



**Carers Victoria Submission to the
Pathways to a new Victorian social housing framework**

**Carers Victoria's
Submission August 2012**

About Carers Victoria

Carers Victoria is the state-wide peak organisation representing those who provide care. We represent more than 700,000 family carers across Victoria – people caring for ageing parents, children with disabilities, and spouses with mental illness or chronic health issues.

Carers Victoria is a member of the National Network of Carers Associations, as well as the Victorian Carer Services Network. Carers Victoria is a non-profit association which relies on public and private sector support to fulfil its mission with and on behalf of carers.

Carers Victoria is a membership based organisation. Our members primarily consist of family carers, who play an important role in informing our work, contributing to advocacy and strategic aims, and distributing information more widely to other carers.

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1. Introduction

Carers Victoria welcomes the opportunity to contribute to the Victorian Government's public consultation about social housing. Access to secure, affordable and suitable housing for people with a disability, including those with a psychiatric disability¹ is of paramount concern to and often causes anxiety for caring families. Discussions about housing frequently underpin or arise from the consultations Carers Victoria holds with the constituents that we represent. Although the focus of these consultations may originally have been about support or treatment services, income support, respite, employment or health, housing inevitably emerges as a key issue.

Carers Victoria has also previously submitted in response to the following:

- Victorian Parliamentary Inquiry into the Provision of Supported Accommodation for Victorians with a Disability or Mental Illness (2008)
- Victorian Parliament Inquiry into the Adequacy and Future Directions of Public Housing (2010).

In addition, Carers Victoria has prioritised housing issues in its annual Pre Budget submissions to the Victorian Government. Many of the comments made in those documents remain relevant.

The Government has circulated two papers. The first, 'Pathways to a fair and sustainable social housing system', provides many questions for discussion. This Carers Victoria submission largely responds to these prompts. The paper produced with KPMG, 'A discussion paper on the options to improve the supply of quality housing', is clearly of the utmost importance. Many perceived and real problems about social housing can be reduced to problems of a lack of supply. It is very much hoped that the separation of the two papers does not hamper efforts to resolve the very complex patterns and relationship between demand-factors and supply. In addition, social housing policy questions must be asked within the broader question of housing affordability and macro economic issues. In this regard, the Western Australian Government's paper, 'Affordable Housing Strategy 2010-2020: Opening Doors to Affordable Housing', may provide a useful reference or counterpoint.

¹ Throughout the remainder of this paper, the term "disability" will be used to include people with a psychiatric disability unless otherwise indicated.

2. The importance of social housing for people with a disability and/or mental health problem and their families

In Victoria there are over 990,000 people with disabilities, of whom approximately 30% are considered to have a severe or profound limitation that inhibits their ability to care for themselves, communicate clearly or undertake normal cognitive or motor development tasks². There are also 690,000 unpaid family carers in Victoria. These include 116,600 primary carers who provide most of the support and assistance required for their parent, partner, child or friend with a disability or chronic illness.

There are several ways in which housing is of particular importance to carers. The lives of family carers are intrinsically linked with those people with a disability that they care for. In the vast majority of cases, family members naturally want the best for their family member and are concerned about the difficulties they face in accessing appropriate housing. Caring relationships involve interdependency. In this context, this means that family members are also affected in very direct ways by the housing options available to the person they care for. If a person with a disability and/or mental illness cannot access public housing, this can not only impact on their wellbeing, but that of the entire household.

There is, of course, a well documented national shortage of affordable housing. The National Housing Supply Council estimated that there was an overall gap (unmet need) of 85,000 dwellings in Australia in 2008. This situation is set to worsen; the Council estimates there will be a cumulative gap of 431,000 dwellings by 2028³. In the private rental market, the shortage of housing stock is particularly damaging for those on the lowest incomes. Not only is the number of dwellings that is affordable for those in the bottom quintile of income decreasing, but of the stock that is potentially available and affordable, much of this is taken by people on higher incomes⁴. Many people with a disability and/or a mental illness, and indeed their carers, find themselves in this lowest quintile of income because they are unemployed or on very low incomes.

