



**Ordinary Report**

# **SOCIAL HOUSING SYSTEMIC ISSUES FOR TENANTS WITH COMPLEX NEEDS**

May 2015

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## Queensland Mental Health Commission

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The Honourable Cameron Dick MP  
Minister for Health  
Parliament House  
George Street  
BRISBANE QLD 4001

Dear Minister

I am pleased to present this report: *Social Housing — Systemic Issues for Tenants with Complex Needs*, prepared by the Queensland Mental Health Commission in accordance with section 29(1) of the *Queensland Mental Health Commission Act 2013* (the Act).

In doing so, I confirm that I have complied with the requirements of the Act to consult with relevant agencies that may be significantly affected by the report (section 29(3)) and considered submissions made by those agencies (section 29(4)) when preparing this report. I have also consulted with the Queensland Mental Health and Drug Advisory Council (section 49(a)) before providing a copy to you. These consultations were undertaken in 2014 prior to the change of Government and we have recently provided agencies with the opportunity for any further input before forwarding the report to you for tabling in Parliament.

In accordance with section 30(2) of the Act, would you please arrange for the report to be tabled in Parliament as soon as practicable.

Yours sincerely



Dr Lesley van Schoubroeck  
**Mental Health Commissioner**  
**Queensland Mental Health Commission**

22 May 2015

## **About this report**

This ordinary report has been prepared by the Queensland Mental Health Commission in accordance with section 29(1) of the *Queensland Mental Health Commission Act 2013* (the Act):

*The commission may, at any time, prepare a report on any of the following —*

- (a) the preparation or review of the whole-of-government strategic plan;*
- (b) the implementation of the whole-of-government strategic plan;*
- (c) a systemic issue relating to the mental health and substance misuse system or affecting people who have mental health or substance misuse issues;*
- (d) the funding of mental health and substance misuse services.*

### **Required consultations**

The Act requires the Commission consult with relevant agencies and private sector agencies that may be significantly affected by the report (section 29(3)) and consider submissions made by those agencies (section 29(4)) when preparing an ordinary report.

After completing an ordinary report the Commission must consult the Queensland Mental Health and Drug Advisory Council (section 49(a)) before providing a copy to the Minister for Health (section 30(1)).

### **Tabling an ordinary report in the Parliament**

The Minister must then table a copy of the ordinary report in Parliament as soon as practicable after receiving it (section 30(2)).

### **Agency responses**

The Act also requires the Commission give a copy of the ordinary report to relevant agencies as soon as practicable after giving it to the Minister (section 31).

An agency must respond in writing to the Commission detailing the steps it has taken, or plans to take, in relation to any recommendations made in the ordinary report or advising that it has decided not to take any action in relation to the recommendation and the reasons why (sections 32(2)(a)(b) and 32(3)).

### **Reporting on the ordinary report and recommendations**

The Commission must detail each recommendation in the ordinary report in its annual report and actions taken by relevant agencies in response (section 33).



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## ACKNOWLEDGEMENT

We wish to pay respect to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander people, their culture and customs across Queensland.

We also acknowledge people living with mental health and drug and alcohol problems, their families and carers. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and able to focus on wellness and recovery, and have fulfilling lives.

## COMMISSIONER'S MESSAGE

A place to call home is fundamental to the wellbeing of all of us. Every person has the human right to an adequate standard of living, including access to safe and secure housing. Together the government and the community sector play an important role in ensuring that many marginalised Queenslanders can live in affordable housing.

Following the deinstitutionalisation from long-stay psychiatric hospitals to the community, social housing has played an increasingly important role in providing stable accommodation for people living with mental illness. It provides an essential foundation for recovery and for people to be well, stay out of hospital, reduce the risk of homelessness and increase their opportunities to participate in the community.

I am pleased to present this Queensland Mental Health Commission report which addresses issues faced by social housing tenants experiencing mental illness, mental health difficulties and substance use problems.

It considers the impact of the implementation of the State's Anti-social behaviour management policy on social housing tenants with complex needs and outlines recommendations to address implementation issues including the need to better integrate mental health and social services with social housing services.

This report is based on research undertaken by The University of Queensland's Institute for Social Science Research which was engaged by the Commission to review systemic issues faced by social housing tenants living with mental illness, mental health difficulties and substance use problems. Importantly, the research includes 12 case studies outlining the experiences of social housing tenants.

It has been developed with contributions from a number of people and organisations. I particularly would like to acknowledge the Institute's thorough and considered research. I would also like to thank the social housing tenants, their family members, carers and supporters who generously gave their time and shared their personal stories to contribute to this research. Their contributions enabled the report to be based on the realities of life in Queensland for some of our most disadvantaged citizens.

The Department of Housing and Public Works and its officers have been instrumental in developing the Institute's research by providing information and sharing insights into management of social housing tenancies in Queensland.

Finally, I would like to thank the Queensland Mental Health and Drug Advisory Council, and in particular Mr Kingsley Bedwell and Professor Brenda Happell, for their support and advice in preparing this report.

**Dr Lesley van Schoubroeck**

Queensland Mental Health Commissioner



## REPORT SUMMARY

Social housing plays a vital role in providing safe and affordable accommodation for those who are experiencing mental illness, mental health difficulties and substance use problems (complex needs) in supporting their recovery and participation in the community and the economy.

There are a number of programs which seek to support those living with mental illness to secure and maintain social housing. However these programs cannot meet the needs of those who may not have a severe mental illness or who have an undiagnosed condition.

Recent reforms in social housing, including the *Housing 2020 Strategy*, acknowledge that people experiencing complex needs require support and assistance. Part of these reforms was the introduction of the Anti-social behaviour management policy (ASB policy) three strikes approach to managing tenant behaviour. Since its introduction just over one year ago, very few social housing households have been issued strikes under the ASB policy, however the impact on tenants, particularly where strikes result in a tenancy being terminated, can be significant.

