



Homes Housing Health

A forum for consumers / tangata whaiora, mental health and housing agencies to explore current housing needs.

March 18 2002



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Introduction

This forum was set up in response to concerns about peoples housing situations, their limited housing options, and the need for wider debate on how housing is or could be provided for people experiencing a mental illness. An organising group of ten people were also aware that the MSD research attempting to measure the independent housing need of consumers, was due for release and that there would be interest in hearing about this.

The focus for the forum has been on solutions that give people options to have a home and using a process of partnership between provider representatives and consumers throughout the day.

It is the organising groups hope that the forum seeds interest in developing new initiatives in partnership with consumers and acts as a catalyst for increased resourcing at the health/housing interface.

The holding of this forum has been possible due to contributions made by:

Box Trust

Hutt DHB

Ministry of Social Development

St Johns Church

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Kites

1. *Housing Issues Identified During the Opening Session*

- Housing at time of crisis and associated support.
- Hospital care and planning of housing need on discharge.
- Practical issues of storage e.g. of personal furniture when in supported accommodation.
- Home ownership options, as a primary means of obtaining secure housing, rent to buy options.
- Associated issues when hospitalization occurs e.g. rent payment, house maintenance.
- Carer support - family, landlords (to understand the complexity of system etc.)
- Lack of information, misuse of Privacy Act.
- Effect of changes in local ownership e.g. selling off Auckland City Council housing, on the supply of affordable housing.
- Security of tenure, size of home, percentage of income - rent.
- Communication between sectors especially health, housing and welfare interface.
- Young peoples housing needs.
- Debts
- Access to entitlements (Income Support).
- Addressing privacy issues, particular to mental health consumers/tangata whaiora.
- Integrated/Appropriate Community Housing rather than artificial housing environments.

2. Presentation of Housing Initiatives

Presentations were made by the following groups:

Supported Landlord Bureau:

Fanau Housing

Locus Housing

Homelink

Mahora Trust

Supported Rental (Comcare)

Comments from people attending the forum on these initiatives:

"There seems to be a lot of groups providing the same sort of service"

"Interest expressed in extending Homelink outside of Wellink as there is a need for housing brokerage"

"Some services seem to be focused on "we'll help you" and doing for rather than with".

"Having a choice is paramount"

"Partnerships such as Fanau housing and Locus have with HNZN are positive as they seem to provide a better interface with tenants"

3. Workshop Feedback: Housing Solutions and related issues

1. Wellington City Council Housing

- Provision of a clear and prompt Maintenance/Service line, WCC taking responsibility for the quality of this service.
- Provision of appropriate, integrated housing in the community (highrises are not seen by all as appropriate housing)
- Addressing privacy issues particularly relating to mental health consumers as tenants of Wellington City Council.
- Bedsits are too small - they do not allow people to have an appropriate relationship in their own with support providers and this needs to be taken account of by WCC allocation policy.
- There needs to be specific mental health consumer/tangata whaiora focus groups to feed into the WCC housing reconfiguration project further to this workshop and a commitment to consultation and participation of these tenants in WCC housing policy and processes.

2. Home Ownership

- There needs to be a government requirement to explore options for providing mental health consumers/tangata whaiora with the choice of home ownership.
- Current criteria is unrealistic in light of most mental health consumers/tangata whaiora experiences e.g. 20% deposit and credit checks precluding eligibility.
- Acceptance of varying family configurations.
- Availability to beneficiaries (long term as well).
- Partnerships between Government and private lending institutions.
- Maximisation of benefit capacity to repay mortgages.
- Acknowledgement of single people as eligible not just families.
- "Rent to Buy" options and low interest rate loans with inbuilt mortgage protection (e.g. if person becomes unwell they do not lose their home).

3. Discharge Planning Issues

- Availability of support/housing.
- Lack of consumer choice in discharge options.

- Moving on from supported accommodation - should accommodation be found?
- Is Supported Accommodation the option offered because it feels safer? (to services).
- The criteria needed to live in supported accommodation (who decides what)
- Lack of discretionary funding to provide individual care packages, resources and financial support.
- Availability of suitable housing and respite care.
- Discharge from forensic services:
 - people not being discharged
 - to set up housing option
- Gaps and lack of choice in supported accommodation for particular clients e.g. younger people, Maori, asian and others.
- Whose role is it to assist and prepare people to move into their home of choice?
- Fragmentation of Government focus on discharge:
 - Who is doing it?
 - Where is the funding coming from?
- Communication between services.
- Advocacy - who aids consumers?
- Is there an appeal allowed?
- Support from friends and family.
- Need to involve more comprehensive group of people in discharge plan.
- Where to return to existing housing situation supporting people caring for them.
- Slow progress through services.
- Need for some stop-gap i.e. immediate housing while permanent is finalized.
- Timing - Resourcing access.
- Timeframe - when should it occur?
- Discharge from hospital - length of time.
- Waiting lists - in processes of discharge from one part of service to the next.

