve tenants in the case studies would be captured by a policy of that kind.

Considering the consequences of evicting tenants with complex needs

The ASB Management Policy should be consistent with other social housing management policies including those relating to homelessness. The policy of reducing the level of homelessness has been central to state and national social housing policy since 2008 and homelessness is an indicator for priority access to social housing. Several of the tenants in the case studies who were evicted or who were at risk of eviction expected to become homeless. Furthermore, there is likelihood that at some future time evicted tenants may reapply for social housing. Already, one tenant has been re-housed by a community agency. Eviction is also likely to exacerbate the tenants' mental health and substance misuse issues, as feared by the relatives of two tenants at risk of eviction.

Developing more effective ASB policies

The ASB perpetrated by the tenants in the case studies was serious causing significant disturbance to neighbours and costs to government in terms of damage and staff time. However, the existing policy framework which relied solely on a sanctions-based approach was ineffective in preventing this behaviour. Only four tenants made some positive changes to their behaviour in response to receiving strikes. Six tenants were unable to change their behaviour because of their limited capacity to understand the implications of receiving a strike. Sanctions-based policies have limited capacity to reduce ASB by tenants with complex needs and need to be supplemented by other strategies in order to be effective. As mentioned under point 2, there is evidence within the case studies that a supportive tenancy approach combined with sanctions can be effective in those circumstances where tenants with complex needs are able and willing to collaborate with HSC staff. Research evidence presented in chapter 4 suggests that a supportive tenancy approach can play a central role in addressing ASB.

Addressing the wider implications of the case study findings for social housing tenants with complex needs

Reducing ASB is only one reason, albeit an important one, for supporting social housing tenants with complex needs. As an increasing proportion of new housing residents are individuals with mental health and substance misuse issues, the role of social housing will increasingly be to provide permanent, affordable housing for this population group, amongst others. In order to perform this function effectively, it will be necessary to consider many of the issues raised by the case studies. The case studies have shown that there is a population group within social housing with complex needs arising from chronic mental disorders, substance use disorders, intellectual impairment, cognitive impairment secondary to head injuries and combinations of these conditions. They have very limited financial and social resources and few, if any, housing options other than social housing. There is a need to develop strategies that will enable this group to sustain their tenancies and enhance their wellbeing, and to do so in a manner that minimises disruptive behaviour. Key tasks include estimating the numerical size of this group both now and in the future; ensuring that the housing stock is appropriate to their needs; developing structures and cultures that are congruent with a supportive tenancy management approach and developing supportive housing arrangements which involve housing and support providers working closely together to support the tenancy and minimise ASB.

4 LITERATURE ANALYSIS

4.1 INTRODUCTION

The aim of the literature analysis is to identify the main findings from the policy and research literature that are relevant to the systematic review. The focus of the systematic review is the impact of Queensland's 2013 ASB Management Policy on social housing tenants with mental health and substance misuse issues, and the wider issue of the most effective ways of supporting the social housing tenancies of this population group. The literature reviewed is organised in terms of the central themes of the report. Four sets of questions are addressed:

1. What is anti-social behaviour and is this an appropriate term to describe unacceptable behaviour in social housing?
2. What are the impacts of anti-social behaviour, particularly on social housing tenants with complex needs?
3. How should anti-social behaviour be tackled? In particular, what are the roles of preventive, supportive and rehabilitative strategies alongside sanctions-based approaches?
4. Given the wider concern with social housing's role in accommodating people with complex needs, what housing models should be developed for social housing tenants with complex needs?

Three overlapping sets of literature were identified as relevant to these questions:

1. Managing anti-social behaviour in social housing
2. Sustaining social housing tenancies
3. Providing supportive housing.

These bodies of literature are interlinked as shown in Figure 1. The literature on managing ASB raises key questions about terminology; the impacts of ASB on housing workers, social housing tenants and people with mental health issues; and different approaches to and methods of dealing with ASB. This literature addresses questions 1, 2 and 3.

The sustaining tenancies literature is concerned with the ways that the social housing tenancies of people with complex needs can be supported and sustained. Tenancy support has been identified as one of the main ways of addressing ASB. The sustaining tenancies literature examines the methods involved in supporting vulnerable tenancies, and considers the appropriateness and effectiveness of the various approaches. This literature addresses aspects of questions 3 and 4.

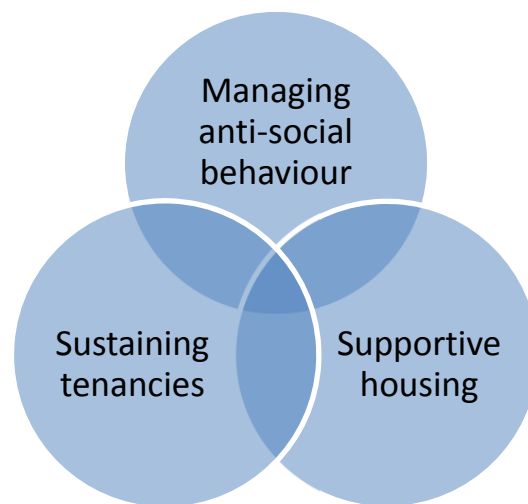
The literature on supportive housing examines the reasons that housing is important for people with complex needs and considers the types of housing required. It identifies the characteristics of supportive housing that are associated with positive outcomes for people with mental health and substance misuse issues. The focus in this literature review is the use and potential use of supportive housing approaches in Australian social housing. Supportive housing can be viewed as one way of sustaining social housing tenancies as well as part of a wider strategy to manage ASB. This literature primarily addresses question 4.

The literature examined emerged in the context of social housing and mental health policy in Australia and other countries. The policy developments examined in chapter 2 have given rise to a literature that is part descriptive, part analytical, and part evaluative. In this chapter, those aspects of the literature of central relevance to the systematic review are identified and discussed. As in many areas of public policy, this is not a field where 'evidence' has

preceded 'policy'. The relationship between research and policy has been complex and 'messy'. However, over time a substantial body of knowledge relevant to ASB management, sustaining tenancies and providing supportive housing has emerged and a synopsis relevant to the issues under consideration in this report is provided in the chapter.

As this is an 'applied' literature review there are references throughout the chapter to chapters 2 and 3 and the Queensland ASB Management Policy. The central purposes of the chapter are to describe the literature and to explain its broad relevance. The specific implications of the literature for Queensland's approach to ASB and for provision of social housing to people with complex needs is considered in chapter 5.

Figure 1 Three sets of literature relating to management of ASB in social housing and supporting social housing tenants with complex needs



4.2 IS ASB AN APPROPRIATE TERM?

4.2.1 Definition and background

The choice of terminology to describe behaviour by social housing tenants that is considered undesirable or unacceptable has important implications. Terminology reflects the way an issue is understood and can shape actions and perceptions. In the literature relating to 'anti-social' behaviour, several alternative terms have currency including 'difficult', 'demanding' and 'disruptive' behaviour. How appropriate is the term ASB and should alternative terms be considered?

The term ASB was briefly introduced in chapter 1. It was pointed out there that the term has been widely used as an 'umbrella' term to refer to 'non-criminal and minor criminal neighbourhood concerns' (Millie 2009). Developing a precise and widely acceptable definition of ASB is difficult because perceptions of what constitutes ASB vary across time, context and culture. Day and Daffern's definition aims to encompass these variations. They define ASB as behaviour that is:

... aggressive, intimidating or destructive and which negatively impacts on the quality of life of others. ... It can range from that which is socially unacceptable through to that which is illegal (Day and Daffern 2013).

The definition used by the Western Australia (WA) Police is somewhat blunter:

[ASB] is behaviour that disturbs, annoys or interferes with a person's ability to go about their lawful business' (cited in McAtamney and Morgan 2009).

The most comprehensive attempt in recent times to implement ASB policies across a society was in the United Kingdom (UK) under the Blair Government from 1997-2007. During this period, anti-social behaviour (ASB) became embedded in the language, policies and organisational structures of the British Government. In 2003 an Anti-social Behaviour Unit (ASBU) was established within the Home Office and local authorities were encouraged to give priority to tackling ASB and to develop ASB strategies. Legislation passed in 2005 introduced Anti-social Behaviour Orders (ASBOs) prohibiting individuals from engaging in specific behaviours, and these were used to regulate the behaviour of individuals with a history of troublesome conduct (Flint 2006a; Flint 2006b).

The management of social housing and especially the management of large public housing estates were central to the UK Government's anti-social behaviour policies. Social landlords were given wider powers of eviction and new control mechanisms such as probationary tenancies, ASBOs and injunctions. They were also encouraged to develop new approaches to fostering desirable behaviour including tenant reward schemes, mediation schemes, acceptable behaviour contracts, tenancy support services and rehabilitation and resettlement projects (Flint 2006b; Pawson and McKenzie 2006).

The use of the term ASB is widespread in Australia, and there is ongoing, widespread public concern about many of the specific issues encompassed by the term. However, the term has not been integrated into legislation and public programs to the same degree as in the UK. One aspect of Australian concern about ASB has been the widespread perception of ASB as a problem in neighbourhoods where there is a large concentration of social housing. Over the last two decades social housing authorities have developed initiatives to address ASB on public housing estates and by social housing tenants generally (Arthurson and Jacobs 2006; Hunter, Nixon and Slatter 2005). These initiatives have sometimes been described as ASB and sometimes as 'disruptive behaviour'. In chapter 2 we traced the use of the term ASB in Australian social housing and looked in detail at the way that the Queensland Government has defined and used this term. In this section we provide a critique of the use of the term in social housing management based on a review of the international literature.

4.2.2 Conceptual difficulties

A widely used definition that reflects the ways that the term ASB has been used in Australian social housing is that ASB is 'behaviour which causes or is likely to cause harassment, alarm or distress to one or more people who are not in the same house as the perpetrator' (Squires quoted in McAtamney and Morgan 2009). While this definition is broad, it probably captures the main kinds of concerns and issues motivating those who are currently seeking to address ASB in Australian social housing.

The first use of the term ASB in the context of social housing to describe problematic behaviour by social housing tenants was in the UK. In section 2.2.2, the processes through which these ideas were imported into Australian social housing management were described. During the last decade or so, the concept of ASB has been used from time to time in policy statements on social housing management in all states and territories except South Australia. However, as shown in section 2.2.2, not all jurisdictions are currently using the term to refer to their policies dealing with undesirable or unacceptable behaviour by social housing tenants. Those states and territories currently using the term are New South Wales (since 2004), Northern Territory (since 2011), Victoria (since 2012) and Queensland (since 2013). Tasmania used the term between 2008 and 2013, but its policies in this area are currently under review. South Australia, the ACT and Western Australia have chosen instead to develop 'disruptive behaviour' policies.

It is important to consider the issue of terminology because the term ASB has been widely criticised in the academic and policy literature. These criticisms are outlined below. In addition the derivation and implication of the word 'strike' and the term 'three strikes' will be briefly

examined. The main alternative terms to ASB are 'disruptive behaviour' and 'demanding behaviour' and their usage and meanings will be considered.

The most common criticism of the term ASB is that it is an elastic term that encompasses a wide range of behaviours ranging from offences with serious consequences for other individuals to behaviour that is merely annoying and relatively inconsequential. An analysis of ASB developed by the Home Office in the UK identified over 60 individual behaviours encompassed by the term ASB. Serious offences included criminal damage, vandalism, intimidation and harassment; examples of annoying behaviour were noise, shouting, swearing and dropping litter (Home Office 2004: 4). These may all be classified as socially undesirable activities, but does it make sense and is it helpful to represent them under one all-inclusive label?

A related criticism is that by including under the one term both behaviour that is undesirable and behaviour that is illegal, the concept of ASB blurs the line between criminal and non-criminal conduct (Flint 2006b; Pawson and McKenzie 2006: 156). A person disturbing neighbours by playing loud music and a person committing wilful damage of a neighbour's property are both tarred with the same brush. Social housing tenants who have committed criminal acts are subject to legal processes and if found guilty are penalised by the courts. Is it appropriate that they are also penalised through eviction, unlike those in other forms of tenure?

Critics of the concept of ASB also argue that the term has been used to greatly expand the powers of social housing authorities. Historically, under residential tenancies legislation, social landlords' powers, like those of private landlords, were limited to ensuring that tenants did not permit premises to be used for illegal purposes, that they did not cause a nuisance and that they did not interfere with the 'reasonable peace, comfort or privacy' of an adjacent tenant (Hunter, Nixon and Slatter 2005: 157). Under the rubric of ASB, social landlords are given powers that may exceed those that they previously held and those available to private landlords:

The term 'anti-social behaviour' covers a spectrum of activities that adversely affect the social well-being of neighbourhoods even if the activities are not technically in breach of the law. In practice, this means that ... housing authorities are expected to intervene in instances where tenants complain about the behaviour of their neighbours, incivilities in public spaces and all forms of criminal activity (Jacobs and Arthurson 2003: 8).

It is also argued that the term ASB is inherently imprecise and subjective. One writer has referred to the 'miscellaneous character of the perception of ASB', pointing out that, 'it is complaints from tenants about their neighbours that fuel the landlord's agenda' (Burney 2000: 268-7). While there may be widespread agreement about the unacceptability of behaviour at the more serious end of the spectrum of behaviour, concerns about less serious but more common problems such as noise and rowdy behaviour have a strongly subjective element. One Australian public housing manager, when asked to specify what constitutes ASB, commented:

It's anything that a tenant or neighbour finds upsets them, that isn't the norm. Music, wheelies on the road, or people coming and going at one or two in the morning. Some people can tolerate that, others can't. So if it upsets them and affects their right to quiet peace then it's anti-social behaviour' (Quoted in Arthurson and Jacobs 2006: 265-66).

A further criticism of the term ASB that is particularly relevant to the current study is that it can be perceived by those labeled in this way as stigmatizing and offensive. A British study found that those labeled as anti-social described it as 'humiliating', 'upsetting' and 'embarrassing'. They disputed the claims being made against them and drew a distinction between their own behaviour and their construction of behaviour that could legitimately be called anti-social (Nixon and Parr 2006: 94-5). 'For most people, being labeled 'anti-social' simply served to

reinforce a sense of unfairness, marginalization and exclusion' (Nixon and Parr 2006: 93). Similar comments were made by tenants in our case studies (see chapter 3). The use of the term ASB in the context of social housing can also result in reinforcement of the stigma that already affects social housing tenure.

The use of 'three strikes' terminology is open to similar criticisms. Three strikes laws, which originated in the United States in the 1990s, were criminal statutes that mandated increased sentences for repeat criminal offenders, usually after three serious crimes (see <http://legal-dictionary.thefreedictionary.com/Three+Strikes+Laws>). The use of a term in social housing management that was previously used to refer to mandatory punishment of criminal offences is arguably more stigmatising than receiving a notice of breach of a tenancy agreement, and further contributes to the blurring of the distinction between non-criminal and criminal behaviour referred to earlier.

While there has been widespread questioning of the use of the term ASB, it should be reiterated that the term continues to be in widespread use in social housing management in the UK and is in increasing use in Australia. In the UK the term is now institutionalised through legislation and organisational structures and practices. The powers of social landlords in the UK to address ASB were recently extended in the *Anti-Social Behaviour, Crime and Policing Act 2014*. It was estimated that social landlords in England and Wales dealt with around 300,000 reported cases of ASB in 2011-12 (House of Commons Library 2014). However, it should be noted that the implementation of ASB policies by UK social landlords involves a wide range of measures including prevention and early intervention measures as well as punishment (e.g., Glasgow Housing Association 2007). The widespread use of the terminology of ASB in no way implies commitment solely to remedies such as the sanctions of breaches, strikes and eviction.

4.2.3 Alternative terminology

The increasing use of the term ASB in Australian social housing management was documented in section 2.2.2. However, it is important to note that, in contrast to the UK, there is no requirement that housing authorities across the country use the term ASB. Nor is there consensus amongst public housing authorities in the states and territories that the term ASB is the most appropriate to describe unacceptable behaviour in social housing. The two other terms that are most commonly used in the Australian context are 'disruptive behaviour' and 'demanding behaviour'. Do these terms represent alternative ways to describe and conceptualise undesirable or unacceptable behaviour?

As discussed in section 2.2.2, the term 'disruptive behaviour' is used in three jurisdictions: Western Australia, the ACT and South Australia. Western Australia's Disruptive Behaviour Management Strategy has similar processes in some respects to Queensland's ASB Management Policy and the difference in terminology does not necessarily entail great difference in practice. However, in the other two jurisdictions, the terminological difference does signify a difference of approach. In both of these jurisdictions, disruptive behaviour is defined relatively narrowly; the examples provided of disruptive behaviour are less serious in terms of their consequences for others; criminal matters are viewed as the responsibility of the police; and there is a stronger emphasis on prevention, dispute resolution and sustaining tenancies as the means to address disruptive behaviour (Housing ACT 2013; Housing SA website: <http://www.sa.gov.au/topics/housing-property-and-land/housing>).

The term 'demanding behaviour' is not used officially to refer to unacceptable or undesirable behaviour by social housing tenants in any Australian state or territory. Rather, the term has been used by academics and practitioners to refer to social housing tenants who, as a consequence of underlying problems such as substance abuse or a psychiatric disorder, behave in difficult and demanding ways that are identified by neighbours and housing

managers as problematic. Atkinson et al. (2007: 1-2) identify this group of tenants in terms of a number of characteristics:

- Their behaviour threatens the viability of their tenancy and makes them vulnerable to eviction and potential homelessness.
- Their behaviour creates significant problems for other tenants and residents and can have a destabilising effect on neighbouring tenants who may leave rather than tolerate anti-social or difficult behaviour.
- They are usually not integrated into formal or statutory mental health services and hence may lack the formal support services available to people diagnosed with a mental illness.
- Their behaviour creates complicated situations for tenancy management that do not lay clearly within statutory mental health or anti-social behaviour interventions.

Atkinson and his colleagues argue that what is needed for this group of tenants is a 'sustaining tenancies approach to managing demanding behaviour' (Habibis et al. 2007) rather than policies framed in terms of anti-social and disruptive behaviour. Detailed discussion of the management of demanding behaviour, viewed from this perspective, is presented later in the report.

4.2.4 Summary and implications

In summary, the terminology used by housing authorities to address unacceptable and undesirable behaviour reflects and reinforces particular ways of understanding the nature and causes of this behaviour as well as the character of the policy response. The term 'anti-social behaviour' is increasingly used by Australian housing authorities including Queensland to frame the policy in this area. While use of this term in social housing management is widespread, especially in the UK, the term has been widely criticised. It has been argued that the term is too broad and subjective, that it blurs the distinction between criminal and non-criminal behaviour, that it has been used to widen the power of social housing authorities over their tenants and that it stigmatises those to whom it is applied. Some housing authorities have instead settled on the more specific and precise term 'disruptive behaviour'. In the case of at least two of them this has signified an approach emphasising prevention, dispute resolution and sustaining tenancies as well as enforcement of tenancy agreements. When unacceptable or undesirable behaviour reflects tenants' underlying problems such as substance abuse or a psychiatric disorder, it has been argued that this should be viewed as 'demanding' rather than 'anti-social' or 'disruptive' behaviour and addressed through a sustaining tenancies approach. The implications of these different ways of framing the issue are explored later in this chapter.

4.3 WHAT ARE THE IMPACTS OF ANTI-SOCIAL BEHAVIOUR?

An important theme in the ASB literature is that ASB has a wide range of negative impacts – on social housing workers and the social housing system; on those living in social housing complexes and neighbourhoods; and on people with mental health and substance misuse issues living in social housing. In this section these themes are examined with a focus on understanding the nature of these impacts, the availability of evidence to substantiate claims about negative impacts and implications for approaches to addressing ASB.

4.3.1 Impacts on social housing

ASB imposes two types of costs on the social housing system. Firstly, there is the direct monetary cost to repair damaged and neglected houses. In Queensland, damaging departmental property is clearly defined as within the scope of the ASB Management Policy and the high cost of repairs was cited by the Minister as one reason for adopting a stronger

stance on ASB (Mander 2013). ASB often involves damage of other public or private property, and reducing these costs is clearly a justification for addressing ASB.

The second type of cost is the time of housing workers taken up in managing ASB. There has long been evidence that the task of social housing management is far more complex than housing management in the private sector where the emphasis is solely or predominantly on property management. Increasing targeting has meant that front-line workers in public and community housing are no longer simply 'bricks and mortar property managers'; they have additional dimensions to their role including supporting tenants in formal and informal ways and enforcing codes of behaviour (Clapham, Franklin and Saugeres 2000). This can involve tension between 'the requirements of efficient property and financial management as distinct from effective tenancy management' (Jones et al. 2003: 2).

Dealing with ASB is now a significant part of the task of housing management. A UK survey found that 20 per cent of a housing manager's time is spent on dealing with nuisance behaviour and that between 2 and 10 per cent of tenants have been the subject of complaints of this kind (Nixon quoted in Jacobs and Arthurson 2003: 15). No comparable survey has been undertaken in Australia, but Jacobs and Arthurson concluded on the basis of their studies of ASB management in two Australian localities that an Australian study would likely report similar findings. Their study found that front-line housing managers spent as much as an hour a day on ASB issues, and that senior managers often spent longer as more serious and complex cases were referred to them (Jacobs and Arthurson 2003: 15).

The complexity of many ASB management problems was noted in a South Australian study of social housing management: 'they are highly demanding management problems, requiring highly sensitive and skilled intervention and in most cases are quite stressful for housing officers' (Parkin and Hardcastle 2004: 61). Public housing managers interviewed by Jacobs and Arthurson in 2003 expected the management of ASB to become increasingly demanding as a consequence of the evermore targeting of social housing and increasing expectations from tenants (Jacobs and Arthurson 2003: 15-16). In recent years, many social housing authorities in Australia have created specialist teams to manage the more complex cases.

Managing ASB has become a costly element of social housing tenancy management. Given that these costs are being incurred, it is essential that social housing authorities find the most efficient and effective approaches to addressing this issue. This requires consideration of the repertoire of approaches to managing ASB that has been developed in the UK and Australia over the past 15 years and which are reviewed later in this chapter. Investigating complaints and applying sanctions will always be part of the response to ASB in social housing. But are there other combinations of approaches that might be more cost-effective?

4.3.2 Impacts on tenants and neighbours

The main argument for special measures to address ASB in social housing is that the incidence of ASB is especially high in this form of tenure, and that this has a negative impact on those living nearby, be they other social housing tenants, private renters or home owners. It is commonly argued that the underlying reason for this is the increased targeting of social housing on households with low incomes and complex needs (documented in chapter 2).

The broad argument is that the concentration of disadvantaged households into social housing, often in the same housing complex or neighbourhood, frequently results in neighbourhood problems including nuisance behaviours such as excessive noise, vandalism and petty criminal activity. These problems are exacerbated by the financial difficulties faced by public housing authorities often resulting in unsuitable and ageing stock poorly suited to the needs of tenants and by the lack of support available to tenants with complex needs. This combination of circumstances, it has been said, 'could have been designed to increase complaints of anti-social behaviour' (Hunter, Nixon and Slatter 2005: 175). Burney, writing about similar trends in the UK, expressed the point succinctly:

Compared with the past when council housing was largely the domain of the 'respectable' working class, today's ... social tenants include more than their share of potential 'nuisance neighbours' and people liable to become both perpetrators and victims of crime (Burney 2000: 269).

Given this widely held view, it is somewhat surprising to find that there is a paucity of empirical data demonstrating a relationship between social housing tenure and high rates of ASB in Australia. There is some data from the UK that shows that the incidence of ASB experienced by social renters is somewhat above average. Data from the Scottish Household Survey 2001-02 found that 13 per cent of public housing tenants reported some form of 'neighbourhood dispute' compared with 9 per cent across all tenures. The Survey of English Housing 2003-04 found that 18 per cent of public housing tenants considered vandalism to be a 'serious problem' compared with 9 per cent of home owners (quoted in Pawson and McKenzie 2006: 157). It may be that similar data could be extracted from population surveys conducted by the Australian Bureau of Statistics (ABS), but no such studies have been found in the literature review conducted for this report.

For evidence of the positive relationship between ASB and social housing tenure we have to turn to related and indirect sources. The closest body of research comprises a number of Australian studies conducted in the early-2000s of the relationship of public housing and crime (Judd, Samuels and O'Brien 2001; Mullins, Western and Broadbent 2001a and 2001b; Samuels et al. 2004). Samuels et al. concluded that 'crime is strongly associated with public housing concentrations' (Samuels et al. 2004: iii). Mullins, Western and Broadbent (2001) reviewed a range of research studies showing that areas of Australia with high levels of public housing had high crime rates relative to other areas, a finding also reported in studies of public housing in the UK and USA. Analysis of the data led them to the conclusion that the socio-economic characteristics of the residents explain the level of crime, rather than the characteristics of the housing: 'If economically disadvantaged people are given priority access to public housing, ... over time, this can be expected to lead to a concentration of crime-prone individuals' (Weatherburn quoted in Mullins, Western and Broadbent 2001: 15). Many of the criminal activities referred to in these studies were relatively minor and would fall within most definitions of ASB. It might therefore be a reasonable inference that these studies are evidence that rates of ASB as well as crime are positively associated with public housing.

An indirect source of evidence for the relationship between social housing and ASB is McAtamney and Morgan's identification of 'risk factors' and 'protective factors' for ASB, including individual, family, school, peers and community or neighbourhood factors (2009). Their list of risk factors at the neighbourhood level included low socioeconomic areas, community disorganization, lack of support services and social or cultural discrimination. Protective factors at the neighbourhood level included access to support services, community networking, attachment to community and strong cultural and ethnic pride (McAtamney and Morgan 2009). To the extent that social housing is located in neighbourhoods characterised by risk rather than protective factors it is likely that residents will be exposed to ASB. This is borne out by British studies which show that people in areas with high rates of socio-economic disadvantage and low levels of social cohesion are more likely to perceive high levels of ASB. It is probably a reasonable inference that similar results would be found in Australia (McAtamney and Morgan 2009).

It must be borne in mind that perceptions of ASB are widespread across Australian communities. The ABS *Crime and Safety Survey 2005* found that approximately 70 per cent of people aged 15 years and older perceive that there are problems relating to crime and/or public nuisance in their local neighbourhood. Some of the most commonly perceived problems are dangerous or noisy driving, burglaries and theft, vandalism and graffiti, car theft, louts and youth gangs and drunkenness (McAtamney and Morgan 2009). Perceptions of ASB are by no means confined to areas of socio-economic disadvantage.

Particular care is required when using social housing administrative data to estimate the level of ASB amongst social housing tenants. It is common for the number of complaints about ASB, breach (or strike) notices issued and evictions and/or data on the cost of damage to rental properties to be used to demonstrate high levels of ASB in social housing. Data of this kind was used to justify the introduction of the 2013 ASB Management Policy in Queensland (Mander 2013). Several qualifications are needed when using this data. Firstly, the data is not comparative across tenures; no equivalent data for private tenancies or offences by home owners is cited. Secondly, processes are available to complain about ASB by social housing tenants that are not available for complaints against private renters and this, together with the focus on ASB by social housing authorities, may in itself stimulate the flow of complaints (Pawson and McKenzie 2006: 159). Thirdly, care needs to be taken in identifying the precise type of behaviour that has resulted in a breach notice: many breaches are for rent arrears which are not counted as ASB and it is important to know the proportion of breaches issued for minor and more serious forms of ASB. Fourthly, eviction data often does not include tenants who leave social housing under duress prior to the conclusion of formal eviction proceedings. Finally, differences over time or between jurisdictions in the number of breaches or strikes issued for ASB may reflect differential use of administrative discretion rather than differences in the incidence of ASB.

If these qualifications are borne in mind, well constructed and reliably collected administrative data on complaints, breaches, strikes and evictions can be extremely valuable in showing trends over time in reported and substantiated ASB; the impact of particular events such as the introduction of a new policy; the distribution of types of ASB incidents; and the types of households who are perpetrators or victims of verified ASB incidents. For example, in chapter 2 we examine the data produced by DHPW showing the pattern of strikes and changes in breaches and evictions since the introduction of the ASB policy. Parkin and Hardcastle (2004: 54-57) use such data to show differences between different areas in the management of ASB. In the context of this report, data on whether tenants with mental health issues are involved in ASB incidents as perpetrators or as victims would be valuable.

To complete this review of the available evidence on the impact of ASB on social housing residents, the findings of two qualitative studies conducted in the early-2000s are presented (Jacobs and Arthurson 2003; Parkin and Hardcastle 2004). Jacobs and Arthurson investigated the views of housing managers and tenants on two public housing estates, one in Tasmania and one in South Australia. One of their main findings was that tenants went to great lengths to demand that the housing authority take action against the perpetrators of ASB (Jacobs and Arthurson 2004). However, they also found that ASB is often unreported due to fear of retaliation. Young men, visitors to the estate and a small number of problem families were viewed as the main perpetrators. Tenants often attempted to address minor forms of ASB such as excessive noise without recourse to the housing department. Similarly, housing managers often used informal approaches to deal with minor disputes between neighbours (Jacobs and Arthurson 2003: 15-19).

Parkin and Hardcastle undertook a number of consultations with public housing tenants in South Australia as part of a review of the impact of targeting for the South Australian Government. They found that most public housing tenants in the areas they visited viewed most other tenants as 'positive or benign contributors to their local community' (Parkin and Hardcastle 2004: 50). However, there was a perception amongst residents that targeting had produced a noticeable increase in the number of tenants who were a disruptive influence within their neighbourhood:

In most of the problem cases, it is claimed, the disruptions arise as a result of what are interpreted by neighbours to be "lifestyle" attributes of these individuals or households—how they manage their property, their noise levels, various forms of alleged illegal activity in and

around the home, the company that they keep, their child management practices, and so on (Parkin and Hardcastle 2004: 50).

The authors present a series of colourful quotations from residents that confirm this summary. A particular problem referred to was the mix of older tenants who had entered public housing when it was far less targeted and newer residents admitted under priority needs categories.

At the time that these studies were underway, a Committee of the South Australian Legislative Council was undertaking a study of disruptive behaviour in public housing which noted that while only a small proportion of tenants were involved in such behaviour, 'the disruption perpetrated by these few has a massive, and disproportionately large impact on the disruptive tenant's neighbours' (Quoted in Parkin and Hardcastle 2004: 52).

It is also worth noting that policies to address ASB in public housing have often attracted strong support from organisations representing public housing tenants. For example, a recent statement by the Victorian Public Tenants Association supported the introduction of the three strikes policy in Victoria arguing that 'public housing tenants should be held accountable as persons with the legal rights and responsibilities outlined in the *Residential Tenancies Act*':

Public housing should be a safe and harmonious place to live. Living in public housing comes with responsibilities; it is a privilege and not a right (Feenane and Guthrie 2013: 59).

In summary, while the overall evidence suggests that rates of ASB are significantly higher in housing complexes and neighbourhoods with a high proportion of social housing, surprisingly little data directly showing this was found in the literature review. Perceptions of ASB as a local problem are widespread in the Australian community, and are certainly not exclusive to social housing areas. Nevertheless, housing workers, tenants themselves and commentators seem agreed that ASB in social housing is a serious problem that requires a serious response. Much of the evidence was gathered in studies conducted in the early-2000s when targeting policies were at an early stage. It seems probable that after a decade or more of targeting the problems have grown.

4.3.3 Impacts on people with complex needs

One aspect of the issue of ASB in social housing that has received insufficient policy and research attention is the impact of the increasing number of people with mental health and substance misuse issues being granted priority access to social housing and their involvement in ASB both as alleged perpetrators and as victims. Little is known in a systematic fashion about the ways that people with mental health and substance misuse issues interact with ASB policies and processes. Several reports and articles make reference to these issues, but only a handful of studies provide any detailed analysis. Furthermore, almost all references in the Australian literature are to people with mental health and substance misuse issues as perpetrators of perceived ASB; there is very little reference to this population group as victims of ASB. To find any material on the latter topic it is necessary to examine recent British research.

Data relating to the involvement of people with mental health and substance misuse issues as perpetrators of perceived ASB is scattered across the ASB literature. Overall, there is little quantitative evidence about the types of households responsible for ASB both in the UK and Australia. In the UK, some studies have found strong links between alleged perpetrators of ASB and various types of vulnerability, including physical and mental health problems and alcohol and drug dependency (Pawson and McKenzie 2006: 161). One study in the UK found that mental illness was associated with around 18 per cent of alleged ASB cases (Disability Rights Commission 2007: 87). UK studies have also found that people with mental illness and substance abusers were most likely to be the subject of ASB complaints to social landlords (Pawson and McKenzie 2006: 161). A review of the UK literature in 2007 concluded that:

While our findings are not conclusive, they do point to evidence that the subjects of antisocial behaviour interventions often have mental health problems, learning difficulties and neurological disorders. This raises crucial questions about the extent to which the use of potentially punitive control mechanisms among vulnerable individuals ... can be justified (Disability Rights Commission 2007).

No comparable research is available for Australia. It is not known what proportion of alleged or substantiated cases of ASB in social housing involves a perpetrator known to have mental health or substance misuse issues. The absence of data may reflect in part the limited data on the mental health issues of tenants held by social housing providers. But it may also reflect Atkinson et al.'s argument that social housing tenants with 'demanding' behaviour (see section 4.2.2) who are not engaged with mental health services are to some degree a hidden group:

As deinstitutionalisation has proceeded, people with ... mental illness have become more concealed within public housing and within communities more generally. ... Some people fall through the gaps of the different eligibility of various providers and the bureaucracy of formal services makes access ... difficult for many people in these positions (Atkinson et al. 2007: 5).

While formal evidence is scant, the consensus is that tenants with complex needs often do present problematic behaviour that is disruptive to other tenants and to social housing authorities (Atkinson et al.: 4; Burney 2000; Jacobs and Atkinson 2003). Parkin and Hardcastle's study of the impact of targeting on South Australian public housing provides insight into the reaction of some social housing tenants to fellow tenants with mental health issues (Parkin and Hardcastle 2004: 52-54). In the consultations held with social housing tenants as part of the study, the issue of neighbourhood difficulties caused by tenants with mental health needs was a prominent theme. At the time of the consultation, more than 10 per cent of new allocations and transfers to the social housing localities in which the study was conducted were people who self-reported that they had mental health issues. Many residents participating in the consultation expressed general sympathy for their new neighbours with mental health issues. However, there were claims that their tenancies were proving to be unsustainable and creating neighbourhood difficulties, as illustrated by the following quotations (from Parkin and Hardcastle 2004: 53-54):

We're told that the best thing for deinstitutionalised people is to be in the community. That may be right and it may be wrong – it's up to them and their families and the individuals involved. Everyone's different. But they need help.

[They] have to live somewhere but sometimes it's hard on them – and sometimes hard on the neighbours. Maybe it's fear of the unknown and we don't know how to deal with mentally ill people. They might be harmless and usually are, but people are frightened they mightn't be.

We as a society should be able to look after the Steve's [pseudonym] of this world – it's our civic duty – but they shouldn't be in the community without help.

The people with mental health problems aren't the problem provided they are getting the right care. They're like everyone else – they're frightened of the troublemakers. It's those with substance abuse or alcohol problems that put fear into everyone.

The Government is simply not spending enough on mental health.

There are so many people with complex needs being housed but the government is falling down by not providing the supports – like with people with mental health problems – but it's not the [Housing] Trust's responsibility to provide these services.

The Government is falling down in not providing supports for mental health problems. It needs monitoring. Somebody should be assessing their needs. It puts the [Housing] Trust in a dilemma – they don't always know what's wrong with them either.

These comments from those attending the study consultations are generally sympathetic to tenants with mental health issues, although there is now way of knowing whether these views are representative of views held by tenants as a whole. Nor is it known whether the concerns about the sustainability of these tenancies eventuated. The themes of 'fear of the unknown' and the need for monitoring and support have also been identified in other studies of the reaction of local people to new neighbours with mental health issues (Granerud and Severinsson 2003).

Parkin and Hardcastle's study also observed a substantial amount of neighbourly assistance towards neighbours with special needs with some tenants taking on roles as informal front-line counsellors and helpers (2004: 54). They observed that:

In one sense, this is 'community' at its best. In another sense, it reveals how some of the more disadvantaged members of our society bear a disproportionate share of the daily burden of assisting others in need (Parkin and Hardcastle 2004: 54).

Only one Australian study, conducted by the Tenants Union of NSW, has directly examined the involvement of social housing tenants with mental health and substance abuse issues in alleged ASB (Martin, Mott and Landles 2002). This study examined the management of neighbourhood disputes in NSW under the legislation passed in 1998 giving the NSW Department of Housing expanded power to terminate tenancies under 'nuisance and annoyance' provisions. The cases, many involving tenants with mental health issues, were designed to illustrate shortcomings in the management of neighbourhood disputes, and to suggest better approaches. The cases identified inappropriate housing allocation, poor housing design, lack of support services, poor communication, vexatious complaints, excessive surveillance (allegedly encouraged by the Department) and racism and intolerance as factors resulting in neighbourhood complaints and eviction proceedings against public housing tenants with mental health issues and other complex needs:

An alleged tenancy breach may be the result of behaviours associated with a mental illness, other disabilities, language barriers, cultural barriers, and/or low literacy skills. Departmental practice and procedure ... must ... identify and respond appropriately to the tenant's particular circumstances to ensure both natural justice and a genuine chance of maintaining the tenancy prevails (Martin, Mott and Landles 2002: 11).

A similar case study approach was used in an article by Povey, a lawyer from a homeless persons' legal clinic in Victoria, drawing attention to the 'mixed messages' of the operation of ASB policies in public housing (Povey 2010). This article presented the case of 'John', a young man with a long history of homelessness and mental health issues, including a suicide attempt. John approached the legal clinic as he was being evicted from public housing for using the house for an illegal purpose: growing cannabis. John had been admitted to public housing under a priority category and the assessment of his application detailed his history of homelessness and the role of housing as a key strategy in improving his health and keeping him out of jail. His vulnerability was acknowledged by the appointment of a support worker to assist him under the Social Housing Advocacy and Support Program (SHASP). However, this support worker was not consulted over the decision to commence eviction proceedings. The mixed message is that:

... some high needs individuals are being provided with priority public housing for a range of support issues and then are evicted on the basis of those very same issues. ... More must be done to support people who are at serious risk of tenancy failure and ... homelessness (Povey 2010: 37).

To summarise this section so far, one of the consequences of a sanctions-based approach to addressing ASB in social housing is that it is very likely that people with mental health issues will be implicated as alleged perpetrators of ASB. Even with the kind of goodwill exhibited by the social housing tenants interviewed by Parkin and Hardcastle (2004), significant numbers

of people with these issues are likely to disturb their neighbours and present difficulties for the housing authority. This problem will be exacerbated if the housing available to be allocated is inappropriate and support services are lacking. In a context where almost all available new places in social housing are being allocated to people with priority needs, does it make sense to evict them on the basis of behaviour stemming from the very issues that gained them a housing place? In section 4.2.4, literature suggesting alternative or additional ways to respond to alleged ASB by people with complex needs will be considered. However, it is first important to examine the issue of people with complex needs as victims of ASB by other community members.

The literature review did not identify any detailed Australian material addressing the issue of social housing tenants with mental health and substance misuse issues as victims of ASB in social housing. The only reference to this issue identified was in the report of the WA Equal Opportunity Commission on the WA Government's Disruptive behaviour Management Strategy. The Commission reported a case where a public housing tenant stated that she felt that her impairment gave rise to her being bullied and ridiculed within her tenancy:

I am feeling bullied by the other three tenants and they constantly make jokes and comments about me in a derogatory way. They are all older than me and they have made comments about my mental health condition - Borderline Personality Disorder and the many scars I have on my body when I am unable to control a manic episode.

Another complaint involved a woman with a depressive disorder who was on strong pain killing medication. Her crying during the night caused a complaint to be made against her (WAEOC 2013: 60).

Two UK studies address this issue in more detail and provide an overview of the British research (Disability Rights Commission 2007) and current practice (London Councils 2014). A study conducted for the Disability Rights Commission found that in the community as a whole,

... there is extensive evidence to show very high rates of susceptibility by disabled people, particularly those with mental health disabilities, to becoming a victim of antisocial behaviour, often as a result of their impairment (Disability Rights Commission 2007: 3).

Studies found extremely high levels of harassment and victimisation for people in the general community with mental health conditions ranging between 47% and 60% of respondents having been a victim of some form of harassment, a much higher rate than for those without a mental health condition (Disability Rights Commission 2007: 7). No direct evidence of levels of ASB against people with mental health issues in social housing was provided, but it was argued by one researcher that the aggregation of people with mental health conditions in social housing meant that they become 'visible in ways other individuals do not and because of this they attract harassment' (Williams in Disability Rights Commission 2007: 67). Evidence was also reviewed showing that people with mental health problems were reluctant to report ASB directed towards them due to fear of reprisal and lack of confidence that reporting will make a difference. Another study reported that 26% of people with mental health problems had been forced to move home because of harassment linked to their mental health problems (Read and Baker in Disability Rights Commission 2007: 69).