² Australian Bureau of Statistics, Survey of Disability Ageing and Carers 2004,

³ Housing Ministers' Conference (2009) Implementing the National Housing Reforms: A progress report to the Council of Australian Governments from Commonwealth, State and Territory Housing Ministers

⁴ Wulff, M., Dharmalingam, A., Reynolds, M. and Yates, J. (2009) Australia's private rental market: changes (2001-2006) in the supply of, and demand for, low rent dwellings, AHURI

People with a disability and/or a mental illness also face other barriers in accessing housing, whether this relates to home ownership, private rental, public or community housing. They often experience community discrimination. If home modification is needed, this can be difficult to achieve in a privately rented home or if the modifications are costly. It may only be possible to live independently with formal support, and this may not be available. People with disabilities also often face difficulties in accessing housing and support that is purposely designed for them. There has been little growth in Shared Supported Accommodation places despite continued increases in demand ⁵.

Carers' own decisions and options about housing are affected by these realities. A landmark report published last year by the Australian Housing and Urban Research Institute (AHURI), 'The housing careers of people with a disability and carers of people with a disability' ⁶, starkly illustrated how carers tend to have a very strong preference for home ownership because this is perceived as providing security of tenure for the person they care for and autonomy for making home modifications if necessary. In this study, 65% of carers were outright owners of their home. At the same time, carers are also more likely to be unemployed or on low incomes than the general population because of the difficulties encountered in balancing paid work with caring responsibilities.⁷ They also encounter additional costs associated with a family member having a disability⁸. The AHURI report found that carers who own their own homes do so at the expense of holding other assets such as superannuation. Those purchasing homes are more likely to be in mortgage stress than other home owners. Several members of Carers Victoria reported that they were forced to sell their family home because their caring responsibilities meant that they could no longer work and pay their mortgages.

It is plausible that this strong prioritisation on home ownership by carers has masked the need for housing assistance for people with a disability and/or a mental illness. It is also unlikely that this dynamic can continue, for a number of reasons. Firstly, carers are increasingly unlikely to be able to afford to purchase their own homes because of increasing shortages of affordable housing. Younger carers aged 15-34

⁵ Victorian Auditor-General (2008) *Accommodation for People with a disability*

⁶ Beer, A. and Faulkner, D. (2009) *The housing careers of people with a disability and carers of people with a disability*, AHURI

⁷ Access Economics (2005) *The economic value of informal care*, Carers Australia

⁸ Saunders, P. (2006) *The costs of disability and the incidence of poverty*, Social Policy Research Centre

are currently less likely to own their own home (37%) than non carers of a similar age range (44%)⁹. This means that they will be less able to purchase housing for themselves or the person they care for. Secondly, the demographic ratio of carers relative to people needing care is set to reduce¹⁰.

The proportion of people with a disability is increasing relative to the general population because of the baby boomer population 'bulge', the increased longevity of people with most types of disability and because of the ageing of the general population¹¹. Social housing, in spite of its problems, is often seen as the best available option by people with a disability wanting to live independently, provided there is also support available. Social housing is perceived to be affordable and secure in tenure.

As the AHURI report concludes, it is clear that demand on social housing by both people with a disability and/or mental illness and their carers is set to increase.

3. Social housing and people with a disability: reframing the problem

3.1 Analysis of the current narrative

The first discussion paper, 'Pathways to a Fair and Sustainable Social housing System' (from now on referred to as the Discussion Paper), outlines a number of problems with the current system. These are interrelated in complex ways and include:

- long waiting lists due to a shortage of affordable homes
- increased rationing to those most in need of housing
- a significant increase in the proportion of public housing residents with complex needs
- a lack of revenue raised from rents because rent settings are linked to the very low incomes of tenants

⁹ Australian Bureau of Statistics (2008) *A profile of carers in Australia*

¹⁰ Australian Institute of Health and Welfare (2007) *Current and future demand for specialist disability services*.

