

## HOUSING AND SUPPORT: THE NEED TO MAKE THE CONNECTION

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Over the past 12 months Wintringham has received more requests for advice and service support from welfare organisations working in such diverse fields as intellectual disability, young people in nursing homes, and people with a severe physical disability such as quadriplegia, than we can previously remember.

While none of these organisations have a focus on providing services to homeless people, they are all experiencing problems arising out of the separation of housing and support. The problems that these organisations are facing is reflective of a mindset that does not understand that people with high and complex needs require a coordinated response to enable them to live in semi-independent non-institutional environment.

Although the position taken by Wintringham is that we strongly advocate that it is in the interests of elderly homeless people for the linkages between housing and support to be strengthened, we are aware that there may well be client groups where this linkage is not advisable. Our support for the linkages is tempered by stories we hear from colleagues in different fields who highlight that in the hands of poor operators, a clients options are dramatically reduced when housing and support are linked.

The issues are complicated and perhaps never fully resolvable, but I am of the view that where a client is disadvantaged because both housing and support are controlled by the one organisation, the problem is more one of an incompetent organisation that is not adequately scrutinised by funding authorities, more than a failing of policy.

An example of how support and housing can be successfully linked to the eventual benefit of a client has been taken from one of housing outreach files.

*John presented to Wintringham for assistance with housing and support. At his initial assessment he was aged in his sixties and had previously been very transient for a long period of time following a family breakdown. John had incurred periods of incarceration and homelessness over many years, and at the time when Wintringham made contact with him, had never previously*

*maintained a long-term tenancy. John was a chronic alcoholic with an alcohol-related brain injury, and complex medical conditions including severe asthma. He also had outstanding legal and financial issues which would later be resolved through PILCH.*

*John was very well known to services in the homelessness field and many previous attempts at housing John appropriately had previously failed. He was known to have a lack of social skills, and his ability to live harmoniously in an environment where some communal space was shared was questioned. The Housing Manager and Housing Support Worker at the time wondered 'what will be different this time for John?' With the view that everyone has a right to housing and a 'fair go' John was offered a single bedroom unit with Wintringham. John went on to maintain the tenancy with Wintringham for the next three years, and only moved on when his health deteriorated significantly, and his care needs increased such that he required nursing home care. He passed away in residential care less than twelve months later.*

*John's tenancy with Wintringham was most likely the longest that he had ever managed to maintain. There were bumps along the road with some tenancy issues, usually related to disturbances to other residents and challenging behaviours. These were overcome and managed with the hard work and dedication of all staff involved in John's care, from the tenancy worker and management, to the support staff. Regardless of their differing roles, all of the staff worked in collaboration towards the one goal, and that was to do everything possible to assist John to maintain his home and remain independent and supported for as long as possible. The support staff were able to advocate strongly on John's behalf, while at the same time working with tenancy management to resolve the presenting issues.*

*Over the three years, John was supported on a multitude of levels and across differing Wintringham staff roles and programs, including Housing Support for the Aged, Community Aged Care Packages, and Housing/Tenancy Management. Wintringham as an organisation, successfully assisted John to live in his community, in a safe and affordable environment, whilst respecting his wishes and maintaining his dignity.*

Similar stories are repeated throughout our files and I am sure, through the experiences of many of our colleagues who work in different organisations. These files tell us that people like John need support and housing – and they need it linked together for the rest of their lives.

Those who would argue against this position may claim that the separation of housing and support increases the chances of a person living independently. It is possible however to argue that the concept of a person living independently is

something of a misnomer. Certainly, no-one I know lives independently – the recent devastation inflicted on Beirut is a reminder to all of us that the ability of an individual, let alone a society, to live independently is itself dependent upon a steady supply of food, materials and utilities we normally presume upon, to say nothing of the network of family and friends that some people enjoy. The disruption of these essentials reveals the degree of our dependence upon others.

So what we are really talking about is degrees of independence, and whether a persons' wealth or fitness enables them to purchase what they need to survive, or the degree to which they must depend on others to provide that resource.

With regard to the increase in options that the separation of support is purported to achieve, care needs to be taken that we are not using the language of spin to disguise what is essentially a Voucher system. There was a time when some Church-based providers of support to homeless people would issue vouchers that were redeemable at certain shops for specified food types. The idea was essentially punitive and certainly patronising in that it was presumed that if you gave a homeless person money they would spend it on alcohol, tobacco or fuel (unlike the good minister).

We can presume that any voucher system for the delivery of support services would operate in a somewhat different manner but would similarly fail to reflect the pressures of the real world. The model has been designed by supply side economists who presume that in a rational market, a consumer will shop around and find the best price for the product they want. It assumes (but does not state) that the buyer has the time and intelligence to do the market research, and then has the resources, both physical and financial, to travel to the preferred supplier to make the purchase.

Homeless people can lack one or all of those abilities or resources. It is not realistic to suggest that many of Wintringham's 700 clients could understand and profit from such a voucher model. Rather than increase the level of options available, 'enabling' a frail homeless person to make their own support decisions only exposes them to the worse aspects of the market: a market that can be ruthless and uncompromising in its dealings with individuals who are seen to be weak or powerless.

Up until recently, public housing was seen as a housing option for low income people. In return for paying your rent and keeping out of too much trouble, you received a key to a unit and were left alone. If access to public housing wasn't quite seen as a right, it certainly was a normal and integral part of the fabric of housing in all cities and towns around Australia.

But things have changed since those days. Increasingly, public housing resembles welfare housing, with available units being targeted to those people who have complex and varied problems of which extreme poverty is only one. Unless there is a dramatic increase in the availability of housing stock made available to general wait-turn clients, it is unlikely in 20 years time, that politicians will proudly claim they were brought up in housing commission units or houses, as some do today.

The movement towards increased rationing of what has become a scarce resource had been going on for some time, but became official government policy at the time of the formation of the Segmented Waiting Lists under the then Housing Minister, Anne Henderson. As a result of being included in the Ministerial Advisory Committee, Wintringham was able to argue for the elderly homeless to be included in the high priority segments. Fortunately that recommendation was accepted, despite opposition from some. What we did not win however, was an acceptance of the need to link support services to the development of targeted waiting lists. We argued at the time, that if the government moved from the old notion of public housing to welfare housing which targeted people with varying degrees of need, then the provision of structured support was required.

To place people who have physical, psychiatric or intellectual disabilities in public housing, and not link these people automatically to appropriate levels of support, was destined only to promote failed tenancies. I remember this was an argument that provoked strong resistance from some in the Office of Housing who were no doubt worried that they would be liable for funding this support.

It is surely a disgrace (and hopefully an embarrassment) to governments and their officials that the UN Special Rapporteur on Adequate Housing, Miloon Kothari, can be reported as being shocked at the inadequacy of affordable housing in Australia. As desperate as the availability of housing is, it is being partially concealed by the constant turn over of this limited stock of housing, by people who lack the appropriate levels of support to maintain their housing. As they are moved on, their unit becomes available to the next desperate applicant, who likely as not, also lacks integrated support and as a result, will also be at risk of losing their tenancy.

To return to the Beirut analogy, a disruption of services leads to a progressive loss of independence and increased exposure to the risk of homelessness. Young active and fit people can often recover from these disasters, particularly if they have access to money or other resources. Not so the aged, particularly if they are without appropriate resources. The supply of housing to such people is in itself not going to do much. Supports, whether they are food, medicine, care or

friendship, are equally important. We should not be talking about housing and support as though they are distinct and separate entities: housing is a support as much as any of the other essentials to human life.

It is poor policy to separate housing and support and then to expect the market to make the connection.

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