The relationship between enforcement of ASB and mental health issues was explored in a recent report by London Councils (2014), bodies that are responsible both for social housing and for community safety under ASB legislation. The report noted that a significant proportion of ASB cases being dealt with had a mental health dimension, 'that is to say that either or both the complainant and alleged perpetrator have mental health support needs' (London Councils 2014: 3). The report noted the sensitivity and difficulty of managing these cases, especially as the mental health issue may or may not be formally diagnosed. The report argued that 'enforcement' and 'support' are not mutually exclusive, and 'boroughs are often

constructing orders such as anti-social behaviour injunctions within a safeguarding framework’:

The first course of action in an ASB case with a mental health dimension would always be to try to address the behaviour by intervention and support rather than to pursue an enforcement action (London Councils 2014: 18).

If enforcement action was eventually deemed necessary, a range of safeguards would be applied including working in partnership with support agencies; keeping support agencies informed and encouraging support workers to attend court hearings; and if possible finding more suitable accommodation including supported housing.

Between them, these two UK reports suggest a number of practices and initiatives to ensure that social housing authorities and other agencies respond appropriately when people with mental health issues are involved in incidents of ASB as victims or alleged perpetrators. These are:

- Be aware as early as possible whether victims or perpetrators of ASB have mental health issues and have mechanisms for identifying this.
- Ensure that policies and procedures incorporate mechanisms for identifying whether victims and perpetrators have mental health issues so that appropriate responses follow from complaints.
- Address the behaviour by intervention and support initially prior to recourse to enforcement action.
- Involve support workers and services whenever possible and keep them informed and involved throughout the management of the incident or situation.
- Explore housing alternatives as one approach to managing the ASB problem.
- Improve monitoring of the extent to which people with mental health issues are involved in ASB incidents as victims or alleged perpetrators.
- Undertake qualitative research into the particular problems that social landlords seek to address through the use of ASB control measures, together with a critical assessment of [their] effectiveness and impact.
- Ensure that actions are consistent with responsibilities under disability discrimination legislation.

4.3.4 Summary and implications

ASB in social housing has negative impacts on social housing providers, neighbours and other social housing residents and people with complex needs. For these reasons, addressing ASB should be a central concern of social housing management. Effective reduction of the incidence of ASB will save public money, ease the workload of social housing managers and improve the quality of life for others living in or adjacent to social housing. More appropriate and effective responses to ASB will also result in improved treatment of tenants with complex needs both as alleged perpetrators of ASB and as victims of ASB.

4.4 HOW SHOULD ANTI-SOCIAL BEHAVIOUR BE TACKLED?

A wide range of approaches to the management of ASB have been used by social landlords in the UK and Australia over the past two decades. The approach or combination of approaches used at any particular time and place reflects in part the purposes to be achieved. In some circumstances the over-riding purpose may be to punish perpetrators. In others, the reduction of ASB is the primary aim in order to lessen impacts on the social housing system,

residents and/or people with mental health issues. A third aim may be to reduce inappropriate tenancy failure and eviction by minimizing the level of ASB.

These diverse purposes reflect different ideological stances. One widely held view is that those committing ASB are abusing the privilege of state-subsidised social housing, a privilege conditional on responsible and pro-social behaviour. Social housing tenants have a particularly strong obligation to refrain from ASB, it is argued, as their housing is low cost and secure relative to housing in the private rental market (see Deacon 2004 for a detailed discussion of conditionality and ASB by social housing tenants). These views have been expressed by governments in several states as justification for the 'three strikes' approach to ASB (e.g., Victoria Department of Human Services 2012b: 41), including the Queensland Government (see chapter 2).

Others who place emphasis on the rights of social housing tenants are inclined to argue that those living in social housing should have the same or similar rights and responsibilities as those living in other tenures. They express concern that directing attention on ASB in social housing will 'reinforce negative and collective stereotypes of public housing tenants or inappropriately label specific groups such as young people or Indigenous people' (Jacobs and Arthurson 2004: 23). While they may agree that ASB should be reduced in the interests of all concerned, they are more likely to view preventative and supportive measures as the most appropriate remedies.

Setting the ideological debate to one side, in this section we review the range of approaches and methods that have been used to reduce ASB in social housing in terms of evidence of their appropriateness and effectiveness. We identify four approaches and a number of methods under each as shown in Table 19. The discussion concludes by emphasising the importance of a comprehensive, multi-method approach to mitigation of ASB.

Table 19 Approaches and methods for reducing anti-social behaviour in social housing

Approaches	Methods
1. Sanctions	1. Enforcing tenancy agreements 2. Three strikes 3. Probationary tenancies 4. Acceptable behaviour agreements
2. Prevention	1. Improving the physical environment 2. Improving the social environment 3. Allocations policies 4. Mediation 5. Incentive schemes
3. Support	1. Tenant-centred management 2. Specialised support services 3. Data on complex needs 4. Early intervention 5. Working with other agencies 6. Staff training in tenancy support
4. Rehabilitation	1. Post-eviction training and support
5. Comprehensive multi-method	1. Combinations of approaches 2. Strategic planning 3. Specialised staffing

4.4.1 Sanctions

Sanctions are central to strategies to reduce ASB in social housing. Viewed as strategies to reduce ASB in social housing, they are based on the simple concept that the threat of eviction will have a positive effect on behaviour. A number of different approaches to the use of sanctions are possible: for example, a penalty-points system is used in Hong Kong's public housing (Yau 2012). In Australia the main sanctions-based approach involves enforcement of tenancy agreements. In recent years, the 'three strikes' approach has been used to strengthen the enforcement approach. Probationary tenancies and acceptable behaviour agreements are strategies that have sometimes been used to supplement these sanctions-based approaches. Each of these is discussed below.

Enforcing tenancy agreements

For several decades, Australian social housing authorities have addressed ASB primarily through the process of enforcing tenancy agreements. Social housing tenancy agreements include requirements that tenants pay rent, maintain their property and refrain from damaging the property, do not disturb neighbours and do not use their dwelling for unlawful activities. Failure to conform to these requirements may result in a breach notice being issued, and failure to remedy a breach may result in a notice to leave the premises. An application is then made by the housing provider to the relevant court or tribunal for the eviction to be enforced.

While the importance of such enforcement processes to reducing ASB appears to be self-evident, no studies confirming this were identified through the literature review. Studies of these processes in social housing show that the actual rate of eviction in most jurisdictions is relatively low. For example, the incidence of landlord evictions by English local authorities for all reasons (mainly rent arrears) was 0.6 per cent of all households in 2002-03. Evictions for ASB in England are mainly for serious offences involving violence, harassment or drug dealing or as a last resort for persistent offenders (Pawson and McKenzie 2006: 164-5).

The eviction rate from Queensland social housing is similarly low, as was shown in chapter 2. In 2013-14, 0.4 per cent of households were formally evicted (based on data in Tables 6 and 10). This figure does not include tenants who left prior to being formally evicted but after a notice to leave had been issued. Evictions for ASB comprised 25 per cent of all evictions in 2013-14. Over the period 2008 to 2014 the average number of breaches issued for ASB in Queensland public housing (including ATSI housing) was 3,111 and the average number of evictions for objectionable behaviour and damage to property combined was 31. The number of public housing households in 2013-14 was 53,840. Hence, one household in seventeen received a breach notice for ASB and one household in 1,737 was evicted. One eviction was effected for every one hundred breach notices. It is not yet known what the impact of the three strikes policy will be on the number of evictions once the policy comes fully into effect, although the evidence from the case studies suggests that it is likely that the number of evictions will increase.

Although the number of evictions from social housing is relatively small, it is widely believed that the threat of eviction is a significant deterrent to ASB. This view is commonly expressed by policy makers (see chapter 2) and was reported as a common view amongst housing managers in Arthurson and Jacob's study of ASB management in Tasmania and South Australia (2006: 274). Some landlords in England spoke of the threat of eviction as having 'shock value' to help alter an offender's conduct (Pawson and McKenzie 2006: 165). The case studies reported in chapter 3 provide some support for the deterrent impact of breaches: several tenants stated an intention to desist from ASB because of fear of losing their tenancy after receiving breaches or strikes.

One of the difficulties of the enforcement approach is the time-consuming nature of investigating complaints of ASB, issuing breach notices and preparing eviction notices for consideration by a court or tribunal, as discussed in section 4.3.1. The labour-intensive nature

of this work was mentioned by several of the housing workers in the case studies reported in chapter 3. Pawson and McKenzie (2006: 165) emphasised the lengthy preparatory process involved in bringing an eviction application before a court in England (see also Scott and Parkey 1998 for Scotland).

The more fundamental difficulty of the enforcement approach is its ultimate reliance on the eviction process. Martin (2004) expressed this weakness succinctly in his criticism of the 2004 changes to residential tenancies legislation in NSW:

In terms of regulating people's conduct, residential tenancies law is a blunt tool. It is essentially exclusionary. It relies, ultimately, on the threat and execution of evictions (Martin 2004: 229).

The problems with eviction as an enforcement tool, particularly when used by social housing providers, were identified in Beer et al.'s study of evictions and housing management in three Australian states (2006). This study concluded on the basis of interviews with 150 people evicted from private and social rental that eviction in most cases had severe, negative consequences for the individuals concerned many of whom 'have lives of considerable hardship and eviction is a further burden in an already difficult set of circumstances' (Beer et al. 2006: viii). Negative consequences included emotional, social and financial impacts. Emotional impacts included feelings of failure, intense anxiety and reduced ability to cope. Social consequences included social dislocation including splitting up of families. Financial costs included short-term costs such as expenses related to moving, storage, household set-up and replacement of household goods and longer-term costs such as loss of employment and being named on tenant data-bases (Beer et al. 2006: 54).

As well as these impacts on individuals, Beer et al. (2006) found that evictions generated increased costs to government by creating additional demands on the housing and welfare sectors. In the post-eviction period, many of those evicted experienced homelessness and were accommodated in government-funded emergency accommodation or transition housing. Some had periods in hospitals or other institutions. Most relied on government-provided benefits for their income in the post-eviction period. Evictions also generated demand for public or community sector housing, with many of those evicted from the private and public sectors seeking after a short period of time to be rehoused in government-subsidised accommodation (Beer et al. 2006: viii).

In summary, although enforcing tenancy agreements lies at the centre of policies to address ASB in Australian social housing, there is little direct evidence of the effectiveness of this approach in reducing ASB. There is, however, a widespread belief that eviction is a deterrent to ASB, even though the actual number of evictions from social housing is small. Enforcing tenancy agreements is time consuming and expensive. However, a more fundamental difficulty of the enforcement approach is that the sanction of eviction has negative consequences not only for the tenant but also for the public purse.

Three strikes

Three strikes approaches to ASB have been introduced in several Australian states and territories, as discussed in section 2.2.2. Their main purpose is to augment the enforcement of tenancy agreements by providing that repeated breaches for ASB within a time period (usually one year), or serious incidents of ASB, will automatically result in a notice to leave and eviction. The introduction of three strikes policies has been accompanied in some states and territories (including Queensland) by an increase in the legislative powers of social housing providers to regulate and penalise ASB. Three strikes approaches also have a symbolic purpose: they signify the intent to take a less compromising and more punitive approach to ASB, and to privilege the responsibilities over the rights of social housing tenants.

The three strikes policy that has received the closest scrutiny is Western Australia's Disruptive Behaviour Management Strategy (DBMS), aspects of which were used as a model for Queensland's approach. The analyses of the DBMS by Shelter WA (2012) and the Western Australia Equal Opportunity Commission (2013) are the most detailed examinations of the three strikes approach in Australia to date. Shelter WA's report was based on a public consultation on the implementation of the policy. The WAEOC's analysis drew on complaints made to the Commission about the implementation of the three strikes policy, a literature analysis, a review of ASB policies in other states and territories, Shelter's consultation and its own analysis based on the Commission's key principles. While some of the analysis in these reports refer to specific features of the WA policy (described in section 2.2.2), most of the issues raised have generic applicability and are likely to apply to any three strikes approach to reducing ASB. Some criticisms of the three strikes approach were discussed in section 2.2.2 and the public debate on Queensland's approach was reviewed in section 2.3.5. The issues raised by WAEOC and Shelter WA overlap somewhat with those raised in these earlier sections.

One of the first issues addressed in the two reports on the DBMS is the wide scope of the Strategy. The DBMS, in common with other three strikes strategies across Australia, encompasses a broad range of behaviours. It distinguishes three categories of behaviour: dangerous, serious disruptive and minor disruptive. While the penalties for the first two categories of behaviour are more immediate, three strikes for minor disruptive behaviour within twelve months results in eviction proceedings being instigated. The reports argue that including such a wide range of behaviour in the one policy is inappropriate and that eviction for three incidents of minor disruptive behaviour is a disproportionate penalty. The WA Department of Housing's brochure on the DBMS described minor disruptive behaviour as 'activities that could reasonably be expected to occur on occasion in an ordinary suburban household, but which cause a nuisance to neighbours'. Shelter WA argued that it was unreasonable to evict families for these activities and proposed that the 'minor disruptive' category in the DBMS be removed altogether (2012: 4-5). WAEOC called for a more flexible approach involving warnings and Acceptable Behaviour Agreements (ABAs) prior to the issuing of strikes (2013: 68-9).

The WAEOC also raised the issue of the process of provision of information to tenants. It argued that given the potential consequences of the strike process that information should be provided by phone or in person as well as in writing. Interpreters and/or support persons should be available to the tenant when the Housing Service Office (HSO) or member of the Disruptive Behaviour Management Unit speaks to the tenant about the alleged incident (WAEOC 2013: 69-70).

Greater use of preventive strategies especially mediation services and housing transfers were also recommended. Examples were given of misunderstandings or minor disputes between neighbours which could readily be addressed through mediation rather than the complaints process (Shelter WA 2012: 7). It was proposed that if a tenant successfully participates in mediation (i.e., attends mediation and does not engage in further incidents of disruptive behaviour within a specified period of time) he or she should not be liable to a strike being issued (WAEOC 2013: 69).

Transferring tenants was also suggested as a way of diffusing conflict or dealing with intractable conflict (Shelter WA 2012: 8). Particular attention was given to the challenges faced by people with complex needs of living in close proximity to neighbours or close to multiple neighbours as in unit complexes. 'Vulnerable people with learning disabilities, physical disabilities or mental health issues can easily be exploited by unscrupulous neighbours, or become unwittingly involved in conflict or harassment' (Shelter WA 2012: 13).

A number of suggestions were made concerning the ways that the strikes process could be made fairer. It was proposed that there should be opportunities to appeal against the

substantiation of strikes (Shelter WA 2012: 8); that police attendance at an incident should not automatically result a strike being issued (Shelter WA 2012: 10); and that unsubstantiated complaints not be recorded on the tenant's file. It was also argued that there should be a direct link between an incident of ASB and the tenancy for a strike to be issued: 'The DBMS should exclude disruptive behaviour caused by visitors to the tenancy unless it can be established that the tenant ... allowed, permitted, encouraged or contributed to the disruptive behaviour' (WAEOC 2013: 72).

Particular attention was given in both reports to the issue of staffing the implementation of the DBMS. It was argued that given the high workloads of HSOs it was difficult for them to undertake thorough investigations. They also may not have the expertise to undertake complex investigations, such as cases involving mental health issues. At the time these reports were being written, the Department of Housing was in the process of establishing a new state-wide Disruptive Behaviour Management Unit (DBMU) comprising 35 staff to handle all complaints. This was viewed as a positive development likely to result in greater consistency and sound decision-making as a consequence of the use of trained and specialist staff (Shelter WA 2012: 9; WAEOC 2013: 70).

Both reports also focused on the importance of investigation of 'mitigating factors', i.e. an investigation should not only establish that an incident took place but also investigate the circumstances leading to the incident. The reports argued that if these include reasons such as mental illness, domestic violence or racism, and strategies could be put in place to reduce the potential for further disruptive behaviour, then strikes should not be issued and termination proceedings should not be commenced (Shelter WA 2012: 9; WAEOC 2013: 70-71).

A central concern of the WAEOC was the impact of the DBMS on Indigenous families. Most of the complaints about the implementation of the DBMS made to the WAEOC related to Aboriginal and Torres Strait Islanders and/or to matters involving race. Some of these involved complaints against Indigenous tenants that were allegedly racially motivated. Others involved the issue of recognition of cultural obligations to accommodate family. Many of the complaints received by the Commission refer to complaints made against them as a consequence of them having visitors. Some of these were situations where there were large numbers of children living in the premises, and complaints were made about noise levels from within the house and the behaviour of the children in the street. A significant concern was the number of children believed to be homeless as a result of the implementation of the DBMS (WAEOC 2013: 57-59). A further concern was that Aboriginal Liaison Officers employed by the Department of Housing were not routinely involved in investigations conducted under the DBMS (Shelter WA 2012: 11).

Underlying the critique of the DBMS by Shelter WA and the WAEOC was a belief that a sustaining tenancies approach was the most appropriate and effective way to reduce the level of disruptive or anti-social behaviour in public housing:

The Commission strongly believes that the Western Australian Department of Housing should refocus its efforts on sustaining public housing tenancies by providing support for tenants who are vulnerable in order to enable them to maintain their tenancy, avoid homelessness and reduce the incidence of antisocial behaviour in the community (WAEOC 2013: 66).

As part of this approach, WAEOC recommended a system for the early identification of at risk tenancies and appropriate responses to reduce the risk of antisocial behaviour. It proposed that early identification and referral could be achieved by undertaking a risk assessment prior to a tenancy commencing or early on in the tenancy. 'It is clearly preferable to intervene early in terms of providing support than waiting until a vulnerable tenant is subject to a complaint under the DBMS' (WAEOC 2013: 67).

As part of this sustaining tenancies approach, WAEOC argued that, 'The Department of Housing should develop a joined-up approach to the provision of support services to public housing tenants who are identified as at risk of engaging in disruptive behaviour' (2013: 68). It cited as an example of good practice the Memorandum of Understanding (MOU) between the Department and the Mental Health Commission and mental health service providers covering such matters as funding, referral mechanism, eligibility criteria and the provision of support services:

Similar joint approaches between the Department and other government and non-government agencies should be considered to ensure that vulnerable public housing tenants are provided with appropriate supports at the earliest possible opportunity (WAEOC 2013: 67).

Finally, it was argued that the processes and outcomes of the DBMS be carefully monitored (WA Shelter 2012: 14). In particular, it was proposed that data on the social characteristics of those receiving strikes and being evicted under the policy be recorded. This should include age, gender, cultural background, language, employment status and any known or disclosed impairment issues of all members of households impacted by the policy (WAEOC 2013: 73). This data should be made public and included in a regular audit of the effectiveness of the policy.

In summary, the reviews of the DBMS by Shelter WA and the WAEOC argued that ASB should be addressed through supportive strategies as well as sanctions. The key proposals arising out of their analysis were to narrow the scope of the DBMS; to improve information provision; to increase use of preventive strategies such as mediation and transfers; to improve the fairness of the process; to employ trained and specialist staff; to refrain from issuing strikes if mitigating factors are identified; to address impacts on Indigenous households and children; to identify at risk tenancies as a basis for early intervention; to work with other agencies; and to monitor the effectiveness of the DBMS. The policy, case-study and literature analyses undertaken in our study provide evidence to determine whether such strategies are appropriate in the Queensland context.

Probationary tenancies

Sanctions-based approaches to ASB are often accompanied by probationary tenancies, also referred to as renewable, conditional or introductory tenancies. Probationary tenancies are fixed term tenancies for new social housing tenants usually a twelve month period, during which time a tenant's ability to meet the conditions of the tenancy agreement are assessed. The use of probationary tenancies is widespread in the UK. In section 2.2.2 we noted that NSW introduced probationary tenancies in 2002, followed over the next decade by several other states including South Australia and, most recently, Victoria. In Queensland, tenants who are re-entering public housing after being evicted are placed on probationary tenancies.

There is little evidence about the impact of probationary tenancies on ASB. In Jacobs and Arthurson's study of management of ASB, tenancy managers felt that probationary tenancies could have a beneficial impact: '[they] help lay the ground rules, what the expectations are and the ramifications if the expectations aren't met'. However, tenants were more skeptical: 'Lots of people can be good for three months and then it's hell for leather and they show their true colours' (cited in Jacobs and Arthurson 2004: 21). Probationary tenancies for people with a history of ASB can be used to assess the kinds of support required for a tenancy to succeed.

Acceptable Behaviour Agreements

Acceptable Behaviour Agreements (ABAs) have their origins in Acceptable Behaviour Contracts (ABCs) that were developed in the UK around the turn of the century. They are written agreements between a person who has been involved in ASB and a social housing provider (or other agency) that specify certain behaviours that the person concerned agrees

to avoid. In the UK ABAs are most commonly used to deal with young people involved in ASB such as graffiti, harassment, vandalism, verbal abuse and criminal damage. Parties to an Agreement can include the individual concerned, their family, the housing department and police. The rationale for ABAs is that they focus on making individuals responsible for their ASB and propose strategies to change behaviour (Jacobs et al. 2003: 13-14). ABAs are reported to have had positive outcomes in the UK as a means for addressing relatively low-level ASB (Pawson and McKenzie 2006: 171-2).

The introduction of ABAs into NSW in the early-2000s was discussed in section 2.2.2. Other jurisdictions with provision for ABAs include the Northern Territory and South Australia (where they are called ABCs). In South Australia, ABCs are issued after three warnings have been given for relatively minor ASB. As mentioned in section 2.2.2, Victoria recently required all new public housing tenants to sign a neighbourly behaviour statement, setting out the requirements associated with being a 'good neighbour'. The amendments to Queensland's residential tenancies laws introduced in 2013 gave social housing landlords the power to require their tenants to sign an ABA. Failure to do so or failure to abide by the terms of an ABA is grounds to apply to the tribunal for a termination order. According to the PHPM, ABAs are intended to be used as a compliance measure after a tenant has received a second strike.

The literature search did not identify any studies of the application of ABAs in Australian social housing. There is evidence that they have been used sporadically, if at all, in NSW (Nheu and McDonald 2010). It appears from the case studies that this may also have been the case in Queensland to this point. The purpose of a compulsory ABA is somewhat unclear; at best it would seem to simply reinforce undertakings that the tenant has made in the tenancy agreement. A voluntary ABA arising out of discussion of the tenant's behaviour, entered into as part of a plan to bring about changed behaviour, seems more likely to be a meaningful strategy.

4.4.2 Prevention

The idea of prevention of ASB in social housing includes a number of different approaches to improving the behaviour of resident through changes to their living environment or changes in the ways that situations involving conflict are resolved. Environmental approaches rely on changes to the physical and social environment that will encourage pro-social rather than anti-social behaviour as well as reducing opportunities for ASB to take place. Changes to the social environment include more appropriate allocation of housing and schemes to reward pro-social behaviour. Resolving conflict through extensive use of mediation is designed to prevent minor conflict amongst neighbours from escalating into acts of serious ASB. All of these approaches have been emphasised from time to time by Australian social housing providers aiming to improve behaviour by social housing tenants and, in particular, to manage concentrated areas of social housing.

Improving the physical environment

In the 1980s and 1990s, public housing authorities in Australia focused on the physical environment as a major cause of criminal, nuisance and anti-social behaviour (Westacott 2002). This was significantly influenced by sociological theories and prevailing ideas in criminology emphasising the role of the built environment in shaping human behaviour and the idea that crime could be prevented through environmental design, particularly by reducing opportunities for criminal activities (Judd, Samuels and O'Brien 2002; Jacobs et al. 2003: 14). Although the emphasis in both policy and research was on prevention of crime rather than prevention of ASB, there was considerable overlap. Westacott pointed out that 'reports on public housing security in Victoria from the 1980s identify nuisance and anti-social behaviour to be significant security problems as much as actual criminal activity' (2002: 5).

The research emphasis on the importance of the built environment was readily accepted by social housing authorities with a traditional emphasis on construction and property management. This led to an emphasis on environmental design and physical security measures as responses to crime and ASB including security hardware, concierges to monitor entrances to high rise buildings and increased police presence. The emphasis on environmental design continued in the urban renewal programs implemented on public housing estates in many states in the early-2000s. For example, Queensland's Urban Renewal program focused on improving the visual appearance and physical environment of public housing areas, creating an aesthetically pleasant and desirable residential environment and enhancing the physical quality of housing. There were similar developments in other states including the Neighbourhood Improvement Program in NSW and the urban renewal program of the South Australian Housing Trust. A focus in NSW was the reconfiguration of estates based on the Radburn model, which was characterised by back-to-front houses facing open space with backyards to cul-de-sac streets (Judd, Samuels and O'Brien 2002).

By the early-2000s, the focus on changing the physical environment as a way to reduce crime and ASB was in decline. While improvements in the physical environment were still viewed as important, research was emphasising that 'social rather than physical/spatial interventions are associated with reductions in crime (Samuels et al. 2004). In 2002, the Director of Housing and Community Building in Victoria argued that combating crime and ASB involve a choice between two approaches:

We can increase security measure, "wall up" "fence up" or we can rebuild strong resilient communities. The first path is easiest for a centralised bureaucracy making managerial decisions that react to events as they occur; but in the end it will be more expensive and less effective as the underlying causes are not dealt with. The other direction takes the best of safety and security options and uses them within a cooperative community building process that seeks to prevent crime rather than deter it. It is the second path that I think is the best path for both public housing authorities, our residents and the community (Westacott 2002:11).

Improving the social environment

The idea of building 'strong resilient communities' to improve public housing estates, including reducing crime and ASB, has been highly influential during the past two decades. During this period, public housing estate renewal programs emphasising social as well as physical development strategies have been prominent in Australian social housing policy:

Current government thinking across Australia ... seeks not to separate crime and anti-social behaviour as an issue to be dealt with by security alone, but to include it as an element of neighbourhood renewal or community development. The general view of crime and anti-social behaviour arising from this approach is that it is an element of social exclusion, deprivation, unemployment and family breakdown (Westacott 2002: 8).

Public housing estate renewal programs have had broad objectives centred on improving social and economic outcomes for residents of these areas. Reducing levels of crime and ASB have been seen as elements of the overall social improvement these programs aim to achieve (Westacott 2002). Examples of such programs include the Queensland Community Renewal program, the Intensive Tenancy Management program in NSW and the Neighbourhood Renewal Programs in Victoria and NSW (Judd and Randolph 2006).

A wide range of strategies for social and community improvement have been included in these programs, which have also continued a focus on improvements in the physical environment. Strategies include improvement of service provision; greater social mix through tenure diversification and de-concentration of social housing; intensive social housing management; community development activities and strengthening of local community organisations designed to increase social capital; measures to reduce the stigma associated

with particular localities; and place management strategies involving 'whole of government' initiatives (Judd and Randolph 2006: 100). Measures viewed as effective in reducing ASB have included improved communication strategies by social housing agencies; a more personal approach to working with tenants; and close collaboration between housing managers and the police (Arthurson and Jacobs 2006: 270-272).

Renewal programs have also been undertaken on a much smaller scale within unit blocks of public housing dwellings. For example, a community development project was developed on a block of 24 'Walk-Up' bedsits housing single men in the Port Melbourne area. This estate was considered a 'hot spot' for ASB and had a high rate of complaints as well as frequent police and ambulance call-outs. A low-cost community development project focusing on physical improvements, social activities and mutual aid has resulted in reduced ASB, fewer hospital admissions and an overall improvement in the home environment for residents (Gillary and Mildenhall 2013). Other local community development projects have involved people with mental health issues working to improve community understanding of the experience of living with mental health issues in public housing (Young et al. 2013).

The evaluation of community renewal programs is complex and it can be difficult to demonstrate the links between broad aim programs and specific outcomes such as reducing ASB (Judd and Randolph 2006). Some concepts that have been core to efforts to improve social environments, such as social mix, have been subject to extensive criticism (Arthurson 2010). However, there are strong arguments in support of including general community improvement programs as part of ASB strategies. Community and neighbourhood factors such as community disorganisation, lack of support services and social discrimination are widely recognised as risk factors for ASB. Conversely, protective factors against ASB include availability of support services, community networking, attachment to community, participation in community groups and community norms against violence (McAtamney and Morgan 2009). The evidence is that improvements to the physical and social environments of social housing will have an impact on the prevention of ASB and should be viewed as integral elements of a holistic approach.

Allocations policies

Allocations policies have been important elements of overall neighbourhood improvement exercises as well as being used as effective responses to individual instances of ASB. At the strategic level, there have been efforts to use allocations policies to create more mixed communities, in the expectation that this will result in more effective community leadership, increased social capital and reduced social stigma (Parkin and Hardcastle 2004: 20-23). However, 'tighter targeting effectively limits the possibility of using allocation policy as an effective policy instrument' (Arthurson and Jacobs 2006: 270).

At the individual level, the case studies reported in chapter 3 provide a number of examples of allocations or transfers being used to prevent or reduce the likelihood of ASB, particularly in situations involving potential neighbourhood disputes. Similar examples, often involving tenants with mental health issues, can be found in the research literature. These examples include tenants with substance misuse issues being housed in areas where illicit drugs are accessible and tenants with severe mental health issues being allocated cramped units in close proximity to neighbours (Jones et al. 2004: 148-150). The capacity of housing providers to make more appropriate allocations is limited by the availability of suitable stock and the need to follow organisational rules.

Mediation

Mediation is widely viewed as a means of preventing interpersonal disputes from escalating into allegations of ASB. All public housing providers in Australia have mediation processes available as one means of handling complaints against social housing tenants. In Queensland the main process is the dispute resolution service of the Residential Tenancies Authority,

which offers a free, voluntary, confidential and impartial service to tenants and landlords including those in social housing.

Mediation is perceived positively by social housing landlords in dealing with milder forms of ASB such as noise, and research evidence indicates that it is cost-effective and has a high success rate in resolving minor neighbourhood disputes (Pawson and McKenzie 2006: 170-71). However, social housing managers indicated that it was ineffective where individuals have literacy or mental health issues, where serious disputes have escalated or where there is fear of recrimination (Arthurson and Jacobs 2006: 272). In the social housing context, mediation cannot be legally enforced and often tenants see ASB as a matter requiring enforcement rather than negotiation.

Incentive schemes

Tenant incentive schemes are strategies used by social housing managers to reward tenants who pay rent on time, maintain their properties well and generally meet the conditions of their tenancy agreements. They originated in housing associations in the UK in the 1990s where they were viewed as ways of fostering positive behaviour and tenant satisfaction levels. Similar schemes such have been tried in Australia although they have not developed on a widespread basis. While the UK experience is that incentive schemes can be effective in fostering positive behaviour by a minority of tenants, the evidence is that such schemes tend not to attract the tenants most likely to engage in ASB. For this reason, as well as the administrative costs involved, incentive schemes have not been a major component of strategies to prevent ASB in Australian social housing. However, there is evidence that small-scale schemes that are straightforward and not expensive or ambitious can be beneficial. Examples of these schemes in Australia are gardening schemes and South Australia's Customer Reward and Recognition Scheme (Jacobs et al. 2006).

4.4.3 Support

The idea of supporting social housing tenants was linked initially to two objectives broader in scope than reducing the level of ASB. Firstly, support for tenants was viewed as a core responsibility of social landlords in a context where most of those living in social housing were disadvantaged. The role of social housing, from this perspective, was to improve wellbeing and life chances for those unable to access affordable housing in the private market. This was best summed up in the Queensland Department of Housing's stated vision in the early-2000s to 'improve people's lives through housing' (Queensland Department of Housing 2000a). Central to this view was the idea that the tenant household would experience improved housing and non-shelter outcomes in areas such as education, health and employment as a result of social housing provision (Jones et al. 2004: 5-9).

Secondly, support was viewed as important as a means of sustaining tenancies and avoiding tenancy breakdown, including eviction. There was evidence that a significant proportion of public housing tenants, particularly those who had previously been homeless, present to homelessness services again less than one year later (Kelly 2005). Social housing was viewed as 'housing of the last resort' and eviction seen as a negative outcome for the household and for the society. There was a view that 'eviction represents the ultimate form of failure for public housing – both for clients and the system itself' (Queensland Department of Housing 2000b: 2). In this sense, tenancy failure was equated with policy failure (Jones et al. 2004: 5-9).

The idea of sustaining tenancies was a strong theme in Australian social housing through the 2000s, as discussed in section 2.2.3. The literature on sustaining tenancies identified risk factors that made a household vulnerable to tenancy failure and precipitating life events understood as the 'constellation of circumstances that make tenancy failure an immediate or proximate possibility for vulnerable households' (Jones et al. 2004: 26). Risk or vulnerability factors were identified as combinations of poverty and low income, prior debt, mental illness

and addiction, ill-health and disability, lack of social support, limited life skills, family instability, cultural factors, prior housing instability and unsuitable housing (amenity, appropriateness, location). Precipitating life events were crises that involved financial difficulties, family and personal changes or neighbourhood conflict. These situations result in incidents leading to breaches of tenancy agreements and the potential for tenancy breakdown or eviction (Jones et al. 2004: 17-40). This framework for understanding the factors and processes resulting in breaches and evictions has general applicability to social housing tenants: for example, it could be applied to the twelve case examples presented in chapter 3.

The importance of support in sustaining tenancies for people with a mental illness was identified in studies focusing on risk factors for eviction amongst this group. For example, a study of 197 persons with mental illness in the UK who had been housed in the community examined the factors associated with failed tenancies (26 per cent). Timing of support was found to be a key factor. Lack of support following a crisis and no ongoing support beyond the first six months of settlement (when support was provided) were found to be the most significant risk factors (Slade et al. 1999). A study of older people with complex needs including mental health problems found that homelessness can be prevented if support is provided as difficulties mount (Crane and Warnes 2000).

The close link between provision of support, sustaining tenancies and the management of ASB was addressed in studies by Atkinson et al. (2007) and Habibis et al. (2007). As briefly discussed in section 4.2.3, these studies argued that 'demanding behaviour' should be addressed through a 'sustaining tenancies' approach, i.e., an approach focused on providing support to reduce both ASB and eviction. Demanding behaviour can be thought of as the subset of ASB caused by social housing tenants with mental health and substance abuse issues, where the problematic behaviour can be attributed to their health conditions. The 'good practice guide' developed by Habibis et al. (2007), which has been widely cited in the policy and practice literature, outlines the key elements of an approach to managing and reducing demanding behaviour through support. The main elements of this approach are:

- Tenant-centred management
- Specialised support services
- Data on tenants with complex needs
- Early intervention
- Working with other agencies.

Each of these elements of a supportive approach to addressing ASB is briefly discussed below, drawing on the approach outlined by Habibis et al. (2007) and other literature.

Tenant-centred management

Underpinning all approaches to the provision of support for tenants is the concept of tenant-centred management, i.e., a commitment to a high standard of customer service. The Queensland Department of Housing first articulated what high standards of customer service means in the social housing context more than ten years ago (Jones 2004: 33). One key element is more personalised tenant management processes. This might involve a commitment to understanding tenants' needs, preferences and satisfaction levels, including an awareness of cultural issues.

While social housing providers routinely espouse a commitment to high service standards, studies of social housing tenants as customers in situations involving tenancy difficulties indicate that there is considerable variability in their experience. Some tenants provided accounts of staff behaviour that was courteous, sympathetic, understanding, flexible, supportive and helpful. Sometimes tenants developed personal links with a particular staff member which is helpful in negotiating problems. Other tenants had negative experiences

including discourtesy, a judgemental attitude, lack of sympathy, inflexibility, lack of confidentiality, and in some cases intimidation (Jones et al. 2004: 119-121).

Habibis et al. argued that tenant-centred management is based on principles that include:

- Being non-judgemental when responding to situations involving demanding behaviour
- Developing empathy and compassion for tenants
- Recognising that demanding behaviour may result from social, physical or mental difficulties or needs (2007: 26).

They emphasised the importance of 'accepting the person but not necessarily their behaviour', and of 'looking behind the behaviour to see the person in relation to their past, present and future and assessing opportunities to improve their circumstances' (Habibis et al. 2007: 26). The importance of building trusting relationships with tenants with demanding behaviour was also stressed, and it was argued that 'labelling families as "anti-social" was counterproductive to achieving change' (Habibis et al. 2007: 61).

Principles and values such as these may or may not be part of the official culture of an organisation providing social housing. For example, prior to the 1990s the Queensland Housing Commission, as it was then called, saw its role primarily as a property manager and little attention was paid to tenants beyond the standard responsibilities of landlords. This changed radically in the 1990s when a changing clientele, an influx of new professions and changes in the political environment resulted in the Department of Housing taking on the responsibilities of a social landlord (Jones et al. 2004: 6-9). Tenant-centred management thrived in this context, although there were continuing pressures for cost-effective operation in a difficult financial environment. The introduction of the ASB policy in Queensland in 2013 and the process of 'strengthening tenancy management' of which it was a part (section 2.3.4) signals a renewed focus on efficiency and the responsibilities of social housing tenants.

The importance of tenant-centred management in addressing ASB was illustrated through the case studies reported in chapter 3. These case studies provided a number of examples of a supportive approach to tenancy management that was effective in addressing ASB. However, the case studies also portrayed an organisation where notions of client obligations and client needs were in uneasy tension, with front-line workers expressing a range of views about the responsibilities of the department to tenants with demanding behaviour.

Specialised support services

Habibis et al. (2007: 29-31) argue that specialist support services play an important role in a sustaining tenancies approach to demanding behaviour. During the 2000s, many social housing providers in Australia developed specialist tenancy support programs designed to assist vulnerable tenants to sustain their tenancies and improve their wellbeing. Several programs developed out of demonstration projects which were evaluated and then developed as mainstream programs (Baulderstone and Beer 2003; Baulderstone and Beer 2004; Evolving Ways 2005; Victoria Department of Human Services 2006). An overview of tenants support programs in 2009 identified approximately twenty such programs across the Australian states and territories (Flatau et al. 2009: 27-33).

These programs and other initiatives involving the creation of specialist support positions within social housing organisations are viewed by Habibis et al. as integral to a sustaining tenancies approach. They argue that when support is bundled up with the other responsibilities of frontline housing workers it is likely that it will be subordinated to other goals in the pressure of meeting everyday requirements and pressures. Providing support involves particular knowledge and skills and it is difficult to ensure that all staff are trained to the required standard. It is also more efficient to allow some staff to concentrate on support provision, and there is value in separating support from other functions such as rent collection

and other routine housing management tasks. All housing management should be tenant-centred, but support should be provided by specialists or specialist units (Habibis et al. 2007: 29-31).

The position of Housing Support Coordinator (HSC), established in each region in Housing SA following a demonstration project in 2000, is an example of a specialist position of this kind. The role of HSCs is to facilitate and coordinate support services for tenants with complex needs and those at risk of eviction. As well as working directly with tenants they provide support and information to other tenancy managers and develop relations between Housing SA and community organisations. Key responsibilities are to provide a 'rapid response' service to disruptive tenants and to assist in managing complex cases. The evaluation of the demonstration projects indicated that these positions had the capacity to reduce the number of failed tenancies, including the tenancies of those previously involved in ASB (Baulderstone and Beer 2003).

Many sustaining tenancies programs provided specialist support through contracted non-government organisations rather than in-house specialist positions (Flatau et al. 2009: 26). The Supported Tenancy Program in South Australia is an example (Habibis et al. 2007: 28-29; Flatau et al. 2009: 31). This program was directed at public housing tenants who were at risk of eviction because they had breached tenancy conditions. Criteria for inclusion in the program included disruptive behaviour and conflict with neighbours; a history of medical, mental health and/or drug and alcohol issues; poor living skills; and inability to manage finances and consequent non-payment of rent. The program involved intensive support using a case management and multi-agency service approach, and reported considerable success in sustaining tenancies.

A third way that specialist support services can be provided is through the development of specialist roles within a tenancy management team. This approach was adopted within a number of tenancy management teams in NSW in the 1990s to deal with some of the problems that arose from a multi-skilling model. Specialist positions to assist tenants with complex needs to sustain their tenancies were created within tenancy teams, as were positions dedicated to 'nuisance and annoyance' issues (Habibis et al. 2007: 56).

Specialist tenancy support positions have not been central to the approach to sustaining tenancies in Queensland. It was noticeable in the case studies reported in chapter 3 that front-line staff did not have access to such services when dealing with complex cases of ASB. While individual workers in HSCs did what they could to support tenants in many of the cases, they lacked access to specialist resources and were mainly reliant on their own generalist skills and knowledge. This limited HSCs capacity to provide the intensive support that was required in most of the cases.

Data on tenants with complex needs

The sustaining tenancies approach to addressing ASB emphasises the importance of information management (Habibis et al. 2007: 33-35). In part, this involves careful documenting of complaints. While the number and pattern of complaints are influenced by the reporting mechanisms used and by other factors such as the willingness of individuals to report problems, they can be a means of monitoring the extent and nature of ASB and measuring the success of ASB policies and programs.