¹¹ Australian Institute of Health and Welfare (2000) *Disability and Ageing, Australian population patterns and implications* a joint project of the AIHW and National Disability Administrators

- low workforce participation of tenants resulting in little future increase in rents
- high housing maintenance costs
- housing stock that is ill suited to tenant need, and
- a proportion of residents exhibiting challenging and antisocial behaviours adding to the stigma of public housing.

The prominent narrative here, in common with that of the AHURI paper, 'What future for public housing? A critical analysis'¹², is that public housing is financially unsustainable, and consequently is not viable in political or policy terms.

Furthermore, multiple uncontrollable external factors contribute to a problem-saturated policy environment in which problems are seen as intractable or 'wicked', to use current policy parlance. Public housing is seen as a failure at least in part because it is the wrong model. The Discussion Paper then goes on to argue that significant changes are necessary. These include changes to rent settings, tenant mix and a much greater proportion of social housing to be managed by Non-Government Organisations that can lever off their more favourable position in the market to raise revenue and so sustain or even grow housing stock.

This submission will go on to support many of the Discussion paper's proposed changes, although sometimes with differing rationales to those put forward.

3.2 What the discussion is missing

The Discussion Paper does refer to the large increase in number of tenants who have a disability and/or other complex needs. This is portrayed as a problem in itself, and certainly as contributing to the unsustainability of public housing. However, there is insufficient attention paid to exploring what is a profound change in the pattern of demand of public housing, compared to when public housing was primarily for working families, as originally conceived and supported. The reason for this is informed by a constellation of demographic, economic and political developments:

- The numbers of people with a disability are increasing due to population growth, the ageing of the population and, in some disability categories, increased prevalence.
- The closing down, for very sound ethical and policy reasons, of institutions for people with a disability and/or mental health problem in which many people were

¹² Jacobs et al AHURI, 2010

housed. Deinstitutionalisation resulted in service system reform but, particularly for those with a mental illness, these reforms were confined to the reconfiguration of treatment to occur in the community with very little provision or growth of accommodation. Again, this was for sound policy reasons. The government vision for people with a disability is that they access mainstream housing with the individual supports they need. Unfortunately, subsequent shortages of affordable housing for people on very low incomes have meant that people with a disability cannot access housing without significant financial assistance.

- A reduction in privately run supported and/or affordable accommodation places such as boarding houses, Supported Residential Services (SRSs), etc. for people with very low incomes and complex needs because of market forces and/or poor service standards.
- In a competitive private rental market, people with a disability experience discrimination and cannot find the security of tenure they need.
- A number of interdependent factors which result in families having less capacity than before to provide housing for a family member with a disability. Two household incomes are now required to afford purchase of a family home. This is prohibitive for some families because the extent and duration of their caring responsibilities for a person with a disability makes significant workforce participation impossible. Unpaid family carers have much lower levels of paid employment and level of income than other Australians of similar age¹³.

One of the roles of social housing is now to provide housing for people with a disability. Although this is a change to the original purpose of social housing and may not have occurred in a planned way, this is nevertheless an important and worthy function. Housing people with a disability is a public good. Intuitively, most citizens understand that it is necessary and desirable and that it should be paid out of the public purse.

This different role for social housing changes the context for debate and service design. Housing people with a disability does have several direct and indirect systemic impacts, resulting from some of the characteristics of people with a disability:

¹³ ABS SDAC (2004)

- Tenants with a disability are much less likely to be in paid employment than other groups. The workforce participation rates for Australians with a disability are amongst the lowest in the OECD.
- Tenants with a disability are much more likely to be on statutory incomes than the general population.
- People with a disability will need significant support to maintain their tenancies and to participate in the broader community.
- Some people with a disability, particularly those with a mental illness or an acquired brain injury (ABI), will sometimes act in antisocial ways due to distress and/or learned behaviours.

