



Skating on thin ice –

Difficulties faced by people living with mental illness accessing and maintaining Social Housing

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Introduction

The Public Interest Advocacy Centre

The Public Interest Advocacy Centre (PIAC) is an independent, non-profit law and policy organisation that works for a fair, just and democratic society, empowering citizens, consumers and communities by taking strategic action on public interest issues.

PIAC identifies public interest issues and, where possible and appropriate, works co-operatively with other organisations to advocate for individuals and groups affected. PIAC seeks to:

- expose and redress unjust or unsafe practices, deficient laws or policies;
- promote accountable, transparent and responsive government;
- encourage, influence and inform public debate on issues affecting legal and democratic rights; and
- promote the development of law that reflects the public interest;
- develop and assist community organisations with a public interest focus to pursue the interests of the communities they represent;
- develop models to respond to unmet legal need; and
- maintain an effective and sustainable organisation.

Established in July 1982 as an initiative of the (then) Law Foundation of New South Wales, with support from the NSW Legal Aid Commission, PIAC was the first, and remains the only broadly based public interest legal centre in Australia. Financial support for PIAC comes primarily from the NSW Public Purpose Fund and the Commonwealth and State Community Legal Services Program.

PIAC's work with homeless people accessing social housing

Through its work with the Homeless Persons' Legal Service (HPLS), PIAC has significant experience with people who experience mental illness who are homeless or in housing crisis, and who are seeking to access social housing, or have had difficulties sustaining their social housing tenancy. HPLS is a joint initiative between PIAC and the Public Interest Law Clearing House (PILCH) NSW.

Since it commenced in 2004, HPLS has provided free legal advice and representation to over 7,000 people who are homeless or at risk of homelessness. In 2012, HPLS helped 929 clients with a range of civil and criminal law matters. Of these, 17 per cent displayed some form of mental illness or self identified as having a mental illness.

In 2012, HPLS provided advice and assistance to 77 people who had tenancy and/or housing related disputes with Housing NSW. Of these, 15 people displayed some form of mental illness or self identified as having a mental illness.

From January 2010 to December 2012, the HPLS Solicitor Advocate provided court representation to 241 individual clients facing criminal charges. Of these 48 per cent disclosed that they had a mental illness.

Homeless people, mental illness and social housing

Previous research has consistently identified a strong relationship between homelessness and mental illness. In their study of 4,291 homeless people in Melbourne, released in 2011, Johnson and Chamberlain found that 31 per cent of their sample had a mental illness (not including any form of alcohol or drug disorder).¹ Current research exploring the pathways of people with mental and cognitive impairment into prison indicates that those people with disability, in particular people with complex needs, are significantly more likely to have experienced homelessness than those without disability.²

In 2004, Teesson et al conducted interviews with 210 homeless people in Sydney, comprising 160 men and 50 women.³ The study found that 73 per cent of men and 81 per cent of women met the criteria for at least one mental disorder in the year preceding the survey and that 40 per cent of men and 50 per cent of women surveyed had two or more disorders. Of particular interest was their comparison of the rate of mental illness in the homeless population to that of the general population, which found that the prevalence of mental disorders amongst the homeless in Sydney is approximately four times that of Australia in general.

A 2003 study involving 403 homeless young people in Melbourne aged 12-20 found that 26 per cent of those surveyed reported a level of psychological distress indicative of a psychiatric disorder.⁴ In its 2003 study into the legal needs of homeless people in NSW, the Law and Justice Foundation of NSW reported that mental health, alcohol and drug issues, dual diagnosis and other complex needs are prevalent among the homeless population, particularly those who are entrenched in homelessness.⁵

In 2008, Browne and Hemsley undertook a two-part exploration of the views of consumers and carers on the housing needs of people living with a mental illness. The study found that the best form of housing for people with mental illness was stable, safe housing, that allowed individuals to live as independently as possible, making their own decisions about where they live and with whom.⁶ The study found that the biggest barriers to accessing this stable, safe accommodation was lack of money for people with mental illness, and stigma and discrimination from private landlords and real estate agents.⁷ This suggests that people living with mental illness rely heavily on social housing as a form of stable accommodation.

According to a Law and Justice Foundation of NSW 2005 study into the legal needs of people with a mental illness, housing stress and the threat of homelessness are a major problem facing people living with mental illness. The Foundation noted that such people are often on low

¹ Johnson, G. and Chamberlain, C. (2011), 'Are the Homeless Mentally Ill?', *Australian Journal of Social Issues*, Autumn 2011, at 35.

² Baldry, Eileen, Dowse, Leanne and Clarence, Melissa (2012), *People with mental and cognitive disabilities: pathways into prison*, Background Paper for Outlaws to Inclusion Conference, February 2012, available online at <<http://www.mhdcd.unsw.edu.au/publications.html>> (15 March 2013).

³ Teesson, M., Hodder, T. and Buhrich, N. (2004), "Psychiatric Disorders in Homeless Men and Women in Inner Sydney" (2004) 38(162) *Aust NZ J Psychiatry*.

⁴ Rossiter, B., Mallett, S., Myers, P. and Rosenthal, D. (2003) *Living Well? Homeless Young People in Melbourne*, Melbourne, Australian Research Centre in Sex, Health and Society, at 17.