The other key component of information management is to develop and maintain a data base on high and complex need clients. If support is to be central to addressing ASB it is necessary to have reliable information about the number of tenants who require support and the nature and intensity of their support needs. This information could be obtained on first admission to social housing and when tenancies run into difficulties with the issuing of a breach or a strike. Information of this kind would serve a number of purposes. It would assist in understanding the causes of ASB and the proportion of ASB associated with various types of vulnerability. It

would facilitate early intervention (see below) and assist all housing workers dealing with these tenancies to respond appropriately to ASB and other tenancy difficulties. It would enable planners to estimate the level of need for support workers and services and to consider the knowledge and skills required of all housing workers. It would be helpful in the management of evictions as it would indicate the likely consequences of eviction for particular tenant households.

The difficulties stemming from an absence of this information were illustrated in the analysis of Queensland's 2013 ASB policy. While this policy acknowledged that some tenants involved in ASB had complex needs that were linked to their behaviour, the number of such tenants and the nature of their needs was largely unknown (section 2.3.6). The case studies showed that workers often found it difficult to decide what weight should be given to complex needs in determining their responses to ASB. Further, many of the tenants with complex needs in the case studies had limited or no support services. A data base of tenants with complex needs would elucidate the factors underpinning ASB and the kinds of support likely to effectively address this behaviour.

Early intervention

Early intervention with tenants prone to demanding behaviour is one of the cornerstones of a sustaining tenancies approach to ASB (Habibis et al. 2007: 52-57). Most ASB comes to the attention of social housing providers as a result of complaints from neighbours or other tenants. An early intervention approach involves identifying potential difficulties at the time of the allocations interview and putting a support plan in place to prevent problems emerging. Interventions that might be considered as part of a more supportive start-up of tenancies include careful allocation to an appropriate property, establishment of appropriate mechanisms for rental payment, arrangements for payment of pre-existing debt, personalised case management by a tenancy manager (see below) and linking to tenancy support programs and to other agencies (Jones et al. 2004: 29).

The allocations interview is not the only opportunity for identifying vulnerability to tenancy failure. Difficulty in maintaining a property has been identified as an indicator of future tenancy problems, and it has been suggested that maintenance workers should be encouraged to report potential difficulties. Notification processes from other organisations to the housing authority are also part of an early intervention approach. For example, social housing providers should be informed when tenants are admitted to and discharged from psychiatric hospitals and other medical facilities. If an agency is withdrawing support services it is important that the housing authority is informed as this can be a time of heightened vulnerability (Habibis et al. 2007: 57). If a tenant is issued a warning or a first strike under Queensland's 2013 ASB Management Policy this also provides an opportunity for provision of support to avoid further difficulties.

There is little evidence of an early intervention approach in most of the case studies examined in chapter 3. Most of the case-study tenants had been admitted to public housing as 'high need' or 'very high need' applicants, but this did not trigger any kind of formal support plan, although some had received assistance from HSC workers over lengthy periods of time. In several cases strikes resulted in a focusing of support effort. However, most of the case studies demonstrated that vulnerable individuals and households were admitted to social housing without consideration of their capacity to sustain their tenancies.

Working with other agencies

The sustaining tenancies approach to ASB necessarily requires effective collaboration with a range of social agencies (Habibis et al. 2007: 73-75). Front-line housing workers are involved in a wide range of activities with other local organisations including informal networking, sharing information and advice, referring tenants to agencies for support services, acting as a referral source for other agencies, joint case management, working together under protocols

and partnership agreements, and joint planning and coordination (Jones et al. 2004: 174-175). The links between social housing providers and support providers can take many forms. These include tenant-centred processes such as case management, case conferencing and cross-agency protocols for sharing information and making referrals; and organisation-centred processes such as shared planning, protocols and memoranda of understanding, and joint activities of many kinds (Phillips, Milligan and Jones 2009). The effectiveness of integration amongst organisations and services is widely understood as a key factor impacting on organisational effectiveness (Flatau et al. 2013; O'Brien et al. 2002).

There is a long history in Queensland of efforts to improve relations between social housing and mental health services, beginning with the Interagency Collaboration Improvement Project (ICAP) (Queensland Department of Housing 2001). This was a demonstration project that examined the feasibility and effectiveness of a number of initiatives designed to improve housing services to people with mental health issues. The project involved a training course for housing staff in mental health issues; a redesigned housing application form designed to collect better information on disability and housing needs; a local partnership agreement between the Department of Housing and the local Integrated Mental Health Service; and case conferencing for social housing tenants with mental health issues involving staff from both housing and mental health services (Queensland Department of Housing 2001: 4).

The Project recommended that a mental health training course be made available for client services staff. It also proposed that 'core competencies' for working with vulnerable people be identified and included in training programs. These core competencies were in the areas of communication and interpersonal skills, interview and housing needs assessment skills, cultural awareness and generic disability skills. Staff training in managing neighbourhood disputes was also proposed, 'with a particular emphasis on working with people with a mental illness or psychiatric disability'. Case conferencing was proposed as a 'standard management tool for problem solving difficult application and tenancy issues'. Finally, it was proposed that a pro forma be developed for partnership agreements at the local level between area offices of the Department of Housing and local mental health services (Queensland Department of Housing 2001: 8).

This emphasis on the importance of developing closer coordination between social housing and mental health services received further emphasis in a 'Human Services Headline Project' sponsored by the Directors-General of the Department of Housing and Queensland Health entitled 'Coordinated Service Responses for Persons with a Mental Illness Requiring Social Housing (Apelt and Stable 2003). The aim of the project was 'to enhance personal recovery through sustainability of social housing tenancies of people with a diagnosed mental illness' (Apelt and Stable 2003: 1). The project proposed extension of the Local Partnership Agreements (LPAs) that had been trialled in the ICAP and the development of an overarching MOU between the two departments to legitimise the LPAs and 'to provide a powerful message to local areas that the intention of the Chief Executives involved is for the agencies to work collaboratively (Apelt and Stable 2003: 2).

The emphasis on LPAs in the ICAP report and the Headline Project led to the development of a number of LPA projects across Queensland which were formally evaluated in 2004 (Seelig and Jones 2004). The evaluation identified some of the difficulties of developing effective local partnerships. A significant issue was that each party had somewhat differing objectives: housing departments wanted higher level of support for existing public housing tenants but mental health agencies were seeking greater access to social housing for their clients. Both parties were limited in the extent to which they could meet each others' expectations. Sustaining joint activities and regular meetings over time was difficult due to the pressure of other commitments. There was lack of clear direction at state level about the expectations of LPAs and there were barriers to information sharing. While there were many examples of staff from both agencies working together, these tended to be based on informal relationships that

had developed independent of the formal LPAs. Hence, while LPAs were generally viewed positively as representing a commitment to work together, in practice there were significant barriers to be overcome before the formal agreements yielded improved client outcomes (Seelig and Jones 2004).

The work undertaken in the early part of the century in Queensland to develop closer links between social housing and mental health services has had a number of long term outcomes. Staff training in mental health issues within the DHPW has continued and there are local linking mechanisms between social housing and mental health providers such as regular meetings to discuss common clients. The Queensland Government's Housing and Support Program (HASP) commenced in 2006 as a collaborative venture between the Department of Housing and Queensland Health (discussed in sections 2.2.4 and 4.5.2). However, the case studies reported in chapter 3 suggest that in many parts of the state relations between public housing and mental health organisations are weak. A majority of the tenants in the case studies had no mental health support, and there was only one case that involved collaboration between housing and mental health agencies to address a tenant's demanding behaviour.

In several other states a framework for effective collaboration between social housing and mental health providers has been established through Memoranda of Understanding (MOU) between the relevant Ministers and Departments. The first framework of this kind was the Joint Guarantee of Service for People with a Mental Illness established in NSW between the Department of Housing and the Health Department (NSW Health Department 1999). This agreement was revised in 2003 (NSW Department of Health 2003), reviewed by the NSW Ombudsman in 2009 (NSW Ombudsman 2009) and updated in the form of a Housing and Mental Health Agreement in 2011 (NSW Health 2011). In South Australia, an MOU between the Minister for Housing and the Minister for Mental Health and Substance Abuse was signed in 2007 (South Australia Minister for Housing 2007) and updated in 2012 to cover the period 2013 to 2016 (South Australia Minister for Housing 2012). In Western Australia an MOU was signed in 2012 between the Mental Health Commission and the Department of Housing (WA Department of Housing 2012) focused specifically on the Disruptive Behaviour Management Strategy (DBMS).

These MOUs attempt to set out the ways that the social housing and mental health systems in each state should coordinate their activities. While they vary in their format, they each include most of the following: a statement of intent or purpose; underlying principles; clarification of the roles and commitments of each organisation; elements of good practice; and desired outcomes. They each include guidelines for specific tasks or processes such as assessment of housing need; allocation of housing; tenancy management including responses to disruptive behaviour; communications and referral; and confidentiality and sharing of information.

The Western Australian MOU (WA Department of Housing 2012) is of particular relevance due to its focus on the DBMS. The MOU recognises the need for special arrangements to address the circumstances of tenants with mental health issues; mandates specific roles for the MHC in dealing with disruptive behaviour; provides that there will be mental health input in early intervention activities and in consideration of evictions of tenants with mental health issues; and provides guidelines for collaboration between MHC and Housing. Selected provisions that are relevant to a supportive or sustaining tenancies approach to managing ASB are:

- All attempts at early intervention to prevent the escalation of disruptive behaviour and potential eviction of tenants with mental illnesses will be undertaken by the MHC in conjunction with Housing.

- The MHC will organise for the assessment of the mental health and risk status of people who are at risk of eviction and respond accordingly, including referrals or offering support services;
- The MHC will prioritise responses to tenants with a mental illness who are at risk of eviction;
- The MHC will require contracted clinical service providers to ensure all tenants with a mental illness leaving mental health inpatient services have a comprehensive discharge plan, including access to appropriate accommodation and accommodation support;
- Housing will provide tenant support via funding for, and referrals to, the Supported Housing Assistance Program (SHAP);
- Collaboration between MHC and the Department of Housing will be achieved through a coordinated approach to working which includes joint participation, exchange of information between Departments; local leadership, workforce development and joint planning;
- Each agency will use the principle of consultation to respond early to suspected concerns about the safety and wellbeing of a tenant with a mental illness and to draw upon the expertise and knowledge in each agency;
- The Departments will share information about individual tenants in accordance with [certain] conditions.

4.4.4 Rehabilitation

While the evidence suggests that a combination of sanctions, prevention and support can be effective in reducing levels of ASB, there remains the problem of dealing with persistent ASB offenders (Arthurson and Jacobs 2006: 273). Currently in Australia, evictions are viewed as the last resort for intractable problems, although there is evidence that social housing providers vary in their willingness and enthusiasm to enforce tenancy agreements and pursue legal action to obtain evictions. Local Authorities in Scotland were found to be more likely to seek eviction than housing associations (Scott and Parkey 1998: 338). There were wide variations in the eviction rates of area offices around Queensland in the early-2000s, reflecting local practice as well as other factors (Jones et al. 2004: 13-14; Queensland Department of Housing 2002: 16-19). Some social housing providers adopt the stance that their primary responsibility is to sustain tenancies and that eviction should be avoided, other than in extreme circumstances. Others are more inclined to take the view that tenants who do not meet their responsibilities must face the full consequences of their behaviour (Jones et al. 2004: 156-58).

Many social housing providers attempt to mitigate the adverse consequences of eviction by remedial measures. A study in Queensland in 1999-2000 found that almost 20 per cent of eviction submissions were withdrawn; suggesting that even at the last minute there can be grounds for renegotiation to reinstate the tenancy. Other households reapply for social housing after a short period creating a revolving door effect. Social housing providers are often willing to negotiate the timing of an eviction, by giving the tenant a little more time to make alternative housing arrangements. Tenants are sometimes given assistance in accessing private rental housing through the provision of a bond loan or referral to emergency housing providers. Providing information about the eviction to support agencies that are working with the tenant can also be an important measure, although it is not known whether or not this is a routine practice (Jones et al. 2004: 36-37).

There are also examples of programs that aim to change the behaviour of persistent ASB offenders through intensive interventions designed to change their behaviour. The rationale

for these programs is that perpetrators of ASB are usually vulnerable and poor, often have mental health or other complex issues and may themselves be victims of ASB (Jones, Pleace and Quilgars 2006: 179). A further rationale is that:

Evicting people does not mean that the problem will go away. Some people will be deterred from future anti-social behaviour by the experience of eviction ... some will not. If their problems are not addressed, the pattern of behaviour will repeat itself (Social Exclusion Unit quoted in Jones, Pleace and Quilgars 2006: 180).

Two examples of such programs that operate in the UK are the Homeless to Home program run by Shelter, a national organisation concerned with homelessness, and the Dundee Families Project. Homeless to Home focused on families with a long history of ASB combined with complex needs usually involving mental health and substance misuse issues. Support was intensive and flexible involving a diverse range of activities including help with re-housing, assistance with money management, support with addressing ASB issues, practical assistance, referral to other agencies, emotional support, social skills activities, support with health and mental health issues, parenting advice and working with children around school attendance and behavioural issues. The project achieved considerable success in reducing levels of ASB and assisting families to retain their housing (Jones, Pleace and Quilgars 2006).

The Dundee Families Program also involved an intensive, flexible approach to working with families with a record of serious and prolonged ASB. It developed out of dissatisfaction with a zero-tolerance approach to ASB due to the long and uncertain legal processes involved, the time and resources taken up with a relatively small number of tenants and the difficulties of finding alternative accommodation resulting in the problem being relocated rather than resolved. Families recruited to the program were persistent ASB offenders, who in many cases also had drug and alcohol problems. These were also families where many women and children had suffered family violence, and where many adults had criminal convictions. As with the Homeless to Home program, the Dundee Families Program provided intense and flexible support to a relatively small number of families. Some families were accommodated in housing run by the program and others were provided an outreach service in their existing location, where they were at risk of eviction. The project achieved success in stabilising housing and other aspects of family wellbeing, although it was found that alcohol and drug issues were significant impediments to success for some families. It was also argued that the project was cost-effective in that it reduced the costs of managing ASB, the provision of homeless services and child care admissions.

4.4.5 Comprehensive multi-method approaches

The prevailing view in the research and policy literature is that ASB should be addressed through a comprehensive approach that involves:

- Recognition that ASB is a significant issue in social housing that needs to be addressed;
- Deployment of a range of methods including sanctions, prevention, support and rehabilitation;
- Planning based on an understanding of the causes and extent of the problem;
- Specialist staffing that recognises the complexity of the issue and the need for expertise;
- Research, monitoring and evaluation of the effectiveness of ASB interventions.

Anti-social behaviour has received less recognition as a core issue of social housing management in Australia than in other countries such as the UK. This reflects in part the lower profile of ASB in public policy generally in this country. However, it also reflects an

influential view amongst housing researchers that a focus on ASB reinforces prejudice against social housing tenants and draws attention away from other issues such as the need to expand social housing and, more generally, affordable housing. This prejudice was first identified by Jacobs and Arthurson (2004), who went on to argue that the issue should be taken more seriously by policy makers and researchers, not only because of the distress that ASB causes to other tenants including vulnerable households but also because 'public housing estates will remain stigmatised and unpopular unless tenants are confident that their concerns are met' (Jacobs and Arthurson 2004: 24). During the decade since those words were written, ASB policies have been elevated on the policy agenda and several states and territories, including Queensland, have introduced policies that emphasise the role of sanctions in addressing ASB. Given the current prominence attached to the issue of ASB in social housing, it is important to ensure that policy is based on the evidence base that has developed on this issue over the last decade.

The clearest message from the policy and research literature is that effective ASB policies require a comprehensive, multi-method approach that recognises the links between ASB and people with complex needs, both as perpetrators and victims of ASB. Writing about ASB policy in the UK, Pawson and McKenzie state that:

In policy and practice terms, the strongest theme has been the adoption of a growing range of techniques to run alongside the long-established recourse to possession action [eviction] as the "nuclear option" in addressing ASB (2004: 161).

These techniques include those identified in the discussion of preventive, supportive and rehabilitative strategies to complement sanctions-based approaches to ASB, and summarised in Table 19.

Australian policy on ASB in social housing has evolved in a somewhat different fashion to UK policy. Until quite recently, there was a strong emphasis in Australia on preventive and supportive initiatives that recognised the highly targeted character of Australian social housing and were designed to sustain tenancies. The primary aims of these initiatives, especially those concerned with support, were to bolster related policy objectives such as reducing the level of homelessness; to enhance the role of social housing in improving the lives of disadvantaged people; and to further whole of government objectives in fields such as disability, mental health, child protection and family violence. However, the AHURI study by Habibis et al. in 2007 clarified the connection between sustaining the tenancies of tenants with demanding behaviour and reducing the level of ASB. More recently, policy interest in ASB has been elevated, in part in response to a growing emphasis on the responsibilities of social housing tenants and the conditionality of social housing (section 2.2.2). This has underpinned the introduction of 'three strikes' policies in several states and territories and an emphasis on sanctions as a means of addressing ASB. The evidence presented in this chapter suggests that if the aim is to reduce the incidence of ASB, a move towards a multi-method strategy including sanctions, prevention, support and rehabilitation is required.

One way of conceptualising this proposed refocusing is that it involves a shift from a traditional (reactive) to a planned (proactive) approach to reducing ASB (Hunter and Dixon 2001: 95). The traditional approach is essentially reactive with action taken in response to complaints. The theory of change is that the fear of eviction will lead to improved behaviour or that the actuality of eviction will resolve the problem. The planned approach is proactive, seeking to avert as well as to react to ASB. It is based on the theory that ASB can be prevented in part by changes to the physical and social environment and by improved processes relating to housing allocations, mediation of disputes and incentives to good behaviour. It is also based on the theory that much ASB is perpetrated by tenants with complex needs whose behaviour can be improved through support. The planned approach proposes a package of measures including sanctions, prevention, support and rehabilitation to address ASB in social housing.

Recognition of ASB as a significant and complex issue for social housing has resulted in the development of specialist management approaches. In the UK there has been a move towards specialist officers and teams to deal with ASB. A common organisational model in the UK is for generic housing officers to initially respond to complaints and carry out investigations, with serious cases referred to specialist staff (Pawson and McKenzie 2006: 162). A trend towards the employment of specialists can also be found in Australia. The introduction of the DBMS in Western Australia was followed by the establishment of the Disruptive Behaviour Management Unit employing 35 case workers. NSW employs specialist client service officers to implement its ASB strategy. The Northern Territory has established a Public Housing Safety Unit and Public Housing Safety Officers have legislated powers to address ASB. South Australia has a Disruptive Behaviour Management Team who take referrals from other front-line housing workers. Reflecting a different policy emphasis, the ACT addresses disruptive behaviour through Client Support Coordinators and Preventing Eviction Workers.

A planned approach to ASB involves not only multiple methods and specialised staff but also the paraphernalia of a strategic approach including clear objectives, data on the nature and extent of the problem, strategies, targets, monitoring of implementation and measurement of performance and outcomes. Many social housing providers in the UK approach the management of ASB in this fashion (e.g., Glasgow Housing Association's 2007). Research can play a key role in identifying the extent and nature of ASB and the effectiveness of strategies to deal with the problem.

4.5 WHAT TYPE OF HOUSING IS NEEDED FOR PEOPLE WITH COMPLEX NEEDS?

The final question addressed in this literature review concerns the type of housing that should be provided to tenants with complex needs in social housing. This issue is relevant to the specific question of addressing ASB by tenants with complex needs and to the wider question of social housing's role in accommodating households with complex needs. The first matter considered is the overall importance of housing for people with complex needs. This leads into the debate concerning the form of housing most suited to households with complex needs and the prevailing view that 'supportive housing' is the model on which housing provision for this population group should be based. The debate leading to this view is briefly examined and the defining characteristics of this model are described. The research evidence underpinning the model is briefly reviewed. Current approaches to the provision of permanent, supportive housing in Australian social housing in Australia are then described and the implications for future social housing provision considered.

4.5.1 The importance of housing

There is widespread agreement in the research and policy literature concerning the key role of housing in the lives of people with mental health and substance misuse issues (MCHA 2009: 7). There is ample evidence of the contribution that secure and appropriate housing can make to the wellbeing of people with mental health issues. For example, a study of fifty people in Victoria in 2001 who had experienced psychiatric disability and who had secured and maintained appropriate rental housing were asked, "What difference to your life has living where you are now made?" Overwhelmingly, positive changes were reported, with the vast majority of those interviewed describing at least one positive difference. In rank order, the themes that emerged were:

- Increased independence
- Improved social relationships/networks
- Greater happiness

- Improved mental health
- Improved feelings of safety and security
- Personal growth
- Improved physical and/or emotional health
- Improved access to services (O'Brien et al. 2002: 54-56).

These findings are unsurprising reflecting as they do the key role of housing in the lives of population as a whole. Research shows that the housing values of people who have a mental illness and who are living independently are similar to those of the wider community. They include independence and choice; convenient location close to services, transport, recreation and social networks; safety, security of tenure and comfort; affordability; privacy; and the social opportunities associated with home such as a place to entertain friends. In line with these preferences, Australian studies have shown a strong preference amongst people with mental illness for living in a private house or flat rather than in group settings or in housing lacking privacy such as boarding house accommodation. There is also a strong preference not to live with others with a mental illness (O'Brien et al. 2002: 9-11; see also Keys Young 1994: 32-34).

These preferences translate into a desire for certain housing types. Studies have found that the most preferred option for adults with mental illness is home ownership, followed in rank order by public housing, private rental, the family home, boarding house accommodation and an unsupervised group home. Least preferred options are shelters, crisis housing and long-term hospitalisation (St Vincent's Mental Health Service and Craze Lateral Solutions 2005: 27).

These research findings on housing values and preferences are unambiguous. However, an equally clear finding from Australian and international research is that there are numerous barriers that prevent many people with severe and long-term mental health issues from obtaining and retaining the housing that they require. The most fundamental barrier is the limited availability of affordable housing. Many people with mental health and substance misuse issues have low incomes including many who are dependent on the disability support pension. The shortage of affordable, private rental housing in many parts of Australia means that many people with mental health issues are reliant on the availability of social housing. This has led the Mental Health Council of Australia to call for thirty per cent of public and social housing stock to be made available for people with a mental illness (MCHA 2009: 32).

Other barriers to obtaining housing include stigma and discrimination in the housing market. One research study reported that almost ninety per cent of people with mental illness claimed to have experienced discrimination in their search for accommodation, especially in the private rental market (Sane Australia 2008: MCHA 2009: 21). Administrative issues such as the process of applying for public housing are also a barrier identified in some studies (NSW Ombudsman 2009: 3).

Various disabilities associated with mental illness such as memory loss, paranoia, anxiety, phobias, mood swings, depression, hallucinations and disordered thinking may present barriers to retaining rental housing. O'Brien et al. refer to these as 'risks related to the person's own attributes, psychiatric disabilities and behaviours when unwell' (O'Brien et al. 2002: 61). These disabilities may result in inability to perform regular tasks such as paying rent, interacting with neighbours and maintaining property. They may result in behaviour that disturbs neighbours, or causes a threat to themselves or others. There may be episodes or periods of instability due to hospitalisation or medication problems, or vulnerability to negative peer influence (MCHA 2009: 21; NSW Ombudsman 2009: 4).

Another group of risk factors for retaining housing are those arising from 'what others might do or not do'. These include negative neighbour or housing manager response to the

individual because they have a mental illness; misinterpretations of behaviour by others; friends who cause trouble; and lack of appropriate, timely and skilled support (O'Brien et al. 2002: 61).

Inappropriate housing is also a barrier to retaining housing. 'The housing must not have features that make it very difficult or impossible to manage any disabilities associated with the mental illness' (O'Brien et al. 2002: 59). Anxiety about the high cost or insecurity of housing; poor quality and insecure housing; and housing located in neighbourhoods with high rates of crime and ASB can all impact negatively on a person with mental health issues and present a risk to housing sustainability (MHCA 2009: 19-20).

The barriers to accessing and retaining suitable housing are one set of issues that account for the significant over-representation of people with mental illness in the homeless population (MHCA 2009: 14). While estimates vary widely, one review of the literature concluded that between one quarter and one half of adult homeless people across western cities are experiencing severe and perhaps chronic mental illness (St Vincent's Mental Health Service and Craze Lateral Solutions 2005: 10). Severe mental disorders are a risk factor for homelessness, although homelessness itself leads to emotional distress and exacerbates mental health issues. 'Mental illness and homelessness are intertwined in terms of cause and effect (St Vincent's Mental Health Service and Craze Lateral Solutions 2005: 8).

In summary, secure and appropriate housing is central to the wellbeing of people with mental health issues. Most people in this group have housing values similar to the wider population and prefer to live in a private house or flat. However, the low incomes of many people who experience mental health issues, combined with limited availability of affordable, private rental housing and other accessibility factors, means that social housing has a central role. The social housing sector is the main provider of secure and affordable housing for many people with mental health and substance misuse issues, and the main alternative to homelessness. This is the justification for mental health advocates to call for thirty per cent of social housing to be allocated to people with mental health issues. However, if social housing is to continue to play an important role, and perhaps an expanded role, in housing those with mental health issues it must address the barriers to retaining rental housing. What housing models are most likely to achieve this?

4.5.2 Housing models and 'supportive housing'

Prior to the 1960s, mental health services were centred on psychiatric hospitals which assumed 'whole of life care' for their patients, not only providing the treatment of mental illness but also provision of the patient's accommodation, food, clothing, recreational and vocational activities. From the 1950s, this model was increasingly challenged as a result of improvements in pharmacological and other treatments; concern about the legal and civil rights of people with mental illness, concern over abuses in institutional setting; the increasing and high costs of institutions; and changes in wider social norms. By the 1990s there had been a dramatic decline in the number of psychiatric hospital beds and mental health services were increasingly integrated into mainstream health services (Keys Young 1994: 4-8; see also section 2.2.4).

The process of deinstitutionalisation created a greatly increased demand for housing, partly from those who had left institutions but mainly from those with mental health issues who had never experienced institutional living. However, the process of meeting this demand was slow. The 1993 report by the Human Rights and Equal Opportunity Commission (HREOC) into human rights and mental illness stated that, 'one of the biggest obstacles in the lives of people with mental illness is the absence of adequate, affordable and secure accommodation' (quoted in Cameron, Arthurson and Worland 2007: 3). This situation continued into the new century. A Senate inquiry in 2006 found that 'deinstitutionalisation moved thousands of people

out of institutions and into the community, but without a commensurate growth in accommodation' (quoted in Cameron, Arthurson and Worland 2007: 4).

One consequence of these developments was that many people with mental health issues experienced insecure and/or inferior housing and homelessness. A further consequence was that social housing was faced with strong demand from people with psychiatric disabilities (Keys Young 1994: 5). The challenges for social housing were to provide sufficient housing for this new group of tenants; to develop appropriate management responses (for example, the need to make allowance for some aberrant behaviour and to recognise the episodic nature of many psychiatric disabilities); and to consider housing models appropriate to the needs of this new cohort of tenants (Key Young 1994: 14-15).

The issue of housing models centred on the question of how support should be provided to people with mental health issues living in the community. The key debate was between the 'continuum model' and the 'supportive housing model'.⁵ In the early years of deinstitutionalisation up to the early-1990s the continuum model was the prevailing approach. Under this model, staged accommodation was available involving progressively lower levels of care and supervision. After discharge from a psychiatric hospital, patients would gradually move to accommodation with increasing levels of independence in accord with their level of functioning as assessed by mental health staff (Keys Young 1994: 15-17).

The residential facilities provided through the Sydney Area Health Service in 1992 illustrate the range of residential facilities provided through this model. Extended care hostels and supervised boarding houses provided 24-hours/day supervision for clients in the early stage of rehabilitation as well as those who were not likely to progress to greater independence, but who were judged to not require permanent hospitalisation. Half-way houses with no overnight staffing were available for clients capable of higher levels of independence. Group homes provided higher levels of independence with lower levels of support and treatment. Finally, clients who had achieved their optimal level of functioning graduated to independent living in the family home, rooming houses or public housing (Keys Young 1994: 16).

Under the continuum of care model, housing functioned primarily as an extension of the mental health treatment system. There was heavy reliance on staffed group home arrangements and participants were required to continue involvement with mental health services and to abstain from drug and alcohol use. The concept of 'housing readiness' was used to determine the type of living situation offered (St Vincent's Mental Health Service and Craze Lateral Solutions 2005: 29-30). Studies of supervised group homes in the United States and Australia showed positive outcomes in terms of quality of life and reductions in psychiatric symptoms, although resident complaints about lack of privacy, excessive regulation and overcrowding were also recorded. Costs of housing and care were much lower than those incurred in hospitals (Cameron, Arthurson and Worland 2007: 8-9).

The role of social housing under the continuum of care model was to provide an affordable housing option for people with mental health issues deemed to be ready for independent living. This was consistent with the historical role of public housing which was to provide housing only, with support and services viewed as the responsibility of other agencies. However, from the mid-1990s, a new paradigm for housing and support of people with mental illness developed within community mental health, particularly in the United States. This approach, referred to here as the supportive housing model, broke the nexus between treatment and accommodation in that it provided for clients to select (within available resources) a preferred housing option, with treatment and support to be provided independently and in response to the needs of the individual (Keys Young 1994: 17-18).

⁵ The terms 'supported housing' and 'supportive' housing are sometimes used to distinguish different approaches to the provision of support, but there is no consistency in the use of terminology. In this report the terms 'continuum model' and 'supportive housing model' are used to refer to the two main approaches.

It has been argued that this shift in thinking arose out of the same social and legal concepts that underpinned deinstitutionalisation. Community based treatment facilities, it was argued, continued to assume more control than was necessary over the lives of individuals. The new paradigm emphasised that people with mental health issues wanted to live in a home rather than a residential treatment centre; that they wanted to exercise choice over their living arrangements rather than being 'placed'; that they wanted to be socially integrated rather than being treated as a homogeneous, separate grouping; and that they wanted to live in permanent housing rather than in transitional preparatory settings (Keys Young 1994: 17).

This reappraisal of the continuum model was underpinned by research conducted in the early 1990s. Some of this research focused on the preferences of mental health consumers which showed a marked preference for independent living, for not living with other people with mental health issues, and for support staff available as needed rather than living in-house. Other research found that the continuum of care was not actually available in most localities, including a lack of availability of affordable, independent housing. Moving along the continuum normalized residential instability, did not honor personal choice and undermined self-efficacy (Tabol, Drebing and Rosenheck 2010).

During the past two decades, the supportive housing model (also referred to as 'housing first') has become the dominant paradigm for provision of housing to people with mental health issues in the United States. This model also became central to policies to address long-term homelessness in major US cities, with policy makers shifting towards permanent supportive housing as a response to homelessness rather than relying on shelters and transitional housing. It was reported by the US Housing and Urban Development Department that across the United States in 2010 there were 236,798 permanent supportive housing units, constituting one-third of all beds available to people who were homeless (cited in Parsell and Moutou 2014: 15). In the United States, the supportive housing model has been used to provide housing and support to many groups of people with complex needs including people living with AIDS and people with physical disabilities. Much of the research on the outcomes of the supportive housing model has been undertaken with people who have mental health issues and who have experienced homelessness (Parsell and Moutou 2014: 12-13).

In broad terms, the supportive housing model 'entails the consumer obtaining a desired living situation first, and then receiving supports to develop and/or maintain the skills and resources needed to stay there' (Tabol, Drebing and Rosenheck 2010: 447). A more formal definition states:

Permanent supportive housing is a direct service that helps adults who are homeless or disabled identify and secure long-term, affordable housing. Individuals participating in permanent supportive housing generally have access to ongoing case management services that are designed to preserve tenancy and address their current needs (Rog et al. 2014: 3).

As the supportive housing model has evolved over the past two decades, a number of core defining principles have emerged. Considered as an ideal-type, supportive housing has the following characteristics:

1. *Permanence and affordability*; a key priority is to increase the supply of affordable housing. Affordability is typically defined with rents not exceeding 30 per cent of income.
2. *Safety and comfort*; tenants should feel safe and comfortable in their homes. Supportive housing buildings must at a minimum comply with building codes, and every effort must be made to provide security measures to meet tenants' needs.
3. *Support services are accessible and flexible*, and target housing stability; support services not only cater for tenants' diverse needs, but also retain flexibility to cater for changing needs over time. Tenant sustainment is fundamental.

4. *Empowerment and independence*; supportive housing is purposefully designed to promote tenants' empowerment and to foster tenant independence. Tenants are in their homes and service providers are there to be supportive (Hannigan and Wagner 2003, cited in Parsell and Moutou 2014: 9).

The characteristics of the housing component of supportive housing are of particular relevance to this report, which is concerned with the implications of housing models for social housing provision. Early in the development of the supportive housing approach, Hogan and Carling set out 'Guiding principles for selecting normal housing' (1992). These principles, set out in a summarised form, are as follows:

- *Housing must be chosen by consumers*. It should be directly relevant to consumers' wants and preferences.
- *Neighbourhoods should be chosen based on their likely ability to assimilate and support consumers*. Mixed residential neighbourhoods including a range of meeting places (e.g., post office, library, parks and grocery stores) are more likely to facilitate neighbourhood interaction and community acceptance.
- *The number of labeled residents in relation to total number of residents in a housing unit should be limited*. Otherwise, there is a danger that the housing unit will be perceived as a facility.
- *The appearance of the housing should be consistent with neighbourhood norms*. There should not be 'program' space or offices.
- *Housing should be selected that keeps levels of stress manageable*.
- *Housing should enhance stability and not be time limited*.
- *Housing should enhance opportunities for control over the environment*. A location close to public transport, employment, shopping and recreational facilities will make it easier for consumers to control those aspects of their lives.

The shift in paradigm from the continuum to the supportive housing model has occurred in part as a consequence of research findings providing evidence of the effectiveness of the supportive housing approach. This is a very large body of research and a number of meta-analyses have been undertaken designed to review the main findings. The most recent meta-analysis was undertaken by Rog et al. in 2014. This comprehensive and rigorous analysis concluded that,

Permanent supportive housing for individuals with mental and substance use disorders, compared with treatment as usual, reduced homelessness, increased housing tenure over time, and resulted in fewer emergency room visits and hospitalizations. Moreover, consumers consistently rated permanent supportive housing more positively than other housing models and preferred it over other more restrictive forms of care (Rog et al. 2014: 293).

The findings on consumer preference were emphasised by the authors. They argued that consumers are more likely to embrace services tailored to their preferences and less likely to terminate services early or abruptly. 'Choice is recognized as an important factor in recovery, as it engages a consumer's willingness and motivation to make life changes' (Rog et al. 2014: 293).

While these are clear, positive findings, the meta-study drew attention to methodological limitations that led the authors to rate the current evidence for supportive housing as 'moderate'. Nevertheless, they concluded that,

Individuals with mental and substance use disorders can benefit from increased access to permanent supportive housing as a long-term support for a life in recovery in the community (Rog et al. 2014:293).

The research evidence summarised by Rog et al. (2014) largely supports the prominence of the supportive housing model in contemporary policy and practice in the United States and (as we will discuss shortly) Australia. However, some of the limitations of this approach also need to be considered. Firstly, while supportive housing has been found to be successful in sustaining tenancies and reducing homelessness, it is by no means a panacea or solution to all of the difficulties experienced by people with mental health and substance misuse issues. Supportive housing programs are often targeted on highly marginalised individuals with very complex needs. Enabling many of these individuals to avoid homelessness is a significant achievement, but supportive housing is no solution in itself to psychiatric disability, addiction, extreme poverty and unemployment. Furthermore, debates remain about the relative benefits offered by different forms of supportive housing. For example, scatter site housing may provide independence at the expense of loneliness, while congregate sites may address loneliness but be prone to problems of stigma (Parsell and Moutou 2014: 22-23).

It should also be noted that most of the research evidence concerning the positive outcomes of supportive housing has been conducted in the United States. While there are a growing number of small scale Australian studies, the local evidence base is small compared with the body of research reviewed by Rog et al. (2014). Largely on the basis of United States research, there has been strong endorsement in Australia of a supportive housing approach to housing provision for people with complex needs, especially those who have experienced homelessness. However, the Australian research literature is 'not able to demonstrate what models, practices and critical elements of supportive housing contribute to and mediate successful outcomes' (Parsell and Moutou 2014: 2).

These debates concerning the most appropriate form of housing for people with mental health and substance misuse issues are highly relevant to the role of social housing in addressing the accommodation needs of this population group. It has been pointed out that 'any analysis of "best practices" in mental health housing provision is virtually meaningless if housing cannot be accessed, or is unaffordable' (Cameron, Arthurson and Worland 2007: 20). Irrespective of the approach adopted, social housing has a critically important role as the main supplier of affordable housing for individuals with complex needs in the country.

Under the continuum of care model, social housing was viewed as the main source of independent living for those who had achieved 'housing readiness' by progressing through various forms of supervised housing. However, this model tended not to acknowledge the episodic nature of many people's mental illness, and failed to acknowledge the continuing need for long-term support even when a person was in a stable condition (Keys Young 1994: 18).

The supportive housing model presents social housing in Australia with new challenges. This model indicates that social housing must as a core task and a central requirement develop supportive housing arrangements for tenants with complex needs. Such arrangements are needed, the evidence suggests, in order to sustain tenancies. From this perspective, managing ASB is one aspect of the complex task of providing and sustaining housing for tenants with complex needs. In the next section we examine the various approaches to the provision of supportive housing that Australian social housing providers have developed.

4.5.3 Supportive housing in Australian social housing

Supportive housing for tenants with complex needs in Australian social housing has taken four forms:

1. *Generic tenancy support programs* that have benefitted many tenants with complex needs (these were briefly discussed in sections 2.2.3 and 4.4.3).
2. *Specialist tenancy support programs* for tenants with diagnosed mental illnesses.

3. *Supportive housing programs for individuals exiting homelessness*, including many individuals with mental health and substance misuse issues.
4. *Ad hoc (or no) support for tenants with complex needs*, including many with undiagnosed mental health issues. Most of the tenants in the case studies fall into this category.

The characteristics and main examples of each of these approaches are briefly discussed below.

Generic tenancy support programs

Generic tenancy support programs are those that were developed mainly in the 1990s and 2000s with the policy objective of sustaining tenancies. Their prime focus is the provision of services to existing social tenants who are at risk of eviction. The most extensive overview of these programs was compiled by Flatau et al. (2009: 25-49) who identified more than twenty such programs operating at the state or territory level. The largest programs are those that operate within public housing and provide tenancy support to Indigenous and non-Indigenous tenants. The longest running program is the Western Australian Supported Housing Assistance Program (SHAP) and the largest is the Victorian Social Housing Advocacy and Support Program (SHASP) (Lake, McGregor and Newman 2006). Other states and territories with similar programs are South Australia, Tasmania and the Australian Capital Territory. Several states and territories also have Indigenous-specific public housing tenancy support programs.

Most of these tenancy support programs are funded by the states and territories and provided by NGOs. This has led to considerable local innovation in service provision. Local projects have adopted a wide range of approaches to providing support to social housing tenants including intensive tenancy management (Bowen 2006; Ferguson 2006), services to indigenous families (Paris 2010; Steele 2006); early identification and intervention (Kerry 2012); head-leasing of public housing properties to support agencies (O'Rourke and O'Brien 2006) and local protocol agreements with a cluster of community agencies (O'Rourke and O'Brien 2006; Redcliffe Area Office Department of Housing 2002).

Tenants with mental health and substance misuse issues are one of the main groups who receive support from these programs (Flatau et al. 2009: 38-41). These issues are major drivers of tenancy instability and are amongst the main reasons that tenants are referred to these programs. Clients of these programs tend to fall into two main groups: those who are referred at the beginning of their tenancies as a form of early intervention, and those who are referred when their tenancies are in difficulty and there is a high risk of eviction.

The programs play an important role in providing a form of supportive housing for tenants who have not entered public housing through specialist supportive housing programs for those with diagnosed mental health issues or through programs designed for those who are exiting homelessness. The support provided is flexible and can be tailored to the particular needs of tenants, but does not routinely involve specialist mental health support. The programs vary in the intensity of support provided. In 2006-07 the Victoria SHASP program had 5,714 clients and spent an average of less than \$1,000 per client. By contrast, the South Australian Supported Tenancy Program spent on average more than \$1,700 on 624 clients and the Western Australia SHAP program spent on average \$2,800 on 908 tenants, 69 per cent of whom were Indigenous tenants (Flatau et al. 2009: 38-41).

Most tenancy support programs were introduced in the early-2000s and there has been less expansion in recent years as the focus of housing authorities has shifted to new programs focused on tenants who have exited homelessness. The advantage of generic tenancy support programs is that they provide a ready means for front-line housing staff to direct support services to vulnerable tenancies either early in the tenancy or at the time the tenancy

runs into difficulties. The absence of any such resource was evident in the case studies presented in chapter 3. Generic tenancy support programs are a valuable resource for tenants who have not been earmarked for specialist support programs prior to their entry into social housing.