This report identifies and makes 12 recommendations regarding systemic issues arising from the implementation of the ASB policy one year after its introduction. It also seeks to inform the community housing sector when managing social housing tenancies where tenants are experiencing complex needs.

The recommendations are informed by research undertaken by The University of Queensland's Institute for Social Science Research *Review of systemic issues for social housing clients with complex needs* and based on four policy principles:

- Social housing supports recovery and reduces demand on acute mental health services
- Social housing supports other government priorities such as reducing homelessness
- Social housing tenants have a responsibility to not engage in disruptive or 'anti-social' behaviour but may need support to meet their tenancy obligations
- Policies need to take into account stigma and discrimination which may be experienced by people with complex needs.

Developed as an ordinary report under the *Queensland Mental Health Commission Act 2013*<sup>1</sup>, this report was prepared in consultation with the Queensland Mental Health and Drug Advisory Council and relevant government agencies including the Department of Housing and Public Works and the Department of Health. The recommendations support efforts to provide more effective government services as part of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* within the context of existing legislation.

The recommendations focus on the need to:

- plan for future housing needs, provide alternative housing solutions and monitor outcomes for social housing tenants who are subject to the ASB policy
- improve communication about the ASB policy
- combine strikes with prevention, early intervention and rehabilitation supports
- adopt a more systemic approach to providing support to social housing tenants with complex needs including better service integration.

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<sup>1</sup> An outline of the legislative requirements regarding an Ordinary Report under the Queensland Mental Health Commission Act 2013 can be found in the 'About this report' section at the beginning of this report.



## Report recommendations

The Queensland Mental Health Commission makes the following recommendations to address the systemic issues affecting the social housing needs of people living with mental illness, and those experiencing mental health difficulties and problem substance use.

### Planning to meet social housing needs

#### Recommendation 1

The Department of Housing and Public Works (DHPW) reviews data collection mechanisms to identify the number of current social housing tenants, including those on the State Housing Register, with complex needs, to support future planning and current service delivery.

### Access to suitable affordable housing

#### Recommendation 2

The DHPW examines how social housing stock may be adjusted to meet the needs of tenants with complex needs including earmarking social housing stock for people experiencing mental illness.

### Monitoring outcomes for social housing tenants with complex needs

#### Recommendation 3

The DHPW develops and implements, in collaboration with relevant agencies, a system to monitor and report on strikes issued and tenancies terminated under the ASB policy. The system should:

- record the end outcome for social housing tenants
- enable an assessment of supports being provided for social housing tenants with complex needs
- monitor the impact on other government priorities including reducing homelessness, reducing demand for acute mental health care inpatient services and reducing child protection issues.

### Impacts on at risk groups

#### Recommendation 4

The DHPW examines and analyses the impact of the ASB policy on Aboriginal and Torres Strait Islander and sole parent family households, including whether these groups are subject to systemic discrimination and require additional supports to sustain their social housing tenancies.

### Improved communication and processes

#### Recommendation 5

The DHPW:

- Reviews the ASB policy's communication requirements to ensure social housing tenants receive the right type of information, at the right time and in the right way, based on their unique circumstances and needs.
- Considers additional steps that could be taken to reduce confusion between strike and breach processes.
- Provides information regarding a strike or warning to support agencies and/or local mental health services, where a social housing tenant with complex needs is involved with those agencies and agrees to information being shared.

### **Recommendation 6**

The DHPW reconsiders the name of the ASB policy to reflect that it includes a range of behaviours that would not ordinarily be described as 'anti-social'.

### **More integrated support**

#### **Recommendation 7**

The DHPW works in partnership with the Department of Health and other relevant agencies to:

- ensure Housing Service Centre staff are provided with support and training to identify relevant support services and negotiate supports for social housing tenants where needed
- provide training and workforce development opportunities to Housing Service Centre staff to enable them to identify and better work with people living with mental illness, mental health difficulties and substance use problems.

#### **Recommendation 8**

The DHPW considers the creation of a specialist unit or specialist positions to provide expert advice to Housing Service Centre staff on dealing with complex anti-social behaviour.

#### **Recommendation 9**

The DHPW works in partnership with the Department of Health and other relevant agencies to implement an integrated approach at the local level to provide support to tenants to maintain their social housing tenancy, which may include developing an interagency protocol.

### **A balanced approach to managing tenancies**

#### **Recommendation 10**

The DHPW considers complementing the ASB policy with preventative, supportive and rehabilitative strategies at critical points of a person's engagement with social housing services. For example:

- preventative measures that may include mediation between social housing tenants and those making complaints, and incentive schemes
- support strategies that may include working with other agencies, staff training and expanding current supportive housing options such as HASP
- rehabilitation strategies that may include post eviction support.

### **Greater use of alternatives to strikes**

#### **Recommendation 11**

The DHPW considers amending the ASB policy to require that:

- warnings are issued prior to the first strike for social housing tenants with complex needs
- social housing tenants are engaged in developing Acceptable Behaviours Agreements.

### **Acknowledging the circumstances of tenants with complex needs**

#### **Recommendation 12**

The DHPW considers including provisions in the ASB policy that:

- acknowledge that tenants with complex needs may be more likely than the general population to be victims of anti-social behaviour
- provide a mechanism to identify where complaints have been made against social housing tenants on the basis of discrimination and when complaints may be considered vexatious.

# INTRODUCTION

The Queensland Mental Health Commission was established on 1 July 2013 as an independent statutory body to drive reform towards a more integrated, evidence-based, recovery-oriented mental health and substance misuse system<sup>2</sup>.