Note that these tenant features are listed in the Discussion paper and are referred to as contributors to social housing's failure, in particular its financial unsustainability. However, these contributors are consistent with housing people with a disability.

3.3 Housing people with a disability inevitably costs money

If it is accepted that many people with a disability cannot afford or access housing through private markets, and if it is accepted that governments do have a role in addressing this issue, then the policy frame changes.

Firstly, housing people with a disability becomes a measure of social and political success, not failure. Housing those most in need is no longer referred to as an automatic indication of 'residualisation'. If it were, this would be a great cause of concern on behalf of tenants because it would point to a housing quality issue or to the institutionalised stereotyping of people with a disability.

Secondly, it must be accepted that providing housing for people with a disability cannot be cost neutral in a direct way to the housing provider. There are no examples in Australia or elsewhere in the developed world (where people with a disability are not exploited) where housing people with a disability can pay for itself. When the policy frame is allowed to broaden to whole of system or societal effects however, housing people with a disability has many cost benefits to the tax payer. For example, there is strong evidence that housing and supporting people with a

psychiatric disability saves significant spending on acute mental health and emergency services, homeless and crisis services and the criminal justice system¹⁴ .

3.4 Synthesising the problems of social housing to produce an intentional hybrid framework

As the Discussion paper outlines, it is possible to provide a market model that is self sustaining by providing for people on 'low incomes', when 'low incomes' are defined as below average, but not too low. Community housing can select tenants with higher incomes and then set its rents accordingly. Many of the debates about the comparative merits of public housing and community housing, and that are outlined in the Discussion Paper, can be characterised by the following:

It is possible to have a market model that is financially sustainable, but excludes those most in need, or

It is possible to have a welfare model that provides for those most in need, but is financially unsustainable.

This policy tension also shows itself in practice. The Victorian Auditor-General's Office report on Social Housing¹⁵ , discusses the very real viability issues that act as disincentives for Housing Associations to house people on statutory incomes, particularly singles.

The discussion paper tends to exhibit this apparent tension or contradiction without naming it or making progress towards a solution. Having argued that public housing is unsustainable at least in part because so many tenants have a disability, the Paper goes on, somewhat reassuringly perhaps, to suggest that people with profound disabilities should be provided long term secure housing (Page 37).

There is a need to clarify the problem and attempt to synthesise multiple policy objectives. One of these is,

¹⁴ Muir et al, Housing and Accommodation Support Initiative Stage1 Evaluation Report, Social Policy Research Centre, University of new South Wales (2007)

¹⁵ Access to Social Housing, Victorian Auditor-General's Report 2010

Given that a proportion of social housing is de facto disability housing, what is the fairest, most effective, cost effective and sustainable way of providing this? And, how can unintended consequences and distortions be avoided?

It is acknowledged that there are also other important groups with housing needs and that there are other broader policy or economic objectives, e.g. to have influence over the housing market.

The way forward is to clearly acknowledge that social housing has more than one purpose and that sophisticated policy design and market adjustments are needed to fulfil multiple aims without structural contradiction.

3.5 Social housing is a suitable housing modality for many people with a disability

Specialisation in academia, government and service provision means that disability policy often pays insufficient attention to housing policy, and housing policy is ill informed about disability policy. Assumptions about what people with a disability need can result in limited policy and service responses. For example:

- Housing for people with a disability is often narrowly associated with group housing, or Shared Supported Accommodation (SSA). In fact, only 2.5% of Australians with severe and profound disabilities live in this kind of accommodation. 84% live with family, 10% live alone and 3.2% live with unrelated people in the community¹⁶.
- Disability housing policy is often limited to commentary and measures to ensure that housing is physically accessible to people with mobility impairment. This is clearly necessary. However, social and economic barriers to housing access for people with a disability are less visible but more prevalent and affect people with all types of disability.
- Disability and mental health policy vision holds that people with a disability should have the right to access mainstream housing, including social housing¹⁷. Perhaps because housing policy and budgets are held within separate government departments, these aspirations typically stop short of including measures to ensure that people with a disability actually do access mainstream housing. As

¹⁶ AIHW (2008) Disability in Australia: Trends in prevalence, education, employment and community living

¹⁷ Victorian Disability State Plan 2006-11

already discussed, when people with a disability do achieve access, this can be seen as the cause of systemic housing problems rather than an intended outcome.