Specialist tenancy support programs

The most visible tenancy support programs in social housing for people with mental illness are those that have developed as joint programs of mental health and housing authorities to provide integrated, supportive housing for people exiting psychiatric hospitals and transitional housing arrangements for those with diagnosed mental illnesses. In Queensland the main program of this kind is the Housing and Support Program (HASP). The best known program across the nation is the Housing and Accommodation Support Initiative (HASI) of the NSW Government. Similar programs have operated in other states and territories including the Housing and Accommodation Support Partnership (HASP) and the Supported Social Housing (SSH) initiative in South Australia, the Individualised Community Living Strategy (ICLS) in Western Australia and the Housing and Support Program (HASP) in Victoria. There are similar tenancy support programs operated by community housing providers (e.g., Carter 2008). Two of these programs are briefly described below.

The Queensland Housing and Support Program (HASP)

The origins of Queensland's HASP were briefly discussed in section 2.2.4. HASP provides a coordinated approach to provision of social housing, clinical treatment and non-clinical support for people with moderate to severe mental illness. It commenced in 2006 and a small number of additional places have been provided in recent years. In 2011 it was merged with Project 300, a project that commenced in 1995 that involved relocation of 300 long-term residents of psychiatric hospitals into public housing accommodation. At the commencement of 2014, 499 supported social housing tenancies were provided under the program. HASP was evaluated in 2010 and the information provided here is drawn from the evaluation report (Meehan 2010 et al. 2010).

HASP is a cross-department initiative involving mental health, disability and housing agencies. HASP clients are nominated by the mental health agency and must be diagnosed with a psychiatric illness. They must be currently housed in an inpatient care facility, a community care unit or an extended treatment or rehabilitation unit. Often they are unable to be discharged due to risk of homelessness. Clients must have ongoing need for community mental health services, but also require non-clinical support to live successfully in the community. They must meet eligibility criteria for social housing and be committed to maintaining stable housing.

HASP clients in 2010 were mainly young and male and most commonly had a diagnosis of schizophrenia, frequently complicated by substance misuse. Usually they were at high risk of homelessness and often had frequent contact with police and other community agencies. Each HASP client was provided with a package including mental health services, disability support services and community housing. Mental health case workers employed by the Department of Health provided mental health advice and oversight of clients. Support services provided by NGOs were flexible and assisted the individual to access required services in their local community, manage day-to-day living activities and sustain their tenancy, as well as providing companionship. The level of support was high with clients receiving on average 27.6 hours of support per week during the early phase of the program.

Housing was provided by the public housing authority and most HASP clients were accommodated in flats in unit blocks, with others in townhouses, duplexes and free-standing houses. Most lived alone, although some indicated they would rather live with a friend. 90 per cent indicated that they were satisfied or very satisfied with their housing. Client interviews indicated that housing played a key role in assisting with recovery, providing a sense of

'home' and a sense of freedom (Meehan 2010: 43-44). The housing provided through HASP met most or all of the criteria for 'normal' housing set out by Hogan and Carling (1992).

HASP involved close collaboration amongst the three government departments and NGOs involved in the delivery of the program. There was agreement that collaboration was satisfactory, but some communication difficulties were experienced and there were some difficulties in clarifying lines of accountability and the respective roles and responsibilities of those involved (Meehan 2010: 26-31). Control over the process of nominating clients for the program was retained by the mental health authority. Some of those involved in the program felt that existing social housing tenants with mental health issues should be eligible for the program but this was not accepted (Meehan 2010: 27).

The results of the evaluation were highly positive. Over 80 per cent of clients indicated that involvement in HASP had helped them (or was currently helping them) to achieve their goals. Most HASP clients sustained their tenancies with over 80 per cent still living in the original accommodation provided through HASP after four years. The program was effective in keeping clients out of inpatient care with the number of days of inpatient care reducing from 227 days in the year prior to HASP to 18.9 days in the 12 months post-HASP. Over half of the HASP clients experienced improved general functioning and 40 per cent showed improved clinical functioning in their first year in HASP. The proportion of clients on Involuntary Treatment Orders (ITOs) decreased from 46 per cent to 22 per cent. In terms of cost, it was estimated that the annual cost of keeping a client in HASP was \$66,663 (excluding housing) compared with \$140,525 in a Community Care Unit and \$244,550 in an acute inpatient unit. The evaluation concluded:

The program demonstrates that given adequate support, stable housing and good case management, the accommodation needs of people with severe psychiatric disability can be met through ordinary/normal housing in the community (Meehan et al. 2010: iv).

The NSW Housing and Accommodation Support Initiative (HASI)

The HASI program in NSW commenced in 2002 with 100 clients and by 2012 was supporting over 1,000 people with mental illness. The program was evaluated in 2012 and this brief account of the program is based on the evaluation report (Bruce et al. 2012). The aims of HASI are similar to those of the HASP program. They are:

- To provide to people with mental illness ongoing clinical mental health services and rehabilitation within a recovery framework;
- To assist people with mental illness to participate in community life and to improve their quality of life;
- To assist people with mental illness to access and maintain stable and secure housing; and
- To establish, maintain and strengthen housing and support partnerships in the community (Bruce 2012: 10-11).

The program involved a partnership program between Housing NSW, NSW Health, NGO Accommodation Support Providers and community housing providers. All HASI clients had a mental health diagnosis including 65 per cent diagnosed with schizophrenia. A quarter of HASI clients had a secondary diagnosis and more than half had a co-existing condition, most commonly alcohol or drug dependency. Nearly half of HASI clients were in hospital or had insecure housing when they entered HASI and almost all were referred with the expectation that HASI would assist them to sustain their tenancies. Most of those with high support needs had insecure housing when they entered the program.

Most HASI clients were accommodated in public and community housing, although HASI also provided support to clients living in their own homes. Clinical care was provided by community

mental health services and accommodation support was funded by the state government and provided by NGOs. The level of support provided through HASI varied widely from 8 hours per day to 5 hours per week.

The strongest positive indicator of the success of HASI was the significant drop in mental health inpatient hospital admissions after joining HASI, both in average number of days spent in hospital per year and in average number of days hospitalised per admission (Bruce et al. 2012: 46-56). Consumer outcomes were also positive for mental health, stable tenancies, independence in daily living, social participation, community activities and involvement in education and voluntary or paid work. Most consumers believed that HASI has contributed to improving their quality of life compared to before joining the program (Bruce et al. 2010: 102-108).

The housing provided for clients participating in the HASI program was allocated out of existing social housing stock. This meant that some clients had to wait sometime before being allocated housing. Most of those allocated housing from public housing stock were allocated one bedroom dwellings and lived alone. Some of these tenants expressed the view that they would have preferred to live with others. Most were satisfied with their housing and appreciated the housing security they had gained while in HASI. Most successfully maintained their tenancies while in the HASI program. Very few tenants had complaints against them and those that were made were usually minor problems that were readily resolved. HASI hence provides clear evidence for the potential of support programs to reduce ASB. Some HASI consumers experienced harassment from other tenants and neighbours and this was resolved in some cases by arranging a housing transfer (Bruce et al. 2012: 78-88).

The HASI evaluation also examined the effectiveness of the service model, including the referral and selection process; the type and quality of HASI support provided; the processes for exiting from HASI and transitioning between levels of support; and partnership arrangements. Overall, it was concluded that the partners had established effective mechanisms for coordination at the state and local levels, and the overall model operated well to provide an integrated response to its target group (Bruce 2012: 209-165).

The annual cost of HASI per person ranged between \$11,000 and \$58,000, with an average cost per client of approximately \$30,000 (Bruce 2012: 167-169). These costs did not include clinical mental health services or the social housing stock that was used to house HASI clients as these were costs that were likely to be incurred irrespective of whether participants were receiving HASI support. No cost-benefit analysis was undertaken for the program. However, the evaluation concluded that,

Consumers from every group benefit from the program, including men and women, consumers on higher and lower support packages, all age groups and consumers with and without prior contact with families and friends. The findings show that the assessment of applicants should not exclude consumers on the basis of complex needs or characteristics because, with appropriate housing and support services and encouragement to engage with the program, all groups have been shown to benefit. (Bruce et al. 2010: 170)

Summary

HASP and HASI are examples of specialist tenancy support programs for people with mental illness which provide long-term, intensive, integrated support in social housing for people with complex mental health issues. The level of support provided far exceeds that available to most social housing tenants with complex needs, including those involved in sustaining tenancies and exiting homelessness programs. Evaluations of these programs indicate that they have high success rates in sustaining tenancies, and some success in improving general and clinical functioning. They are considerably less costly than inpatient care and other residential care programs such as CCUs, and they reduce overall usage of these more

expensive services. Programs of this kind have generally been restricted to individuals with a mental health diagnosis and they have not been accessed by social housing tenants with mental health issues who have accessed social housing through other routes (such as the tenants included in the case studies reported in chapter 3). The contrast between the high level of integrated services and support received by HASI and HASP clients and the ad hoc, limited services received by the case study tenants is stark.

Supportive housing programs for individuals exiting homelessness

The Australian Government's ambitious program to reduce the level of homelessness in Australia (Australian Government 2008) gave rise to a third wave of supportive housing programs in social housing targeted on individuals exiting homelessness and designed to sustain their new social housing tenancies. Many of these individuals had mental health and substance misuse issues. One driver for these programs was awareness of the phenomenon of the 'revolving door', whereby people who were homeless were provided social housing only to reappear as clients of homelessness agencies within a short period of time (Kelly 2005). A further driver was the growing awareness of overseas programs, especially in the United States, claiming success in sustaining the tenancies of people who had experienced homelessness. Many of the proponents of these programs visited Australia during 2008-2013 and a number of supportive housing models based on overseas experience were introduced into Australia.

One such program is Common Ground, a form of supportive housing offering a range of onsite social services to residents in large congregate settings, designed to accommodate a mix of homeless people and low-income working adults. First developed in New York city before spreading to other North American cities, Common Ground targets people who are chronically homeless, with the aim of creating 'socially mixed' communities. This model has been widely applied in Australia where eight Common Ground buildings across five states had been developed by 2013 (Parsell, Fitzpatrick and Busch-Geertsema 2014). This model of supportive housing, which houses many people with mental health and substance misuse issues, is currently the subject of evaluations in Brisbane, Sydney and other locations.

Another North American supportive housing program that has been influential in Australia is the Pathways Housing First model that was also developed in New York in the 1990s (Tsemberis 2010). The Pathways Housing First model of supportive housing consists of scattered-site, secure housing combined with an Assertive Community Treatment team comprising a service coordinator, psychiatrist, nurse, addiction and employment counsellors and peer support specialists (Tsemberis, Kent and Respress 2012). The Pathways Housing First model has consistently achieved housing retention rates of over 85 per cent for people with psychiatric disabilities and chronic experiences of homelessness (Parsell and Moutou 2014: 16-17). Street to Home programs are now operating in a number of Australian capital cities using housing primarily accessed through the social housing sector. A number of evaluations of these programs have already been undertaken (Parsell, Tomaszewski and Jones 2013a; 2013b; see also Johnson and Chamberlain 2013; Hough and Barry 2014).

Ad hoc support for tenants with complex needs

While the number and diversity of supportive housing models for tenants with complex needs has grown considerably in Australia over the past twenty years, many social housing tenants with mental health and substance misuse issues do not benefit from integrated supportive housing programs or arrangements. The circumstances of the public housing tenants included in the case studies in chapter 3 are probably typical of most tenants. As shown in section 3.4, most of these tenants do not have access to professional mental health support and treatment even though many of them have had prior contact with mental health services. Other support is highly variable and usually inadequate or inappropriate. While front-line housing workers often do their best to liaise with support services, they have no mandate or

capacity to coordinate services to tenants. Similarly, support providers, including state funded mental health providers, often have no mandate or processes to coordinate with housing providers. Even when social housing tenants receive support from external agencies, the provision of support is frequently not conceptualised or embedded within the ongoing provision of housing. On the other hand, the ongoing provision of affordable housing is recognised as a fundamental requirement for the various supportive housing programs from the United States. The positioning of housing as central to the recovery process is significant to enable support and housing providers to coordinate their work. Progress over the past two decades has been incremental and there is now a diverse array of supportive housing models and programs, many of which appear to be effective. However, we are yet to see a comprehensive approach to provision of supportive housing for social housing tenants and many (such as those described in chapter 3) remain vulnerable to tenancy failure.

4.5.4 Summary and implications

There is a wide consensus concerning the key role of housing in the lives of people with mental health and substance misuse issues. There is also wide agreement that the supportive housing model provides the most appropriate and effective framework for sustaining the housing of individuals with complex needs. As many individuals with mental health and substance misuse issues have low incomes, social housing necessarily plays a key role in housing provision for this population group. Over the past two decades, a wide range of approaches to provision of supportive housing within social housing have emerged including generic tenancy support programs, integrated housing and support programs focused on tenants with diagnosed mental illnesses, and supportive housing programs designed to sustain the tenancies of those existing homelessness. There is evidence pointing to the effectiveness of many of these approaches. However, many social housing tenants with complex needs are not clients of these supportive housing programs. They receive, at best, ad hoc support and as a consequence are vulnerable to tenancy failure.

A number of initiatives, considered in various sections of this report, are required to address this situation. These include:

- Improved data concerning the number of social housing tenants with mental health and substance misuse issues, and the nature and severity of these issues.
- Improved links between social housing providers, mental health services and other support organisations.
- Adoption of the principles of supportive housing as the basis for housing provision to social housing tenants with mental health and substance misuse issues.
- Expansion of those supportive housing programs that can demonstrate positive outcomes for tenants, especially tenancy sustainment.
- Expansion of the supply of social housing dwellings to meet the demand from people with mental health issues.

It seems clear from all the evidence reviewed in this report that the main limits to people with complex needs maintaining social housing tenancies is the supply of adequate and appropriate housing and support rather than the limits resulting from their illness and resultant disabilities.

5 REVIEW OF SYSTEMIC ISSUES

5.1 INTRODUCTION

In this final chapter, the systemic issues arising from the evidence assembled through the policy analysis (chapter 2), the case study analysis (chapter 3) and the literature analysis (chapter 4) are identified. The systemic issues that the Commission might choose to address are divided into three groups:

1. Systemic issues relating to the application of the ASB Management Policy to tenants with complex needs (5.2).
2. Systemic issues relating to more effective management of ASB (5.3).
3. Systemic issues relating to the overall role of social housing in supporting individuals with mental health and substance misuse issues (5.4).

The final section of the report (5.5) lists a number of proposals that could be adopted to address the systemic issues identified.

5.2 THE ASB MANAGEMENT POLICY AND TENANTS WITH COMPLEX NEEDS

The anti-social behaviour (ASB) management policy introduced in Queensland social housing in 2013 imposed stronger sanctions on social housing tenants engaged in disruptive and destructive behaviour. In accord with Western Australia, the Northern Territory and Victoria, the Queensland Government introduced a strikes-based process superimposed on the existing system of issuing breaches for violations of tenancy agreements. Under this policy, three strikes for substantiated incidents of ASB within a twelve month period results in action to end the tenancy. One strike for an incident of dangerous or severe ASB leads to immediate action to end the tenancy. The three strikes policy was underpinned by amendments to residential tenancies legislation significantly increasing the powers of social housing providers to seek evictions on the grounds of objectionable behaviour or a serious breach.

One of the key issues raised in the public debate on these legislative changes was the impact of the new policy on tenants with complex needs. In his Second Reading Speech on the 2013 amendments to the *Residential Tenancies Act*, The Minister acknowledged the concerns raised by organisations such as the QMHC at the hearings of the Parliamentary Committee concerning 'vulnerable people, including those with mental illnesses'. He indicated that he had requested that his department liaise with the Mental Health Commissioner and the Queensland Anti-Discrimination Commissioner to ensure that adequate supports and protection were in place (see section 2.3.5). This report was commissioned by the QMHC in order to provide a strong evidence base for further consideration of this issue.

Based on the evidence presented in this report, it can be concluded that the implementation of the ASB Management Policy did not take sufficient account of the circumstances of social housing tenants with mental health and substance misuse issues. The formal processes set out in the PHPM required the Department of Housing and Public Works (DHPW) to consider the circumstances of tenants with complex needs; to carefully explain the strike process to them; to explore alternative options to issuing a strike to help the tenant address their behaviour; and to consult with known support agencies. Once these steps were taken, the Housing Service Centre (HSC) was required to make a decision in accord with the ASB Management Policy.

Based on the case studies and interviews conducted for this report, it appears that staff in HSCs were conscientious in following these requirements. Nevertheless, in three respects the process appears to have fallen short of what might reasonably be expected:

1. Although DHPW staff took steps to explain strikes, many tenants with complex needs either misunderstood the strike process or were incapable of understanding it.
2. While staff consulted with known services, many tenants in fact had little or no involvement with support services or had inappropriate or inadequate support.
3. While staff successfully explored alternative options with some tenants, the possibility of doing was extremely limited for those tenants who were unable to understand the consequences of their behaviour and/or who had limited control over their behaviour. Most of these tenants were at high risk of eviction under the ASB Management Policy or had already been evicted.

A number of structural factors exacerbated these practice difficulties.

1. In most of the case studies relations between workers in HSCs and mental health services were ad hoc or non-existent. There were only limited examples of joint case planning, use of protocols to manage crisis situations or coordination of effort.
2. There were no specialist support services for tenants to draw on from within DHPW and, as mentioned above, little external support. Further, there was no clear mandate in the ASB policy for continuing to provide support to address ASB under some circumstances as an alternative to issuing strikes if ASB continues.
3. There was no recognition in the ASB Management Policy that people with mental health and substance misuse issues, as well as other minorities, may be victims as well as perpetrators of ASB.
4. No processes were built into the ASB policy to monitor outcomes for tenants with complex needs.

5.3 THE EFFECTIVE MANAGEMENT OF ASB

The effectiveness of the ASB Management Policy could be improved by adopting a more comprehensive and strategic approach that includes an emphasis on support.

Reducing the level of ASB is a critically important goal of social housing management. The negative impact of serious ASB on other social housing tenants, neighbours, housing staff, taxpayers and other people with complex needs is illustrated by the case studies and confirmed by the literature. However, the literature suggests that the most effective approach to reducing ASB is one that *combines sanctions with preventative, supportive and rehabilitative strategies*. Sanctions and support should be viewed as complementary rather than opposed strategies.

The literature also suggests ways that the *efficiency and effectiveness* of the ASB strategy might be improved. Firstly, there is a need to develop ways of monitoring and measuring the effectiveness of the ASB policy. Data collection on outputs (complaints, complaints resolved, strikes, breaches, evictions) is important but tells us little about effectiveness in reducing ASB. In fact, the meaning of the information compiled on outputs during the first year of the ASB Management Policy is somewhat ambiguous. Complaints have risen by 37 per cent, but complaints resolved have fallen 18 per cent. Breaches as a proportion of resolved complaints for ASB have declined from 38 per cent to 25 per cent and the number of formal evictions for ASB has risen from 44 to 54. The decline in breaches probably reflects a concentration of effort by HSCs on more serious breaches rather than any changes in tenants' behaviour.

There is also a case for reconsidering *terminology*. It has been argued that the term 'anti-social behaviour' is too broad, that it confuses criminal and non-criminal actions and that it is

stigmatising. The use of the term in the context of social housing may reinforce the stigma that already is associated in the public mind with social housing. Some tenants in the case studies found the term devaluing in this way. The term disruptive behaviour has a more precise meaning.

Another way that the ASB policy might be improved is by reviewing *staffing and resourcing* issues. Other states have created specialist positions to deal with complex ASB cases and have increased overall resources for managing complaints and issuing strikes. The time consuming nature of the process of investigating, issuing and following up strikes was a consistent theme of front-line workers in the case studies.

A number of questions of *procedural fairness* were raised in the public debate on the legislation accompanying the new policy which significantly expanded the powers of social housing providers to seek evictions. It is important that the operation of these powers is reviewed to assess whether there have been any infringements of the rights of social housing tenants who have a psychiatric disability, including any infringements of disability discrimination legislation.

Finally, the *wider efficiency* of the ASB Management Policy needs to be considered. Many evicted from social housing place cost pressures on other government services, including homelessness and hospital services. Finding ways where possible to address ASB through supportive and other measures may have efficiencies when viewed from a whole of government perspective.

5.4 SOCIAL HOUSING MANAGEMENT AND TENANTS WITH COMPLEX NEEDS

The implementation of the ASB Management Policy and its impact on tenants with complex needs demonstrates the need to review the role of social housing in providing affordable housing for people with mental health and substance misuse issues. Almost all new allocations of social housing are priority allocations to people with priority needs including those with mental health and substance abuse issues, often associated with other complex needs. Some of these are allocated places in social housing through mental health and housing programs such as HASP and homelessness programs such as Common Ground. However, many others become social housing tenants with undiagnosed mental health issues and inadequate support, as illustrates by the case studies.

A number of matters require serious attention. Firstly, there is a need for *improved data* about the mental health of new entrants as well as existing residents of social housing. It is currently not possible to estimate the number of new and current residents with mental health and substance misuse issues. Existing information is totally inadequate for planning purposes.

The case studies demonstrated that *relations between social housing providers (especially DHPW as the major provider) and mental health services* need to be reviewed and new, structural relations developed and monitored. As shown in the literature analysis, several states have strong MOUs at central and local levels that provide a structure for high levels of collaboration. Arrangements of this kind have existed in the past in Queensland and this issue needs to be re-visited.

Thirdly, attention needs to be given to *housing models* that will maximise positive outcomes in terms of sustainable tenancies, mental health and social wellbeing. The supportive housing model provides a framework for thinking about the kinds of housing that might be developed within social housing for tenants with mental health issues. While resources may not currently be available for the kind of supportive housing provided through HASP and similar programs, consideration of supportive housing principles would provide a model for housing and mental

health providers seeking to enable people with mental health and substance misuse issues and limited financial resources to live in the community.

Finally a critical problem is the *lack of sufficient and suitable housing* supply to meet the increasing demand from people with mental health issues. There is a need to fund the capital costs of housing as well as support services.

5.5 SPECIFIC PROPOSALS

This final section lists actions to address the systemic issues identified in the earlier sections of this chapter.

The ASB Management Policy and tenants with complex needs

In order for the ASB Management Policy to more fully take into account the circumstances of social housing tenants with mental health and substance misuse issues, the actions listed below should be carefully considered. This list is based on analysis of the case studies reported in chapter 3; current policies and practices as set out in chapter 2; policies and practices in other jurisdictions as described in chapters 2 and 4; and the academic and policy literature reported in chapter 4.

1. Greater and more consistent use should be made of warnings prior to a 1st strike and Acceptable Behaviour Agreements after a 2nd strike to ensure that tenants with complex needs understand the strike process and its implications, and exactly what behaviour is expected of them. ABAs should be used to encourage or in some cases require tenants to seek appropriate support.
2. Ways of improving communication to tenants about the strike process should be considered. The language and terminology used in strike notices and all information on the scheme should be expressed in readily understood language. In particular, clearing up confusion in the minds of tenants about the ways that the strikes process relates to the breaching process should be a priority.
3. Greater efforts to ensure that support agencies are aware of the strikes policy and its implications should be made, so that support agencies are better prepared to assist tenants who have received or are likely to receive strikes.
4. If a social housing tenant is known to be in contact with a support service that service must be informed if the tenant has received a warning or a strike.
5. More consistent application of the strikes process should be required. It is fairer for tenants if all ASB is managed through the strikes policy; a notice to leave for ASB should only be issued following a 3rd strike or a '1st and final' strike.
6. Tenants who receive warnings or strikes under the ASB policy who are identified as having mental health issues or who are suspected of having mental health issues should be informed of local mental health services and other support services and encouraged to contact them. Tenants should be offered assistance in making these contacts rather than simply being given information. Arguably there should be a requirement that mental health services are involved at this point.
7. If an HSC suspects that a tenant's ASB is a result of their complex needs they should routinely receive at least one warning prior to the 1st strike being issued.
8. A protocol should be developed for situations involving ASB where a tenant as a result of their complex needs is unable to understand the consequences of their behaviour and/or is unable to control their behaviour. This protocol should be designed to ensure that all alternatives to eviction have been thoroughly considered. For example, it may require consultation with and an assessment by local mental

health services. Consideration should be given as to whether it is ever appropriate to evict a tenant in these circumstances.

9. There should be a clear mandate in the ASB Management Policy for HSCs to continue to provide support to address ASB under some circumstances as an alternative to issuing strikes if ASB continues.
10. HSCs should undertake an audit of local services that can provide assistance or support in situations involving people with complex needs as perpetrators of ASB. If appropriate local services are not available this should be a factor taken into account prior to issuing strikes.
11. Relations between HSCs and mental health services at the local level should be reviewed and local protocols developed to ensure more effective collaboration especially with respect to social housing tenants with complex needs perpetrating ASB.
12. The investigation of complaints should take into account the possibility that social housing tenants with complex needs are the victims of ASB and that their mental health issues may make it difficult for them to present their case and defend themselves against accusations of ASB.
13. In the light of the findings of this report, especially the case studies, further consideration should be given to enabling the QCAT to consider the social circumstances of social housing tenants when making decisions concerning terminations of tenancies, as recommended by the Parliamentary Committee that reviewed the legislation.

The effective management of ASB

It is essential that reducing the level of ASB is prioritised in social housing management due to its negative impact on other social housing tenants, neighbours, housing staff, taxpayers and other people with complex needs. There is evidence from all three analysis chapters that a more effective policy can be devised than the current sanctions-based approach.

1. An analysis should be undertaken of the most effective means of reducing ASB in social housing drawing on the international research literature which suggests that a comprehensive approach that combines sanctions with preventative, supportive and rehabilitative strategies is most likely to be successful.
2. The effectiveness of the current ASB strategy should be monitored and appropriate measures of effectiveness devised. Extreme care should be taken in using data on outputs (complaints, breaches, evictions, etc.) to infer changes in outcomes (increased or decreased ASB).
3. The implications of data collected during the first year of operations of the ASB Management Policy should be considered. Complaints have risen, resolved complaints have fallen; breaches have fallen and number of evictions has risen. A review of the first year of operation of the ASB Management Policy that reviews this data and investigates the experiences of staff and tenants would lay the foundations for more effective implementation in the future.
4. The over-representation of Indigenous individuals and families and sole parent families amongst those at risk of eviction under the current policy should be analysed to ensure that there is no systemic discrimination against these population groups and to assess the impact of eviction of children from social housing.
5. Consideration should be given to replacing the term 'anti-social behaviour' with the term 'disruptive behaviour', following the practice of Western Australia and some other jurisdictions. The term ASB as used in the ASB Management Policy is

extremely broad and fixes the same label to very serious and dangerous criminal offences and relatively minor disruptive behaviour. There is a danger that use of the term in this context will result in further stigmatising of social housing in general. The term 'disruptive behaviour' is more accurate and less pejorative, and less likely to cause distress to people with mental health issues to whom it is applied.

6. Consideration should be given to an appropriate staffing structure for the ASB Management Policy as has occurred in other states such as Western Australia. The ASB Management Policy has imposed a high workload on front-line staff and it is noticeable that the rate of resolution of complaints has decreased by 18 per cent. Increased staffing is needed to implement the policy and there is a need to create a cadre of specialists who can advise workers in HSCs on ASB issues and/or manage complex cases, such as those involving tenants with complex needs.
7. There is also a need to consider the issue of staff training for the ASB Management Policy. The policy was introduced somewhat hurriedly and with the advantage of one year of experience of implementation this is an appropriate time to review the training needs of staff. Any staff training program should give central consideration to the complex issues involved in applying the policy to tenants with complex needs.
8. The extension of powers over ASB given to social housing providers in the 2013 amendments to the *Residential Tenancies Act*, together with the limited power of QCAT to consider the mental health issues and other social circumstances of tenants, raise questions of procedural fairness. Current arrangements should be reviewed to examine whether they are open to allegations of infringements of the rights of social housing tenants who have a psychiatric disability, including any infringements of disability discrimination legislation.
9. The ASB policy should be reviewed in terms of its efficiency from a whole of government perspective, given the cost pressures on other government services that stem from eviction of vulnerable individuals and families, including the cost of providing homelessness and hospital services.

Social housing management and tenants with complex needs

Many social housing tenants with complex needs are not able to access supportive housing programs such as HASP and programs designed for those existing homelessness. Many have undiagnosed or unrecognised mental health issues and inadequate support, as illustrates by the case studies. Given that almost all new allocations to social housing in Queensland are to individuals with high or very high needs, there is a need to urgently review the ways that social housing in Queensland accommodates the needs of tenants with mental health and substance misuse issues.

1. Improved systems should be developed for obtaining data about the mental health status of entrants to and existing residents of social housing. Currently, the overall number and proportion of residents with complex needs is unknown which is a major impediment to effective planning.
2. Closer collaborative relations should be developed between social housing providers, especially DHPW, and mental health services in Queensland. This collaboration is required around implementation of the ASB Management Policy, but the issue is far broader given the important role of social housing in achieving mental health policy objectives. Consideration should be given to the development of an MOU along the lines of those in operation in Western Australia, South Australia and NSW. There is a need for appropriate collaborative structures at both head office and local levels.

3. Consideration should be given to reviewing and if necessary upgrading housing staff training in the area of mental health and substance misuse to reflect developments over the past decade in housing and mental health policy, provision and practice.
4. There is widespread agreement that supportive housing principles should underpin the provision of housing to individuals with complex needs living in the community. Social housing providers in Queensland should aspire to provide all tenants with housing underpinned by these principles. This might be achieved through expansion of the HASP program to include existing social housing tenants who meet other entry criteria for HASP; expansion of support programs for tenants existing from homelessness; development of generalist tenancy support programs such as those that operate in many other states and territories; development of closer links with support providers at the local level; and development of statewide protocols with the NGO sector.
5. Ongoing consideration should be given to ensuring that as far as possible the housing stock available for tenants with complex needs is suitable to their requirements, including the need to minimise the likelihood of complaints of ASB. Expansion of social housing stock earmarked for people with mental health issues should be a joint priority of social housing and mental health authorities.
6. The supply of affordable rental housing for individuals with complex needs should be expanded. This should become a priority in the context of plans for the reform of social housing in Queensland over the remainder of this decade.

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APPENDICES

APPENDIX 1: CLIENT CASE STUDIES

Case study 1: Julia

Gender and age: Woman aged 30-40

Indigenous status: Indigenous

Location: Non-metropolitan city

Dwelling: Two bedroom residence in a block of eight

Housing status: Tenancy commenced 9 October 2012

Income source: Disability Support Pension

Mental health issues: Diagnosed with Schizophrenia and has Involuntary Treatment Order

ASB Intervention: 1 strike issued for excessive noise (August 2013)

Case study informed by:

- interview with Julia (tenant)
- interview with Julia's mother
- email interview with HSC manager
- HSC prepared file review.

Housing background

Julia lives with her mother. Her only child is in the care of the Department of Communities, Child Safety and Disability Services (DCCSDS). Prior to commencing her tenancy with the DHPW, Julia lived for a period of approximately two years with her mother in a property managed by a community housing provider. Prior to the community housing dwelling, Julia reported a number of years of homelessness. These experiences of homelessness included hostel accommodation and rough sleeping, the latter 'for a bit of a year'. Julia's period of rough sleeping followed her exclusion from hostel accommodation for behaviour issues.

Mental health and alcohol and substance misuse issues

Julia disclosed a diagnosis of schizophrenia. She is an involuntary patient, under an Involuntary Treatment Order, with the mental health system. She is required to receive her depot medication on a monthly basis. Julia said that her health has improved since receiving new medication, which she says 'really helped me to uncloud the darkness in my head and just feel better about myself'.

Julia spoke about alcohol use which she attributed to the serious problems she has experienced in response to her child being removed from her care, which first happened in 2006. The removal of Julia's child and her placement in out-of-home long-term care is a central issue for Julia. She recalls, 'I was in hospital and they took her off mum; I lost her and I did not know how to cope'. Julia says that she is only able to have one hour contact with her daughter per month. She said that it's like the stolen generation again: 'They're taking our kids off us, throwing us into prison'.

Support and services

Julia reports limited support from her mental health case manager, but she said that she receives positive support from her Indigenous mental health community liaison officer. She

said that unlike her non-Indigenous mental health case manager, her Indigenous mental health community liaison officer can relate to her. When asked whether her mental health workers (psychiatrist, case manager, Indigenous liaison worker) knew about the issuing of the strike, Julia said that she had not spoken to them about it. The Housing Service Centre (HSC) staff advised that tenants who receive a strike are sent information about agencies and support services that may be able to provide assistance. The HSC staff member did state, however, that, 'it is not noted that any support services have been contacted to date regarding [Julia's] tenancy'. The HSC staff member observed that [Julia] 'is verbally aggressive both towards other tenants of the complex and staff. I am unsure how eagerly she would engage with the Department or services'.

Julia said that the presence and support of her mother has been important in addressing the problems that led to the issuing of the strike. Julia explained that the parties which led to her being issued a strike took place prior to her mother moving in. Before her mother moved in, Julia said that she spent much of her time intoxicated as a way of dealing with her unsatisfactory housing and her problems with the Department of Child Safety. Since her mother moved in, Julia reports that she is consuming less alcohol and is better dealing with her problems. Julia's mother stated that she tells Julia to behave and that she supports her to understand the symptoms of her mental health problems.

The strike(s)

DHPW issued a strike in August 2013. The DHPW record lists the reasons for the strike as 'smashing bottles, yelling, abusive language and loud disturbances throughout the night'. In February the DHPW received additional complaints that Julia was disturbing her neighbours because she was 'fighting with her mother, visitors and yelling'. Following these concerns, over Easter in April 2014, the DHPW received a complaint alleging that Julia had engaged in a 'minor stabbing' of a visitor. The complaints also alleged 'loud music and alcohol consumption'. The two latter complaints did not result in subsequent strikes being issued.

DHPW records indicated that staff at the HSC contacted Julia by phone (March 2014) to advise that she was disturbing neighbours and that she may be issued a second strike as a result. Julia responded with advice that she experiences mental health issues and as a consequence, she could no longer live in a unit. The records show that a request for a housing transfer was lodged. This was confirmed by Julia, who recalled the phone conversation and explaining that she has a mental health problem. She said that she advised that her mental health problem meant that 'I'm not really comfortable with the place that I'm in'.

Julia described her housing as horrible and her neighbours as difficult to live with (she said her neighbours were 'out to get me'). She said that her housing 'feels like a cell'. She explained this in terms of the lack of a back entrance or exit and no windows in the central part of the dwelling. She asked, 'Are they preparing me to go to prison by keeping me here?'

Julia described the strike as a result of house parties that were held prior to her mother moving in. She said that her friends would come around and drink. Conscious of how her neighbours may perceive her parties, she said that she advised her neighbours that if her parties were disturbing them then they should let her know directly. She stated that:

I hate going out in public a lot and interacting with people because I go out happily and I come home in the biggest problem, shitty mood and then it explodes here at home. So that's a real boundary for me and Mum and my anti-social housing behaviour and things like that.

Julia spoke clearly about the possibility of receiving further strikes as a consequence of her behaviour and her lack of housing alternatives:

I can't be homeless because I am barred from the hostels in town, and I'll be homeless if I get kicked out of here. Where else am I supposed to go?

In addition to cognisance of the consequences of receiving what she refers to as 'breaches' under the anti-social behaviour policy, Julia is of the view that the DHPW are understanding about her problems because of her mental health issues. Referring to the phone conversation of March 2014 with staff at the HSC, Julia reflected that:

Ever since that telephone conversation they've been lenient with issuing breaches to me.

In Julia's view, conveying to the HSC staff that she has a mental health problem has been important for them understanding her situation and the problems that lead to complaints about her behaviour.

It does my head in and since I've gotten a few complaints with anti-social behaviour, they've always written back to me that there is insufficient evidence and that there's no breach been made.

At a broader level, Julia described the issuing of the strike and her previous exclusions from hostel accommodation in terms of racism toward Indigenous people. She said that 'white' people in her town look at Aboriginal people as if they are 'antisocial and that we should not be sociably in the community'. Julia expressed a view that "white" people wanted Aboriginal people to be "anti-community". Further, she remarked:

I think they're trying to pull a lot of Aboriginal people back into the mission and they're really doing it hard to Aboriginal people who are living in housing.

Concluding observations

Julia felt that a range of issues exacerbated her schizophrenia, including the removal of her child and the design environment of her house. She described her alcohol consumption – often in the company of visitors, as a strategy she used to deal with her mental health issues.

She expressed the view that making the DHPW aware of her mental illness was instrumental in their reluctance to issue additional strikes. However, Local HSC staff reported that Julia's disturbance of neighbours has continued and that further substantiated problems would put her tenancy at risk.

There was no evidence that Julia received support from her mental health service providers following the issuing of her strike. She said that she had not advised her mental health workers about the issuing of the strike. Local HSC staff advised that Julia's aggressive verbal behaviour meant that she would be unlikely to engage with support from the DHPW or other service providers. However, Julia received support from her mother that they both felt was beneficial to her mental health and her behaviour in public housing.

Julia's tenancy is somewhat precarious. Although one strike has been issued, HSC staff have desisted from further strikes on account of her mental illness. However, her behaviour continues to cause problems for neighbours. Could the situation be resolved through mediation, more intensive support and/or housing transfer, or are eviction and subsequent homelessness the likely outcomes?

Case study 2: Bronwyn

Gender and age: Woman aged 45-60

Indigenous status: Indigenous

Location: Non-metropolitan city

Dwelling: Three bedroom detached house

Housing status: Tenancy commenced 1 November 2006

Income source: Carers Pension

Mental health issues: DHPW suspects 'issues with alcohol, depression and mild intellectual impairment'

ASB Intervention: 1 strike issued in February 2014 for behaviour of people visiting unit

Case study informed by:

- interview with Bronwyn (tenant)
- HSC prepared file review.

Bronwyn refused to consent to other people to be interviewed.

Housing background

Bronwyn is a single woman with two teenage children in her care: her niece and nephew. Until the death of her mother in 2013, Bronwyn also cared for her mother at her mother's social housing property. Bronwyn was recently transferred to her current property after residing in social housing with her mother for approximately eight years. Her previous property was a two bedroom unit in a block of eight units, and she was issued the strike in this previous property.

Bronwyn described her three bedroom house in very positive terms. She was pleased that it was in a different location to her previous property where she had experienced problems. She said, 'I find it real good here; quiet area'. Bronwyn said she had previously experienced difficulties in paying her rent on time, but these problems have been addressed and she is now two weeks ahead.

Unrelated to the problems leading to the issuing of a strike, Bronwyn was on a waitlist to be transferred from her previous property as she required a low set dwelling to accommodate her mother's mobility and accessibility needs. Bronwyn said that her previous two bedroom dwelling was overcrowded as it was shared with her mother as well as her niece and nephew.

Mental health and substance misuse issues

Bronwyn said that she had not consumed much alcohol for a long time. She said that following the death of her mother in 2013 she started to drink more, but pointed out that,

I usually tell Housing if I want to go and have my drink I usually sit in the pub. Sit in the pub, have a quiet drink there and just come home.

She explained that it is 'probably because of Housing' that she drinks in the pub rather than her home. Drinking at home, she said, ran the risk of parties and large numbers of visitors. Bronwyn stated that she has not been diagnosed with a mental illness.

Support and services

Bronwyn has had no contact with support services in connection with her drinking and did not seek help from any source following the issuing of the strike. She explained that, 'I kind of do it myself'. She did not think that any support or assistance would have been helpful in dealing with her housing problems. She was not involved with any Aboriginal organisations.

The strike(s)

DHPW records indicate that Bronwyn was issued a strike because of 'visitors causing disturbances' and 'neighbourhood fatigue and overcrowding'. Between November 2012 and February 2014, DHPW received seven complaints about visitors causing disturbances, visitors and children scaling walls to enter premises, drinking, arguing, police call-outs, people sleeping in the car park and dumping of rubbish. DHPW records identified the problems with Bronwyn's previous tenancy to be primarily a result of visitors to both the unit and the common areas of the unit block. For instance, it was reported that people were congregating and sleeping in the car parks under the block of units. DHPW staff visited the block of units and observed large groups of people behaving in a drunk and disorderly manner. It is not clear from the records whether this was in Bronwyn's unit or in other areas of her block of units.

When asked why she received a transfer from her previous two bedroom unit, Bronwyn said, 'because too much people been coming around'. In response to questions about whether the people 'coming around' were visiting her specific unit, Bronwyn said yes visiting her unit 'plus underneath the building there was other Aboriginal people drinking'. Bronwyn said that the people were not her visitors, but rather they had come from 'down the road' and that they were 'finding somewhere to drink'.

Although she likes her current house, Bronwyn was not positive about DHPW as her landlord, describing them as 'shit really'. She expressed dissatisfaction with the level of home maintenance in her previous property. She also complained that, 'they used to come around and talk to me about trespassers and all that because it was open area'. She described the problem with people coming to her unit and drinking underneath her unit as a problem of accessibility. She said 'trespassers' could easily access the unit block (she referred to them as trespassers), and as a result 'I was getting a lot of shit over there with Housing'.