The need for reform extends beyond traditional mental health, drug and alcohol services and includes a wider range of service systems including social housing.

To support reform the Commission developed a whole-of-government *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-19* which aims to improve the mental health and wellbeing of Queenslanders.

The Plan calls for action to improve outcomes for people experiencing mental illness, mental health difficulties and substance use problems, including by providing more effective government services including housing services to support recovery.

Social housing in Queensland has undergone significant systemic change in recent years driven by reforms outlined in the *Housing 2020 Strategy* (Housing 2020) and the Anti-social behaviour management policy (the ASB policy).

In 2013, when the ASB policy was enshrined in the *Residential Tenancies and Rooming Accommodation Act 2008* the Commission raised concerns regarding possible unintended consequences on social housing tenants with complex needs and highlighted the need for ongoing monitoring<sup>3</sup>.

This report, developed as an ordinary report under the *Queensland Mental Health Commission Act 2013* (the Act) considers the impact of the ASB policy and outlines recommendations to support more sustainable tenancies by addressing systemic issues within the existing legislative framework. It also seeks to inform the community housing sector in supporting social housing tenancies for people experiencing complex needs as they take a greater role in managing social housing in Queensland.

For simplicity and ease of reading the phrase 'complex needs' has been used throughout this report and refers to social housing tenants who are living with mental illness, mental health difficulties and problems with substance use.

## Developing this report

To develop this report, the Commission engaged The University of Queensland's Institute for Social Science Research to undertake a review of systemic issues experienced by social housing tenants with complex needs. The Institute's report was analysed and this report, including the recommendations, reflect the Commission's views and priorities and is in alignment with the *Queensland Mental Health Drug and Alcohol Strategic Plan 2014-2019*.

The Commission also consulted relevant State government agencies and the Queensland Mental Health and Drug Advisory Council.

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<sup>2</sup> Section 4 of the *Queensland Mental Health Commission Act 2013*.

<sup>3</sup> See <http://www.parliament.qld.gov.au/work-of-committees/committees/THLGC/inquiries/past-inquiries/INQ-RTRAA> for information about the Residential Tenancies and Rooming Accommodation and Other Legislation Amendment Bill and the Commission's submission.

## The Institute's research

The Institute undertook an analysis of systemic issues relating to social housing tenants with complex needs arising from the Queensland Government's ASB policy.

The final report *Review of systemic issues for social housing clients with complex needs* (the Institute's research) was provided to the Commission in September 2014. The research is available on the Commission's website at [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au).

The Institute's methodology used to undertake the research comprised three elements:

1. **Policy analysis.** Examining the content, rationale, provisions and implementation of the ASB policy during its first year of operation.
2. **Case study analysis.** Undertaking and examining the findings of 12 case studies of social housing tenants known to have mental health or substance misuse issues who have received at least one strike under the ASB policy. The 12 social housing tenants included 10 living with chronic mental disorders; six with substance use disorders; four living with an intellectual impairment; and two with cognitive impairment secondary to head injuries. Some of these tenants experienced comorbidity.
3. **Literature analysis.** Analysing research into approaches to housing management relevant to the ASB policy and its impact on tenants with mental health issues.

The Institute's significant findings include:

- There was no process built into the ASB policy to monitor outcomes on social housing tenants experiencing complex needs.
- There was very little reliable evidence about the number of social housing tenants, or those who have applied for social housing, experiencing complex needs.
- There was limited integration and systemic planning between the Department of Housing and Public Works (DHPW) and Queensland Health.
- Many tenants with complex needs either misunderstood the ASB policy or were not capable of understanding it.
- Few tenants had access to services, or services were inadequate and could not support tenants to maintain their tenancies.
- The most effective approach to reducing 'anti-social behaviour' combines sanctions with preventative, support and rehabilitative strategies.

As part of their research, the Institute outlined 28 proposals under the following three themes:

1. The implementation of the ASB policy did not take sufficient account of the circumstances of social housing tenants with mental health and substance misuse issues.
2. The effectiveness of the ASB policy could be improved by adopting a more comprehensive and strategic approach that includes an emphasis on support.
3. The implementation of the ASB 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.

This report is based on evidence outlined in the Institute’s research, its findings and the proposals. A copy of the Institute’s proposals is at Appendix A.

## Consultation

### Relevant State Government agencies

The Commission, as required by the Act, consulted the following relevant government agencies to develop the report:

- The DHPW as the provider of social housing in Queensland and the agency implementing the ASB policy
- The Department of Health, responsible for providing publicly funded mental health services
- The Department of Communities, Child Safety and Disability Services (DCCSDS) which has responsibility for funding community services and providing disability services and is the lead agency for implementing the National Disability Insurance Scheme in Queensland.

Although not directly involved in implementing the recommendations made in this report the Commission also consulted the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs<sup>4</sup>.

The responses and information provided by these agencies have informed this report’s development.

Importantly, the DHPW indicated that the State Government is committed to developing options to support tenants with mental health problems to maintain their tenancies and has established an Interagency Group on Housing Assistance to oversee development of new and innovative approaches to provide more integrated support. The Commission also consulted the Interagency Group on Housing Assistance which includes representatives from relevant government agencies, the Department of the Premier and Cabinet and Queensland Treasury and Trade<sup>5</sup>.

The Department of Health is a significant partner in DHPW’s work and has indicated its commitment to continue to work in collaboration with the DHPW and other agencies to address issues raised in this report.

The Department of Communities, Child Safety and Disability Services has also indicated its commitment to work collaboratively with other agencies to assist with actions that support people with disabilities who may be impacted by social housing policy.