Many of the features of mainstream social housing are very suitable for many people with a disability:

- integrated with the community – physically and in policy terms
- dispersed
- individualised and small scale rather than congregate
- can support independence and choice
- potentially integrated with support services
- can be near to services, public transport, family and friends
- affordable, and
- some community housing providers have long histories, mission statements, values and practices that are well aligned with providing housing for persons with a disability.

4. A National Disability Insurance Scheme and the role of Social housing

A National Disability Insurance Scheme (NDIS) has the potential to radically improve the lives of people with a disability and their families by providing adequate support based on need in a sustainable and reliable way. People with a disability will have more choice and control over the services they use. By supporting people to participate more fully in the community, the scheme is intended to be cost effective through improved life choices of those involved, including increases in workforce participation of people with a disability and their carers/family members.

In recent years, the Disability Services Branch of the Victorian Department of Human Services has provided a small but increasing number of modest Individual Support packages (ISPs) to assist people with a disability to live in the community. It is envisaged that an NDIS would provide a greater number of tailored individual packages, the dollar amount of each determined by assessed need.

To date, the bulk of publicly available discussion about the design of an NDIS has been available through the Productivity Commission's Draft and Inquiry Reports into

Disability Care and Support. In response to the draft report, Carers Australia's submission highlighted the importance of access to affordable and suitable housing to compliment improvements to disability support¹⁸. Without housing access, the life choices and favourable outcomes for people with a disability and their families could be jeopardised. In turn, this could impact on the scheme's success.

The final Productivity Commission Report addressed this issue in more detail. It acknowledged the importance of access to mainstream housing. It recommended that mainstream housing should remain outside of the scheme but that an NDIS's public annual reporting role would highlight problems (as well as good practice) in access to mainstream services by people with a disability.

Carers Victoria considers that there is more work to be done in regard to the interface between an NDIS and housing. The Productivity Commission proposes that an NDIS would fund approximately 18,000 supported accommodation places, including about 6000 places for people with significant and enduring psychiatric disability who have 'intensive' support needs (National estimates). This compares with a total of 411,000 people who would receive individualised supports through a scheme. This means that 393,000 people with significantly reduced functioning would require non-disability specific housing. This figure refers to those most disabled; the total of people with a disability in Australia is closer to 4 million.

The scale of housing need for people with a disability could have some important unintended consequences. In the absence of mainstream affordable and suitable housing, there may be a perverse incentive for people with a disability to choose NDIS funded supported accommodation because it offers housing, even when this option does not meet other individual preferences. It is likely that supported accommodation be provided in group or congregate settings, possibly with a mix of people with different disability types who may not know each other or otherwise choose to live together. In terms of the scheme's sustainability, demand for supported accommodation places could become artificially high, driving up costs and creating delays.

This highlights a more detailed design problem that also applies to current Victorian housing and disability support interfaces. Individuals are eligible for supported

¹⁸ Carers Australia, Ensuring a good life for people with a disability and their families, Response to the Productivity Commission's Draft report on Disability Care and Support

accommodation based on the severity of their disability. This can be criticised on the basis that the service is designed around operational imperatives – economies of scale and logistical efficiencies in providing intensive levels of care, rather than individual choice. It can be seen that this rationale for service design can easily lead to institutionalised practices without robust safeguards. Supported accommodation is not therefore explicitly based on housing need, although disability support need and housing need do often coincide for individuals.