Bronwyn stated that the problems she had experienced with the DHPW stemmed from neighbours' complaints, although she described them as, 'really just over nothing'. She said that the complaints were because of disturbances but she could not remember the behaviour, and that DHPW were going to 'breach' her because of the complaints.

Bronwyn was asked whether she knew about the anti-social behaviour management policy and the three strikes. She said that she did know, and that she understood three strikes in a year would mean that she was out. She was then asked about whether she had ever received a strike, and she said that she did not know. When asked again, she again said, 'I don't know; not that I know of'. She said that when she received written correspondence from the DHPW in relation to a 'breach', she went into the HSC and 'I think they took that off; that breach'.

When asked about the nature of the concerns held by the DHPW expressed in the letter, Bronwyn said that it was 'drinking', but she pointed out that 'I haven't had a drink there for a very long time'. Instead, Bronwyn explained to staff at the HSC that the problem was with people under her unit, including the tenants in the unit immediately below her unit. Bronwyn said that the tenants below her threw their furniture off the balcony and she thought that the DHPW probably assumed that the discarded furniture belonged to her. In relation to the uninvited visitors drinking underneath her building, Bronwyn said that she knew most of them, but she stressed:

I tell them all the time not to come around because this was a private area. I used to tell them.

Again showing some confusion about the strike process, Bronwyn said she did not know whether the people drinking underneath her building were the reason she got 'breached'. However, she said that since receiving the letter from the DHPW she had 'quietened down a lot'.

Concluding observations

It is difficult to present a detailed assessment of Bronwyn's situation and experience of receiving a strike as this case study is based exclusively on her case file review and the one interview with Bronwyn. Moreover, during the interview Bronwyn was reluctant to speak in depth. On the basis of the available information, two points can be emphasised. Firstly, Bronwyn did not have a clear understanding of the issuing of the strike, being unsure whether she had even received a strike. She also appeared to be unclear about the nature of the problems that led to the DHPW sending her a letter about concerns with her tenancy.

Secondly, Bronwyn provided no information to indicate that she had engaged with or was supported by any formal organisations. It is not known if DHPW tried to refer her to or provide her with information about support services to assist her to address their concerns, including their concerns about her alcohol problems.

Bronwyn was experiencing severe problems with her tenancy in her previous public housing dwelling due to her inability to control the behaviour of visitors who caused ongoing, significant disturbance to other residents of the unit complex. This problem was exacerbated by the location of her housing in a unit complex where neighbours were easily disturbed, and a location readily accessible to her visitors. The decision to transfer her to a three-bedroom detached house in a different location appears in the short term at least to have been an effective response to her tenancy difficulties, as well as providing her with housing more suited to the composition of her household. Bronwyn appears to have an alcohol problem and difficulties in managing aspects of her tenancy, perhaps due to mild intellectual disability. It may be that she requires low level tenancy support in addition to support she may now receive from DHPW staff.

Case study 3: Kevin

Gender and age: Male aged 40-50

Indigenous status: Indigenous

Location: Non-metropolitan city

Dwelling: Four bedroom detached house

Housing status: Tenancy commenced 10 December 2010

Income source: Carers Pension

Mental health issues: Former alcoholic and drug addict, wife has a psychiatric illness

ABS Intervention: 1 strike issued for excessive noise, general behaviour in August 2013

Case study informed by:

- interview with Kevin (tenant)
- interview with Housing Service Centre (HSC) worker
- HSC prepared file review.

Housing background

Kevin lives in a four bedroom, detached dwelling with his wife, two adult children and one grandchild. He is a qualified mechanic; He currently is the formal carer for his wife who has a psychiatric illness. He moved to the city in 1996/1997 after growing up with his family on a remote Aboriginal community. When he first arrived in the city he stayed with his family in hostel accommodation for seven months. In the years between leaving the hostel and moving into his current social housing tenancy, Kevin has lived in several private rental properties ('we've always lived in real estates') and one previous social housing property from which he had been evicted.

Kevin described the tenancy problems in his previous social housing property that led to eviction:

Just rubbish and probably drinking. I had fun with drinking at the time. I was a young fella and fights. It wasn't us fighting. It was people that come and they party. We didn't want people coming to our house partying.

Kevin linked the problems (drinking, fights, and parties) that culminated in eviction to visitors coming from his remote Indigenous community. After being evicted, Kevin and his family experienced frequent, similar problems in the private rental sector:

When the kids were small the kids would break something and then we had to fix it and we always had problems when I was younger in real estates.

As a consequence, Kevin and his family were excluded from the private rental sector. He said this was ultimately to his advantage:

We told them [DHPW] we were blacklisted and they said it was good that we were blacklisted, that they could help us, our chances were better at getting a house.

Kevin likes his current property: 'so we were just happy to get this house'. He describes most of his neighbours as friendly and he socialises with some of them. However, he spoke of a problematic relationship with a neighbour who lives in private housing, which he attributed to the neighbour's prejudices about Indigenous people.

Mental health and alcohol and substance misuse issues

Kevin said that while he is no longer a heavy drinker, he was previously addicted to alcohol and illegal substances. He attributes his recent problems in housing with a 'push' towards

more and unwanted alcohol consumption. He is also carer of his wife, who has a psychiatric disability.

Support and services

Kevin stated that he was not in contact with any support organisations or services. When he received a strike from DHPW he did not seek any external support. He said that when he received what he believed to be his second strike, 'I thought about asking for help. I even tried going back to church'. He cited a lack of services available in his locality. Also he thought that the available Indigenous organisations were 'up for themselves'. He said that:

If there was an organisation today that could get involved or set themselves up to target this sort of area that we're talking about man I'd be straight there, straight on the door knocking on the door.

The strike(s)

The issuing of a strike to Kevin in August 2013 followed over 20 complaints raised between 2011 and 2013. These included:

- 5 complaints regarding partying, drinking and loud music
- 8 complaints including undeclared occupants, behaviour of occupants, children roaming streets, number of people staying at property (up to 15 on one occasion)
- 5 complaints regarding unregistered vehicles, multiple cars on property at a time, cars coming and going, cars revving up all hours of the night, suspected operating a business (vehicle repairs) from premises
- 1 complaint regarding fires in the front yard
- 1 complaint regarding verbal abuse from someone at property
- 1 complaint regarding domestic disturbance, fighting and arguing. Police attended.

Prior to the strike issued in August 2013, these complaints had resulted in two breaches, in February and March 2013.

Although all the evidence is that Kevin has been issued with one strike (August 2013), he believes that he has been issued with two strikes. For this reason, he believes that he is at risk of eviction. He stated in the interview that, 'we're on our last strike':

It's good having the house here but we're on our last leg. We're on our last strike and I've got to be very careful and keep it nice and clean.

Kevin believed that the complaints and issuing of breaches and strikes stemmed in part from disputes with his next door neighbour, who had complained about the upkeep of his property ('the yard not mowed') and the smell of rubbish. Visitors were also a problem:

Like I said trouble followed us again for a while there. The people were still coming here visiting and we're on our last strike now. It was mostly that it wasn't us. It was me allowing my brothers and my sisters and family coming here, staying a couple of nights and they were on the piss and drinking and fighting and carrying on and old matey was saying I've got a bad neighbour next door.

Further, Kevin said that whenever the police came to his home the DHPW 'knows about it straight away'.

Because of Kevin's concern about receiving a third strike, he has tried to modify his behaviour:

So we're basically on our last strike and so we just try to do the best we can not to allow another strike. We do have a drink here. I don't in front of whole neighbourhood but we do

have a drink now and then. We just have a little drink between ourselves. We don't have anyone here no more because there's just too much trouble. As soon as someone comes there's always a bad apple and I've just got to be a bit wise about it.

Kevin's decision to no longer have visitors come to his house to drink is based on his view that social drinking with others cannot be moderated. He believes that he received a second strike because of family drinking, yelling, abusive language and loud music at night. He said that if he had family or others visiting he could do little to influence their behaviour because 'you can't tell a drunken person'. He explained that 'the best thing we found is just don't bring people here drinking'. Kevin said that he has drawn the line and he now will not allow family or friends to drink alcohol at his home.

Kevin attributed his problems in part to his upbringing:

It is hard. I suppose I talk as an indigenous person ... but when you're growing up in a little aboriginal community where it's just like an everyday thing drinking, smoking, whatever it is, drugs and you get brought up in that stuff it tends to follow you a bit.

Nevertheless, he said that, 'we really have to adapt to what Housing wants us to adapt to'. He said that he would change his behaviour because he needed his house for his wife and children and 'for the sake of my grandchildren'. He saw eviction as a failure in his role of caring for his family.

Kevin clearly understood that eviction was a possible consequence of his actions and knew what he needed to do to keep his tenancy. However, he stated that DHPW did not understand the impact of his Indigenous background:

But I think Housing doesn't understand that being an Indigenous person, they don't look at your background, they don't look at oh, he's come from [remote Indigenous community]. He's come from an aboriginal community where it's totally different in town and they just go by their rules and if you've got loud music or you've got people that are drunk and being abusive they'll strike you. They don't give you a reason. They don't give you a chance to ring them up and talk to them and say look, I'm having this problem. I'm under a lot of stress.

They don't give a fuck where you come from or they don't look at your background so I come out of a broken home because we've all come out of a broken home where there was alcohol involved, drugs involved, sexual assault or whatever. We've come out of them places but they don't look at that. They put you in a home and expect you to act like a white man and behave like a white man and abide by their laws.

He said that when he received the letter advising him of the strike being issued, he contacted the HSC and they advised him that there was a complaint made against him and that he was required to abide with the terms of his tenancy. He was critical that he was not offered a meeting with the DHPW to discuss the strike; 'they don't come and talk to you'. This account of events differs from that of the DHPW staff member who recalled talking to Kevin about the problems and walking through Kevin's home to make observations. The DHPW staff member agreed with Kevin that some (but not all) complaints were motivated by Kevin's neighbour's self-interest:

More recent complaints I've found to be the neighbour more interested in preparing his house for sale and trying to get us to do certain work.

The problems that Kevin was experiencing with the DHPW, together with money problems and the mental health of his wife were causing him distress. He said that these problems, particularly the threat of eviction were 'pulling me down and it's sort of pushing me closer back to the bottle which I don't want to go back'.

Concluding observations

There are several important themes arising from Kevin's experiences. Firstly, the issuing of a strike led to attempts by Kevin to change his behaviour, especially drinking with family and friends at the house. While he questioned the justification of the strike, because of his desire to maintain his tenancy he was trying to change his behaviour.

Secondly, Kevin was somewhat confused about the strike process. He thought he had two strikes when in fact he had only been issued with one. It seems he also did not understand that the policy requires three strikes to be issued in a twelve month period. This misunderstanding occurred even though the HSC staff member involved stressed that 'we do impress upon them the seriousness of the situation':

We do take a lot of time with our tenants when we get to a point of confirming their complaints. As well as writing to them we try to have a face-to-face conversation with them and the involvement I have there is normally sitting with one of my housing officers or senior housing officers and I take the lead role in making the tenants aware of the seriousness. We tell them 'The Department's recently introduced this anti-social behaviour policy'.

Thirdly, Kevin was not offered support from external organisations or services, either prior to or after the strike. This is at odds with the HSC worker's description of the usual process:

We generally ask the tenant, 'Is it okay if we refer you to a community organisation for assistance' particularly in regards to the condition of the property, cleaning up the yards, those type of issues and we're getting a lot of assistance from a couple of community organisations who are now coming in and doing weekly visits to the tenants and ensuring that they're doing what we've asked them to do, cleaning the house up. That probably lengthens the time that we take to resolve the issues which is probably where some of the extra work comes in but seems to be giving us a better outcome.

Finally, Kevin stated that the issuing of the strike and his belief that eviction was a likely outcome caused him distress and was pushing him towards renewed alcohol consumption, which in the absence of support may have placed his tenancy at greater risk.

Kevin received numerous breaches for various forms of disruptive behaviour during his three years in public housing. Many of these breaches related to his alcohol misuse and difficulties with visitors to the unit resulting in disruptive parties. It was this history of repeated breaches that appears to have resulted in the strike received in 2013. Since receiving the strike, Kevin is highly motivated to control his drinking and to keep visitors away from his house. He is aware of the negative consequences for his family of eviction. Whether or not he can control his drinking and the partying at his house in the absence of any form of support is yet to be seen.

Case study 4: Penny

Gender and age: Female aged 20-30

Indigenous status: Indigenous

Location: Non-metropolitan city

Dwelling: Three bedroom detached house

Housing status: Tenancy commenced 10 October 2012

Income source: Parenting payment

Mental health issues: DHPW records indicate depression

ABS Intervention: 2 strikes issued for interfering with peace, comfort or privacy in October 2013 and December 2013.

Case study informed by:

- interview with Penny (tenant)
- interview with HSC worker
- interview with Penny's mother and father
- HSC prepared file review.

Housing background

Penny lives in a three bedroom detached dwelling with her two pre-school aged children. At the time of the interview she had lived in her current property for approximately one month. She was transferred to her current property from her previous social housing dwelling (her first independent housing after leaving her family home) by DHPW. Penny's first social housing dwelling was a two bedroom house located in an inner-city area. Her current house is located in an outer suburb of the same city.

In her former tenancy, Penny received many complaints from neighbours about disturbances. Between October 2012 and December 2013, DHPW records indicate that Penny received:

A minimum of 16 complaints for – noise disturbances, constantly playing music, partying to early hours or continuous days, police attendance etc. It is noted that she has unwelcome visitors that cause complaints of the above nature. (DHPW client file)

Penny described her current property in positive terms, especially when contrasted with her previous housing where she was subject to so many complaints. She saw the advantages of her current house as proximity to her parents (her primary support) and the long distance from the inner-city area. She said that she feels at home in her current housing, in a way that she never was in her previous house. The problems that led to complaints about Penny's previous housing were associated with the property's location close to the inner-city and the ease with which unwanted visitors could access her property:

Drunks can just come around anytime they wanted at [former housing] and just put a sob story on and just bring heaps of people with them and chuck a party.

Penny said the transfer to the current house was because 'I had to settle down because of all the partying and stuff'. She likes the new house because it is physically removed from the problems experienced in her previous tenancies and is close to support. She said the house feels good and is much safer:

I've settled down heaps and I actually sleep there. I never really was at [former housing]. I was always here [her parent's home] sometimes because I was just over everyone coming around whenever they want, disturbing me but now that I'm over here I'm there every day and I sleep there and I'm right and I feel comfortable and I feel safe.

Mental health and alcohol and substance misuse issues

DHPW records indicate that Penny suffers from depression. Interviews with Penny, her mother and HSC workers identify the stillbirth of Penny's child in 2013 as a critical factor in explaining her depression. The problems that Penny experienced in her previous tenancy exacerbated her depression. She said that because of frequent, unwanted visitors 'I never really ate much' and she felt uncomfortable and unsafe. The housing worker said that Penny's mental health issues and the trauma she had experienced impacted on her capacity to prevent the unwelcome visitors from causing neighbourhood disturbances. As Penny stated, 'I've got problems of my own and then [in her former housing] I have to put up with standover people like them. It wasn't really doing me any good'.

Support and services

Penny receives considerable support from both of her parents. This support was instrumental in Penny's transfer to her current housing at a time she was vulnerable to eviction. Her mother said that after the second strike, she and her husband started 'having meetings with Housing and trying to sort it out'. The meetings with the DHPW were successful in achieving a transfer for Penny. The housing worker confirmed the support provided by Penny's parents and the positive relationship that the DHPW developed with Penny and her parents to address the problems.

The DHPW was conscious of the mental health and trauma issues that impacted on Penny's tenancy, and the housing worker advised that Penny's parents had organised for Penny to receive counselling. Penny's father said that despite their efforts, they were unable to get assistance from the police to address the problems Penny experienced in the previous tenancy.

The strike(s)

Penny spoke clearly and with understanding about the problems that led to the issuing of the strike. She attributed the problems to her inexperience in managing her own house:

When I moved I was only 19, turning 20, and I think I just got a little bit of excitement that I had my own place and moved out of Mum and Dad's and just got carried away with it and decided to drink, have parties there because I didn't want to go anywhere else so I just chucked parties at home and then after a while I just kept on partying there all the time and then that's when all the strikes and all the complaining and stuff happened.

Consistent with DHPW records, Penny linked the parties in her housing to neighbourhood disturbances that frequently led to complaints. In addition to enjoying the independence and freedom that her new housing provided, she described how she was unable to control visitors and that this became more and more of a problem:

It got a bit too much to handle at times. Sometimes I used to say no to people coming around but they would come around anyway and bring like 20 or 30 people with them and chuck parties there themselves while I'd be upstairs and it was out of my control. There was too much of them. I just got a little bit excited and then I was just taken advantage of the house that was mine.

Penny's description of these events emphasised her lack of control rather than cultural obligations. She said that the visitors were often not known to her or were her sister's in-laws. She did not desire or feel obligated to have them in the house; rather she was powerless to stop them. She described the visitors as 'really stand-overish'. She said that that the visitors included people, 'that don't talk to me. They just have the cheek to sit there and stand over me'.

Penny's mother confirmed this account referring to an occasion where she arrived at Penny's former dwelling to find Penny locked in the upstairs area of the house with the bottom floor

occupied by visitors who refused to leave. On another occasion, Penny's mother drove Penny home after a period of absence from her property.

We pulled up there and I could see movement under the house and there was about 15 people under their drinking.

Penny's mother called the police and the DHPW, but in the end the family had to deal with the issue themselves. Penny's father said, 'We just ended up doing it ourselves at the end of the day and fucking went around there and just threatened them, aye.'

Penny described her reaction to receiving the first strike:

I didn't take much notice of it. I just thought it was "Oh well, I got a strike" and just shrugged it off and just kept on doing what I was doing, kept on drinking and partying there.

She adopted this approach even though workers from the HSC came to her property and explained the issuing of the strike and the potential consequences. Penny said that when her HSC worker explained the strike to her, 'I didn't take much notice of them and just kept on doing what I was doing.'

It was when Penny received a second strike two months later that positive changes occurred. The second strike coincided with the support and active intervention of Penny's parents.

Penny said:

I got the second strike and it kind of clicked on and that's when Mum and Dad jumped in and basically said enough is enough and they helped me with it and if it wasn't for them I wouldn't be in the house right now.

So what happened? What did your Mum do? (Interviewer)

They just sat me down and helped me figure things out and sort things out properly and just told me that people can't come to my house and I had to stop doing what I was doing, just the partying stuff. I just got carried away because I had my own space and my own house.

Penny's mother described a number of positive meetings with the DHPW which provided an opportunity to explain that the problems were caused by unwanted visitors and Penny's inability to control access to her property. Penny's mother said that they were successful in their advocacy because:

They [DHPW] didn't want to see her evicted either. They were taking the appropriate measures to save it.

The housing worker involved with Penny's case agreed. She said that the Department was initially not aware that the disturbances were caused by uninvited visitors. The DHPW worker explained that after meeting with Penny and her parents it became clear that Penny did not have control over the people whose behaviours were undermining her tenancy. The worker said that the parents played a fundamental role in ensuring that Penny could continue as a social housing tenant and receive a transfer to another property. She explained that after Penny received the second strike and prior to her being transferred, Penny's father would constantly monitor the property to identify, and if need be, evict any unwanted visitors.

Penny says that she has made a number of changes to ensure that she does not experience tenancy problems in her new property. She keeps to herself and does not allow anyone into her house unless they have been explicitly invited. She no longer tells people where she lives. Her parents encouraged Penny to post on Facebook that her property:

Is a no-go zone anymore. Don't go there. Don't think you can go there because if you go there the police will be called.

Concluding observations

Penny's experiences highlight three issues. Firstly, there were several interacting factors that placed Penny's tenancy at risk resulting in her being issued two strikes. As a young woman, Penny enjoyed the freedom of living in her own house in the inner-city area. She did not at first grasp that socialising and loud parties would cause neighbourhood disturbances that could put her tenancy at risk. The disturbances were to a large extent caused by uninvited visitors that Penny was unable to control..

Secondly, Penny's mental health issues and experiences of trauma were exacerbated by her problems in housing (she did not feel safe, comfortable or at home) and prevented her from addressing the problems that led to the issuing of two strikes.

Thirdly, Penny received extensive support from her parents who were able to negotiate a solution to the problem with DHPW. Her parents played an important role in helping the DHPW understand the causes of Penny's tenancy problems and arrive at a solution.

Penny's tenancy difficulties were caused by her inexperience which led to others taking advantage of her and putting the tenancy at risk. The issuing of 2 strikes was effective in bringing the tenancy problems to a head and DHPW then took positive steps to sustain the tenancy. After being transferred to a more suitable location, and with ongoing support from her family, Penny's tenancy difficulties have been resolved in the short term. However, she has only been in her new tenancy for one month and it is too early to tell if the new arrangements will be sustained. The combination of Penny's willingness to learn from her experiences, the threat of eviction, parental support and DHPW's willingness and ability to transfer Penny to a new location and dwelling are the key factors that resulted in tenancy sustainment at this juncture.

Case study 5: Raymond

Gender and age: Male aged 40-50

Indigenous status: Non-indigenous

Location: City in South East Queensland

Dwelling: One bedroom unit

Housing status: Tenancy commenced 18 December 2007

Income source: Disability Support Pension

Mental health issues: Schizophrenia, Bipolar II Disorder, Psychosis, ADHD, Hepatitis C

ABS intervention: 2 strikes issued (6 September 2013 and 30 September 2013) both for deliberate damage to property.

Case study informed by:

- Interview with tenant's mother (as tenant unable to speak on his own behalf)
- Interview with HSC officer
- HSC prepared file review.

Housing background

Raymond has lived alone in a one-bedroom unit in a DHPW apartment block since late-2007. He does not have a partner or children. Prior to his current accommodation, Raymond lived with his mother and father from 2004 to 2007. His mother was his full-time carer during this period, as a result of Raymond's head injuries and the subsequent onset of mental illness in 2004. Prior to living with his mother, Raymond lived with a girlfriend in private housing and worked full-time. Raymond's social housing application was lodged in 2004 with the support of his mother and accepted in 2007.

Raymond had some tenancy difficulties prior to issuing of the strikes. In 2009, he received three breaches due to neighbours' complaints of loud music. In 2010, he received one breach due to property damage of windows and a glass door. In early 2013, he was issued a breach due to neighbours' complaints of Raymond throwing furniture off his balcony and another breach due to property damage of windows.

Mental Health and alcohol and substance abuse issues

Raymond's mother disclosed that in 2004 Raymond received two closed head injuries resulting from assaults within a one-month period. The first head injury caused unconsciousness and was not treated. Subsequent to the second injury, a neurologist explained to Raymond's mother that Raymond had bruising to the frontal lobe of his brain and consequently had problems with short-term memory. Raymond's mother disclosed that six months later, Raymond was diagnosed with Schizoaffective Disorder and Bipolar II Disorder. She also reported that the onset of Substance-Induced Psychosis was at this time. The DHPW housing worker reported that according to Raymond's file, he was diagnosed with Schizophrenia, Bipolar Affective Disorder, Psychosis and ADHD between 2004 and 2007. Raymond is an involuntary patient under an Involuntary Treatment Order with the mental health system

Raymond's mother spoke of Raymond's intermittent substance use of marijuana and methamphetamines since adolescence. She stated he began using these substances socially at parties and that, since his head injuries, the consumption of these substances, 'virtually sends him into a psychosis straight away'. She disclosed Raymond currently consumes methamphetamines approximately once per fortnight or month, and marijuana less regularly.

She disclosed that another trigger of his psychosis is not taking his anti-psychotic medication. Raymond's mother also stated Raymond does not drink regularly.

Support and services

Raymond's mother reported Raymond received treatment from a private psychiatrist from 2004 to 2008 and it was highly effective in managing his mental health and supporting him to return to work. She stated Raymond was then transitioned to a government psychiatrist at the end of 2008 after an involuntary treatment order. She reported that since the transition, the support from psychiatrists has been significantly less effective due to discontinuity of staff (i.e. four psychiatrists over the previous 4 years) and less frequent sessions, currently 4 sessions per year. She also reported that Raymond has been hospitalised due to his mental health issues approximately 8 or 9 times in the past twelve months, with some stays lasting up to 3 months. Raymond stated the hospitalisations are helpful in managing crisis situations for Raymond but do not help him in the long-term. Raymond's mother was informed by one of Raymond's psychiatrists that his head injury and deficits to short-term memory made it difficult to treat his symptoms.

Raymond's mother reported Raymond has a caseworker and a social worker. They visit Raymond together approximately every 2 days. She stated the support is helpful in managing his shopping and finances, and in advocating for his continued tenancy. However, she believes they are not able to support Raymond's primary problem of substance use and the resulting psychosis due to the limited resources of these services. Raymond's mother also highlighted a problem with these support services being the discontinuity of and lack of communication between mental health professionals. She stated Raymond is frustrated by changes in staff and will not cooperate with new staff involved in his care.

In terms of Raymond's substance use, Raymond was booked for an assessment with a rehabilitation clinic but was denied participation due to 'mental instability' and infrequent consumption of substances. Raymond's mother had Raymond participate in a home detoxification program at her house for 3 months in September 2013, which she stated was effective during that time period but Raymond returned to substance use once back in his DHPW unit.

Raymond has received extensive support from his mother, dating back before his accommodation with DHPW. She has been full-time carer, has helped him apply for housing, has provided ongoing financial and emotional support, has liaised with his health care workers and has organised the home detox for his substance use. She has also sat in on meetings with staff from DHPW, acting as Raymond's advocate. She reported stating at one meeting, 'Look, it [his problematic behaviour] only happens when he's unwell. It doesn't happen when he's not unwell. He's usually very quiet'. When asked the consequence of her advocacy, she replied, 'He's still got housing'. Raymond's mother stated that her support has been fundamental to Raymond's survival in general and has been effective in supporting Raymond through specific, short-term, occasions. She went on to state that being involved in Raymond's care has unfortunately created a strained relationship between herself and her son, as she has had to take on new and challenging roles. Raymond's mother stated, 'I've had to become his carer, nurse, policeman, you name it'.

The strike(s)

DHPW issued a strike in September, 2013. The DHPW records list the reason for the strike as 'deliberate damage to property' in the form of throwing a 'large rock through glass sliding door. Landed on car park below unit balcony. Other tenants report they are concerned for their safety'. DHPW issued a second strike two weeks later in September 2013 for 'deliberate damage to property' due to broken windows in Raymond's apartment.

Records from the DHPW indicate that staff at HSC contacted Raymond by phone (September 2013) to inform him of the strike. Raymond's mother reported they met with HSC to discuss the first strike. After the second strike, DHPW contacted Raymond's mother by phone (October 2013) to discuss the strikes. Both Raymond's mother and the DHPW worker stated that it was unlikely Raymond understood the reason for the strikes or the risk the strikes posed to his tenancy. Raymond's mother stated that Raymond understands the information when it is initially told to him but he seems unable to retain the information and the impact of them afterwards. The DHPW records state that after one incidence of broken glass Raymond 'could not confirm what had happened' to the windows, indicating that he could not remember his behaviour during the incidence. Raymond's mother explained:

When he's been in a psychotic episode he breaks glass ... and part of the illness is he actually yells out and just basically disturbs the peace. He hasn't hurt anyone or threatened anybody but he definitely disturbs the peace.

Raymond's mother recalled the meeting between her, Raymond, and the staff at HSC in September 2013. She remembered that HSC was cooperative in attempting to understand why Raymond was damaging his unit. They concluded that the behaviour was due to hallucinations and the result was installing Perspex into the window frames of his apartment. Raymond's housing worker reported Raymond now has a debt of over one thousand dollars to pay for the Perspex. Raymond's mother summarised:

That's the way they handled it but the bottom line is if he gets another strike he's homeless. We're doing everything to try and minimise that but the thing is when he's unwell nobody can minimise what's happening because [he's] not in [his] right mind.

Raymond's mother stated that the behaviours Raymond exhibited to warrant the strikes were directly caused by his mental health and substance use issues. Raymond's housing worker agreed that Raymond's mental health and substance use relates directly to the strikes he's received, stating:

I think that as a result of that [mental health and substance use] he presents very poorly to the neighbours in particular and like I said they can be quite frightened of him. Even though his Mum said that he never presents any type of violence, to the neighbours he looks quite scary.

Raymond's housing worker went on to state that the strikes in Raymond's case were prompted by complaints from the neighbours. She also stated that Raymond may not have understood the impact of the strikes due to the strikes being issued in such close succession to each other and due to the long, complex nature of the letter that attempts to explain the strikes to tenants. Raymond's housing worker stated the letter is 1.5-2 pages long and, 'for someone that might already have some impaired capacity that might be really difficult to comprehend'.

Both Raymond's mother and housing worker stated that there were no changes to Raymond's behaviour subsequent to the strikes nor were there changes in the support he received from services for his mental health and substance use issues. Both individuals indicated that the strikes Raymond has received will likely eventuate in Raymond being evicted. Raymond's mother reported that she strongly believed Raymond would become homeless if he were evicted, which in turn would lead to deterioration of his mental health and worsen his issues with substance use. When asked why she was so sure the outcome for Raymond would be homelessness, Raymond's mother replied, 'Well if you can't get public housing you're not going to get rent anywhere'. Raymond's mother added that another possibility would be for Raymond to stay at friends' houses. However, she stated Raymond has virtually no friends since he became ill and the friends he does have 'aren't suitable'. Raymond's mother concluded:

I just feel the Three Strike policy with someone that is diagnosed with a chronic medical mental illness shouldn't really be under the same policy as someone who isn't. I think there must be something put in place for people like that [with chronic mental health issues].

Concluding observations

From the available information, key points to Raymond's mental health problems and the issuing of the strike can be identified. The purpose of the strikes was to provide Raymond with a warning and thus an opportunity for Raymond to change his behaviour in order to protect the property of DHPW, respond to neighbours' concerns and maintain Raymond's tenancy. However, Raymond has not been able to understand the purpose or potential consequences of the strikes and thus the strikes are unlikely to improve his behaviour. Raymond's lack of understanding stems from multiple factors. One, the cause Raymond's behaviour appears to be the direct result of substance-induced psychosis in which Raymond is not aware of his actions or able to remember what he has done. Two, Raymond's lack of awareness is complicated by the memory deficits brought on by previous brain injuries. Three, the brief time period in which Raymond was issued the strikes in combination with the complex nature of the strike notice letter further inhibits Raymond's understanding of the matter. Another key issue is that the DHPW's solution to the problematic behaviour was to substitute the glass windows for Perspex to limit damage to the property. Although this is helpful in minimising risk of harm to Raymond and his neighbours, it has not addressed the cause of Raymond's behaviour in the first place and Raymond is now in debt for the cost of the Perspex. Finally, it is apparent that Raymond receives different forms of support for his mental health yet no one service is addressing his substance use in light of his mental health or the difficulties associated with his brain injury. Raymond's mother believes that an integrated approach to supporting her son is necessary in resolving the behaviour that has brought about the strikes and the risk to his tenancy.

The outlook for Raymond and his tenancy is concerning. There appears to be a high risk of further behaviour resulting in a strike and eviction will follow, with homelessness the likely outcome. Raymond gained entry to public housing as a consequence of his very high needs; he seems likely to be evicted as a consequence of the very same high needs. The only way to avoid homelessness for Raymond is an integrated approach to housing and support involving close coordination amongst housing, mental health, other support agencies and his family.

Case study 6: Valery

Gender and age: Female aged 40-50

Indigenous status: Non-Indigenous

Location: South-East Queensland, regional area

Dwelling: Two bedroom duplex unit

Housing status: Evicted in September 2013 from public housing where they had lived since 2005. Lived with friends after eviction, and currently living in a private rental dwelling organised by a support agency (tenancy commenced 5 June 2014)

Income source: Disability Support Pension

Disclosed health diagnosis: Depression, intellectual impairment and hoarding

ABS Intervention: First and Final Strike issued September 2013.

Case study informed by:

- Interview with Valery (tenant)
- Interview with Ned (Valery's son, tenant)
- Interview with affiliated support worker
- Interview with Housing officer who actioned the strike
- HSC prepared file review.

Housing background

Valery lives in a two-bedroom duplex dwelling with her son Ned (age 20). She does not work and lives off her disability pension. Her son Ned currently is her formal carer and receives a carer's payment. Valery stated that she takes care of the rent while her son buys groceries. Ned is currently seeking work in the area. Valery completed schooling up until grade 8 and Ned completed grade 11.

Valery and her family have experienced unstable housing during the past five years. They were evicted from public housing late in 2013 and are currently living in a private rental dwelling provided by an affiliated support agency. Valery stated that she and her son have lived in four dwellings in the past 5 years. The first of these was a 3 bedroom social housing tenancy, where she lived with her two sons Ned and Mick. While living there, they received breaches relating to noise complaints and property damage. When Valery's eldest son left home, Valery and Ned were transferred to a new house as they no longer required three bedrooms. It was at this 2-bedroom residence where the first and final strike was issued. When asked about the strike causing the move, Ned stated:

When we got transferred, I reckon those strikes shoulda got wiped coz that's pretty unfair, starting a house with 2 strikes and you just moved out of the house you got the strikes at.

Ned's comment indicates that he was under the impression that the family had 2 strikes already from their previous residence. He appeared not to understand that they had only received a first and final strike under the new policy. When asked about the nature of the problems and the reason for eviction from social housing, Ned said that it was the conflict between his friends and the neighbours that lead to their final strike.

When we first moved in they [the neighbours] were nice, then they started having a fight with another lot of my mates. And then we invited the mates that they were fighting with over for tea, then that's when all the arguing and that started. And then the neighbours told me themselves that, 'We are going to put complaints in until you get kicked out'. - I reckon they were mean. It wasn't really our fault.

Valery stated:

Someone trashed his [neighbour] house, housing commission blamed us straight away for it and we got kicked out.

According to the Department's file note:

All windows to neighbouring property were broken with the exception of one small back window. Police confirmed that visitors to V's property were the culprits.

After being evicted from their social housing tenancy and concerned that they would be homeless, Valery arranged for them to stay with a friend in their three-bedroom residence, where four people were already living. During this time, Valery continued to see a support worker from a support organisation. The support worker stated:

The Department of Housing had told us that they would have to show 6 months in a successful tenancy to be considered for housing again. They moved in with a friend because they didn't have any references or a good rental history. ... We encouraged them to do the right thing while staying with there so that the friend could become a reference in the future. We suggested that they contact us when they wanted to try to get their own place. They have since come back to us and although their stay with the friend wasn't a comfortable one, they now had a rental reference. We have since been able to get them a private rental with a Real Estate. This week they had the first inspection on that property and the Real Estate was happy with them.

Valery reported that the support agency had been extremely helpful:

X helped move in. They come round and see me. Helped out a couple of times bought me a brand new bed.

Valery likes her current property:

It's nice and quiet. It's a long way from town. Looks really homey.

She was also pleased that the new neighbours were friendly and that they had moved away from Ned's friends: 'They don't know where we live now'.

Mental health and alcohol and substance abuse issues

Valery is current on medication for depression. She has also experienced problems with hoarding and has a low level of intellectual functioning. Her son Ned was born with an intellectual impairment. He also has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Ned is currently receiving counselling as part of a mental health care plan. Both of them denied any alcohol or substance abuse issues, although there is evidence of alcohol issues on file.

Support

Following the breaches in their first residence, DHPW put Valery and Ned in touch with a support agency. During the social housing tenancy, the agency case managed and provided various forms of assistance to Valery and Ned. The DHPW worker stated that,

Valery and Ned have been supported by [the organisation] for a number of years. Ned has an intellectual impairment from birth as well as having anger management issues. [The organisation] helped Valery with parenting skills and controlling the family, keeping the property clean and not allowing other people to come and live there and interfering with their tenancy.

The support worker explained:

The clients were referred to us by the Department of Housing in relation to the way they were looking after the place as there seemed to be a hoarding/lack of life skills issue. The

secondary issue of the ASB became apparent after we had been working with them ... for a couple of months. We had regular contact with them via phone and home visits. We provided a person to work with them to help them sort their belongings, de-clutter and teach them how to look after their home and keep it to a standard that the Department of Housing would be happy with. When we engaged the service to help with this issue we attended the first session to make sure that the service provider and the client were compatible to work together. V expressed how much she enjoyed these sessions and was very proud of how she had cleaned up and was now able to keep it clean.

The support workers also took Ned to doctor's appointments which resulted in the development of mental health care plan by Ned's doctor including twelve hours of counselling sessions:

We provide support around their housing issues. This includes, advocacy, explaining to them their rights and obligations while renting and bringing appropriate services to fill any gaps that they might need support in. With the mental health issues we can explain and support them to get help from their Doctors via a mental health care plan.

The support worker had detailed knowledge of the history of provision of support to Valery and family. While Valery was a public housing tenant, there was extensive liaison between the support agency and DHPW workers around addressing ASB and other tenancy issues, involving numerous telephone calls, home visits and interviews. The support worker reported that Valery had been given support by the Alcohol, Tobacco and Other Drugs (ATODs) agency, 'but as soon as support would try to be weaned off she fell off the wagon again'.

Every time she was supported she seemed to go alright if she had daily support, or you know every second day, go in and check on her. We even had [support agency] help her de-clutter her house. She was only in the house for a few months when it was in quite an unsatisfactory condition and [support agency] paid for a de-cluttering program. And she was very proud when it was done, but as soon as the de-cluttering lady left, it stopped again and it all went downhill again and the mess ... started again.

The strike

The issuing of a strike in September 2013 must be considered in the context of repeated disturbances reported to the Department and breaches issued. Records from DHPW indicate that there were eight notices to remedy issued between 2005 and 2012 in the previous public housing dwelling for reasons including damage to premises; premises not kept clean (long grass, household items littered across front yard); disturbance to neighbours as a result of loud parties, verbal abuse from visitors and fighting; intimidating behaviour (son approached a neighbour's door with a butcher's knife); and use of illegal substances by Mick (the other son, now not living with the family). A notice to leave was issued following ongoing complaints about fights involving knives.

This history of breaches continued in the 2-bedroom public housing dwelling that Valery and Ned moved into in September 2012. Incidents included neighbour complaints about swearing, screaming and yelling from Ned, which eventually resulted in a notice to leave. At this point, Valery discussed her son's behaviour with the DHPW, explaining that Ned had attempted suicide by overdosing and that was the reason police and ambulance had attended the property. She advised that Ned is now under the care of a psychiatrist, but her older son, Mick, has a serious ongoing alcohol problem and he visits the property and disrupts the neighbourhood. HSC staff advised Valery that the behaviour of both sons was putting her tenancy at risk.

There followed further notices to remedy alleging shouting and loud inappropriate language for several hours every day; harassment, intimidation and verbal abuse; and premises not

being kept clean. In September 2013, shortly after the introduction of the ASB Management Policy, a first and final strike was issued. The strike notice alleged:

- aggressive, intimidating and obscene behaviour
- domestic conflict causing nuisance to a neighbour
- excessive noise
- injury to neighbouring tenants or residents, and
- illegal trespass onto neighbouring property with malicious intent.

This last allegation involved the breaking of all windows (but one) to a neighbouring property. Policy confirmed that visitors to Valery's property were the culprits.

The support worker from the agency assisting Valery and Departmental staff spoke at length about the circumstances of this eviction and the options available to the Department. The support worker emphasised the extent to which she tried to explain to Valery the implications of the breach notices that she was receiving:

I am aware that Valery and Ned cannot read and write. On my home visits with Valery, I would read to her the notices she'd received and I would explained them to her and the repercussions of receiving those notices. Valery would always say that they would not have anyone over anymore and that they would keep to themselves but unfortunately this wasn't the case. Often the issues would be in relation to Ned and his friends and even though I would have the same conversation with Ned the behaviour continued. When I would explain things to Valery, I would question her on what she understood me to have told her and she would seem to have understood.

The support worker explained that visitors were often implicated in the disturbances at Valery's house:

Valery had a tendency to try to help people less fortunate than her and would bring people in need home and these people would more often than not contribute to the issues with the neighbours. ... I'm not sure that she believed that the Department would actually go ahead with evicting her even though I would tell her they were serious. During this time we had a few joint meetings with the Department at Valery's home to try to address these issues with her and ensure that she understood the risk to her tenancy.

Staff from DHPW also stressed that they had explained the details and implications of breach notices to Valery on many separate occasions and explained to Valery how important it is to ask visitors to leave if they become noisy or abusive, or to phone the police to have the visitors removed. The staff member stated:

Valery has a low level of intellectual capacity. ... She doesn't understand that Ned is part of her household and as such, she is responsible for his behaviour and the same for her other son Mick and all the other people she let come and live at her property.