### The Queensland Mental Health and Drug Advisory Council

Members of the Advisory Council made a significant contribution to the development of this report. Two members, Mr Kingsley Bedwell and Professor Brenda Happell, participated in a working group to inform the Institute’s research, and the policy principles and recommendations outlined in this report.

On 14 October 2014, the full Advisory Council endorsed the report’s proposed recommendations.

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<sup>4</sup> Renamed the Department of Aboriginal and Torres Strait Islander Partnerships in February 2015.

<sup>5</sup> Renamed Queensland Treasury in February 2015.

## SOCIAL HOUSING IN QUEENSLAND

Social housing in Queensland is administered by the State Government with 90 per cent of social housing stock managed by the DHPW and its Housing Service Centres (HSCs). The remainder of Queensland's housing stock is managed by community housing organisations and in remote Aboriginal and Torres Strait Islander communities, by local governments.

Influenced by a range of government policies, the composition of households allocated and applying for social housing has changed since the 1990s with a greater emphasis on providing social housing allocations based on need and low income status.

As a result, Queensland has experienced a marked increase in the proportion of new public housing tenancies allocated to households with 'special needs'<sup>6</sup> and 'priority needs'<sup>7</sup> over the last 12 years. This increase was particularly marked from 2008 when focus increased on reducing homelessness following the announcement of the Australian Government's long-term plan to halve the homelessness rate.

As illustrated in the table below developed by the Institute, not only does the proportion of public housing tenancies allocated to priority needs households in Queensland far exceed the national proportion, the change in profile over the last decade has been far more significant.

**Table 1**

### 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
<b>2001-02</b>	36.2	43.9	4.9	35.9
<b>2002-03</b>	38.9	48.1	9.1	37.9
<b>2003-04</b>	58.2	53.5	12.2	36.3
<b>2004-05</b>	62.7	58.2	16.9	37.7
<b>2005-06</b>	61.9	59.8	17.5	38.1
<b>2006-07</b>	64.6	57.8	26.3	42.8
<b>2007-08</b>	68.6	59.0	44.5	51.2
<b>2008-09</b>	70.3	64.8	95.0	66.0
<b>2009-10</b>	72.4	65.3	87.7	74.9
<b>2010-11</b>	71.5	66.9	92.1	74.7
<b>2011-12</b>	71.9	67.5	96.4	74.2
<b>2012-13</b>	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. There is some overlap of the 'special needs' and 'priority need' categories.

<sup>6</sup> 'Special needs' households are those households that have: a member with a disability; a principal tenant aged 24 years or under; a principal tenant aged 75 years or over; or one or more Aboriginal and Torres Strait Islander members.

<sup>7</sup> A household is considered to have 'priority need' for those who: are homeless; are in housing inappropriate to their needs; are in housing adversely affecting their health, placing their life and safety at risk; or have very high rental housing costs.

As noted by the Institute, it is not possible to determine the precise proportion of special and priority need households allocated social housing that include people living with mental health and substance use issues. However, evidence identified by the Institute suggests that the proportion is likely to be high.

Similarly, it is likely that a significant proportion of those waiting for a social housing allocation live with mental health and substance use issues, with more than half (54.6 per cent) of those registered on the Social Housing Register considered to have 'very high' or 'high' needs.

## Housing 2020 Strategy

Social housing in Queensland has undergone significant reforms in recent years.

Housing 2020, which commenced in 2013, set the strategic direction for social housing management in Queensland. It aimed to establish a flexible, efficient and responsive housing assistance system for the most vulnerable Queenslanders by 2020 and outlined targeted activities to reshape housing assistance in Queensland including:

- the transfer of 90 per cent of social housing stock management to non-government organisations by 2020
- implementation of the Homelessness-to-Housing action plan including 'bricks and mortar' initiatives.

Housing 2020 places a greater emphasis on social housing as a transition to the private rental market and private homeownership. One of its guiding principles focuses on developing 'resilience not reliance' so that social housing tenants are able to develop skills and strength rather than depending on welfare.

Housing 2020 acknowledges that some tenants will require additional support to maintain their social housing tenancies and includes specific measures for improved tenancy management of households with complex needs including:

- an integrated triage system for those with multiple needs, including disabilities, entering the housing system
- a personalised needs management plan and new client case management and tenancy planning activities
- development of strong linkages between the full range of housing assistance measures and other relevant government programs, especially homelessness, health, disability, education and training.

## The Anti-social behaviour management policy

On 1 July 2013, as part of Housing 2020, the State Government commenced implementation of the ASB policy. It aims to 'balance 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'.

The ASB policy applies to social housing managed by the State Government through the DHPW. Community housing providers managing social housing are not required to implement the ASB policy however they are able to either adopt the policy or implement their own policies to manage tenant behaviour.

The ASB policy enables strikes to be issued for a wide range of behaviours in three categories:

- Minor — general or nuisance anti-social behaviours 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 premise. For example, excessive noise, loud parties, children at play with unduly noisy or unruly behaviour, or failure to maintain a property.
- Serious — 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 which cause damage to the house. For example domestic conflict, aggressive or obscene language, deliberate/intentional or reckless minor damage to social housing property.
- Dangerous or severe — activities that pose a risk to the safety or security of residents or property, or have resulted in injury to neighbouring residents where police have laid a criminal charge, or where the social housing property has been intentionally damaged to a high extent.

A social housing tenancy can be terminated when a household receives three strikes for minor or serious activities in a 12 month period or after one strike for dangerous or severe activity.

On 7 November 2013, the Queensland Parliament passed amendments to the *Residential Tenancies and Rooming Accommodation Act 2008* enshrining the ASB policy into legislation and made changes to the way the Queensland Civil and Administrative Tribunal considered applications to terminate social housing tenancies. These changes place a greater emphasis on the needs of neighbours and the demand for social housing in the area.