On the other hand, social housing, or public housing in particular, is prioritised according to housing need. A 2009 report into public housing prioritisation outcomes showed that only 9% of people prioritised for early housing assistance had applied under Segment 2 (Need for support)¹⁹. As we have seen, people with a disability are over-represented in public housing but this is not because they have been explicitly targeted because of their disability. Rather, this speaks to the very strong nexus between disability and housing disadvantage.

This mismatch of eligibility criteria for purposes of rationing produces systemic inequalities. In one part of the system, people with a disability are provided housing because of the extent of their care needs, and this usually includes people with a physical, intellectual or sensory disability type. They are offered shared or congregate rather than individual housing. For those people with a disability who do not wish to go into shared accommodation, or who are ineligible for it (possibly because they have an ABI or a psychiatric disability), social housing is prioritised according to housing need, even though the source of their housing need is likely to be disability related (low income, discrimination, problems maintaining their private tenancy, etc).

The existence of more than one type of eligibility criteria need not be problematic in itself. When the programs' differences are not planned or integrated, they can seem arbitrary or discriminatory.

¹⁹ Department of Human Services, Improving Public Housing Responses Strategic Project: new segmented waiting list proposal (2009)

5. What needs to occur to address the social housing needs of people with a disability?

Carers Victoria has previously urged the Victorian government to develop a disability and mental health housing strategy with the following features²⁰²¹:

- Development and collection of population data about the current and projected long term housing needs of people with a disability. This will also require analysis of the availability of family members to provide housing into the future as they age.
- Common definitions of disability across government.
- Agreed policy objectives across government, particularly between the Department of Premier and Cabinet, Treasury, Office of Housing, Disability Service Branch and the mental health Division of the Department of Health. Recent moves towards 'One DHS' structures may assist here.
- Alignment of housing policy vision and program detail with a National Disability Scheme.
- Clear and robust targets to house people with a disability by social housing providers, both public and community. Any lack of clarity will result in those most in need missing out.
- Supply and demand side investments to ensure that the strategy is successful. See below for more detail and suggestions.

6. Housing assistance for people with a disability

It must be acknowledged that housing people with a disability will have implications for social housing policy, funding and design. Without this work, people with a disability will either have reduced access to social housing and/or the system will continue to be viewed as a failure.

While there is a potential apparent contradiction between providing special housing assistance to people with a disability within a mainstream system, this can be resolved by making this clear: that any disability-specific funding or targeting initiatives do not influence the models or practice of housing provision itself. This is

²⁰ Carers Victoria, Community living for the 21st century: A blueprint for caring families, Carers Victoria's Pre budget submission 2010-11

²¹ Carers Victoria, A brighter future for Victorian Caring families, Carers Victoria's Pre Budget bid 2012-13

necessary to avoid segregation of people with a disability, either within one part of the system or indeed, in neighbourhoods. This unintended consequence is sometimes referred to as 'transinstitutionalisation'.

There are several options of providing housing assistance available, potentially:

- Increased Victorian Government spending to increase the number of social housing places, acknowledging that social housing is a suitable and cost effective form of housing for people with a disability.
- Cross subsidisation within community housing. For this to occur, growth in overall housing stock is a prerequisite. Clear targets, definitions of disability and accountability will also be needed because of disincentives for providers to house people on very low incomes. Current observations and the experience of the rollout of the Commonwealth's Nation Building stimulus package suggest that, without targets, the housing needs of people with a disability will not be met through the growth and goodwill of housing associations alone. Complimentary financial incentives may also be required by housing providers for viability reasons. Without these, there is the risk of creating very large discrepancies between tenants with high and low socioeconomic characteristics.
- A High Needs Supplement for people with a disability, as recommended in the Henry Taxation review²². This would be provided to individuals to give to a housing provider of their choice. Housing providers would then receive a greater incentive to house people with special needs.
- Reform to Commonwealth Rent Assistance (CRA) to improve targeting and increase the assistance to those who need it most. This could be carefully combined with changes to rent setting in public housing, again as recommended in the Henry Review.
- Increase incentives for National Rental Affordability Scheme (NRAS) landlords to provide housing to those on very low incomes. Currently, little data is available as to the extent to which NRAS is benefitting people with a disability.
- Other forms of direct assistance to tenants with a disability within the private rental market. Doorway, an initiative funded by the Victorian Government and delivered by Mental Illness Fellowship Victoria provides support and financial assistance to people with a mental illness to access and maintain tenancies in the private rental market. The financial component of this can be seen in effect to