Departmental staff met with Valery following the incident leading to the first and final strike being issued. The support agency was also advised of the incident. Staff advised Valery that she is the legal tenant and is therefore responsible for the behaviour of other household members. Staff emphasised the seriousness of the neighbourhood problems and that it was explained to Valery that this was her last chance:

They were severe neighbourhood disputes. Mostly with friends of Ned, or Ned himself - although he has always denied it. ... They have had about 5 tenancies with us and we have had to transfer them out to restore peace in the neighbourhood. In the most recent tenancy, when we transferred them there it was made very clear to them with [support agency] present, that it would be the last transfer and she would have to address the issues within her family and the undeclared occupants ... That was all understood and it was all part of the

deal for one last chance. And it turned into a nightmare for their neighbours. In a 5 month period there were 15 call outs by the police for disturbances. Ned's friends residing at the property, there were drugs, rubbish, vandalism, noise complaints ... they smashed all the windows in the house across the road from them because they didn't like the people. In one weekend all the windows were broken, the following weekend when we came, they were broken again.

Staff explained that this was the kind of situation that the strike policy was designed for:

The issues were increasing, they were becoming more frequent and they had warnings from me, verbal warnings, they had been breached but the strike was the new policy. It was introduced to eliminate this type of behaviour and I thought it was appropriate to issue her with a first and final strike.

Even at this stage, the support worker asked the Department to consider another transfer, but the Department, while recognising the complexity of the situation, refused. As the housing worker said:

I have always felt sorry for her, but she hasn't done anything to address the situation. ... Whether she is capable of that or not, I am sure with the right support she might be able to make some sound decisions but I don't know where she is going to get that support.

Both the support worker and the housing worker spoke at length about the implications of this case for social housing policy and management. The support worker said that she feared that these complex situations were becoming more common:

I fear that with the Department of Housing's register of need, they are mostly only housing people with high and complex needs (Mental health issues, etc.). And with these clients being house in areas of concentrated 'Department of Housing' properties (Unit complex's, etc.), this issue is bound to come up often and there are too few resources to assist these vulnerable clients to maintain their housing.

Her view was that the answer may lie in more intensive support, although she was well aware that such support was not available at the present time:

In a way I felt that Valery and Ned would have benefitted from a support worker through disability services who may have been able to drop in on them a few days a week to keep them on track, or some type of supported living, however from experience with another client that had much greater needs than Valery and Ned I knew that they would not be provided this service.

The housing worker's view was that the Department had run out of all available options. Everything had been done to explain to Valery the implications of her actions, all available support had been mustered and housing transfers had been attempted several times: 'We can't let this keep happening, ... we are only transferring a problem.' The worker's view was that some other kind of supported accommodation was needed for people such as Valery:

We have made a recommendation that supported accommodation is probably the way to go for Valery, where somebody else will take control over who comes in and out of the place that she is renting. I really do think that there is a place in society for daily visits to somebody like Valery and Ned ... I wouldn't like to see them in a boarding house. There is some kind of accommodation need in between managed accommodation and community housing, where they would have somebody that would tell them what to do each day, Valery seems to forget.

General observations

The housing worker, who had many years of experience in the Department, agreed with the support worker that cases like Valery were becoming increasingly common:

The segmented waitlist we have now where we have people who are in the most need are housed first. These people are often people who have antisocial personality traits or people who have mental illness or people who are drug affected or they are very large families and nobody else wants to rent to them or they have disabilities and there is no suitable modified housing for them. Our register now is people who have difficulties managing in society. And it is getting more difficult to manage tenancies because in some of our streets we have quite a few properties, so we have quite a few different people with different behaviours, or even worse, similar people with similar behaviours who don't tolerate each other.

Situations involving mental health issues where the tenant was unwilling to seek assistance were seen to be particularly problematic:

If we are aware that someone has a mental illness, or if they have an addiction, we do referrals for them to a support agency. But if they continue to refuse to seek help for themselves, they leave us with no option. ... we can only transfer once or twice, not even that often sometimes, but you know, unless people are willing to participate, there isn't a lot we can do if they keep transgressing.

The housing worker spoke of the need to improve relations with mental health services:

Mental health services are the hardest to engage with and it is difficult because I know there are personnel changes. There is just no integration between our services. It should be mandatory that where there are tenants involved with mental health, that there be regular meetings between our services.

The relationship with mental health has never been close. We've tried. I don't think they are interested enough and again I think, once people are housed, the other agencies seem to back off and say, "oh well housing will deal with that," but we're not trained to deal with that. You know, we get the annual mental health training, updated training and personal protection training and I have gone to quite a few courses on the various personality disorders and that, just out of interest, but we are not trained to even have a guess at what mental health problem someone might have. So if they don't own up to a particular disorder, well it's not up to us to guess it. ... When they are funded to get clients housed they show some urgency there, but once they are housed it's almost like they are just moving onto the next one. So they are often left sitting in our laps.

Case study 7: Sarah

Gender and age: Female aged 50-60

Indigenous status: Non-Indigenous

Location: Non-metropolitan city

Dwelling: Three bedroom detached house

Housing status: Tenancy commenced 2002 (public housing since 1985)

Income source: Disability support pension

Mental health issues: Psychotic disorder (unclear if schizophrenia or schizoaffective disorder); also suffers from bronchitis

ABS Intervention: 1 strike issued at same time as a breach for repeated disturbing of neighbours. Due to continued complaints from neighbours, it was judged that she has failed to remedy the breach and notice to leave was issued. Subsequent to the interview, QCAT granted a termination of the tenancy.

Case study informed by:

- interview with Sarah (tenant)
- interview with Housing Service Centre (HSC) worker
- HSC prepared file review.

Housing background

Until recently, Sarah lived in a three bedroom detached dwelling with her daughter. She has been unemployed for many years and is the formal carer for her daughter who has schizophrenia. Sarah was living with her parents in her mid-20s when she had a psychotic episode that led her to hospitalisation. Her parents applied for public housing for her and she lived in public housing for 13 years. She then decided to relocate to a safer area for her children, away from the drug scene. She lived in private rental housing until the rent became unaffordable, and was homeless for a short period. She reported that she was able to stay with a friend for three weeks after this. During this time her daughter was admitted to hospital for schizophrenia, which made it easier for Sarah to obtain public housing ('the reason I got this house now so quickly is because my daughter was in mental health unit'). Sarah felt in retrospect that the earlier move from public housing to private rental negatively impacted on her daughter.

Sarah reported that one reason for her decision to reapply for public housing in 2002 was that she was familiar with it. She found the low rent appealing and it was difficult for her to find private rental accommodation as a single parent. Sarah liked the house offered to her in terms of its convenient location and the general promptness of repairs. However, there were aspects of her housing that caused Sarah dissatisfaction. She believed that the condition of the floors and the location of the house had a negative impact on her health:

Over the years because of where it is situated it gets all the dust from the saw mill. It blows over and it blows in the house and it's very, very hard to keep clean and I suffered from bronchitis really, really badly. I ended up at the hospital numerous times and my kids are constantly complaining about the dirt on the floor, the dust. (Sarah)

She also complained about lack of privacy, saying that because her house is low compared to others she felt that others are always looking down into her home. This made her feel 'like I'm the guinea pig in the corner'.

At the time of the interview with Sarah, she had been issued with one strike as well as a breach for repeated disturbing of neighbours. Due to continued complaints from neighbours, it

was judged that she has failed to remedy the breach and a notice to leave was issued. Subsequent to the interview, it was advised that the Queensland Civil and Administrative Tribunal (QCAT) have granted a termination of her tenancy. DHPW agreed to delay the eviction for 1-2 months and referred Sarah to RentConnect for assistance in finding suitable and affordable accommodation in the private market. DHPW also offered a bond loan to assist Sarah with the transition to the private rental market.

Mental health and substance misuse issues

Sarah disclosed that she was diagnosed with schizophrenia/schizoaffective disorder in her mid-20s and since then has been hospitalised a few times. In her view she has been cured through alternative medicine, but is still taking medications prescribed by her General Practitioner. As mentioned above, she provided information that her daughter has also been diagnosed with schizophrenia.

Support and services

Sarah mentioned several times during the interview that she was an independent person who wanted to show ability to cope on her own. On previous occasions when she reached out for help she had ended up being hospitalised. When problems with her tenancy occurred she was referred by DHPW to various support organisations but she said that she 'didn't go through it. I just thought I'm capable enough of looking after myself'. When she finally contacted a support service it was after she had received a strike and it was too late for the support to be effective. In any case, many services in the area where she lived were already at full capacity. Sarah continued to want to show that she could handle her own difficulties:

I could just go to hospital, go to the hospital and tell them I want to be admitted and try and forget about everything but I don't want to do that. It's just lumping my responsibility on them and I don't know whether that's the answer.

Sarah appeared to have very little informal, social support. Most of the people she knew were her daughter's friends: 'I feel a bit alone with it all'. Over the years Sarah has distanced herself from her family due to feelings of shame:

I don't like to tell them what I'm going through because they're all stable and own their own homes. I haven't told any of my other family members about this at all. There's nothing they can do. They might have been able to help. I feel a bit embarrassed about it.

With regard to support with her daughter's mental health condition, it has been a difficult for Sarah to find appropriate help because of her daughter's non-compliance: 'she doesn't trust them which makes it difficult. It cuts off a bit of support'.

The strike(s)

The strike that Sarah received on 28 February 2014 came after a long history of breaches stretching back to 2003. Over the previous 10 years Sarah received 24 breach notices and 3 notices to leave. Seven of these were for disturbing neighbours and 8 were for rent arrears. Others related to not keeping the premises clean, causing damage to the premises, exceeding the agreed number of occupants, failing to comply with local government laws and actions of visitors. Two notices to leave were for disturbing neighbours and one for rent arrears.

Sarah's problems with neighbours over the years had several aspects including complaints about her dogs barking and problems with visitors:

Sometimes it is a bit annoying but there's been a few people too that have done wrong by me by making a lot of noise either intentionally or not but I've asked them not to and they've gone ahead and done it. That's what the complaints about.

She attributes some of the problems to noise made by her daughter as part of her mental health condition:

The first notice I thought 'Oh God, what am I going to do? She's not going to stop what she's doing'. I can stop everything else but her yelling.

She also felt that some neighbours were more understanding than others:

It just depends where you live because I know a lot of people that live in housing that ... are being loud, they have music or they just have a lot of people around that are being loud and their neighbours don't make complaints about them. I think it's because ... there was children around and my daughter was swearing and they didn't like that.

During the interview it became clear that Sarah misunderstood some aspects of the strike process. She did understand that it was an official warning related to problematic behaviour. However, she was unclear about the differences between strikes and notice to remedy and leave.

I only received one strike notice and the second one was the final one because the way they word it they can take immediate action if it's serious enough.

The DHPW worker reported that they tried very hard to explain the process to Sarah, while being aware that the process can be confusing for tenants:

Sometimes tenants can be confused. I guess with Sarah she thought that she had three strikes or you're out but we distinguished the difference between three strikes and ... a notice to remedy breach and the notice to leave.

Sarah said that written communication can be difficult for her:

I'm not quite sure because I'm not really good with paperwork. I get things mixed up and I read it and then put it down. I don't read it thoroughly.

However, it seems she took the strike notice seriously and was aware of some of the reasons it was issued.

When I read the paperwork I thought it's pretty crucial I do something with my daughter but sometimes her illness gets worse and I can't do anything with her really because it's not bad enough to go to hospital. It's hard to explain. I can't get her to do anything other than what she's always done.

A meeting was held between Sarah and officers from DHPW. Sarah said that she tried to communicate her desire to remedy things such as barking dogs, unruly visitors, loud music and her daughter's behaviour. However, the meeting failed to resolve the issues of concern. Sarah's view was that she was not listened to:

I went in and they had my answers on the strike notice and they said that I didn't answer any of the questions but I did which I found a bit nasty. It's like they were trying to say that I was ignoring them.

The DPHW workers indicated when interviewed that they were aware that some of the issues with neighbours were related to the daughter's mental health issues and that they had spoken with the mental health worker concerned. However, there were other unresolved issues to do with the behaviour of visitors and other behaviour that was not mental health related. There was some consideration at this time of the possibility of the daughter receiving a housing transfer, but sufficient evidence to justify this was not provided. DPHW workers also said that there had been many notices and opportunities to remedy over the years, and that they had offered Sarah referral to support agencies.

At Sarah's interview for this study, she spoke of her mixed feeling about her treatment from DHPW over the years. However, she was aware of the need for DHPW to respond to the complaints made about her:

Because there's been a few complaints and the severity of it I don't think there's any way I could claim discrimination but they've just gone by their rules because they have to look after the neighbours and that in the neighbourhood as well because it's a Housing Commission house then they've come to the conclusion that they have to tell me to go.

At the time of the interview, Sarah said that she was unsure where she would go if she was evicted and that this was causing a lot of distress on top of her other responsibilities:

I said to them "What happens if I go to court and they don't allow me to stay?" and she said "Well we'll terminate the lease". So I would imagine they'd escort you out of the house with just your bag. So I'm a bit worried about that and I'd like to be able to say in court on Tuesday that I do have somewhere to go I just need to get the money for storage. (sarah)

She has enquired about living in a caravan on her extended family's farm by calling the council but was told she was unable to do this for more than three month. Sarah said that she might just go ahead anyway as she didn't think anyone would complain. At the same time she reported to be finding it hard to ask for help from the family: 'I'm finding it difficult to work up the courage to ring him and actually say, "Look, I'm homeless now"'. She reported confusion about the fact that even if she was evicted she was able to reapply again but thought, 'maybe they said they don't have anything at the moment'.

Speaking more generally about the ASB policy, the housing worker interviewed stated that there was a high level of awareness of mental health issues and the need to take these into account:

We receive a lot of complaints relating to behaviour and some do suffer from mental health issues but the policy is very detailed and it does encourage staff to ensure that they cover all bases and try and get tenants to engage with agencies and work to sustain their tenancies before issuing these things.

The worker felt that the introduction of the ASB policy had not made a great difference for tenants with mental health issues:

I don't think it's been difficult. I mean really at our office at a local level we've always tried to implement preventative measures before having to issue a notice to remedy or a notice to leave. We try and get the tenants that do suffer from mental health engaged with local supports.

It was reported that generally the ASB policy has been welcomed by the front line staff, although it has increased workload:

There's a lot of work involved in ensuring that a strike notice is implemented effectively. It's not just simply saying "Oh okay, well we'll issue a strike". We need to ensure we're following the right processes and that we need to demonstrate procedural fairness to ensure that if complaints are received that they are substantiated.

Concluding observations

Sarah has severe mental illness that has resulted in a long history of demanding and disruptive behaviour in public housing. This behaviour resulted in repeated breaches over more than a decade. It is not known if the introduction of the ASB Management Policy was the trigger for more decisive action by DHPW or whether the decision to take eviction action (under breach rather than strike processes) at this time was coincidental. Sarah's was undoubtedly highly disruptive to neighbours and part of the problem was her daughter's mental health issues. Both Sarah and her daughter were not receiving regular treatment and support and this probably contributed to their tenancy difficulties. DHPW decided that not all

of her disruptive behaviour could be ascribed to mental illness and that this was part of the justification for eviction. DHPW attempted to put the tenant in contact with support agencies and tried to work with mental health agencies. Part of the problem was that Sarah was not welcoming of support. The outcome was eviction with unknown consequences for the housing and mental health of Sarah and her daughter.

Case study 8: Christine

Gender and age: Female aged 20-30

Indigenous status: Non-Indigenous

Location: Brisbane suburb

Dwelling: One bedroom unit

Housing status: Has been in public housing since July 2010. Current tenancy commenced 3rd March 2014

Income source: Disability Support Pension

Mental health issues: Intellectual Impairment; Severe Seizure Disorder; Depression; History of Challenging Behaviour

Substitute Decision Makers:

- Office of the Adult Guardian – Formal appointed decision making authority for all health, services and accommodation matters
- Public Trustee - Formal appointed decision making authority for all financial matters.

ABS Intervention: 1 strike issued for property damage (December 2013)

Case study informed by:

- Interview with Occupational Therapist (OT), DHPW
- Interview with Client Service Manager – DHPW
- Interview with Clinician (Speech and Language Pathologist) – Specialist Behaviour and Clinical Services Team (Department of Communities, Child Safety and Disability Services)
- Interview with Case Manager – Support agency
- File Audit prepared by Occupational Therapist, Department of Housing and Public Works.

Housing background

Christine resided in the family home until she turned 18-years-of-age. Her family were unable to continue to support her and it was identified that she required 24 hour accommodation support to be provided by a Disability Support Provider. Disability Services identified that there was a vacancy with a young woman who resided in a housing property in South East Queensland and was funded for a co-tenancy arrangement. It was reported that this client had previously trialled three (3) co-tenancy arrangements, none of which had matched. All stakeholders who were interviewed indicated that 'on paper these two women (Christine and other female client) looked compatible as they were of the same age; both had an intellectual impairment, a similar seizure disorder and a common history and interests'. Christine commenced residency in this housing (21st July 2010) as a shared support arrangement with 24 hour accommodation support being provided by the support agency.

DHPW reported that as they were receiving no feedback, they assumed the arrangement was working successfully. However, the worker from the support agency reported that in the first week of the co-tenancy arrangement challenging behaviours were exhibited by Christine's co-tenant, including physical aggression towards Christine and UCC support staff. Approximately three months later it was reported that Christine 'began to retaliate'. Christine would engage in challenging behaviour including physical aggression towards her co-tenant and support staff and engage in property damage. This pattern of behaviour reportedly continued for the entire duration of their tenancy in this property:

What was happening was that the two young ladies were co-tenanting in a four bedroom house. There were a lot of interpersonal clashes for a range of reasons and they did not get along. Both ladies communicated they did not want to live with one another. (OT)

It was reported that Christine's co-tenant attempted to be extremely controlling of Christine by making her feel uncomfortable (e.g. following her and giving her 'death stares') and not allowing her to sit on certain pieces of furniture. Christine's co-tenant's behaviour would escalate to physical aggression, with it being reported that on one occasion she drew a knife to attack Christine. It was reported that at the time of the outburst behaviour, Christine would not respond. However approximately 24-48 hours later, 'after Christine has processed what had occurred, she would become resentful'. Christine's initial way of responding to that situation would be through verbal threats. This would then escalate to incidents of physical aggression and damage of property. It was reported that Christine punched holes in walls; tore lights down; broke ceiling fans; ripped doors off; and on one occasion she set fire to the carpet in her bedroom.

The DHPW OT conducted a home modifications visit on 17th December 2012 in response to reports that Christine was at significant risk of injury in the shower area due to her Severe Seizure Disorder. It was on this visit that the substantial history of property damage and co-tenancy issues was identified. The DHPW Client Service Manager reported that the support agency had requested all damages to be repaired through the Maintenance Support Centre. The contractors, however, would go out to the property and:

Repair the damage without question. When they see the person has impairment they simply fix the damage – there is a culture that this is acceptable. When they visit other properties and it is clear it has been smashed up, they will report that back. (OT)

The OT immediately initiated regular case conferencing (attended by representatives from DHPW, the support agency, Office of the Adult Guardian and Christine's family) to work out a solution; 'housing does not like to support a situation like this'. A range of modifications were made to the property to minimise Christine's potential to sustain this type of damage, including wall reinforcement, recessing of lights, using more heavy duty products and removing items that could be easily broken;

There's a limit to how much you can do. We couldn't do the entire house and the reason the behaviours were continuing to be exhibited were still present. (OT)

A referral to the Intensive Behaviour Support Team (now known as the Specialist Behaviour and Clinical Services Team) was also initiated, however as the co-tenancy arrangement did not change, minimal success was achieved. The Office of the Adult Guardian made a decision to cease the current co-tenancy arrangement. Disability Services were approached to fund a transition for both ladies to alternative support arrangements although the response received was that there was no funding available to facilitate such a move.

A Notice to Remedy Breach for Property Damage was issued to Christine on 21 March 2013 in an attempt to affirm the importance of resolving this issue for the long-term success of tenancy for Christine. This was done in consultation with all involved stakeholders. No movement was made towards a change in tenancy and there was no improvement in the incidence of challenging behaviour or the relationship between the two women.

A second Notice to Remedy Breach for Property Damage was issued to Christine on 6 June 2013 in consultation with all stakeholders to reiterate the urgency for change. Still no progress was made, although it was clear that this was not because of lack of trying from the stakeholder group.

It is noted that at the time the new Anti-Social Behaviour Policy was introduced, all previous breaches that had been issued had been rescinded.

The strike(s)

All stakeholders who were interviewed shared the opinion that both women, as well as support staff, were at significant risk. They could not continue to support this arrangement and something had to change as a matter of urgency. Additionally, DHPW made it clear that something had to change as they were continuing to:

Pick up the bill. I need to ensure the tenancy is successful, but I also need to ensure I look after our assets and ensure the legislation and policies and procedures are being abided by. I have to represent the Department. There needed to be a line drawn in the sand. The decision was made to issue a strike, but this decision was not made lightly. (Client Service Manager)

All stakeholders were consulted, and as a result, a Notice to Remedy Breach – Major Property Damage (Strike 1) was issued to Christine on 23.12.2013.

The case manager communicated the current strike (and the two (2) previous breaches) to Christine. This, however, was with the understanding that although augmentative communication strategies were used, given Christine's impaired capacity, it was unlikely she would fully understand what the strike meant and this would have little to no impact on her ability to stop the behaviour. The case manager reported that following the receipt of the information Christine was remorseful and later would self-talk: 'You can't do this Christine; they're going to kick you out Christine'. However, as predicted, the behaviour continued as the triggers were still present and Christine had no ability to regulate her emotions or process information when she was in a highly escalated state.

A second strike was being entertained because of the limited changes, although DHPW sourced another solution that was proposed to the Stakeholder Group. A duplex in another South East Queensland suburb was identified although it was not a simple transition as funding was still required and only one side of the duplex was vacant. This was only the only viable option, although it was still not preferred, as it required the displacement of the current client. Eventually a transition was approved to proceed as funding was provided by Disability Services, 'it took impending homelessness for them to realise we weren't supporting this', and an alternative arrangement was sourced for the current tenant.

The transition was facilitated on 3rd February 2014. Since that time it is reported that no incidents of target behaviour have been observed from Christine:

She's no longer living in a stressful environment with somebody that she didn't want to be spending lots of time with. She's doing so many other activities in her life now that she hadn't been doing for many years, her independence has increased and she's getting better quality of life outcomes. I think she's in a better place and I would hope that her co-tenant is in a better place as well. I think that's been the feedback we've gotten from everybody so far. There will still be ups and downs but I think that overall the girls have a much better home environment to enjoy. (OT)

Christine now lives on one side of the duplex and has her own kitchen, bathroom, toilet; she no longer shares facilities with the co-tenant. It is reported that Christine sees this as her own area and she has embraced that independence. She is motivated to be involved in looking after her new home, something which she hasn't been observe to do for a number of years. It is also noted that Christine had been subject to chemical restraint (i.e. psychotropic medication for the purpose of controlling behaviour) however is currently in the process of being removed, as it is no longer required.

Additionally, as Christine is in a new property, her previous strike has been retracted – "she has a clean slate."

Support

Christine continues to require 24-hour support in all areas of her activities of daily living as guided by a Person Centred Plan. Following her recent transition, Christine has also recommenced attendance at a Day Service provided by Focal, something she was previously refusing to do. The Office of the Adult Guardian and Public Trust continue to be required as formally appointed decision makers for Christine.

ASB implementation

It was clear from the discussion with the Client Service Manager that the ASB Policy was not one which was welcomed within her team. It was reported that the ASB policy as it stands is in addition to the legislative requirements already in place under the Residential Tenancy Act. A Breach Notice is still issued along with a strike notice, and should a matter present to the Queensland Civil and Administrative Tribunal (QCAT), it is still heard under the RTA. This has created a significant increase in workload for DHPW staff and has already led to a number of evictions enforced under the ASB policy reversed. For example, under the RTA if a person were arrested for conducting criminal activity in the housing property, housing would have to await conviction until an eviction could be instigated. However, under the ASB, this could be considered anti-social behaviour. Therefore if three (3) strikes were issued, it would lead to eviction. Housing reported however that a number of these decisions have already been reversed at QCAT as they do not fall in line with the RTA.

Although training was provided, it was reported it that it will still take some time for the staff to 'get their head around it'. However, DHPW have had QCAT presiding members come to their offices to discuss the new policy and provide recommendations on what DHPW should do in preparing for court. The Clinical Service Manager also reported that staff has enjoyed using the ASB terminology as she suggested it may be easier for all tenants to understand:

Some recommendations were put forward to improve the policy that included DHPW engaging in further discussion with QCAT to improve awareness and consistency in its application; having greater consultation with front line workers when new policies are developed; and ensuring any policy is developed in its entirety before it is announced.

Although the Client Service Manager reported that prior to the ASB policy rollout efforts were made to advertise its introduction (e.g. talked about at community meetings, in the newspaper), the Case manager reported that as far as she was aware no-one in the wider sector was aware of the introduction of the ASB policy unless directly involved. She reported that no mail was received at Christine's residency to inform of the change.

Concluding observations

It was clear that all direct stakeholders were motivated to achieve positive outcomes for Christine and her co-tenant in a person centred approach, however the system created barriers to achieving this. All stakeholders spoke highly of one another and felt everyone worked within their parameters, however with limited success. It was apparent that stakeholders were of a similar opinion as to the reason for the strike. As one said:

It was just what the strike could bring to the table with other agencies rather than for changing Christine's behaviour: we all knew it wouldn't, and didn't change Christine's behaviour; I would not ever want to see the ASB be the first policy we seek to get better outcomes. I see it as an absolute last resort and it still saddens me that we even have to use it at all; we were backed into a corner.

It was, however, apparent that this situation raised a number of ethical dilemmas for all parties involved. First, this case raised the question of who should be held responsible for damage and be issued a strike, especially in the case where the tenant has limited capacity – 'the situation was difficult because of Christine's disability. How much responsibility does she have?' This was especially more difficult given the dynamics of the situation. All stakeholders

knew that it was Christine's co-tenant who was the 'instigator,' although due to the nature of her behaviour (i.e. physical aggression and property damage of her personal items rather than structural damage), Christine was always issued the breaches, as it was her behaviour that breached the tenancy agreement and is identified under the ASB Policy. Although no stakeholder could provide a solution, it was clear that this needed to be considered. The case also had implications for the issue of choice, which is not uncommon in the disability sector – "if you're a client with impaired capacity, why should you have less choice with who you live with than anybody else?"

Issues were also raised regarding the complexities of having multiple agencies in supporting individuals with complex needs, primarily in terms of where the responsibility lies. While it is understandable that all agencies have resource limitations:

Sometimes people rely on the goodwill of a particular service to just run with it because no-one wants to make the client homeless. But because we've had the experience that clients have services that come and go, the client is still under our roof and we end up often being the last service involved for them. That shouldn't be the case.

Also, as a client such as Christine does not have capacity to sign her own tenancy agreement, the Public Trustee signs this document. The Case Manager reported that they have not sighted a copy of the agreement, and therefore find it difficult to support a client to adhere to an agreement that they have not seen. It may also be the case that any mail out regarding the ASB policy went directly to the Public Trustee, and therefore the information never reached the home. It was suggested by all that inter-agency collaboration and communication needed to improve. DHPW also stated that as it stands the ASB policy is extremely difficult and takes a significantly larger amount of time to implement.

Overall all stakeholders agreed that in this situation the issuing of the strike was used strategically and did achieve positive outcomes for Christine and her co-tenant. However all agreed it was unfortunate that this was the way the outcomes had to be achieved; were disappointed with the time it took to generate change; and all really struggled with the ethical dilemmas this case raised.

Case study 9: Susan

Gender and age: Female aged 65-75

Indigenous status: Non-indigenous

Location: City in South East Queensland

Dwelling: Two bedroom detached house

Housing status: Tenancy commenced 02/10/1985

Income source: Disability Support Pension

Mental health issues: Compulsive hoarding, chronic fatigue syndrome, depression, post-traumatic stress disorder, nutrition issues and likely eating disorder

ASB intervention: 1 strike issued (15/8/13) for 'failure to maintain cleanliness of the property' as part of the Property Care clause of the policy.

Case study informed by:

- Interview with tenant
- Interview with tenant's daughter
- Interview with HSC officer
- HSC prepared file review.

Housing background

Susan has lived alone in a two-bedroom semi-detached house, supplied by DHPW, since 1985. Her husband is deceased and her daughter lives in separate another city. Prior to her current accommodation, Susan lived with her daughter in a caravan where they were caretakers of a small farm property. She said that she had lived in approximately 13 properties prior to her accommodation with DHPW without any periods that she defined as homelessness. She stated that she applied for social housing as she desired a permanent living arrangement and, due to her financial situation, required accommodation with low rent. Her application was accepted in 1985.

Susan reported that she has always been grateful for the house provided by the Department. She stated the house was 'warm and dry' and was conveniently located. Susan also reported there are things she disliked about the house. She stated initially the house was on a dirt road and the dirt had a negative impact on her daughter's asthma. In addition, Susan reported the neighbours were loud, exhibited 'poor behaviour' and were frequently subject to 'drug raids' by the police. For these reasons Susan had applied for housing relocation early on. She stated the relocation was denied; however, the issues with the neighbours decreased over time and the dirt roads were paved. In recent years, Susan detailed ongoing issues with her back yard. She stated that a tree in her yard was cut down when she was away from the premises and since then there have been issues with sunken, 'slushy', patches in her yard. Susan explained this situation was distressing to her, as gardening was an activity that brought her great pleasure. Due to the state of the yard, she felt limited in her ability to garden. Susan stated she had requested maintenance to fix the problem on multiple occasions, but due to lack of communication from the Department, the situation was never resolved.

Susan had some tenancy difficulties prior to the issuing of the strike. Between December 1999 and August 2013, Susan has received eight breaches for 'failure to keep the internal and external areas of the premises clean as stated in the State Tenancy Agreement'. In 2000, Susan also received a 'notice to leave issued for failing to rectify breach'. The housing worker in DHPW provided the information that the Department had received one complaint from

Susan's neighbours in 2000 regarding their disapproval of the unkempt state of Susan's back yard.

Mental health and alcohol and substance abuse issues

Susan disclosed conditions of chronic fatigue, a head injury and shoulder tear due to a bus accident, nutritional and digestive issues, and anxiety brought on by stress associated with her tenancy difficulties. She stated she has been diagnosed with chronic fatigue, compulsive hoarding, depression and post-traumatic stress disorder (PTSD), although she only identified strongly with the diagnosis of chronic fatigue. In terms of the depression and PTSD diagnoses, Susan stated she has experienced multiple near death encounters and has been present for the deaths of family members, including her husband's suicide, her mother's death after many years with Alzheimer's disease, and her granddaughter's sudden death a few days after birth.

Susan stated that she played a pivotal role in caring for her mother with Alzheimer's disease. When her mother passed away, Susan took most of her mother's possessions into her house. Susan believes, and her daughter and housing worker reported the same, that the grief Susan experienced with her mother's passing marked the beginning of what others diagnosed as compulsive hoarding. Susan's daughter stated Susan does not 'hoard' items as depicted in shows on television, but instead is a greatly sentimental person who has strong attachments to items and therefore finds it difficult to part with her belongings, particularly those that previously belonged to her mother. Susan's housing worker stated that Susan is 'the cleanest hoarder' one can imagine. There are no smells or rubbish in the house and the issue is that the house is completely full of personal items. The housing worker also clarified that the dominant issue from the Department's perspective is clearing the clutter that formed after her mother's death and not the collecting of more items. Susan and her daughter reported that chronic fatigue greatly impacts Susan's ability to achieve laborious work, including clearing boxes and the belongings from her house. Susan stated due to her embarrassment regarding the clutter in her house and back yard she has become 'reclusive' and 'withdrawn', which has decreased her motivation to reach out to support services over the years and decreased social support from neighbours and friends.

Susan reported currently taking medication for nutritional issues. She stated she had once taken anti-depressants but chose not to continue with the treatment, as she did not like the effect the medications had on her day-to-day functioning. Susan did not disclose drug or alcohol issues, although stated her ex-husband was an 'alcoholic' for many years. Susan stated she currently feels valiant and optimistic about the future despite ongoing anxiety. Her daughter reported that Susan is 'thinking more clearly than ever' and her housing worker stated she has observed Susan acting proactively in recent years.

Support

Susan reported various forms of support since 2000, including social workers, an occupational therapist, psychologists, homeless outreach teams, and an aged care service and mindfulness groups.

Susan described her early experiences with psychologists, which she says she was put in contact with through DHPW, to be 'a bit traumatic'. In recent years she saw a psychologist as part of a Mental Health Care Plan and found the psychologist to be inappropriate in how she discussed consent forms. Susan stated the individual was 'forcing me to sign a release form without letting me read it'. Susan went on to engage in therapy involving Emotion-Freedom Techniques (EFT) but this treatment was not completed due to (according to Susan) personal issues on the behalf of the therapist. At that time, Susan pursued mindfulness groups and found them highly effective. Susan also reported that recently some of her supports from the Department had been withdrawn, including social workers, because they had 'run their course'.

Susan's daughter stated the most effective forms of support services for Susan have been those that aimed to enhance self-growth and empowerment and were programs Susan had found herself. Susan's view was consistent with her daughters, although she additionally believed her new engagement in an aged care service, recommended through the Department, to be effective. The service began a couple months previously and has offered Susan a 'buddy system' that involves another member of the service coming to Susan's house to help support Susan. Susan described the service as helpful, as the 'buddy' provides encouragement when facing the immense job of clearing out the possessions of her house.

Susan's housing worker reported that DHPW has provided ongoing attempts to help support Susan and her issues with hoarding through a variety of programs. However, the housing worker stated there are no services available in their region that are tailored to help Susan's specific needs. Due to this problem, a pattern occurred in which support services would agree to offer support despite stating that hoarding behaviour was 'out of their scope' and eventually disengaged with the tenant stating they were not the appropriate service for this issue. The housing worker's view of the recent aged care service was that it has been effective so far and the worker was waiting to see whether the support continues to be engaged and helpful.

Susan also reported that her daughter has been a strong form of support, in that she has been someone who listens, someone who has helped her clean at a pace that Susan is comfortable with, and someone who has attended meetings with Susan at the Department and acted as an advocate on Susan's behalf. Susan's daughter reported that during such meetings she agrees that something needs to be done about the state of her mother's house. However, she stresses the importance of handling the situation delicately, explaining that it is a hugely emotional task for Susan to clear out her belongings.

The strike(s)

DHPW issued a strike in August, 2013 for 'failure to maintain cleanliness of the property (including rubbish, litter and hoarding)'. DHPW records indicate that the strike was issued after multiple home visits were scheduled, cancelled and rescheduled. Susan stated she received a phone call and a letter informing her of the strike. Susan's housing worker reported that the primary concern with the clutter was that it posed a safety risk to the tenant and the neighbours because in the event of a fire individuals would not be able to get in and extinguish it, and it made housing inspections extremely difficult. The worker also reported a high-level manager had issued the strike and it occurred approximately one month after the policy commenced.

The housing worker expressed the view that she did not agree with the issuing of the strike in this case, as she did not believe property care was an appropriate category within the Antisocial Behaviour Policy. She believed 'it is a separate issue entirely' from antisocial behaviour. In addition, the worker stated that the process of issuing a strike when applied to a property care issue does not adequately address the rights of tenants. She explained that the process of investigation to substantiate a claim for most antisocial behaviours inherently requires a thorough process, whereas with property care only a photograph is required. The worker felt that this form of substantiation did not encapsulate the full context of, or reasons for, the behaviour.

The housing worker also identified 'right of reply' as another process issue in this case. Usually a tenant is given the right to present their viewpoint prior to the issuing of a strike. The worker stated, 'I don't think in [Susan's] case she was given the right to reply, which the policy does ask for; but, in saying that, the right to reply in property care is really difficult.' She explained that when a claim is made against a tenant for property care, the tenant would need to be able to provide a statement that the house was now maintained in a clean condition. The worker expressed the view that this is unrealistic for tenants with hoarding behaviours.

She stated that in Susan's case this issue was coupled with the fact that the strikes policy had been recently introduced and that staff training at that point was limited.

The housing worker also believed the strike was issued in a determined attempt to motivate Susan to clean her property. The housing worker stated:

I think that possibly the manager who issued this [strike] saw this as a way to try and make sure [Susan] was making progress in cleaning the unit but I don't think it had the desired effect and it was probably, from what I understand, quite traumatic for [Susan] to receive that, especially after having been in the unit for so long and [the Department] trying to work with her and then to all of a sudden have that action taken against her.

Susan reported the label of 'antisocial behaviour' was greatly distressing to her, as it carried significant stigma and made her believe that people were judging her as being part of a group of people who intentionally demonstrated 'poor behaviour' against the public and DHPW. She explained that receiving the letter classifying her behaviour as antisocial was so anxiety-producing that she could not remember anything else that the letter detailed. The housing worker also did not believe the strike helped with Susan's hoarding behaviour:

It definitely didn't change the underlying behaviours of why she was collecting things or not able to throw things out...I think the only change in behaviour that I noticed was an increase in anxiety from her.

The housing worker stated that although she believed Susan understood the implications of the strike, 'it didn't mean she was able to just rectify that situation and get her unit back to a standard. Not having all those things in there is a long process that wouldn't be able to be done just within a strike period'.

On the other hand, the housing worker believed that the issuing of the strike has prompted DHPW to offer more specific and frequent support to Susan. Susan's worker stated:

Since the strike we've gotten back on track with completing the home visits for her...We basically decided every time I go out to set a small goal for [Susan]...And we've made a decision now that I won't come in and look at the whole property because that makes her uncomfortable. I'll come and I'll literally look at the place where we set the goal for the month.

The housing worker does not believe the strike will lead to Susan's eviction due to the action she has taken in preventing this outcome. The housing worker stated:

As a result of my last home visit with [Susan] I went to my area manager...and basically said that this is the agreement that I've made with [Susan] and I asked permission to make sure that nobody else within the office could issue a breach or a strike. At this stage I have left a note on her account that so long as she is working with us, letting us come monthly, and attempting to meet the goals that were set that we won't issue any further strikes or breaches at all.

Susan stated that if she was unable to continue meeting her goals and was evicted from the property, the consequences would be 'chaos', 'regret', a burden to her daughter whom she would most likely stay with, and would negatively impact on her health and wellbeing. Susan concluded her current housing situation is 'ideal' in managing her mental health issues.

Concluding observations

In exploring statements provided by the tenant, her daughter and her housing worker, fundamental points regarding Susan's experience with the ASB policy and its connection to her mental health can be identified. The purpose of the strike was to motivate Susan to clear out excess belongings to ensure her own and others' safety and allow for adequate housing inspections. However, in this case the policy was reported as being implemented hastily, with limited training and with little understanding of how Susan's mental health played a role in her hoarding behaviour. Thus, the strike has not helped Susan to change her behaviour, as it was

triggered by the grief of losing her mother and maintained primarily by issues with chronic fatigue, depression and anxiety. The strike itself had a negative effect on Susan; she became more anxious, particularly due to the stigma associated with the label 'antisocial', and her hoarding behaviour could have intensified if it had not been for her housing worker taking an extremely individualised approach to supporting Susan and the ongoing support from her daughter. Another issue relates to the policy being applied to property care in general, as it appears that in this case the investigation and right of reply process did not consider mental health issues. Lastly, it is apparent that DHPW attempted to provide Susan with multiple forms of external support services, yet none were tailored to meet Susan's specific needs. Susan believed that the key to helping individuals in positions such as her is clear, consistent, and reciprocated communication between the Department and tenants.

Due to the support received from her daughter and a sympathetic housing worker, Susan is gradually working through her hoarding issues. The justification for the issuing of the strike in the first place was questionable, although it had the effect of stimulating the Department to offer more consistent and appropriate support. Susan is unlikely to receive further strikes and it is very unlikely that she will be evicted.

Case study 10: Paul

Gender and age: Male aged 40-50

Indigenous status: Non-Indigenous

Location: Brisbane suburb

Dwelling: Two bedroom duplex unit

Housing status: Public housing tenancy commenced 6 January 2011

Income source: Disability Support Pension

Mental health issues: Chronic pain following a head injury, bipolar, depression and Hepatitis C

ABS Intervention: 1 strike issued (April 2014) for property damage

Case study informed by:

- Interview with Paul (tenant)
- Interview with housing worker
- HSC prepared file review.

Housing background

Paul lives in a two-bedroom duplex dwelling with two dogs and a cat. Paul does not work and lives off his disability support pension. He completed schooling up until grade 9.

Before living in social housing, Paul lived with his mother and brother. He reported that multiple arguments occurred whilst he was staying there. These arguments ultimately resulted in a Domestic Violence Order being taken out on Paul, with him then leaving the residence. Following this, Paul was homeless for approximately a year, during which time he was rough sleeping in a tent with his dog in a park. Paul then became involved with a youth service who helped him to get priority access to public housing and helped him move into the his current residence.

Mental health and alcohol and substance abuse issues

Paul was diagnosed with Bipolar when he was 16 years old. He is not currently on any medication for this. He also suffers from chronic pain from an assault that left him with a head injury. Paul self-medicates with speed and marijuana. He reported smoking 0.5 grams of marijuana a day and using speed about once a fortnight, when he can afford it.