Solutions:

- A Service that offers a range of interventions that also includes Housing "A Recovery Centre".
- A place where the person can make decisions for themselves with support.
- Earlier discharge planning needed.

- State of mental health and adequate follow-up.
- Creative solutions re: medication management.
- Environmental Supports (people)
- Consumer - non consumer/partnership.
- Stagger clinical interventions; holistic approach.
- Move from disability - possibility approach.
- Rebalancing of resources to need.
- Communication amongst services and the community.
- Collection of the needs for specific groups of people.
- Resourcing:
 - 'Individual' packages
 - monitoring quality of current services
 - silo's
- Affordable high quality Central City Housing.

4. How can the current supported accommodation model be reconfigured to better meet peoples needs?

Issues:

- Sometimes staff are not skilled enough.
- People have to fit the service rather than the service fitting the clients' needs e.g. movement of tenants dependent on wellness, ability for family to be included in housing
- Often doesn't suit young people.
- Having finances looked after disempowers people.
- Lack of choice of where to live and who with.
- Some funding arrangements provide an incentive for providers to 'hold on' to clients e.g. fee for service.
- Labelling and stigmatizing of tenants because of living in congregated, "disability" focused housing.
- Doing for rather than with.
- Role conflict - support worker as landlord and vice versa.
- There is not enough flexibility for individuals or families.

Solutions:

- Support that increases or decreases dependent on need
- Staff available 24 hours.
- Telephones support.
- Much more respite required - Different levels
 - Self-referrals

- Consumer peer support - warm line.
- Wellness planning prior to crises / elevated illness (consumer centred). Needs to be regularly maintained.
- Housing specialist agencies / brokerage - consumer focused.

5. Third Sector Housing Options

Third sector housing uses models other than home ownership or rental models. It refers to groups of people working together to identify solutions to their own housing needs and drawing on government and private (business and/or personal) resources where necessary to house themselves appropriately, securely, affordable and long term.

The key aspect of third sector housing is the focus on people's right and responsibility to find a housing solution that is appropriate for them. The key necessity to do this for an increasing number of us is to be inventive, persistent and demanding. It is not a charity or service approach. It is based on the idea that people have a right to a share of the country's resources and a responsibility to be actively involved in creating appropriate and sustainable housing for themselves.

Initiatives in Aotearoa include:

Family Built Homes in Kaitaia - a self build scheme where the local community work together to build \$50,000 homes for themselves on their own land.

CHANZ - a national self build scheme training 'self builders' to build affordable, sustainable homes.

The Women's Housing Trust in Christchurch - an established trust that buys properties in which to house women. Sometimes women buy these homes, sometimes they rent them.

Just Housing Dunedin - designs and brokers individual housing solutions for those in need.

The Auckland Housing Association was formed when a group of Auckland City Council's tenants decided to save their homes when council decided to sell them by banding together to buy them. They successfully negotiated with

council, the Housing Corporation and the business sector to buy 20 homes. They on-sold these to 16 tenants and the others continue to rent.

Loc-us is a membership organisation of mental health consumers and others with a particular interest in this initiative. Loc-us has trusteeship of 8 houses which it rents to members at affordable rents. Loc-us aims to own its houses so members can live there as long as they want.

Other Solutions

- Having private landlords given the ability to have rent payments taken directly from benefits.
- Having houses assessed by consumers for appropriateness.
- Having general housing standards improved and maintained.
- Having an improved HNZ planning process to increase numbers of 1 and 2 bedroom properties across the country.
- Creating a sense of caring and support at the first point of access to move Tangata Whaiora to where they want to be, with appropriate supports and provisions in the "shortest" possible timeframe.

4. Minister of Housing's Speech

March 18 2002

Speech Notes

"Homes Not Accommodation" - Kites Wellington Forum

Thank you for the opportunity to be here at your Wellington Regional Forum on Homes, Health and Housing.

Mental health consumers face many challenges, not the least of which is access to suitable housing, either in communities or on their own. Improving access to affordable and suitable housing for people with mental illness is an area that successive governments have grappled with.

It is a challenge that this government is responding to. In working through that response, it is important for us to keep an open mind to new ideas -- ideas that can flow from a forum such as this which can bring out innovative community driven solutions. You have asked me here to speak about the Government response to the key findings on recent research by the Ministry of Social Development into mental health consumer's independent housing needs.

In doing so I will not dwell at any great length on the research findings as such - many of you will be aware of those findings already, and there are officials here who can answer any technical questions you may have.