Since its introduction a small proportion of social housing households have been issued strikes under the ASB policy, with only 2.5 per cent of households (1,341 households) being issued a strike between 1 July 2013 and 1 July 2014. The majority of strikes were issued for disruptive behaviour (62.1 per cent) with only 83 strikes issued as first and final strikes for dangerous or severe activities.

## Current social housing programs

A number of programs are currently implemented to support social housing tenants living with mental illness including providing housing allocations under the Housing and Support Program (HASP). HASP is administered by the Department of Health through Hospital and Health Services and provides housing for those diagnosed with a psychiatric illness, currently in an inpatient care facility, a community care unit or an extended treatment of rehabilitation unit. As at 30 June 2014, 499 people were receiving housing support from non-government service providers through HASP.

The Department of Health also invests over \$2.5M per year as part of the Resolve and Personalised Support programs. These programs are delivered by non-government services to assist individuals with severe and persistent/episodic mental illness to sustain tenancies in the community.



## POLICY PRINCIPLES UNDERPINNING THE REPORT

The recommendations outlined in this report are underpinned by policy principles developed in consultation with the Advisory Council and based on the Institute's research. The policy principles seek to balance the needs and responsibilities of social housing tenants with complex needs and the critical role social housing plays in achieving broader government objectives.

### Social housing supports recovery

There is clear evidence that stable accommodation, including social housing, supports wellbeing and recovery for people living with mental illness, mental health difficulties or substance use problems. This in turn has the potential to reduce demand on acute mental health services and hospitals.

### Social housing supports other government priorities

As well as Housing 2020, the State Government has implemented other policies and strategies which may be supported by social housing including the:

- *Homelessness to Housing 2020 Strategy*
- *Queensland Government Response to the Queensland Child Protection Commission of Inquiry Final Report: Taking Responsibility: A road map for Queensland Child Protection*
- *Aboriginal and Torres Strait Islander Economic Participation Framework and Action Plan.*

Social housing supports achieving the objectives of these policies by providing stable accommodation for those who are homeless or at risk of becoming homeless; for families at risk of becoming involved in the child protection system; and as a foundation for community and economic participation.

### Tenants have responsibilities but may need support

Social housing tenants have a responsibility to meet their tenancy obligations. These obligations are outlined in the State Tenancy Agreements and include requirements to keep the premises clean, not maliciously damage, or allow someone else to maliciously damage the property, not use the property for illegal purposes, not cause a nuisance while in the property and not interfere with the reasonable peace, comfort and privacy of neighbours.

However, social housing tenants with complex needs may require support to meet these obligations. The Institute's research highlighted through the case studies and literature review the complexities confronted by tenants and the difficulty they face in sustaining their tenancies.

### Policies need to take stigma and discrimination into account

It is well accepted that people living with mental illness, mental health problems and substance use problems are more likely to be subject to stigma and discrimination than the general population and this may translate to social exclusion and significant disadvantage. This should be taken into account when implementing policies that impact on social housing tenants experiencing complex needs.



# SOCIAL HOUSING NEEDS OF PEOPLE WITH COMPLEX NEEDS

## Planning to meet social housing needs

The social housing sector is facing significant challenges as a result of a number of factors including the increasing demand for social housing and limited housing stock availability. Another challenge relates to the high proportion of social housing households, including those waiting for a social housing allocation on the State Housing Register, with 'very high' and 'high needs'.

Planning that takes into account the current and future needs of social housing tenants with complex needs is required to meet these challenges.

The Institute found that existing information about the mental health of new entrants and existing tenants is inadequate for planning purposes. Further, developing models to take account of the circumstances of people with complex needs is likely to be difficult without a full understanding of how many social housing tenants have mental health difficulties and substance use problems, and where they live.

Currently, DHPW is unable to identify which of their social housing tenants, including those on the State Housing Register, are living with a mental illness, mental health difficulties or substance use problems. DHPW officers rely on social housing tenants to self-disclose, predominately through the Housing Needs Assessment process at application, any mental health problems and support they are receiving.

As demonstrated in the Institute's research HSC officers are relying on their judgement to identify whether a social housing tenant has complex needs. As one DHPW worker noted when interviewed by the Institute:

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.

This issue is acknowledged by the DHPW which is working to improve their operations.

### Recommendation 1

**The Department of Housing and Public Works (DHPW) reviews data collection mechanisms to identify the number of current social housing tenants, including those on the State Housing Register, with complex needs, to support future planning and current service delivery.**

## Access to suitable affordable housing

The Institute noted that there is a need to address the lack of sufficient and suitable housing supply to meet an increasing demand for people with mental health issues.

Ongoing consideration should be given to ensuring that the available housing stock is suitable to the requirements of tenants with complex needs. This may contribute to a reduction in the number of ASB complaints and improve the sustainability of social housing tenancies for those with complex needs.

As noted by a nurse who was supporting a social housing tenant ('John') interviewed by the Institute:

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 as 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.

The DHPW has indicated that it is working with other State Government agencies to identify innovative housing solutions that will provide suitable affordable housing for tenants experiencing complex needs.

## **Recommendation 2**

**The DHPW examines how social housing stock may be adjusted to meet the needs of tenants with complex needs including earmarking social housing stock for people experiencing mental illness.**

## **Monitoring outcomes for social housing tenants with complex needs**

Social housing is often the last viable stable accommodation option for people with complex needs. While the number of social housing tenants whose tenancy has been terminated since the introduction of the ASB policy is relatively small, the impact on these households and the broader community can be significant.

In addition to the impact on the individuals' social and emotional wellbeing, the termination of a tenancy can lead to an increased demand on acute mental health services and result in homelessness and increased risk of involvement in the child protection and criminal justice systems. It can also impact significantly on the ability of social housing tenants to participate in the community and in the economy.