Paul stated that his current mental state had been worse following an incident when he was assaulted on the doorstep of his current residence. When questioned about her knowledge of Paul's current mental state, the DHPW worker who issued the strike stated she was not aware of his diagnosis of Bipolar or any current drug and alcohol abuse, although she was aware of his history of drug addiction. She also noted that Paul had issues with holding his temper:

All I have to go off was what Paul has told me himself. I believe he was severely beaten up by another member of the public at the front of his house. He was beaten severely and hospitalised.

Following the assault, Paul expressed the desire to be transferred to a different location. He believes his perceived lack of safety is affecting his mental state and perpetuating his behaviour (property damage).

It means a lot, of course, to me to have something over my head and get to be in a safe environment. It means a lot especially because it's half the problem with my brain at the moment and why I freak out, because I don't feel like I'm in a safe environment. That's why

the place got destroyed. I mean, I'd asked for a transfer, they went, "Oh yeah, right. Whatever." blah, blah, blab. "You have to clean up the place and what's-a-name it," so I did and then they did nothing and then I freaked out again, and I'm like, "Can I get a transfer because I'm freaking..." "Oh, yeah, when you've cleaned up your house we'll fix you up." "Well, I did and you didn't do nothing about it last time. What? Do I have to do it again?" I'd prefer to find somewhere more safe. I don't really like it here that much. I mean, I like some of the neighbours but others irk me and I don't know whether some idiot's going to come back here again and try and jump me in my sleep, and try and strangle me and choke me.

When asked about whether she viewed his strike as being affected by his mental health, the worker stated:

His story to me was that he had previously been woken up one night and was being choked by an unknown person and he had thrown the axe at this person. He has told me that he wakes up from nightmares from the previous incident and believes someone is trying to hurt him and that is where all the marks are coming from so obviously; I believe that is something to do with his mental health. I have told him you know, you need to go and get some counselling and stuff like that. I have tried to refer him back to [youth agency]. But he said 'yes, yes I'll do it', but never went down.

When Paul was asked about his involvement with [the youth agency], he stated:

Yeah, I pulled the chain with them ages ago because they're a bit strange. They only like to make money off you. They ripped me off a few times and I've tried to pull them up on it and they ain't keen on coming to the party and giving me my money back. I'm not rich. They helped me with some things, but then as they help you with some things - I'm sure they were ripping me off with the rent.

The issuing of a strike due to property damage and the condition of the unit and not being granted a transfer appear to have led to Paul distrusting the DHPW:

I've been trying to get a transfer somewhere like [X] or somewhere like that down that way, where it's a lot quieter. I don't think they're going to transfer me because I think the whole things over. As soon as I asked them for a transfer they started playing their little games. They'd start giving me a hard time and calling me anti-social and all this silly shit and I'm like, "Yeah, whatever mate. Anti-social". I told them I wanted to transfer back then because I was afraid for my life. I don't know if this guy's going to come back.

Paul spoke about his communication and self-control difficulties.

I've spent years trying not to let it (mental health) get the better of me and try to go the opposite, working on the whole thing. Like I said, because it's an emotional thing I try not to let my emotions run away with me too much and that sort of thing but at the same time it's hard. There's times when I've got no control over it at all. I flip out and then someone will say something or maybe someone's hacking at me and giving me a hard time and then I start getting the twitches which is me I go <does impression> or stuttering, I start stuttering. When someone's asking something, I'll say, "T-t-t-t" and it's really bad but it takes for a lot for that. That started up really badly after I got attacked just recently, after a little bit.

Paul also expressed his difficulties in advocating for himself:

I think they just treat me differently here at home because I've got no leg to stand on with anything else. I've got no one to help me. I've got no one to back me up, yadda, yadda. So they seem to do what they want to do.

Support

Paul reported that he is not receiving support from any services. As stated previously, the DHPW worker attempted to re-engage [the youth agency] to assist Paul. This was no longer a viable option, as Paul no longer trusted this service:

Unfortunately, the department are a Landlord, so I can ask him to engage with these people but I can't make him do anything. My next resort was to try and get hold of his mother again, because she hasn't been around the last few visits. So I am trying to engage her to get him the assistance he requires.

When asked what support he had received from the DHPW, Paul stated that:

They don't care about me. They care about their house, that's it. It's funny; something that doesn't have any feelings or anything like that is more cared about than someone that does have feelings. It's the way it is here.

The strike(s)

On 7 April 2014, Paul received his first strike for property damage and condition damage. Paul was initially provided verbal information about the strike. The DHPW worker explained:

I issued Paul with his first strike for the property condition. We issued him an entry notice and that is when I realised the property condition and the damage. Paul actually told me the damage caused to the property was actually caused by him and he had an axe. So I explained to Paul, this is not acceptable and that the property condition wasn't acceptable and the damage was definitely not acceptable and that a strike was going to be issued. He understood all that, he was willing to work with us.

When asked about the strike process, Paul showed a clear understanding of what was involved. He commented:

So you've got to get three strikes in one year to be kicked out of here or something. I just said, "That's a bit silly, though, isn't it? Because the people that have problems in that kind of area if you're planning on giving them strikes and that, wouldn't you be better off helping them?" Our government, our system's stuffed up. It's like jail itself. I mean, how do you make people better by punishing them? Punishment never works.

When asked about what Paul had done to address the strike for property damage he stated that:

I was fixing it up beforehand but the strike thing as well made it. I want to fix it up because I want to get out of here. I don't think I will be because it's costing me too much. I mean I can't afford to fix it all up on my own. I don't think I will be getting moved really quickly. So I think I'm just stuck here in a place where I'm nervous about someone coming back and beating me up and breaking into my house while I'm asleep and there's nothing I can do than just take it.

When asked what he would do if he were issued two more strikes and had to leave his residence, Paul reported:

I don't know. Bloody, my mum won't let me stay there and my brother's not letting me. I'd probably be back on the street again, something like that or I'll top myself, one of the two. I guess if I haven't got the money for everything. I say that, I mean, if I'm getting that far over everything sometimes I'd rather top myself that put up with this crap anymore. It's driving me crazy. I'm trying my best to be a good person. I help everyone around here as best I can. You can ask them all. I try and be a community person. Anyone around here ask me for anything and if I've got it, I give.

When asked if she thought that the strike would eventually lead to Paul being evicted or losing his tenancy, the DHPW worker stated:

At this stage, it's hard to say because he has stopped engaging. I would hope not, but if we go back out there and there is more property damage or the property condition has gone back to score, then I am going to have no choice but to give him another strike.

When asked about whether she thought Paul was aware of this, the DHPW worker commented:

I think he understands the severity of it, I just don't think he understands how to get the help he needs.

ABS management policy implementation

According to the DHPW worker interviewed, a half-day training session was conducted to explain the policy. From there, the rest of the training occurred on-the-job:

I implemented this policy when it first came into the complaints team here. It has made our jobs here a lot easier in terms of dealing with tenants because they know we are more serious, it is not just a one off, previously we used to issue breaches and they would have 30 breaches and nothing would happen to them. So this has kind of given them that kick in the pants I guess.

When asked if there had been any directions, instructions or advice concerning the application of this policy to tenants with mental health, and drug and alcohol misuse issues, the DHPW worker stated:

My understanding is that the antisocial policy is for everybody. Obviously, we take each case as it comes and if we know that there is someone with mental health issues we will deal with that on that basis. But if we are unaware, we are unaware. Across the board, it is for every tenant.

According to Paul, this 'anti-social' policy should not be applied to people with mental health issues.

It should be about people that are downtrodden and unwell and they shouldn't be making them feel like scum, just because they're different, because they can't make ends meet. Just because someone's got a brain injury and acts a bit funny or what they called me, what is it, 'anti-social'? It doesn't mean they are. There might be reasons why they're like that.

Paul expressed his views about the illogical nature of having public housing for people with mental illness and then evicting them for their behaviour:

Look, the place that I'm living in is meant for people like myself who have problems, who go off the handle and destroy and can't control themselves and I've done so. I'm prepared to fix it.' So what are you going to do? Are you going to kick me out or help me?" Because I'm supposed to be here and this place is meant for people like me. That's why I'm there, is because I can't control myself sometimes. So, why am I getting penalised for doing something in the place where I'm supposed to be?

The following statement outlines how the strike impacted Paul's mental state:

I just told you how Housing carry on and what they do which doesn't help your mental condition at all. It kind of stuffs you up when you're carrying on about a tiny little bit of rubbish, and then you look around these units and there's people with more or worse than you and they haven't gone near them. It's just you that they're picking on.

Concluding Observations

It is clear that there has been a breakdown in communication between the Paul and the DHPW. This miscommunication is in part due to the tenant's inability to effectively advocate for himself. The attack at his residence appears to have worsened Paul's mental state due the ongoing concern for his own safety. When the DHPW engaged with the Paul, they witnessed the state of his residence and issued him a strike. Paul's motor tick and stutter, and his difficulties with emotion regulation then made it difficult for him to explain himself and advocate for a residence transfer. As such, the miscommunication occurred due to a lack of advocacy coupled with a lack of understanding of Paul's current mental state.

The case illustrates the different ways that the behaviour of a person such as Paul, who has clear mental health issues, might be treated. In this case, the ASB policy was implemented by

the book – the damage to the unit was serious and justified a first strike. If this behaviour continues, further strikes will be issued and eviction may follow. An alternative approach is to say that DHPW workers need to appreciate the effect of mental illness on behaviour and that in these circumstances better integration of mental health and support services is needed to address the behaviours involved without jeopardising the tenant's housing. In sum, the major themes from this case study are the lack of advocacy for the tenant, the DHPW's approach to mental illness issues (in this case), the perceived stigma of being labelled 'anti-social', and lack of integration between housing and support services.

The prognosis for Paul is concerning. His lack of support and limited resources to address the problem of repairing his unit, together with the possibility of further uncontrolled behaviour, make him vulnerable to further strikes and eviction. His best chances seem to be to re-engage with support services to try to turn his life around or for DHPW to grant his request for transfer to a safer location.

Case study 11: John

Gender and age: Male aged 30-40

Indigenous status: Non-Indigenous

Location: Coastal city

Dwelling: One bedroom unit in 4-5 storey unit block

Housing status: Tenancy commenced 2012

Income source: Disability Support Pension

Mental health issues: Substance-induced Schizophrenia, Poly-substance Abuse, and Hepatitis C (as per written report and reports from the tenant's mother, Nurse and DHPW worker. The tenant was unsure of his own diagnosis).

ABS Intervention: 1 strike issued for damage to property accompanied by breach for damage caused to the premises or inclusions, followed by notice to leave when failed to rectify breach before expiry date.

Case study informed by:

Interview with John (tenant)⁶

Interview with John's mother, 'Kim'

Interview with Housing Service Centre (HSC) worker

Interview with nurse

HSC prepared file review

Housing background

John initially lived with his mother (Kim) but was violent during psychotic episodes, resulting in major property damage including punching the walls with a hammer, stabbing the lounge with a knife, and verbal and physical abuse. John was reportedly loud during these episodes, 'really yelling and swearing'. Kim believed that violence occurred exclusively during his psychotic episodes, which were associated with substance use. John was reportedly polite and friendly when not taking substances. After the physical assault (an isolated event, whereas the other occasions of violence involved objects only), John was hospitalised, and Kim decided that the two of them would no longer live together. This decision was difficult for Kim as John did not welcome the news. However, Kim's decision was based on concern for her own safety as well as complaints from neighbours (about physical and verbal aggression) and police involvement as a result. Kim denied any criminal activities: 'The police are only picking him up to take him to hospital.'

During this hospitalisation a mental health worker found boarding style accommodation as John was evicted from his home (due to property damage). The boarding home included prepared meals. Kim believed that this house was good for him, in contrast to the DHPW audit report which said that, 'this type of living was severely affecting John's mental health conditions'. John's mental health worker put him on the list for social housing.

When John was successful in obtaining a Department of Housing unit he was extremely pleased, but Kim was unsure about his ability to live independently:

⁶ John was difficult to comprehend throughout the interview, his speech went on tangents and he showed signs of thought disorder. Due to these difficulties, most information in this report is based on the answers provided by the other interviewees.

I was a bit sceptical at first, but once he had been told that he could get a unit, he was over the moon. He thought it was fantastic. I didn't really know whether he was ready or not because he'd been more or less living with me and then hospital and then [the boarding style house]. They had jobs for them gardening, doing the laundry of the sheets and things like that.

Kim reported that the first few months in public housing went well:

[He] handled it really well. He took a lot of pride in it and he bought some things himself through the Lifeline stores and things like that. ... He did really well for just over a year or so.

John also tried finding employment through [an employment agency] but was unsuccessful. Kim also reported that his drug use also decreased initially and that may have provided a desire to make some lifestyle changes. The nurse also confirmed John's satisfaction with his place initially:

He was happy [with the location] ..., and hopefully that he wasn't going to be harassed by anybody trying to sell him drugs at all. So it was all fitting into place and he was very happy about that. That's changed.

The situation changed drastically 18 months after moving into the unit. Kim and the nurse believed that this was because he started using drugs again but neither knew why this happened. John had another psychotic episode and was hospitalised two years into his housing tenancy. This involved the police and required close monitoring. After a few weeks, when John was allowed out for a few hours, he discharged himself and returned home. Kim found him and readmitted him. John left the hospital for a second time, but returned with his drugs and Kim reported that the hospital did not accept him.

The next day, he went out again. He took drugs, went back into the hospital and they more or less said to him, 'Well we've got other people that need these beds. See you' and they let him go which was a bit disheartening, letting him out. But I can understand it. If somebody isn't going to help themselves how do you expect other people to help them? They'd had him for six weeks. What went wrong? I don't know.

Neither Kim nor the nurse could identify what made John change. Kim tried to ask what may have happened but did not receive an answer. John did report to Kim that the drugs were readily available but Kim was unsure how John got access to the drugs or whether neighbours in his area sold drugs:

Only a couple of weeks ago I said, "What made you start all this again?" He said, "It was in my face." I said, "So you were somewhere, there were drugs around and you couldn't say no?" He said, 'Yes'.

Kim thought that the negative change occurred around the time when John's father passed away but the nurse reported he had noted change prior to his death. The nurse nevertheless believed the death may have exacerbated the problem. Both Kim and the nurse could not draw definitive conclusions given that John and his father had minimal contact (Kim reported that John's father was not a support for either John or herself).

Mental health and substance abuse issues

John has Drug Induced Psychosis (Schizophrenia). He started using marijuana in his mid-teens and amphetamines in his late teens. Kim reported he is a daily user of marijuana but uncertain how often he uses speed. She says his schizophrenia started in his early twenties. Kim reported that John's mental health worker was good at explaining the nature of his psychosis to her when John was in hospital. John's Schizophrenia is characterised by thought disorder, hallucinations (auditory and visual), paranoia and aggressive behaviour. Kim reported that she finds it extremely difficult when John talks to people who are not there.

The nurse, housing worker and mother all made a distinction between John's substance use disorder and his other mental health problems in that they saw the substance use as the cause of all of his other symptoms and behaviours. In his nurse's words:

It's just the thing of being happier to seek out his drugs rather than happier to sort of enjoy his environment more and protect it and look after it. He was very house proud when he moved in there, he certainly was, but that's all changed now, now that the illicit drugs are back on the scene with him. He was away from them for the best part of a year and a half to two years, and he was fine and he was able to look after his abode and just generally be much more caring about his environment. Once the illicit drugs came back on the scene for him it was just back to 'don't care'.

John's relapse into substance use is a reflection of his overall circumstances. Because of his chronic health problems and unemployment, he lacks social contact and coping strategies. This then places him at risk of making links with other people who use substances, which puts him at risk of a psychotic episode and violent behaviour, and on it goes.

John's mother, nurse and housing officer all described a need for a rehabilitation centre currently unavailable for people like John, whose mental health issues are not severe enough for hospitalisation but who are not well enough to live independently. The housing worker expressed this idea clearly:

He was unwell enough that he couldn't understand any conversations that we were having with him about his breach and his strike, but he wasn't unwell enough to be hospitalised. ... We don't have any live-in property managers or anything like that. I don't imagine that the government would ever fund such a thing but I've always wondered what would happen if we could put a few people with mental health conditions in a complex with a live-in carer or live-in social worker that's just responsible for managing that complex and the behaviours of that complex.

Kim reported that detoxification was tried in hospital but it was difficult to continue this outside of the hospital. It was also reported that John's treatment for Hepatitis C has been difficult since his most recent episode of psychosis last year. According to his nurse, because the treatment would involve John being clear from drugs during an annual drug screen, John decided he could not commit to it.

Support and services

John receives some support from his mother who visits once a fortnight as she lives 1-2 hours away. She buys clothes and shoes for him and advocates for him in housing and health matters. John sometimes initiates contact by phone if he is in need of money.

The nurse reported that the local Community Mental Health Service has monthly meetings with DHPW to discuss clients with housing issues. However, the nurse reported that these meetings can be irregular and are sometimes attended by people not directly involved with the tenant. The nurse also reported that it is difficult to attend these meetings because of other priorities and because there is not a sole person responsible for connecting the two services. The Community Mental Health Service also has a liaison person whose role is to advocate for clients with the Department of Housing.

The Community Mental Health Service has provided ongoing support for John on many matters other than housing. John himself described the team as 'his second family'. They have provided help managing finances. John was unable to budget his disability pension himself so the nurse arranged for his disability pension to go straight from Centrelink to the Public Trustee. John's rent, electricity and bills are paid for through this trustees and John has not had any problems with rent arrears. The service also has ensured that John has been to his doctor's appointments and that he has enough medications. The nurse visits John

regularly, but reports that there is little he can do with regards to drug use, other than play a monitoring role.

John is not currently receiving any psychotherapy treatment. This was reportedly because he has not been very receptive and lacks motivation to change his substance use nurse felt there was little the team could do. During his recent hospital admission, the nurse reported that a psychiatrist attempted to suggest other avenues of assistance, but John declined. John did receive assistance from ATODS for a while, but suddenly decided to terminate and has not been interested in treatment since.

The Strike

John received a 1st strike on 13 May 2014 which included a breach notice. On 6th June he received a Notice to Leave due to failure to rectify the breach. The investigation into John's tenancy began after complaints from neighbours. One neighbour reported that he had seen damage in the unit. An urgent inspection from DHPW (with the nurse and John present) was conducted. Given the extent of the damage, a strike was issued. Prior to these recent complaints, there had been no tenancy issues raised by DHPW and minimal contact.

John's strike and notices to remedy/leave were issued due to property damage, which included holes in the walls, damage to the basin and wires hanging out of walls. The nurse and John's mother were not certain that it John who had caused the damage, although this could be inferred from his prior history. John was unsure who caused the damage, which may have occurred during a psychotic episode. John's nurse reported that John at times had other people staying on his couch, including someone he had met on the psychiatric ward. The nurse believed that that the two used drugs together and the visitor was 'a big encouragement' for John's drug use. The nurse estimated that some of the property damage would have coincided with his heavier drug use when others were staying with him. During this time the neighbours made complaints to the police about loud noises and violence.

When the strike was issued the nurse was notified. The nurse reported that he had tried many times to contact John to discuss the notice, but due John's tendency to lose or destroy his phone, it has been difficult to reach him.

The housing worker spoke of the 'vicious circle' of trying to manage both the tenant's needs and neighbours' complaints:

I think the neighbours are quite fearful for their own safety. It's a real juggling act for us trying to make sure that John, or anyone with mental health issues like he has, doesn't end up homeless as a result of their behaviour but also trying to protect the neighbours as well.

The worker spoke in some detail about the conflicting pressures that were involved:

So often we get the neighbours saying, like I said before, 'You're not protecting us. Housing isn't doing anything', and then they'll escalate their complaints to the Minister ... and then we've got a hell of a lot of work to do to get a reply back to them. ... it's a real balancing act in regards to trying to keep the neighbours happy and trying to keep a roof over this person's head because we know, especially here, the private rental market is far too expensive and someone that can't sustain a tenancy in public housing has a really, really poor chance of trying to sustain a tenancy in the private rental market and ... they end up on the street. So they end up in a boarding house and in turn they end up resubmitting a social housing application and eventually being rehoused anyway.

Considerable efforts were made to communicate the significance of the strike notice to John. The housing worker reported that it had been difficult to discuss John's behaviour with him. On two visits John was not lucid enough to comprehend what was being said. 'He appeared very out of it, not able to have a serious conversation of that capacity'. On both of these occasions an un-notified occupant was living with John and the housing worker did not feel 'comfortable having any conversations with him about his behaviour because he's not sure

how he [or the stranger] was going to react'. There was some confusion on John's part regarding the meetings arranged with DHPW to discuss the strike. John missed some meetings but reported that he had turned up.

John recalled that he had received the strike notice but did not seem to be aware about the notice to leave. He recalled receiving the strike notice by mail and was able to identify the reason for the strike notice. Kim was notified of the strike and notice to remedy by phone. She asked another housing worker for information about support services and was told that she needed to 'find your own people'. It was suggested that she seek support from groups linked with the adult mental health team. During this phone conversation, Kim was told that if Housing could see evidence of attempts to remedy these would be reported, but Kim was left feeling that John would get evicted. However, in a subsequent conversation with a more senior housing worker, Kim said that she felt that she had clarified her concerns and became hopeful that John would not get evicted. She said:

At the moment, I think that if he gets the place fixed up, I know they're not going to evict him. That's something that I asked [the housing worker] about the other day ... which was a great relief for me because I had talked to [the nurse] about that and what were we going to do if he was going to be evicted. That stressed me out for quite a while.

A week after her phone call, Kim's fears were realised and John was issued a notice to leave based on no/limited progress to rectify the damage since the notice to remedy expired. In the meanwhile, Kim and John had been looking into ways of fixing up the house:

I'm talking to John yesterday somehow somebody has told him that QBuild are going to come in and fix the place up. ... I've got to call Public Trustee and find out how much he has in savings because they did keep some money aside in the budget for savings, so see how much that he has got that he can do this.

It was difficult to gauge whether John understood or was capable of understanding the consequences of the strike. DHPW acknowledged that at the time the notice to leave was issued, they 'haven't been able to have that conversation with him to have him understand the full gravity of having been issued a strike'. Kim questioned whether

Is there something that we should have done to inform Department of Housing that this is happening? Why has it got to this stage where I don't know when they've actually come in and seen it in this state?"

Kim reported that John has no other option than to become homeless if he was evicted. Kim was adamant that a rehabilitation centre is what John needs but as that is not an option, the thought of homelessness was distressing for Kim. Kim believed that homelessness may result in John's death. She felt uncertain about having John stay with her as she believed this would lead to the two of them being evicted due to his behaviour. John's nurse also thought that it was possible that John would become homeless, although he said that referral to an early intervention and homelessness service was another possibility. They also identified John's 'resistance to do anything' as the biggest barrier to accessing different services.

Concluding observations

The housing worker spoke in some detail about the ASB policy and its implementation in this case. She pointed out that in most cases breaches are remedied and that is the end of the case, unlike strikes where three in one year can result in eviction. In this case however it was the un-remedied breach that was the difficulty. The housing worker noted 'the notice to leave has come as a shock to [his mother]' and that the mother was quite overwhelmed when she was notified of John's notice to leave.

The worker expressed her view that the current ABS policy does not have sufficient room to address mental health issues. It is difficult for housing workers to determine whose behaviour is a result of mental health and whose is not:

There's definitely a difference I think in the way that they need to be treated. But how do we identify that and how do we make sure we're not discriminating against somebody? I think that John's behaviour's definitely as a result of his mental health. I don't think he understands that the damage to the property is an issue. I'd say that John definitely, if we had the capacity to, would be treated differently to somebody who's just got angry and gone around and beat up their unit with a golf club.

The worker reported difficulties in the timing and adequacy of training in ASB procedures. Training did not involve understanding the policy within the context of mental health or drug misuse. Training in working with tenants with mental health issue was available but was not compulsory for staff members. The housing worker was aware that the policy allowed for an additional warning before a strike issue for those with mental health issues, although in John's case no warning was provided:

... no one has had any practical experience with the policy. So it's really hard to go through a training session when you have no idea what that policy entails or what it's going to look like. I think there's definitely a lack of training in that respect.

It was also reported that the ASB policy added a lot of extra work:

The policy itself has resulted in a lot of extra work, I believe, for the tenancy team because the process in regards to investigating a complaint to get to a final position on whether to issue a strike or not is really, really long and really tiresome.

However, it was also reported that the ASB policy had resulted in fewer complaints:

I think that it has worried people a little, but more so the people that choose to act poorly or choose to have bad behaviour, not necessarily those that are unwell. I think that we've seen ourselves spending a fair bit more time trying to deal with those tenancies of people that do have mental health conditions as opposed to those that are just having conflict with their neighbours or choosing to have that poor behaviour.

Overall, housing workers have welcomed the ASB policy for providing a structure around complaint investigation:

Before there wasn't a lot of structure and you would have found that the different officers within our centre would have investigated complaints quite differently and I think that the ASB policy has brought across that really structured approach and making sure that everybody across the board, regardless of who their tenancy manager is, is getting treated fairly.

This was seen as especially important due to the complexity of the task:

... we pretty much do the job of a real estate but we manage far more complex cases ... and we don't have any background in social work or training like that. We have to rely a lot on our external organisations, Adult Mental Health, all of those support services to assist us in that capacity because, at the end of the day, we're just tenancy managers.

As for John, his prognosis at the time of interview was poor. He was likely to be evicted unless urgent repairs to his property could be made before the notice to leave was given effect. It was unclear if he had the financial and other resources to repair the damage. It seems more likely than not that he will become homeless.

Case study 12: Danielle

Gender and age: Female aged 45-55

Indigenous status: Non-Indigenous

Location: Brisbane suburb

Dwelling: Two-bedroom detached house

Housing status: Tenancy commenced 1 August 2012

Income source: Disability Support Pension

Mental health issues: Intellectual impairment; chronic anxiety; depression; and possible Asperger's Syndrome and Personality Disorder

Substitute Decision Maker: Office of the Adult Guardian (now known as The Public Guardian): formally appointed decision making authority for all health, service, accommodation and legal matters. Public Trust: formally appointed decision-making authority for all financial matters.

ASB Intervention: 2 strikes issued: Strike 1 – Excessive Noise and rubbish (January 2014); Strike 2 – Obscene language towards DHPW employee (February 2014)

Case study informed by:

- Interview with official from Department of Housing and Public Works (DHPW)
- File Audit prepared by DHPW.

Contact was made with Danielle and she indicated that she was keen to be interviewed. However each time an appointment was arranged, Danielle would not be home.

Housing background

Danielle resided in DHPW property a number of years ago with her husband and son, however they were evicted. Danielle and her family were accommodated in transitional housing temporarily until her marriage broke up and her son went into the care of the Department of Child Safety. Danielle at this point became homeless. Her son remained in the care of Child Safety for some time and was then returned to the care of her ex-partner.

In 2006 Danielle was using a local Homelessness Centre as a 'drop-in' service and in 2007 she submitted a Housing Application. In June 2010 she moved into a long-term community housing vacancy. She lived there for a number of months, but her tenancy deteriorated when her son re-commenced living with her and there was considerable tension between them. In September 2011, DHPW transitioned Danielle and her son into a public housing property and she was moved again into her current property in August 2012. This property was chosen as there were other departmental properties in the area and it was thought the neighbours 'might be more tolerant'.

Issues in the current and previous properties have included:

- Verbal disagreements between Danielle and her son that involved loud, threatening and obscene language. On occasion it was reported that Danielle's son would threaten to harm her and burn the house down.
- Danielle and her son hoarding various items on the property. Items were often obtained from kerbside collections and the weekly bin collection and have included building materials, furniture and electrical appliances (e.g. washing machines). It is documented that this has been an eyesore for neighbours, has impeded lawn maintenance and encouraged vermin.
- Multiple animals – currently the property has one cat and nine kittens.
- Danielle's son playing loud music, often in the early hours of the morning.

- Excessive noise from construction activity as a result of Danielle's son using hammers and other tools to erect a structure in the backyard. These works could occur for up to 6-8 hours per day, often into the early hours of the morning. It was reported that Danielle's son was 'building his own home away from his mother'.
- Danielle's son applying graffiti to the property.
- Danielle's son using loud and obscene language.
- Danielle's son running naked down the street.
- Danielle's son defecating in the backyard.
- General poor condition of the property and inclusions.

These incidents have resulted in a number of callouts and required intense support to be provided by the Queensland Police Service (QPS) and Queensland Ambulance Service as they created disturbances in the neighbourhood. As a result a formal warning was issued on 13th December 2013 in relation to yard maintenance and domestic disputes.

A difficulty in managing Danielle's tenancy has also been her 'erratic engagement' with a number of services, including the DHPW. Danielle has been reported to:

- Contact DHPW to request housing officers agitate Disability Services to provide her with material supports.
- Contact DHPW to complain about her tenancy. Often when DHPW staff arrive at the property to address the complaints with Danielle she is not home or she will phone QPS requesting their removal from the property.
- Contact DHPW to request maintenance for a variety of works. Often when maintenance services arrive at the property Danielle is not present or she will phone QPS requesting their removal from the property.
- Refuse entry to the property to DHPW staff.
- Engage a service to support her to maintain the property (e.g. cleaning) or with lifestyle activities (e.g. cooking). Although often when the support workers visit she is not home or will phone QPS to request their removal from the property.
- Make direct attempts to complain to the Minister, including telephone contact and turning up at the Minister's office.
- Initiate QCAT (Queensland Civil and Administrative Tribunal) dispute resolution proceedings or lodge resolution forms against the DHPW. However, these were described by the DHPW worker as being 'ramblings; difficult to understand; and not clear what her intentions are'.

It was reported that there have been no issues in regards to rent payments or arrears.

Overall, the DHPW worker reported that the most difficult issue is engaging with Danielle and her son:

It is quite an intense tenancy to manage. They just disengage which makes it difficult for all services to try and assist them. Services are there willing to help but they get them where they want them and then just say no.

Support

Danielle is reported to have a mother and sister who live nearby, although they have minimal contact. Danielle's ex-partner remains in contact, although it is reported that he takes advantage of her in regards to her money.

Danielle is supported by a number of organisations. At numerous time-points Danielle has been engaged with up to a dozen support services, including Disability Services, Child Safety, Office of the Commissioner for Young People, non-for-profit organisations and medical practitioners:

Danielle is good at getting lots of agencies involved and having them chasing each other. Danielle will give each agency different versions. Everyone is then trying to speak to each other to do the right thing for Danielle.

As noted previously, Danielle has always had various agencies involved that are all willing to help her; however the difficulty is getting consistent engagement from Danielle.

Issuing of strike

Although DHPW re-located Danielle and her son to a number of different properties the problems continued. The on-going issues in Danielle's previous and current tenancy resulted in 'neighbourhood fatigue' and criminal charges against her son.

The first strike under the ASB policy was issued on 30th January 2014 for disputes, noise and excessive rubbish. This was the result of the on-going conflict between Danielle and her son that was disrupting the neighbours; the excessive noise from the construction activity; and the excessive rubbish on the property due to the building materials and hoarding behaviour.

The second strike was issued on 11th February 2014 for obscene language directed at DHPW employees. It was reported that Danielle had contacted the minister's office to complain and did so using 'foul and threatening' language. When DHPW staff visited Danielle's property to discuss this, Danielle swore and yelled at the staff while her son held a tool in his hand threatening them.

The DHPW worker reported that the issuing of the strikes were appropriate, however felt that the 'Adult Guardian will have a different view point'. The strikes were communicated to Danielle in person and by mail although it was recognised that she did not fully understand why the strikes had been issued and the implications of the strikes. Notice to Remedy breaches were also issued on both occasions.

The issuing of the strikes did not instigate change as reports of disruptive behaviour continued. The DHPW worker reported that this was not unexpected as previous, similar interventions had also been ineffective. It was hypothesised this was because:

Neither of them have that level of life skill that you would expect to maintain a dwelling and look after yourself. When people have poor life skills and no capacity, the issuing of a strike isn't a deterrent. When individuals don't have life skills to maintain a property and look after themselves how can they be held accountable under this policy?

Therefore, although the behaviour exhibited by Danielle and her son met the criteria for the issuing of a strike under the ASB policy, this was not why the decision was made to issue the strikes. It was clear that it was the tenancy situation that needed to change. The DHPW worker communicated that change was required as a matter of urgency as she was worried for Danielle's safety. Danielle's son was continuing to make direct threats against her creating real fears that Danielle would be seriously hurt, and Danielle 'went from a lady who was overweight to extremely underweight due to the stress in her household'. The strikes were issued as a means to initiate action from other services 'to do something, otherwise they will end up homeless; when there are people with multiple disabilities and multiple stakeholders you have nothing else to negotiate with other stakeholders.' DHPW requested collaboration from all stakeholders supporting both Danielle and her son to split up the household'. It was reported that a third strike would only have been issued as a result of serious briefing with all stakeholders if the arrangement did not change. Overall, this situation presented a significant ethical dilemma to the DHPW staff; however they could not continue to support the tenancy arrangement.

With the assistance of Disability Services, Danielle's son was supported to move into his own DHPW property on 28th February 2014. Since Danielle's son has vacated the property, no issues with Danielle's tenancy have been reported.

ASB Rollout

The DHPW worker reported that in her opinion the ASB policy has been welcomed. A key reason for that was the flexibility it allowed with decision-making. Each complaint is looked at on a case-by-case basis so that all options are examined to give the greatest success to the tenant and DHPW. In practice this has meant that although complaints may meet the criteria for the issuing of a strike under the ASB policy, a strike would not be issued if it were thought that it would not produce the best outcomes. Cases where greater discretion is required often have mental health and/or cognitive issues as contributing factors. This level of discretion was especially possible in the DHPW office that manages Danielle's tenancy due to their specialised skills. Staff in this office receive mental health first aid training and have a strong partnership with their local mental health service at the local hospital. It was reported that they have a greater appreciation of tenants with mental health issues and will therefore go above and beyond to apply discretion under the ASB policy and/or link the tenant in with appropriate services.

Despite the overall positive response to the introduction of the ASB policy, some areas for change were recommended. First, it was reported that while initial training was conducted for all staff, the training came before the policy was finalised. The initial training provided staff a general overview of the policy and its intent. However, a significant amount of work was now required within each office to understand how to apply the policy and to set in place consistent expectations.

Second, although there was some flexibility in the implementation of the ASB policy, the DHPW worker still felt that greater moderation needed to be applied. It was reported that currently every complaint that comes through DHPW is processed under the ASB policy. The DHPW worker felt that minor complaints, such as one on one disputes or car parking, should not fall under the ASB policy. It was suggested that only serious complaints of a significant nature should fall under the policy. The ASB should 'provide a tool to move people out who clearly shouldn't be in housing, especially when there is a criminal element, and to move them out quickly.'

It was also reported that a significant source of frustration for DHPW staff has been around the Acceptable Behaviour Agreements (ABA). The ASB policy states that ABAs should only be distributed when a second strike is issued; however often they are given on the issuing of a first strike. This has created inconsistency in the application of the policy. Also of importance, although the tenant can sign the ABA, this does not mean they agree with it or will adhere to it. The lack of investment on behalf of the tenant, and focus on the behaviours themselves rather than the factors contributing to the behaviour, often means no change in the behaviour. The end result is that final strikes are issued and the tenant is evicted. Therefore the implementation of the ABAs in practice has been difficult. Although possible solutions could not be provided, it was clear that this needed to be considered.

Additionally the DHPW worker reported that in her experience there has been a general trend where tenants who are issued strikes under the ASB policy also have other tenancy issues such as rent arrears. It is often the combination of these issues that lead DHPW to consider eviction for a tenant. The difficulty is that currently these tenancy issues fall under different policies and requires separate submissions to QCAT. If there is evidence to issue a third strike often DHPW will 'hold off on giving the strike' and instead put a QCAT submission through for rent arrears. If that process is unsuccessful in achieving an outcome (e.g. eviction) a third strike will be issued. It was recommended that the policy be changed to permit

submission of these matters together, 'rather than having to argue one case there needs to be a holistic rather than compartmentalized view of the tenancy'.

Finally, it was reported that the consequences of the behaviour of tenants comes at a significant financial cost to DHPW, and the ASB policy was introduced in an attempt to address associated costs. However, due to their complex support needs, clients such as Danielle often have engagement from a number of other services. Issues that were raised regarding the complexities of having multiple agencies involved were not only that this comes at an additional cost, but also that lines are blurred in terms of where responsibility and accountability lies. It was suggested that greater work be done in relation to inter-agency collaboration to not only reduce associated costs of supporting these individuals for all government and non-government services, but to also reduce the risk of poor outcomes for the individual such as homelessness.

Concluding observations

The key issue in this case appeared to be the dilemma raised when individuals residing in DHPW properties have impaired decision-making capacity as a result of mental health issues and/or intellectual disabilities. In these cases the tenant is unable to comprehend and/or fulfil their responsibilities under the ASB policy. Therefore often the issuing of a strike in these cases does not address the reasons why the behaviour is occurring and therefore the behaviour does not change. This raised the question of how individuals such as Danielle can be held accountable under the policy. Although possible solutions could not be provided, it was clear that the current strategies such as ABA's may not be appropriate and areas for change should be considered.

It was also clear that the ASB policy can be used as a tool to engage services to instigate the necessary change, not with the expectation that it will directly change/influence the tenant's behaviour. Therefore it was recommended work be done on increasing inter-agency investment and collaboration to achieve positive outcomes for these individuals and the services involved.

Overall it appeared as though in this situation the issuing of the strike was used strategically and did achieve positive outcomes for Danielle. However it was unfortunate that this was the process that needed to be followed to enable those outcomes to be achieved and it was clear that stakeholders struggled with the ethical dilemmas that this case raised.

APPENDIX 2: TABULAR SUMMARY OF FINDINGS FROM CASE STUDIES

Note: Data presented in 2 tables for ease of presentation.

Table 20 Summary of findings from case studies (tenants 1-6)

	Julia	Bronwyn	Kevin	Penny	Raymond	Valery
Personal characteristics						
Sex	Female	Female	Male	Female	Male	Female
Age	30-40	45-60	40-50	20-30	40-50	40-50
Indigenous	Yes	Yes	Yes	Yes	No	No
Location	Non-metropolitan city	Non-metropolitan city	Non-metropolitan city	Non-metropolitan city	City in SEQ	SEQ, regional area
Social housing tenancy	Commenced 9 October 2012. Assessed as Very High Need.	Tenancy commenced 1 November 2006. Assessed as High Need.	Tenancy commenced 10 December 2010. Assessed as High Need.	Tenancy commenced 10 October 2012. Assessed as High Need.	Tenancy commenced 18 December 2007. Assessed as Very High Need.	Evicted from public housing September 2013. Originally assessed as High Need.
Main income source	Disability Support Pension	Carers pension	Carers pension	Parenting payment	Disability Support Pension	Disability Support Pension
Housing type	1 bedroom Unit.	3 bedroom detached house.	4 bedroom detached house.	3 bedroom detached dwelling.	1 bedroom unit in apartment block.	2 bedroom duplex unit
Household composition	Julie (tenant) lives with her mother.	Tenant and 2 related children in her care.	Tenant, wife, 2 adult children, grandchild.	Tenant and 2 pre-school aged children.	Lives alone	Lives with son aged 20 who is her carer
Housing						
Prior housing	Lived for 2 years in community housing with her mother prior to current tenancy.	Lived for 8 years with mother in social housing.	Remote Aboriginal community, hostels, private rental (excluded), social housing (evicted once).	Moved from family home to public housing.	Lived in private housing with girlfriend prior to head injury in 2004, and with parents 2004-7 prior to public housing.	Lived in public housing for five years before eviction; then lived with friends and now in private rental organised by support agency.

	Julia	Bronwyn	Kevin	Penny	Raymond	Valery
Prior homelessness	Hostel accommodation and rough sleeping for about 1 year.	No homelessness reported.	Hostel accommodation for 7 months.	No prior homelessness.	No prior homelessness.	Homeless (living with friends) for 6 months after eviction.
Satisfaction with current housing	Strongly dislikes her unit and has requested transfer.	Very happy with the housing type and location which is superior to previous housing from which she was transferred by DHPW	Very happy and likes most of the neighbours.	Satisfied with current house after transfer by DHPW to address previous problems. House is close to parents and away from inner-city.	No dissatisfaction expressed. However, close proximity to neighbours in a block of units inevitably leads to disruption of neighbours.	Satisfied with private rental dwelling. Did not like public housing as too close to disruptive friends of her son.
Mental health and other issues						
Mental health	Diagnosed with schizophrenia; Involuntary Treatment Order; alcohol abuse.	DHPW suspects alcohol problems, depression.	History of alcohol and drug addiction. Cares for wife with psychiatric disability.	Depression and the trauma of a stillbirth.	Severe head injuries leading to schizophrenia, bipolar II disorder, psychosis, ADHD. Involuntary Treatment Order.	Depression, hoarding, intellectual impairment.
Other issues	Her child is in care.	Suspected mild intellectual impairment.	None reported.	Problems exacerbated by unwanted visitors and tenancy problems.	Hepatitis C. Uses methamphetamines and marijuana.	Son has ADHD and intellectual impairment. Alcohol issues (not acknowledged by tenant)
Support and services						
Professional mental health support	Limited from mental health case worker; good from Indigenous mental health worker.	No evidence of involvement with support services.	No support.		Psychiatrist 4 times per annum. Frequent hospitalisation. Disabilities make treatment difficult.	Mental health plan for son prepared by medical practitioner including twelve hours of counselling.
Other organisational support	Not mentioned.	Not mentioned.	No support.	Parents have arranged counselling service. Police reported as not providing assistance with unwanted visitors.	Caseworker and social worker visit every two days. Helpful for shopping, finances and tenancy support. Has had home detoxification program.	Case management and support from social agency in parenting skills and household management.