I think it is important though to identify some of the key findings, as they set the challenges we now face.

The research was undertaken by what is now the Ministry of Social Development and looked to quantify the extent of independent housing need and homelessness and transience among people who experience mental illness.

Some of the key findings were that:

An estimated 8,000 or 17% of mental health consumers (or tangata whaiora) may be experiencing housing difficulties; and,

An estimated 2,000 or 4% of consumers may be homeless - that is living without shelter of any kind, having no fixed abode or sleeping rough - or living in temporary and/or emergency accommodation.

Maori and single males were the two groups most affected by housing difficulties and homelessness and transience.

Affordability and lack of choice were the most frequently identified difficulties, but a significant minority of people were considered to be affected by other difficulties.

For example, providers indicated that overcrowding was more significant for Pacific peoples than for either Maori or other consumers.

So even on those bare facts drawn from the research (which has been published in the Social Policy Journal), it is obvious there is a big task ahead of us.

What are we doing about it?

The first thing I can do is to give you an assurance that this is a challenge the Government is stepping up to.

Housing New Zealand Corporation is working on a response that involves finding ways to improve access to affordable and suitable housing for people with a mental illness; and ways of developing more responsive housing options for those who are homeless and transient.

It knows that people with a mental illness have particular housing needs and that it needs to be more responsive to their needs.

But it is not just about providing more responsive housing solutions - the Corporation also has work to do on becoming more user-friendly for consumers.

It has much to do, and it will take time. But it has the will to make improvements and to work with consumer groups through those changes.

The Corporation is working on three strategies for improving consumers' access to affordable and suitable housing. These focus on improving the suitability of Housing New Zealand housing stock and ensuring mental health consumers are identified as a key customer group, both for work on homeownership policy and for the development of social housing partnerships.

Mental health consumers have been consulted on the suitability of state housing stock. What was learnt - and it was not totally a surprise -- was that much of its stock was not going to help people recover from mental illness or help others maintain their mental health.

The condition of some stock was poor, and while for recovery reasons many mental health consumers prefer to live alone, there is little or no one-bedroom stock that is near their mental health support services and networks and not in large blocks of flats.

Other points raised were that blocks of flats were unsuitable because of noise levels, the lack of privacy and a sense of safety.

Victimisation sometimes occurred in some large blocks of flats; and consumers usually want to live near their social and mental health support services, but there was often little or no suitable state housing stock in these areas.

Housing New Zealand's policy and asset management groups are now working together on how to take better account of the mental health recovery needs of consumers, while the Corporation is also looking at developing a mental health awareness training programme for its Neighbourhood Unit staff.

Social housing partnerships and provision of community housing are two key approaches being explored for development of more responsive emergency housing and transitional housing options for the homeless and transient.

The Corporation is developing a housing partnership policy framework. As this work progresses it will provide the Government with greater clarity on funding issues, options and balancing priorities.

Much is already being done in the area of community housing. Under this government about 330 new tenancies have been let to community groups, including 144 to groups providing mental health services. Nearly half of all

community group tenancies are for organisations providing mental health services.

Those groups have benefited greatly from the government's rent relief programme for community housing. In total we are providing approximately \$4.3 million a year to groups renting community group housing who are having trouble meeting normal rent payments. Mental health groups have been granted approximately \$1.93 million in rent relief this financial year.

Here in Wellington LOC-US Housing are currently renting six properties in the region. This proposal would not have been able to get started without the options the rent relief fund have been able to provide.

Loc-us are passing on these savings directly to their tenants and are still able to charge a small management fee to ensure their service is cost neutral to everyone.

HNZ is working with Loc-us and Easy Access Housing to develop options to progress other local proposals. Kites has been involved in developing these proposals.

The importance of being more responsive to people with a mental illness has been further underlined for Housing New Zealand by the requirement for it to develop an implementation plan for the New Zealand Disability Strategy.

The strategy's purpose is to eliminate the barriers in society that affect the ability of people with disabilities, including people with psychiatric disabilities, to reach their potential or participate fully in society.

Implementing the strategy means Housing New Zealand has to develop a plan of action for how it will remove barriers and be more inclusive in all aspects of its business.

That gives you an outline of the work underway. It is a significant start.

And it is important to note that the housing response is just part of the overall response to the report as the Ministry of Health is also engaged on other workstreams.

Before I finish, I would like to draw your attention to a law change that we are progressing, that is the extension of the Residential Tenancies Act to cover boarding houses.

Community groups have long advocated such a change.

Those living in boarding houses are often among the most vulnerable in our communities, including those with drug and alcohol problems and transient people with mental illness.