As noted by 'Sarah', a social housing tenant interviewed by the Institute, after receiving a strike and being unable to access support services:

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.

Another social tenant, 'Julia', who had received two strikes, indicated that if her tenancy was terminated, '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?'

The Institute noted that of the 12 tenants interviewed for the case studies, five tenancies were at risk. Two have since been evicted with one tenant securing housing arranged by a community agency, one was on the cusp of eviction, and the final two have received strikes and further strikes seem likely.

The Institute found that there are no processes built into the ASB policy to monitor outcomes for tenants with complex needs. Monitoring the ASB policy appears to be based on the number of complaints received and investigated and the number of strikes issued.

The DHPW has advised it is currently working to identify and address any unintended consequences arising from the ASB policy including where the Queensland Civil and Administrative Tribunal orders that a social housing tenancy is terminated.

To monitor and respond to the possible unintended consequences of the ASB policy and inform future public housing policy development the Commission, based on the Institute's findings and proposals, recommends that the DHPW implement a robust monitoring regime.

### **Recommendation 3**

**The DHPW develops and implements, in collaboration with relevant agencies, a system to monitor and report on strikes issued and tenancies terminated under the ASB policy. The system should:**

- **record the end outcome for social housing tenants**
- **enable an assessment of supports being provided for social housing tenants with complex needs**
- **monitor the impact on other government priorities including reducing homelessness, reducing demand for acute mental health care inpatient services and reducing child protection issues.**

### **Impacts on at risk groups**

As indicated in Table 1, much of Queensland's social housing stock is allocated to households who are considered to have 'special needs' and/or 'priority need'. Many of these households include members with a disability; one or more members who are Aboriginal and Torres Strait Islander; or those with very high rental housing costs.

The impact of the ASB policy may reduce the ability of these groups to maintain their social housing tenancies and consequently increase risks of marginalisation and involvement in the other systems including the health and criminal justice systems.

An analysis undertaken by the Institute indicates that Aboriginal and Torres Strait Islander households and sole parent family households appear to be over-represented among households receiving strikes under the ASB policy. In 2013–14 just under half of all strikes (42.5 per cent) were issued for Aboriginal and Torres Strait Islander households. The issues confronted by these households were illustrated by four Aboriginal and Torres Strait Islander social housing tenants interviewed by the Institute and included an inability to prevent visitors from engaging in disruptive behaviour due to cultural obligations.

The ASB policy makes special provision regarding Indigenous social housing tenants by requiring DHPW officers take into account cultural factors which may prevent Aboriginal and Torres Strait Islander tenants managing the behaviour of others, such as visitors to the social housing property. The case studies demonstrated that HSC officers were taking cultural factors into account however there is a need to consider the impact of the policy on Aboriginal and Torres Strait Islander households and identify new approaches to address their unique circumstances.

The Institute found over 40 per cent (42.5 per cent) of strikes in 2013–14 were received by single person households with children. In Aboriginal and Torres Strait Islander households that received strikes, single persons with children made up almost 60 per cent (58.9 per cent) and these were predominantly female-headed households. In contrast, in non-Indigenous single person households, mostly male, were the most common household type receiving multiple or serious breaches (43 per cent). The Institute noted that the high level of strikes issued for single person households with children may impact on the housing stability of children and may consequently increase the risk of involvement in the child protection system.

### **Recommendation 4**

**The DHPW examines and analyses the impact of the ASB policy on Aboriginal and Torres Strait Islander and sole parent family households, including whether these groups are subject to systemic discrimination and require additional supports to sustain their social housing tenancies.**

## SUSTAINING TENANCIES

As illustrated in the Institute's case studies, significant barriers to sustaining tenancies can exist for social housing tenants with complex needs. These may include:

- communication problems (e.g. low literacy and numeracy levels, capacity to understand)
- difficulty understanding a complicated process and policy
- limited access to services or inadequate services and few informal supports
- limited or no ability to change behaviour.

### Improved communication and processes

To sustain their tenancies, social housing tenants need to have a clear understanding of their obligations. The Institute found that although DHPW staff took steps to explain strikes, many tenants with complex needs either misunderstood the strike process or were incapable of understanding it.

The Institute also found that to take account of the circumstances of social housing tenants with complex needs it is important to consider how the ASB policy, as well as the language and terminology used throughout its processes, is explained to tenants.

An analysis by the Institute found that of the 12 social housing tenants they interviewed only two understood the strike process, including the difference between a strike and a breach. The Institute noted that the language and terminology in the strike notices and all information on the ASB policy should be expressed in readily understood language. In particular the Institute noted that steps should be taken to reduce the risk of confusion among social housing tenants regarding the strike and breach processes.

The case studies undertaken by the Institute demonstrate that different forms of communication may be required to meet the needs of social housing tenants with complex needs. This may involve providing more detailed information in face to face meetings, involving families and support services in meetings and keeping them advised of any strikes or complaints being issued.

The Commission notes that the fact sheets and materials provided by the DHPW set out actions which would lead to a strike including a first and final strike. However, some tenants with complex needs may not be able to understand this material.

As outlined in the Institute's research some social housing tenants with complex needs may require information to be communicated to them at particular times and on multiple occasions. A mother of a social housing tenant ('Raymond') interviewed by the Institute indicated that her son understood the information provided by DHPW when he is initially told but seems unable to retain and understand the impact of the information afterwards.

Support services may provide assistance to tenants if they have difficulty understanding information or their obligations under the ASB policy. As indicated by one of the Institute's case studies ('Valerie') support services can help explain correspondence and the tenant's rights and responsibilities.