	Julia	Bronwyn	Kevin	Penny	Raymond	Valery
Support from DHPW	Limited due to verbally aggressive behaviour.	She was transferred to a dwelling more suited to her household's needs and away from the problems of the previous tenancy.	DHPW visited tenant and discussed issues, siding with tenant on some issues.	She was transferred to a more suitable dwelling after advocacy by parents.	Have been cooperative in attempting to deal with the problem.	Linked the family to external support agency and liaised closely with the support agency
Support from family, friends and neighbours	Receives help with drinking and mental health from mother.	Not mentioned.	No support although mention of going back to church. No support offered.	Strong emotional and practical support from parents who now live nearby and who assisted in obtaining transfer.	Extensive support from his mother over many years including advocacy with DHPW.	No evidence of support from family or friends.
The strike						
Number and reasons	1 strike for loud party including smashing bottles, yelling and abusive language throughout the night. Further serious complaints from neighbours led to warnings but no strike.	1 strike issued after numerous complaints from neighbours over disturbances, drinking, visitors sleeping in public areas of unit, dumping of rubbish. This occurred in previous public housing dwelling.	1 strike after history of 21 complaints over 3 years and 2 previous breaches in current tenancy.	2 strikes for disturbing behaviour associated with partying and unwanted visitors in previous tenancy.	2 strikes for deliberate damage to property.	First and final strike was preceded by numerous notices to remedy for severe disruptive and dangerous behaviour. Strike issued for breaking all windows on neighbour's property.
The strike process	Issued by letter. Phone contact re subsequent behaviour leading to warning.	Appears to have been issued by letter, although HSC staff visited to discuss problems over a period of time.	Stated that he was informed by letter. Disagreement between tenant and DHPW staff member re whether issue was discussed in person previously.	Strike was explained in person at a visit to the house by DHPW staff as well as formal notification. DHPW showed willingness to address the problems brought to their attention.	As well as formal notifications, tenant and mother contacted by phone to discuss. However, no satisfactory resolution agreed.	First and final strike issued after numerous explanations by DHPW and support worker to tenant about implications of continued problems.

	Julia	Bronwyn	Kevin	Penny	Raymond	Valery
Were mental health issues considered?	Tenant felt that she received leniency re issuing of subsequent strikes.	Evidence suggests that tenant was transferred to new house and location in part to solve the problems resulting in the breach.	Tenant felt that problems stemming from his background and upbringing were not fully recognised.	Tenant's inexperience and personal difficulties were taken into account and a plan put in place to address the problems.	There is clear understanding by all parties that disruptive and potentially dangerous behaviour is caused by mental illness. However, strikes are issued regardless.	Clear understanding by all parties including DHPW that mental health issues are central, but decided that no option in circumstances but to issue a strike.
Understanding of strike	Showed understanding of the process. Aware of consequences of receiving further strikes. Confused between breaches and strikes.	Confused over reason for strike and the difference between a breach and a strike.	Confused over the number of strikes received, but understood the process leading to eviction.	Tenant did not at first appreciate the seriousness of receiving a strike. This became clear after the second strike and threat of eviction.	Tenant has no capacity to understand consequences of strikes. Mother is fully aware of process and implications.	Tenant seemed to understand when she was told her tenancy was at risk, but unable to act on this information.
Insight and control of behaviour	Aware of impact of her unpredictable mood and effect on behaviour.	Limited insight into extent of disturbance to neighbours and implications of behaviour.	Understood continued behaviour would lead to eviction and took action accordingly.	Little insight at first into consequences of behaviour, but strikes led to understanding of need to change behaviour.	Tenant has very limited insight and control. Strikes do not assist in any way re insight and control of behaviour.	Due to intellectual disability seems to have limited capacity to link behaviour and likely outcomes, Cannot control behaviour of sons and their friends.
Attempt by tenant to address issue	Advised neighbours to contact her directly with problems.	Tried without success to tell visitors not to come around.	Fear of eviction led to steps to stop visitors drinking at his house.	With help from parents, the tenant made every attempt to resolve the issues – but only after the second strike.	Mother involved in prolonged negotiation with DHPW to address issues, but without positive outcome.	Cannot sustain improvements; overwhelmed by actions of sons and visitors.

	Julia	Bronwyn	Kevin	Penny	Raymond	Valery
Engagement of support with strike	Has not spoken to mental health support workers; Department has not contacted them. Mother is supportive. HSC staff report tenant is verbally aggressive to staff and other tenants.	Has not contacted any external support agency or friends to assist in dealing with strike. She does not seem interested in receiving formal support.	Did not contact any external body, but went to speak with DHPW about the strike.	Parents were heavily involved in addressing the consequences of strike. Tenant is receiving counselling. Police were not able to assist in dealing with disturbances.	Mother deeply involved as are social worker and case worker. However, unable to arrive at an outcome to resolve the issues and sustain the tenancy.	Support agency was heavily involved throughout the strike process, explaining the situation to tenant, advocating, etc. But to no avail.
Perception of fairness of process	Felt DHPW had been lenient due to their awareness of her mental health condition.	Was pleased about transfer to more suitable dwelling and location. But still expressed negative views about process.	Felt DHPW did not understand issues faced by Indigenous people.	Tenant and her family felt the process was handled fairly and well by DHPW.	The process was managed fairly as far as procedural issues are concerned. But mother feels it makes no sense to apply strikes to a person with the tenant's mental illnesses.	Tenant did not expect to be evicted, but disruptive behaviour was extreme. Department felt all avenues had been explored.
Perception of discrimination	Tenant felt that issuing of strike was linked to racism.	Not raised by tenant.	Considers neighbour is prejudiced and DHPW does not understand impact of Indigenous background.	No issues of discrimination raised.	No discrimination in a procedural sense. However, is the issuing of strikes to a tenant with these issues inherently discriminatory?	No issues of discrimination raised by tenant or support worker.
Stigma of term 'ASB'	Tenant used term in her interview but not with any perception of stigma	Not raised.	Not raised.	Not raised.	Not raised.	Not raised.
Stress of the strike process	Stressed about possible consequences of strike.	Did not appear to be especially stressed.	Eviction possibility was stressful possibly resulting in recurrence of drinking.	The strike process relieved stress by ensuring that the issue was addressed.	Strike process highly stressful to mother who believes it will result in homelessness.	Tenant and son were evicted and now in alternative housing with high support. Stressful for all.

	Julia	Bronwyn	Kevin	Penny	Raymond	Valery
Involvement of visitors	Friends coming around for drinking a major problem.	Friends coming around for drinking in unit and unit block a major problem.	Visitors a central part of the problem of disturbances.	Unwanted visitors wanting to party a major problem in previous tenancy causing numerous disturbances	Not an issue.	Major issue – friends of tenant's sons major cause of neighbourhood disturbance.
Did the strike assist by 'bringing the issue to a head'?	Strike has increased awareness but not effective action. DHPW has been lenient due to their awareness of circumstances. No clear-cut resolutions to the problem.	Yes. DHPW arranged a transfer in part because of awareness that the tenancy was in difficulty and to reduce disturbances of neighbours.	Yes. The perception that he was faced with possible eviction resulted in tenant taking steps to address the issue.	Definitely. The second strike brought about fear of eviction and all parties sought to resolve the issue.	The strike has brought the issue of the tenant's behaviour to a head. However, responses are insufficient to address the scale of the problem.	The first and final strike seen as a last resort in a situation where many alternative courses of action had been attempted.
Likely outcomes						
Likely consequences of eviction	Will be homeless as she is barred from hostels in town.	Consequences of eviction not discussed in interview as issues have to some degree been addressed.	Specific consequences not considered, but eviction viewed as a major loss and setback.	Specific consequences were not discussed. Tenant and her 2 children may have received family support in finding housing if evicted,	All agree that eviction will almost certainly lead to homelessness and exacerbation of mental health issues.	Family has been evicted. After living with friends, now in housing arranged by support agency.
Prognosis	Continuing poor behaviour leading to eviction and homelessness seems likely if no other interventions such as mediation, intensive support and housing transfer.	Her transfer to a different type of dwelling in a new location has increased the likelihood of her being able to sustain her tenancy.	He is highly motivated by the possibility of eviction to control drinking and partying, but without any support the outcome is uncertain.	The transfer arranged by DHPW with support from family give tenant every chance of sustaining tenancy.	The tenant's very high needs and disturbing behaviour are likely to result in a 3 rd strike which will result in eviction, unless a radically different approach is adopted.	Family have only recently been rehoused. Too early to tell if new situation will be more durable.

Table 21 Summary of findings from case studies (tenants 7-12)

	Sarah	Christine	Susan	Paul	John	Danielle
Personal characteristics						
Sex	Female	Female	Female	Male	Male	Female
Age	50-60	20-30	65-75	40-50	30-40	45-55
Indigenous	No	No	No	No	No	No
Location	Non-metropolitan city	Brisbane suburb	City in South-East Queensland	Brisbane suburb	Coastal city	Brisbane suburb
Social housing tenancy	Tenancy commenced 2002. Has been more recently assessed as Very High Need.	Original tenancy commenced July 2010. Assessed as High Need	No housing need assessment as tenancy commenced in 1985	Public housing since January 2011. Assessed as Very High Need	Public housing since 2012. Assessed as Very High need	Public housing since 2012. Assessed as Very High Need
Main income source	Disability support pension	Disability support pension	Disability support pension	Disability support pension	Disability support pension	Disability support pension
Housing type	3 bedroom detached house	1 bedroom unit	2 bedroom detached house	2 bedroom unit	1 bedroom unit in large unit block	2 bedroom detached house
Household composition	Tenant and daughter	Shared accommodation with another young woman	Tenant lives alone	Tenant lives alone with pets.	Tenant lives alone.	Lives with her son.
Housing						
Prior housing	Lived in public housing previously for 12 years, then in private rental	Lived at home until 18 when she moved into shared, supported accommodation with one other woman.	Has lived in public housing for almost 30 years – previously about 13 different houses	Previously lived with mother and brother. Due to intense arguments and violence he was forced to leave.	Lived with mother but forced to leave due to violence and destruction of property. Was hospitalised, lived in boarding house and then in public housing.	Has lived in transitional housing, community housing and previous public housing properties.

	Sarah	Christine	Susan	Paul	John	Danielle
Prior homelessness	Has experienced short periods of homelessness.	No previous homelessness.	No previous homelessness	Was homeless sleeping rough for one year.	No previous homelessness.	Has experienced a significant period of homelessness.
Satisfaction with current housing	Liked the location of the house, but concerned with dustiness and lack of privacy. Was evicted shortly after interview.	House was satisfactory but shared arrangement was unworkable due to personality clashes. New 'duplex' arrangement has addressed this problem.	Grateful for the house. Problems with lack of maintenance to fix flooding in yard.	Sees the current location as unsafe. And adversely impacting on his mental health issues.	Initially extremely pleased with the housing provided especially as it was in an area where drugs were less available.	She makes frequent complaints regarding the house to DHPW.
Mental health and other issues						
Mental health	Psychotic disorder (schizophrenia or schizoaffective disorder).	Depression and challenging behaviour.	Compulsive hoarding, chronic fatigue, depression, PTSD	Bipolar and depression; regular user of speed and marijuana.	Drug-induced psychosis associated with use of marijuana and amphetamines. Results in thought disorder, hallucinations, paranoia, aggression.	Chronic anxiety and depression. Personality disorder.
Other issues	Severe bronchitis	Intellectual impairment and severe seizure disorder.	Head injury from accident. Husband committed suicide. Has been reclusive and withdrawn.	Chronic pain following head injury after san assault; Hepatitis C. Anger management problems	Hepatitis C	Intellectual impairment. Son has major behavioural problems.
Support and services						
Professional mental health support	Reluctant to seek support; has been hospitalised on several occasions.	A supported accommodation arrangement.	Saw a psychologist as part of a mental health plan.	Not receiving any formal mental health support. Not on medication for his bipolar.	Has received extensive support from the local community mental health service and ATODS.	No mention in the case of support from mental health services.

	Sarah	Christine	Susan	Paul	John	Danielle
Other organisational support	No evidence of support from other organisations, although this has been offered.	Case manager from UCC, speech pathologist from DCCSDS and OT from DHPW.	Has received help from time to time from social workers, OTs, an age care service and 'self-growth' courses	As assisted into public housing by a youth agency but not currently involved with that agency or any other.	No other significant organisational support.	At various times has support from up to twelve agencies including Disability Services.
Support from DHPW	Have offered to link her with support organisations and have liaised with mental health organisations.	Client Service Manager and OT closely involved in supportive arrangements.	Referred her to aged care service which has been helpful. Also has assisted her to respond incrementally to the problem.	DHPW has tended to take a hard line with this tenant. He received a strike without having recorded any previous breaches and there is the threat of a further strike. Tenant feels, 'they don't care about me'.	Worker attempted to be supportive while also addressing the neighbours' concerns.	Involvement from DHPW has been supportive in many ways, including strategic use of strikes.
Support from family, friends and neighbours	Limited as she has cut herself off from family.	Family involved in case conferences.	Receives support from daughter who has advocated on her behalf to DHPW.	Is estranged from mother and brother and appears to be socially isolated.	Receives some support from his mother who lives some distance away, mainly practical support and advocacy.	Has nearby family but has little contact with them.
The strike						
Number and reasons	Received a strike for disturbing neighbours at same time as notice to leave. Have been many breaches over years.	2 breaches for property damage issued in 2013. A Strike 1 issued in December 2013 for 'strategic' reasons to demonstrate that the situation could not continue.	She has had breaches over the years for failure to keep the property clean. Issued a strike in August 2013 for same reason (rubbish, littering). Seen as a safety risk.	1 strike for property damage April 2014. The damage was quite severe involved use of an axe. No record of previous breaches.	1 strike for severe property damage accompanied by breach, followed quickly by notice to leave.	1 strike on 30 January 2014 for disputes, noise and rubbish, followed less than 2 weeks later by 2 nd strike for obscene language. No intention of issuing a third strike.

	Sarah	Christine	Susan	Paul	John	Danielle
The strike process	Meeting was held with tenant to discuss the strike as well as formal notice.	All parties were informed that the strike would be issued. Tenant was informed by case manager.	Received a phone call as well as the letter. Housing worker did not agree with strike being issued – need for a more thorough substantiation.	Was initially informed verbally of the strike as part of an inspection visit.	Received formal notification and attempts were made to inform him verbally. Mother and nurse were also informed. However, notice to leave came unexpectedly and without warning.	2 strikes were communicated by mail and in person.
Were mental health issues considered?	Mental health issues fully considered but decided that other factors were involved and level of disturbance of neighbours was too great.	The tenant's intellectual impairment and challenging behaviour were central in determining the decision.	Were probably given insufficient weight at the time the strike was issued.	DHPW appeared not to be fully aware of his mental health issues. Tenant believes his mental health issues are made worse by the unsafe nature of his housing.	Yes. All parties well aware of the mental health issues and their centrality in his behaviour.	All parties well aware of the centrality of mental health issues.
Understanding of strike	Somewhat confused between strike and breach.	Tenant has very limited understanding of the strike and implications.	Tenant understood the strike but was not able to respond satisfactorily in the time frame available.	Tenant had good understanding of the 3 strikes process, although he described it as 'silly'.	Tenant's understanding of the strike process and possible consequences was limited at best. Strike and breach issued simultaneously.	Tenant had limited understanding of strikes, nor was it expected that she would.
Insight and control of behaviour	Seemed unable to control her behaviour and that of her daughter despite awareness of negative consequences.	Tenant had very limited insight and control of behaviour.	High level of insight and is trying to address the issues in an incremental way.	Has quite good insight but difficulty controlling his behaviour. Wants to behave better and fix up the unit so that he can get a transfer to a safer locality.	Very little control of behaviour due to drug use.	Tenant is viewed as engaging in manipulative behaviour and as having little insight into their behaviour.

	Sarah	Christine	Susan	Paul	John	Danielle
Attempt by tenant to address issue	Made efforts to address issues but not to satisfaction of DHPW.	The strike sharpened the attempts by all agencies to address the issue. Was used as a strategy by DHPW to bring all parties to the table to find a solution.	Tenant was able to address issue due to support of daughter and sympathetic housing worker.	Tenant cannot fix the unit as he lacks the financial resources to do so. Housing worker believes tenant is 'willing to work with us'.	With help from mother and nurse did attempt to begin to make repairs, but notice to leave was issued quickly after the first strike.	Splitting the tenancy into two tenancies has resulted in no further behaviour problems from tenant.
Engagement of support with strike	Support was requested too late in the process to be of any help	All support agencies were closely involved in the process.	Daughter and sympathetic housing worker were crucially important in responding to strike.	Tenant has not received any assistance in managing the strike, and has no one to help. DHPW suggested support from [youth agency] but he has not done so.	The nurse from mental health services and mother were given full information at the time of the strike, but the notice to leave took them by surprise.	Strikes used to put pressure on other agencies to support the splitting of the tenancy into two.
Perception of fairness of process	Tenant felt she was not listened to, but also understood rules needed to be followed and that there had been many complaints.	Some agencies questioned the ethics of using a strike process to galvanise action, as tenant had very limited understanding of process.	Housing worker and tenant questioned the appropriateness of the process for a longstanding tenant.	Sees the process as irrational – why give strikes to people who need help?	Mother felt that the notice to leave issued at a time when she was endeavouring to remedy the breach was unfair.	Unfortunately it was not possible to interview the tenant
Perception of discrimination	Tenant did not feel she had been discriminated against.	As above	See above.	Perceives the process as highly punitive. Believes that he is being singled out.	See above.	See above
Stigma of term 'ASB'	Not raised.	Not the term itself, but staff found processes complex; policy not communicated to wider sector. However, term may be easier for tenants to understand.	Distressed by the term ASB. Made her extremely anxious and did not therefore help with behaviour.	Objected strongly to being called anti-social. He felt greater attention should be given to the reasons for people's behaviour.	No particular issues raised re term ASB. Was some confusion of strike and breach processes.	See above

	Sarah	Christine	Susan	Paul	John	Danielle
Stress of the strike process	The likelihood of eviction was very distressing to the tenant.	All parties saw the strike as a 'last resort' in these circumstances.	Tenant became extremely anxious mainly due to use of term ASB.	Highly stressed by the process. Mentions suicide as an outcome if he was evicted.	Highly stressful for all concerned especially for mother who was deeply concerned about homelessness.	See above
Involvement of visitors	Yes, one of several factors resulting in neighbours being disturbed.	Problem was conflict with co-tenant rather than visitors.	Not relevant in this case.	Not relevant in this case.	Visitors were involved in drug taking behaviour and possible damage to the house.	Family member rather than visitors was part of the problem
Did the strike assist by 'bringing the issue to a head'?	Issues present throughout the tenancy, and strike similar to just another breach. Issues unresolvable leading to Notice to Leave	An example of the strike being used very deliberately for this purpose.	Strike used to bring the issue to a head. Has prompted DHPW to give more frequent and specific support.	The strike brought issues to a head, but did not help find a solution. DHPW worker saw the strike as 'giving them that kick in the pants'.	The strike and breach followed quickly by notice to leave brought the issues to a head, but not in a constructive way.	Strike process used deliberately to bring pressure to bear on other agencies.
Likely outcomes						
Likely consequences of eviction	Not known where Sarah is now living. She considered possibility of caravan on family farm.	Consequences of eviction would have been profound for the tenant and family, but all agencies committed to avoiding this outcome.	Would go and live with daughter. It would be a negative outcome for tenant and her daughter.	The tenant would become homeless and would be in danger of committing suicide.	The tenant would likely become homeless due to lack of other options. Given mental state and addiction, vulnerable if living on the streets or boarding house.	Eviction now seems to be unlikely. Tenant has previously experienced homelessness.
Prognosis	The tenant has been evicted and unlikely to obtain satisfactory housing in private rental. Impact on mental health of tenant and daughter are likely to be negative.	The new duplex arrangement allowing housing autonomy with shared support appears to be an ideal solution to the problem.	As the tenant is addressing the issues, although slowly, there seems little likelihood of further strikes and eviction.	High likelihood of further difficulties and strikes. Highly vulnerable to eviction, homelessness and worsening of mental health issues.	The tenant is facing homelessness unless repairs can be made very quickly to his unit. He has limited resources to achieve this.	The tenancy has settled down and the DHPW worker expects the tenancy to be sustained.

APPENDIX 3: RESEARCH INSTRUMENTS RELATING TO THE CLIENT CASE STUDIES

Interview Participant Information Sheet – Tenants

Research on the Anti-social Behaviour Management Policy

Researchers

Dr Cameron Parsell, Professor Andrew Jones, Ms Rhonda Phillips, and Dr Genevieve Dingle
(The University of Queensland)

What is the research about?

This study is about people's experiences and perspectives in social housing in Queensland. The study is particularly interested in understanding the experiences of people that have had both good and bad experiences with anti-social behaviour issues with their housing providers. The purpose is to identify the important issues, and to learn what is working well and not so well for people living in social housing.

Who is conducting the research?

This study is being conducted by researchers at the Institute for Social Science Research and the School of Psychology based at the University of Queensland.

How can you participate?

To properly understand the perspectives of people living or that have lived in social housing, we would like to hear people's views and experiences about anti-social behaviour in housing through individual interviews. A convenient time and location will be organised for the interview to take place. The interview will go for between 30 and 60 minutes. We would like to record the discussion (with your consent) to make sure we have correctly noted your views.

With your written permission, we would also like to talk to other people, such as your housing provider, case or support worker, or family or other nominated person about your housing. We will only talk to people that you are happy for us to speak with. We are interested in finding out information about your tenancy.

Your participation in the research will involve talking about your experiences of living in social housing. There is only minimal risk in participating in the research beyond that of everyday living. But in the very unlikely event that you become distressed during the research, the researchers will stop the research and offer you the contact details of services that may be able to assist with any distress.

Voluntary participation

You were asked to participate in this study because you are or have lived in social housing in Queensland and that you have experiences with tenancy problems or success in relation to what the Department of Housing calls anti-social behaviour. We are interested in hearing from you about your experiences. Your participation is voluntary and you can withdraw at any time. You will not be penalised for withdrawing from participation in this study. You will be offered \$40 for your participation in the study. If you choose not to participate, this decision will not have any effects of your relationships with any housing providers, or any other services or the University of Queensland.

Confidentiality

Whatever you say will be confidential. All recordings of the interviews and notes about what was said in the interviews will be kept in a secure place during the course of the study, and only the researchers running the study will have access to them. No individual will be

identified and your name will not be related to any comment. If you like, a written summary of your interview can be provided to you after the interview has finished.

Ethics approval

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines (Ethics Approval 2013001322). You are of course, free to discuss your participation in this study with project staff (contactable on 07 3346 8742). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 07 3365 3924.

Benefits

Your involvement in this project will be of great benefit in that it will contribute toward improving social housing.

Thank you for your help with this important piece of research.

For more information please contact:

Cameron Parsell, c.parsell@uq.edu.au 07 3346 8742

Tenant Qualitative Interview Schedule: Anti-social Behaviour Management Policy**Name:****Introduction**

After addressing consent issues (which will include the purpose of the research) and initial greetings:

'In this interview, we want to ask you about your current housing, including things that you like and don't like about your housing. We would also like to ask you some questions about your health and the kinds of services and supports that you receive. We also want to talk about difficulties that you are having with this housing, and with your landlord, the Department of Housing.'

[Interviewers will have to adapt questions for those who have already been evicted or who have left their house under duress. Generally this means changing 'your current house' to 'your recent public housing']

Current housing

1 For a start, can you please tell me how long you have lived in this house for?

2 Tell me a little bit about the house you are living in?

2a What suburb is it in?

2b What kind of house is it (*prompt in necessary for freestanding house; cluster of houses; unit within a block of housing*)?

2c How many bedrooms?

3 Who else lives with you in the house?

Previous housing

4 Before you lived in this house, where were you living?

Prompt for location; type of house; public, community or private rental; OR if homeless: on streets, boarding house, with friends/family

5 Have you moved around quite a bit? For example, how many houses would you say you have lived in over the past five years?

Probe for any details about where, length of time in each place, any homelessness.

6 During the past five years, have you ever been homeless, that is, being in a situation where you had nowhere to live?

Prompt for when, where, period of time.

Perception of current housing

7 Coming back to your current house, what led you to apply for public housing?

Prompt: low rent, no other choice, previous bad housing or homelessness.

8 What do you think about the house that you were allocated? Do you like the house or not?

9 What are the things about the house that you like?

Prompt if necessary for location, convenience, neighbours, type/size of house, suitability, state or repair, promptness of repairs.

10 What are the things about the house that you do not like?

Prompt if necessary for location, convenience, neighbours, type/size of house, suitability, state or repair, promptness of repairs.

11 As you know, in public housing your landlord is the Department of Housing. Has the Department been a good landlord or a bad landlord or something in between?

11a Why do you say this?

12 How does your current housing compare with where you were living immediately before?

12a Is it better or worse? Why do you say this?

Mental health issues and support

I would now like to ask you some personal questions about your health and the kinds of help that you receive too help you with health issues.

13 How would you describe your general health? Would you say that you are in good, medium or poor health?

14 What would you say are your main health problems?

15 With respect to mental health, have you been diagnosed with a mental health condition?

15a *If yes, what condition is that?*

16 Have you had problems with your mental health (including drug and alcohol misuse), even in the absence of a diagnosis?

16a *If yes, can you please tell me about the problems that you have experienced? Probe for nature, severity, duration, frequency*

17 Have these problems sometimes led you to behave in ways that cause you and other people problems?

17a *If yes, what sorts of behaviour?*

18 Have these behaviours sometimes caused serious problems in your life?

18a *If yes, what sort of problems?*

Probe for relationship problems, parenting problems, problems with employers, problems with the police

19 How are you coping at the present time? Are your mental health issues continuing?

20 What support services, programs or treatments do you have to help you with your mental health issues?

20a How helpful have they been?

21 How much help and support do you get with your mental health issues from family and friends?

If participant has identified alcohol and drug use problems, ask:

22 Do you think you've been treated any differently by people in Housing than someone who experiences another type of mental health problem? If so, in what way?

The Strike Notice

Now I would like to come back to talking about your housing. We have been told that you have received a letter (or letters) from the Department called a Strike Notice.

23 Do you know what a Strike Notice is?

23a If yes, Please explain in your own words what a Strike Notice is.

23b If no, explain as follows: 'A Strike Notice is a letter from the Department that says that because of your behaviour, your tenancy in public housing is at risk.'

24 Do you recall receiving the Strike Notice letter? *Note: in some cases there will be more than one strike and the question amended accordingly.*

24a If yes, what did the letter say?

24b What problems or issues did the letter refer to?

Prompt for damage to property, failure to maintain premises, disputes with neighbours, illegal activity

If no or unsure, go to next question

25 Has anyone from the Department of Housing contacted you to talk about the Strike Notice?

25a If yes, what did they say? *Try to get the tenant to remember.*

If no or unsure, go to question 25

26 Before you received the Strike Notice, did the Department give you the opportunity to tell your side of the story?

Prompt for details – what opportunities? Did someone come to your house? What was said?

27 How did you feel about receiving the Strike Notice?

If necessary, prompt for anxious, angry, confused, nothing

28 What have you done or what are you planning to do about the Strike Notice?

If necessary, prompt for seek help or advice, try to change behaviour, talk to the Department, nothing.

29 Have you received any help from any organisations or people (such as case workers, support workers, family members) to work out what to do about the Strike Notice?

29a If yes, who helped you? What help was provided?

30 Do you think that the problems leading to the Strike Notice have been fixed?

30a If yes, what has been done to fix them?

30b If no, what would need to be done to fix them?

If you feel the tenant is getting distressed do not ask questions 31-33

31 The Department has told you that receiving a Strike Notice means that there is a risk of losing your tenancy (house). Do you think this could happen to you?

32 What would be the consequences of losing your house for you and those who live with you?

Prompt gently for effects on health, education of children, financial costs and potential homelessness

33 If you did lose your house, where do you think you would live?

Prompt for live with family and friends, boarding house, other rental, homeless.

34 How important is your current house in managing or improving your mental health and contributing to your wellbeing?

33a *If yes, in what ways?*

Personal questions

Before we finish, I just want to ask a few general questions about you.

35 Can you please tell me how old you are?

36 Are you a person of Aboriginal or Torres Strait Island background?

37 What level of education did you have?

38 What is your main source of income?

Such as New Start, Disability Support Pension, parenting payment, employment

Conclusion

39 Do you have any questions you want to ask of us or any final comments?

That is all the questions that we have. Thank you very much for your time and assistance.

Housing Worker Qualitative Interview Schedule: Anti-social Behaviour Management Policy

This interview schedule is for housing workers within the Department of Housing who are being interviewed because they work with or have close knowledge of one of the clients chosen for the case studies. We want to ask them some specific questions about the application of the anti-social behaviour policies to the specific tenant AND some questions about the implementation of the anti-social behaviour policies in their area office.

NOTE: We should have been supplied with a 1-2 page summary of client files. Please use this as an opportunity to check if this has been provided, or if not when/how it will be.

Name of interviewee:

Name of interviewers:

Time/date and location of interview:

Introduction (after consent forms etc.)

Thank you very much for your time and assistance.

1. Firstly, what is your official position in the Department and what do your duties and responsibilities involve?
2. How long have you been working in the Department?
3. What was your previous work experience?
4. What is your educational and professional background?

Engagement with the client

5. I understand that you have had extensive contact with [name of client]?
6. What kinds of contact have you had with [tenant]? *Probe for regular/irregular telephone conversations, visit(s) to tenant's house, help with tenancy issues, etc.*
7. We understand that [tenant] has encountered difficulties with his/her tenancy. What is the nature of these difficulties? *Probe if necessary for rent arrears, problems with property maintenance, neighbourhood disputes and illegal activity.*
8. We also understand that [tenant] has mental health or drug and alcohol issues. What can you tell us about the nature of these issues, based on your knowledge and observations of [tenant]?
9. Do you see these issues as related to or as causes of the tenancy difficulties experienced by [tenant]?

The anti-social behaviour policy and the client

10. We understand that [tenant] has received one or more 'strikes' under the anti-social behaviour management policy. How did this come about? Were you involved in the decision to issue the strike?
11. Do you think that [tenant] understands the implications of being issued a strike? Why do you think this?
12. Has the strike led to any change in [tenant]'s behaviour? Has this change (if any) been for the better or for the worse?
13. Has the issuing of a strike led to any changes in the Department's involvement with [tenant]? *Probe for greater support and/or greater surveillance of behaviour?*
14. Do you think that the strike will eventually lead to [tenant] being evicted or losing their tenancy? Why do you think this?

15. Do you think that the issuing of a strike to [tenant] was appropriate? Why or why not?
16. Based on your experience, do you think that there are ways that the 'three strikes' policy could be amended to better deal with the problem of anti-social behaviour? Please explain your answer.

The local implementation of the anti-social behaviour policy

17. How has the anti-social behaviour management policy been rolled out in your office since July 2013? For example, have you received any specific training in the new policy OR directions regarding its implementation? *Probe for details.*
18. Generally speaking, have front-line workers welcomed the policy?
19. Have there been implementation difficulties for front-line staff? What have these been?
20. Have there been any directions, instructions or advice concerning the application of the anti-social behaviour management policy to tenants with mental health and drug and alcohol misuse issues? What have these been? *Probe for informal as well as formal advice.*
21. Have front-line workers in the office received training in working with tenants who have mental health and drug and alcohol issues? *Probe for details.*
22. In your daily work as a housing worker, do you have contact with organisations that support tenants with mental health issues? *Probe for which agencies, extent and nature of contact, outcomes of contact.*
23. Are there any other matters relating to the issues we have discussed that you would like to raise?

Thank you for your time and cooperation.

Support Worker Qualitative Interview Schedule: Anti-social Behaviour Management Policy

This interview schedule is for support workers who are being interviewed because they work with or have close knowledge of one of the clients chosen for the case studies. Not all case studies will necessarily have a support worker interview. However, if a support worker can be contacted this will add a valuable perspective for the case studies. The support worker could be a mental health case worker, a professional or volunteer in a community organisation, etc.

We want to ask them some specific questions about their involvement with the tenant, their knowledge of the tenants' issues and circumstances (including housing issues) and any knowledge they have about the application of the anti-social behaviour policies to the tenant.

This interview schedule could be used with adaptations for informal helpers such as family and friends.

Name of interviewee:

Name of interviewers:

Time/date and location of interview:

Introduction (after consent forms etc.)

Thank you very much for your time and assistance.

1. Firstly, please tell us about the organisation you work for and your position, duties and responsibilities?
2. How long have you been working in this organisation?
3. What was your previous work experience?
4. What is your educational and professional background?

Engagement with and knowledge of the tenant

5. I understand that you have had contact in your work with [name of tenant]? *Probe for extent and nature of contact.*
6. What kinds of contact have you had with [tenant]? *Probe for regular/irregular telephone conversations, visit(s) to tenant's house, type of help or support provided, etc.*
7. We understand that [tenant] has mental health or drug and alcohol issues. What can you tell us about the nature of these issues, based on your knowledge and observations of [tenant]?
8. What can you tell us about any treatment that [tenant] has received/ is receiving for mental health and drug and alcohol issues?
9. What else can you tell us about [tenant]'s life circumstances? *Probe for family circumstances and issues, life difficulties, physical health issues, behaviour problems, etc.*
10. Are you aware that [tenant] has encountered difficulties with his/her public housing tenancy? What do you know about the nature of these difficulties? *Probe if necessary for rent arrears, problems with property maintenance, neighbourhood disputes and illegal activity.*
11. Are you aware that [tenant] has received one or more 'strikes' under Department of Housing's anti-social behaviour management policy? Do you know what the impact of this was on [tenant]? Have you provided any support in relation to this particular

issue? *May be necessary to explain about 'strikes' and to probe for extent and nature of support.*

12. Do you see these tenancy difficulties as related to or caused by [tenant]'s mental health issues? In what ways?
13. What do you think the consequences for [tenant] would be if they were evicted from public housing? *Probe for impacts on mental health and drug and alcohol issues; other impacts on health and wellbeing; impacts on capacity to obtain alternative housing.*

The support agency/organisation

14. What type and level of support is your organisation able to provide to public housing tenants with mental health and drug and alcohol issues?
15. What other local organisations are available to provide support for these tenants? *Probe for details of type and level of support.*
16. What links, formal or informal, does your organisation have with the Department of Housing? Should these links be closer, and if so, what can be done to enhance the level of collaboration?
17. Are there any other matters relating to the issues we have discussed that you would like to raise?

Thank you for your time and cooperation.

APPENDIX 3: RESEARCH INSTRUMENTS AND INFORMATION RELATING TO THE POLICY STUDY

Consent Form – Stakeholders

Research on the Anti-social Behaviour Management Policy

Researchers: Dr Cameron Parsell, Professor Andrew Jones, Ms Rhonda Phillips, and Dr Genevieve Dingle (The University of Queensland)

I understand what this project is about

I have read the participant information sheet which explains what this research project is about and I understand it. I have had a chance to ask questions about the project and I am comfortable with any answers that I have been given. I know that I can ask more questions whenever I like.

I have volunteered to participate

I agree to participate in the research. I know that I do not have to participate in it. I know that I don't have to answer any questions I don't feel comfortable with. The researcher will turn off the recorder if I ask him/her to.

What will happen if I want to stop participating?

I know that I can pull out at any time without jeopardising my relationship with my employer, the researchers, the University of Queensland, or anyone else. If I pull out, none of the information I have given the researchers can be used in the research.

Risks and benefits of the research

I understand that the research aims to understand the experiences and perspectives of tenants and stakeholders about the anti-social behaviour policies and practices in Queensland social housing, which may in turn lead to better policy and practice outcomes, but I understand that the research is not guaranteed to achieve these results. I understand that the researchers have suggested that there is no risk beyond that of everyday living involved in participating in the research.

Who will be the authors of the research?

I understand that the researchers need to write a report about this research for the Queensland Mental Health Commission, and that the researchers want to write about the research, and publish this in academic and university papers.

Will people find out confidential things about me from the research?

I understand that my name will not be mentioned in any publication or presentation that comes out of the research and that people won't know who I am from reading the papers or attending presentations. If the researchers keep records of what is said during the research with my name on it, they will keep it in a locked filing cabinet in their offices at the University of Queensland. After seven years, the researchers will destroy this record.

Complaints

I know that if I have any concerns about the research project, I can contact Cameron Parsell on 07 3346 8742 or email c.parsell@uq.edu.au and talk to him about it. I know that I can also contact the Ethics Secretariat, the University of Queensland on 07 3365 3924.

Please tick your response to the following:

I agree to participate in this research interview YES NO

I have read this Consent Form and I agree with it.

Signed by research participant

Please Print Name

Date

Semi-structured interviews – list of questions

The questions were adapted to the role of the various stakeholders who participated.

Introduction

1. Can you tell me about your agency and your roles and your responsibilities to put things in context?

Nature of the problem and aims of the policy

2. I'm interested in the drivers for the ASB Management Policy. What was the problem that the policy seeks to address? Who initiated and drove the policy process and the approach?
3. Could you explain why the previous legislation and the tenancy breach processes were inadequate to deal with these issues? What was the policy intended to change or add in policy terms?
4. Your policies and procedures documentation states that the policy aims to manage the tension between sustaining tenancies, the need for tenants to meet their obligations and to protect other tenants and communities.
5. How did the policy attempt to achieve this balance?
6. What are some of the challenges in getting this balance right?
7. Are there areas where the balance is not quite right? Please provide examples

Implementation

8. Could you explain the implementation process, including your approach to staff training and communicating information about the reforms to tenants and for other agencies?
9. The procedures around the evidence gathering seem to be very robust. Could you comment on the challenges in verifying ASB complaints?
10. How much are decisions about strike action affected by pressure from particularly vocal neighbours or local members of parliament raising concerns about a tenant?
11. How did the staff respond to the introduction of the policy? Did they see this approach as a tool for them in managing difficult tenancies? Or as an imposition?

Relationships with support services

12. Could you explain the nature of formal arrangements between Mental Health (or other agencies) and Housing around support for 'at risk' public housing tenants?
13. Are there formal and effective linkages with homelessness services?
14. Are there models or examples that have been particularly successful in linking at risk tenants with mental health support services? Are many of those things formalised at a policy level or is it really very much dependent on the housing services centres develop relationships?
15. How adequate and accessible are support service for tenants who are struggling to sustain tenancies? Are there good partnerships with clinical and support services? Other resources that tenants can access?
16. And are there particular gaps in terms of the support services? What is the biggest gap for particular clients or particular sorts of services?

Impacts

17. Are recently allocated tenants more likely to be subject to ASB management interventions? Do you have data on whether there has been a bigger problem in recent years as a result of the increased focus on high need allocations?
18. The data you provided indicates high proportion of indigenous clients have been subject to strikes and they are more likely to be families with children than single person households. Are there specific strategies in place to respond to these tenants?
19. Is it possible to capture data on how many (or proportion) of tenants exit their tenancy following strikes rather than wait to be formally evicted?
20. Do you think the ASB policy is primarily affecting the same group and similar numbers of people who probably would have lost their tenancies under previous policy settings?

Good practice in sustaining tenancies

21. Are you aware of examples of good practice around the state in dealing with sustaining those tenancies that have got ongoing challenges in their lives that lead to difficult behaviours?
22. I'm interested in the Department's policy of 'matching for success'. I'm just wondering how successful the allocation process is in identifying physical housing solutions that might be suited to either the client's needs and where their behaviours might be less problematic in the neighbourhood? Are transfers routinely used to address tenancy problems?
23. Where third strikes or first and finals have been issued, how much is there a focus on referring the tenants to other accommodation or assisting them with alternative accommodation?

Final questions

24. What do you think are the things that have been really the positive aspects of the anti-social behaviour management policy? What's worked well in implementing the policy?
25. What do you think are the negative impacts? What changes could ameliorate these impacts?

Given the proposal to transfer management of public housing stock to the non-government sector over the next few years, will this policy be applied to alternative social housing providers?