They are often without family or support and unable to afford or cope with other forms of accommodation. Legal protection is required.

A Bill to implement this change is currently before the Parliament. It stipulates the rights and obligations of boarding house landlords and tenants.

One of the main advantages of this legislation will be that both boarding house landlords and tenants will be able to use the Ministry of Housing tenancy mediation and Tribunal services to resolve their disputes. At present whilst people can take their disputes to the Disputes Tribunal, it hardly ever happens.

The change also means that boarding house landlords and tenants will have the benefit of free advice from Tenancy Services, including assistance with dealing with their disputes through the specialist tenancy mediation service and, if necessary, the Tenancy Tribunal.

To support these changes, the Government has also directed officials to consider options for how support and advocacy services can be provided to boarding house residents and landlords.

So between this and the work as a response to the research, there is a lot underway.

But alongside the work of government, is the commitment of groups and people such as yourselves to come up with new ideas and solutions that we need to consider as we work together on the housing challenges facing people who experience mental illness and those who support them.

5. Feedback from Consumers

(key points have been included)

The Ministers Speech.

- While there did seem to be the opportunity to create an on-going relationship with the minister and his dept much more dialogue and lobbying at a policy level is needed.
- It was felt that the research document was well founded (MSD) and should be circulated widely within the sector.
- Too much pf the service provision and policy focus is being done "for not with" consumers. *Where is the Consumer participation?* This needs looking at by all organisations present on the day including the Ministers office.

W.C.C. Reconfiguration.

- One of the key issues to emerge from this workshop for Consumers was that the process by which tenants were involved in the reconfiguration to date i.e. open forums/meetings were not safe for many consumers.
- There is an urgent need for consumer led focus group re/reconfiguration and other forums to look at broader W.C.C. tenancy and housing issues.
- There needs to be enforceable, minimum standards of quality around the housing provided (not isolated to WCC housing).

Third sector housing

- Defined as " Partnership between public and private sectors with governance by tenants" This workshop was education focused. Positive feedback.

Discharge Planning

- Discussed lack of monitoring of supported accommodation services. There is an urgent need for an independent monitoring group. Very variable standards especially within level 3 &4 environments.

Home Ownership

- This important issue not yet on the map/agenda and needs substantial research and "needs analysis".

General Comments

- There must be more resourced consumer participation at all levels within the housing & health interface.
- Often within "Social Housing" the Western Cultural paradigm dominates-inappropriately, difficult for many to see the validity of more collective responses to housing need.
- A priority must be Consumer focus groups on housing.
- Across the board it was felt there is a lack of, monitoring, evaluation and consumer involvement in services, this must be followed up.
- Information sort on changes to the Residential tenancies Act regarding boarding houses.

Other feedback

(Nine responses received)

Eight of the nine responses were positive stating that the day had achieved what they had expected to achieve.

Comments:

- *"taking the task was an achievement by itself, a good mixture of people focused on housing issues"*
- *"a lot of groups are fighting for the same outcomes must equate to being heard and positive outcomes"*
- *"It has given me a better understanding of the issues experienced by mental health consumers and those working in the area"*
- *"I thought the day was well organized, structured and carried through"*
- *"Very successful in identifying the issues to a broad range of people"*

What could have been done differently:

- Perhaps more time for discussion in workshops
- More consumer input
- Attitudinal change of housing providers towards consumers so they understand the issues
- More time to come up with solutions

What could happen now:

- Smaller forum for providers at health/housing interface to better define nature of the services and discuss issues, standards, etc
- A survey on consumer housing needs

- More forums and information to keep people informed and dialogue to achieve solutions
- An ongoing dialogue with other providers and an umbrella/oversight group
- Home ownership options for mental health consumers that cater to our specialist needs
- More ideas about separating housing and support, developing choices for support provision
- A directory of housing contacts and options
- More involvement of funders and development of intersectoral projects

6. *Main outcomes from the Forum*

- A great starting point in discussing housing issues and introducing people to the area. The concept of real homes for people rather than artificial accommodation was clearly articulated.
- A focus on partnership with consumers was experienced though-out the day.
- Increased dialogue with the Minister of Housing and a greater awareness about the issues being experienced and the movement happening for changes.
- Increased awareness of new, established and developing housing initiatives that will make a difference for people's housing options.
- A number of clear solutions and areas for progress were identified, particularly:
 - scoping needs and options for home ownership,
 - monitoring of supported and other health related housing services
 - more flexibility in the provision of support
 - creation of more partnerships between community/health and housing to create more housing options for people
 - providing consumer focus groups within housing area to discuss particular areas such as WCC housing
 - establishing and monitoring minimum housing standards
 - provision of a smaller seminar for those working in the area
 - development of a housing directory/resource