There may be a need to involve support services at various points in a tenant's engagement with DHPW in order to ensure tenants with complex needs are able to understand their responsibilities and take steps to sustain their tenancies. This may involve information sharing between organisations, and would need to take into account privacy and confidentiality issues.

## Recommendation 5

### The DHPW:

- **Reviews the ASB policy’s communication requirements to ensure social housing tenants receive the right type of information, at the right time and in the right way, based on their unique circumstances and needs.**
- **Considers additional steps that could be taken to reduce confusion between strike and breach processes.**
- **Provides information regarding a strike or warning to support agencies and/or local mental health services, where a social housing tenant with complex needs is involved with those agencies and agrees to information being shared.**

The ASB captures a wide variety of behaviours including activities which would not normally be considered ‘anti-social’.

The Institute’s case studies illustrated that social housing tenants did not have a good understanding of what constituted anti-social behaviour with some not considering disruptive behaviour as potentially leading to a strike under the ASB policy.

Two of the 12 tenants interviewed felt stigmatised or offended by the term ‘anti-social’ behaviour.

One of the tenants interviewed by the Institute (‘Susan’) whose mental health issues included hoarding advised the Institute that the label ‘anti-social behaviour’ was greatly distressing. ‘Susan’ described feeling anxiety as she believed people were judging her as being part of a group of people who intentionally demonstrated poor behaviour. Susan explained to the Institute that due to her level of anxiety she could not recall anything else in the letter from DHPW explaining that she had received a strike. The HSC officer working with ‘Susan’ believed that strike did not help to change her behaviour but it did result in DHPW offering more specific supports.

The Institute concluded that the term ‘anti-social behaviour’ is too broad and confuses criminal and non-criminal activity which can act as an impediment for tenants to understand and meet their social housing obligations.

## Recommendation 6

**The DHPW reconsiders the name of the ASB policy to reflect that it includes a range of behaviours that would not ordinarily be described as ‘anti-social’.**

## More integrated support

Despite the large proportion of ‘very high’ and ‘high’ needs clients in social housing, most tenants interviewed by the Institute had little or no involvement with support services or had inappropriate or inadequate support.

The Institute found that HSC workers did attempt to assist social housing tenants with complex needs by engaging with support services. However, relations between workers in HSCs and mental health services and other support services were ad hoc or non-existent.

As noted by a HSC officer interviewed by the Institute, support provided to tenants tended to be 'too limited in time, not resolving mental health behaviours, or only being targeted to one issue'.

Another HSC officer commented that:

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.

There were only limited examples of joint case planning, service coordination or use of protocols to manage crisis situations. As noted by the Institute, a number of jurisdictions have developed interagency agreements and formal protocols to coordinate housing support. For example, in Western Australia the Department of Housing has entered into a 'Bilateral Schedule' with the Department of Child Protection whereby the Housing Department agreed to notify Child Protection of all strikes issues on families with children. Local workers in both departments agreed to maintain strong relationships and share information.

Other States and Territories, including New South Wales, Victoria and South Australia, have created specialist positions to manage complex anti-social behaviour. Based within the government agency administering social housing these specialist positions provided case coordination and social work services focusing on at risk tenants and increasing sustained tenancies. As noted by the Institute, no comparable positions appear to be established in Queensland's HSCs.

The Institute's research identified a need to provide training and workforce development for HSC staff managing social housing tenancies with complex needs. Some HSC officers indicated they had received mental health training however there may be a need to further develop the workforce, focusing on more collaborative approaches with other agencies including mental health services.

### **Recommendation 7**

**The DHPW works in partnership with the Department of Health and other relevant agencies to:**

- **ensure Housing Service Centre staff are provided with support and training to identify relevant support services and negotiate supports for social housing tenants where needed**
- **provide training and workforce development opportunities to Housing Service Centre staff to enable them to identify and better work with people living with mental illness, mental health difficulties and substance use problems.**

### **Recommendation 8**

**The DHPW considers the creation of a specialist unit or specialist positions to provide expert advice to Housing Service Centre staff on dealing with complex anti-social behaviour.**

### **Recommendation 9**

**The DHPW works in partnership with the Department of Health and other relevant agencies to implement an integrated approach at the local level to provide support to tenants to maintain their social housing tenancy, which may include developing an interagency protocol.**

## A balanced approach to managing tenancies

Some tenants with complex needs will have difficulty changing the behaviour resulting in strikes. The case studies undertaken by the Institute highlighted that this can be as a result of not understanding the ASB policy, having limited ability or no ability to change or manage their behaviour and in some circumstances the behaviour of others.

As indicated by a DHPW officer interviewed by the Institute, discussing the situation of a social housing tenant 'Valery' and her partner 'Ned':

Neither of them have that level of 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?

This view was confirmed through an analysis of the tenant case studies undertaken by the Institute. According to the Institute's analysis, nine of the 12 tenants were either incapable of changing their behaviour or required intensive or long-term support to make the changes needed to avoid receiving further strikes.

The literature review and policy analysis undertaken by the Institute found that the most effective approach to reducing disruptive and anti-social behaviour combines sanctions with preventative, support and rehabilitative strategies. While the current ASB policy includes prevention and early intervention, a greater focus is required to implement this element of the policy. It is important to note that the ASB policy does not require that support is provided to social housing tenants after receiving a warning or strike.

It is also important to note that supportive housing models offer the most promise in providing long-term stable accommodation focused on recovery for tenants with complex needs.

A 2010 evaluation of HASP (Meehan et al, 2010) found that over 80 per cent of clients indicated that involvement in the program had helped them, or was helping them, to achieve their goals. Additionally, most HASP clients had sustained their tenancies with over 80 per cent still living in the original housing provided to them four years earlier.

The evaluation concluded that given adequate and appropriate 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.