²² Australian treasury, Australia's future tax system (2010) Recommendations 102-103

be a state funded top up of the CRA. The cost effectiveness and sustainability of this scheme will become clearer over time. If the scheme is designed to provide transitional assistance only, this will inevitably lead to selection of those tenants with the potential to participate in the workforce, and so will not meet the needs of those with the most enduring disability.

7. Other pitfalls to avoid

It is reassuring to read in the Discussion paper that it is proposed that people with 'profound' disabilities would receive long term rather than transitional assistance. This is consistent with what the evidence base says about how people with a disability are affected by the housing market. It is also consistent with the widely accepted 'Housing First' principles for assisting people with a psychiatric disability to maintain housing and recover from their mental illnesses. These principles state that people have much better outcomes when they receive housing with a secure tenure, regardless of the state of their health, disability or skills at the time.

The finer detail of categorising and assessment of people with a disability is important here:

- For people with a psychiatric disability, secure housing has been shown to be a prerequisite for recovery. Given secure housing and support, it is likely that many people will be able to improve their functioning in the community and possibly participate in the workforce. It is important that people who have recovered are not then assessed as not needing long term assistance and so risking relapse.
- The assessment of a person's functioning, impairment and disability is complex and difficult. Much work is being done in this area in the lead up to an NDIS. It is important to avoid setting of eligibility criteria and levels of assistance that might provide a perverse incentive for individuals to be assessed as having a disability. The Commonwealth funded Disability Support Pension (DSP) and its interface with the Centrelink Newstart Allowance (NSA) provides a salient example here in which the difference between the two payments is so large that it can create risks for those who might wish to transfer from DSP to NSA by accepting paid work.
- It is important that the creation of different categories of tenants according to need does not also create an informal system of 'deserving' and 'undeserving' groups.

Policies and procedures regarding the behaviour of tenants should also be designed and implemented with great caution. Given that many social housing tenants have complex needs and/or disabilities, poor behaviour is often a function of poor health, individual circumstances and/or a lack of support. This particularly applies to people with a psychiatric disability and people with an ABI. Punitive measures without adequate support can create longer term problems and so cause pressures and costs elsewhere in the system. This is sensitive work in which the needs of vulnerable individuals must be balanced with the needs of the broader housing community, many of whom will also be vulnerable.

8. Mixed and shared equity schemes

Housing schemes in which people with a disability or their families contribute to the cost of home purchase in partnership with a housing provider warrant further consideration. There are many people with a disability who have some assets and so do not qualify for social housing assistance and yet they do not have enough funds to buy a home themselves. Because their income is low, it is not possible to find a lender for a mortgage. Private rental is precarious for many people with a disability. The result is either a complete lack of housing mobility because the only option is to live with family, or else an unstable housing career moving from one form of shelter to another. The mixed equity scheme administered through Housing Choices Australia holds much promise. It provides security, choice, tenancy support and transition support for people with a disability and their family/carers as well as liaison with support services. This can meet the most pressing need of ageing parent carers of an adult with a disability by providing an answer to the question, 'What will happen to my son or daughter when I am gone?'

To justify further investment and design of mixed equity schemes, the following information is required:

- What asset and or income levels are required from participants for the scheme to be sustainable?
- How many people with a disability and/or their families would be able to benefit?
- What are the equity issues between scheme participants and other individuals needing housing assistance? How can these be resolved?
- What are the cost benefits and effectiveness of the program to the public purse?

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