Further, research undertaken by the Queensland Government's Interagency Group for Housing Assistance suggests that tenants participating in HASP are less likely to receive strikes under the ASB policy.

However, as noted by the Institute many social housing tenants with complex needs have undiagnosed mental health and substance use issues. Many are not eligible to participate in HASP and similar programs, and other options are needed to support these tenants with complex needs who have an undiagnosed mental health or substance use problems.

### Recommendation 10

**The DHPW considers complementing the ASB policy with preventative, supportive and rehabilitative strategies at critical points of a person's engagement with social housing services including after receiving a strike or warning. For example:**

- **preventative measures that may include mediation between social housing tenants and those making complaints, and incentive schemes**



- **support strategies that may include working with other agencies, staff training and expanding current supportive housing options such as HASP**
- **rehabilitation strategies that may include post eviction support.**

## **Greater use of alternatives to strikes**

The current ASB policy enables HSC staff to issue a warning rather than a strike after a substantiated instance of disruptive behaviour. However this is not a requirement.

An additional measure within the ASB policy to manage and support tenants to be clear about acceptable behaviour expectations is the use of an Acceptable Behaviours Agreement (ABA). An ABA outlines the behaviours that must change and the required alternative behaviour, as well as what the DHPW and any support provider will do to assist the tenant. ABAs may be developed after a second strike but their use is not mandatory.

Warnings and ABAs offer ways of working with tenants to identify the support they need to meet their responsibilities. The Institute found that some HSC staff used warnings and ABAs as suggested in the ASB policy but these were not consistently used across the State.

### **Recommendation 11**

**The DHPW considers amending the ASB policy to require that:**

- **warnings are issued prior to the first strike for social housing tenants with complex needs**
- **social housing tenants are engaged in developing Acceptable Behaviours Agreements.**

## **Acknowledging the circumstances of tenants with complex needs**

Studies in the United Kingdom indicate that tenants with complex needs were more vulnerable to being subject to anti-social behaviour (Jones et al, 2014). While no comparable research has been identified in Australia or Queensland, there is reason to suggest that due to their complex needs some social housing tenants are likely to be subject to anti-social behaviour from neighbours.

There is also ample evidence to support that those who are living with mental illness, mental health difficulties and substance use problems are more likely to be subject to discrimination and stigma from the general community, and this may include neighbours.

As one HSC officer indicated in an interview with the Institute regarding 'Raymond', a social housing tenant:

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 scary.

As indicated by the Institute these perceptions can manifest in complaints being made to DHPW.

In light of the communication difficulties outlined earlier in the report, it is likely that many tenants with complex needs would have difficulty participating in the investigation process of a complaint made under the ASB policy. To ensure that these issues are properly considered when implementing the ASB policy, it is critical that stigma and discrimination are taken into account when considering complaints and as part of the investigation process.

It is also important that those making complaints take into account the vulnerabilities of social housing tenants with complex needs.

### **Recommendation 12**

**The DHPW considers including provisions in the ASB policy that:**

- **acknowledge that tenants with complex needs may be more likely than the general population to be victims of anti-social behaviour**
- **provide mechanism to identify where complaints have been made against social housing tenants on the basis of discrimination and when complaints may be considered vexatious.**



## CONCLUSION

This report identifies systemic issues affecting social housing tenants with complex needs, in particular unintended consequences arising from implementation of the State Government’s Anti-social behaviour management policy.

The compelling evidence presented in the research conducted on behalf of the Commission by the Institute for Social Science Research—*Review of systemic issues for social housing clients with complex needs* — has informed this report’s recommendations.

The recommendations, developed by the Commission, are intended to facilitate systemic change to support housing security for social housing tenants with complex needs. Safe, secure housing will support the recovery journey for people living with mental illness, mental health problems and support harm minimisation for people experiencing problem substance use. The recommendations also provide an opportunity to address the unintended consequences of the ASB policy.

The Commission hopes that the report will assist the State Government to develop responses to improve the outcomes for people with complex needs residing in social housing.



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# APPENDIX A: INSTITUTE FOR SOCIAL SCIENCE RESEARCH PROPOSALS

The following specific proposals, divided into three themes, were developed by the Institute for Social Science Research as proposed actions for consideration to address the systemic issues identified in the *Report on the review of systemic issues for social housing clients with complex needs*. The Commission's recommendations have been informed by the proposals.

A full copy of the Institute's report is available on the Commission's website at [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au).

## Theme one: 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 first strike and Acceptable Behaviours Agreements after a second 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 anti-social behaviour is managed through the strikes policy; a notice to leave for ASB should only be issued following a third strike or a 'first 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 first strike being issued.
8. A protocol should be developed for situations involving anti-social behaviour 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 anti-social behaviour under some circumstances as an alternative to issuing strikes if anti-social behaviour 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 anti-social behaviour. 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 anti-social behaviour.
12. The investigation of complaints should take into account the possibility that social housing tenants with complex needs are the victims of anti-social behaviour, and that their mental health issues may make it difficult for them to present their case and defend themselves against accusations of anti-social behaviour.
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.

## Theme Two: The effective management of anti-social behaviour

It is essential that reducing the level of anti-social behaviour 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 anti-social behaviour 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 anti-social behaviour 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 anti-social behaviour).
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 among 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 anti-social behaviour 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 anti-social behaviour 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 anti-social behaviour 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.

### Theme Three: 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 exiting homelessness. Many have undiagnosed or unrecognised mental health issues and inadequate support, as illustrated 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.

10. 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.
11. 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 a 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.
12. 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.
13. 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 exiting 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.

14. 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 anti-social behaviour. Expansion of social housing stock earmarked for people with mental health issues should be a joint priority of social housing and mental health authorities.
15. 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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