⁵ Forell, Suzie, McCarron, Emily and Schetzer, Louis (2005), *No Home, No Justice? The Legal Needs of Homeless People in NSW*, Law and Justice Foundation of NSW, Sydney, at 124.

⁶ Browne, Graeme and Hemsley, Martin (2010), 'Consumer Participation in Housing: Reflecting On Consumer Preferences', *Australian Psychiatry*, December 2010, 582.

⁷ Browne & Hemsley 25-26.

incomes or reliant on social security payments, making them dependent on private rental, and public and community housing. According to the Foundation, the most common legal problems faced by people living with mental illness in social housing are:

- Applications for social housing, eligibility and the difficulty in passing an 'independent skills report' assessment;
- Housing related debt, arising from rent arrears and property damage, and consequent risk of tenancy termination;
- Neighbour disputes; and
- Refusal to sign or failing to comply with an Acceptable Behaviour Agreement with Housing NSW.⁸

People with mental illness accessing and maintaining social housing tenancies – the HPLS experience

As indicated above, in 2012, HPLS provided advice and assistance to 77 people who had tenancy and/or housing-related disputes with Housing NSW, 15 of whom displayed some form of mental illness or self identified as having a mental illness. In all of these 15 cases, the individual was either in receipt of a Centrelink payment, or did not receive any income at all. This would suggest that none of the 15 individuals could afford accommodation in the private rental market, with public and community housing likely to be the only option for safe, secure accommodation.

The main problems identified by the HPLS casework in relation to these matters were:

- Inappropriate housing offers from Housing NSW for individuals with mental illness applying for social housing;
- Delayed responses and poor client service from Housing NSW;
- Delayed or refused transfer of accommodation;
- Inflexible application of Housing NSW policy in relation to accessing priority status;
- Housing debt and rent arrears;
- Neighbour disputes and difficult behaviours;
- Classification as 'unsatisfactory former tenants' by Housing NSW.

Inappropriate housing offers from Housing NSW

Some HPLS clients have reported that after a considerable period of time on the waiting list for social housing, they received offers of properties from Housing NSW that were unsuitable to their particular needs. In particular, the locations of the offered properties made it difficult for them to access necessary medical treatment, particularly in relation to their mental illness. There is a concern that where two inappropriate offers of property are made and refused by the individual, they will lose their place on the waiting list.

⁸ Karras, Maria, McCarron, Emily, Gray, Abigail and Ardasinki, Sam (2006), *On the Edge of Justice: The Legal Needs of People with a Mental Illness in NSW*, Access to Justice and Legal Needs Volume 4, Law and Justice Foundation of NSW, May 2006, 60-68.

HPLS Case Study 1

G had been on the waiting list for housing for a period of between 10 and 12 years before being offered a choice between two potential properties. Neither of these were suitable as they were located in an outer suburban area, a considerable distance from the medical services from which he receives treatment. G requires accommodation in the inner Sydney metropolitan area as he suffers from hepatitis C and anxiety, for which he receives treatment at St Vincent's Hospital. With accommodation in Sydney, G would have the capacity to care for his two daughters who currently reside with their alcoholic mother.

HPLS Case study 2

V suffers from a mental illness and also a rare medical condition for which she has had the same surgical procedure performed numerous times over 20 years. She has experienced a complete loss of feeling in particular limbs as a result of the surgery. V is due to be placed in public housing; however, the frequency of her hospital visits requires her to be situated in close proximity to the hospital. V is concerned that the public housing she has been allocated will be too far from the hospital, but does not know if there is any alternative.

For women with mental illness who have a history of domestic violence, there may be a specific request for a social housing property in a safer living environment, where there is less likelihood of exposure to drug or alcohol abuse, or violent behaviour from neighbours. For one HPLS client, an application for a transfer on this basis, and the consequent delay in finding appropriate, suitable accommodation, has resulted in her preferring to sleep in her car, rather than reside in an area in which she feels unsafe.

HPLS Case Study 3

K is a tall woman in her 40s. She suffered domestic violence as a child, and as a result has a significant mistrust of men. She is on a Disability Support pension, has some learning difficulties, and suffers from anxiety and stress for which she is seeing a counsellor. She received temporary accommodation from Housing NSW in Western Sydney, which then became transitional accommodation at the same premises. However, she did not feel safe in her accommodation and approximately 8 months ago she applied to Housing NSW for a transfer. She reported a high incidence of violence, and drug and alcohol abuse amongst other people living in those premises, and indicated to Housing NSW that she was in constant fear and suffering from anxiety and depression, given her history of domestic violence.

Given her level of anxiety and stress, she decided not to stay in those premises, preferring to live in her car. At the time of her approach to HPLS she had been sleeping in her small car for approximately six months. There was no information from Housing NSW as to the status of her application for transfer.

These case studies illustrate the need for Housing NSW to ensure that there is consideration of a person's background and experience of mental illness before placing them in public housing, so that they are not placed in inappropriate locations or accommodation. In addition, Housing NSW should ensure that there is easier access to transfer for people living in public housing if they have a history of mental illness and are fearful for their personal safety or have concerns about becoming/returning to homelessness because of the area in which they are housed.

Delayed responses and poor client service from Housing NSW

For HPLS clients who have regular interaction with Housing NSW, difficulties with delayed responses, inordinate waiting periods for accessing social housing, and incidents of poor client service are commonly expressed complaints. For people who live with mental illness, delayed responses from Housing NSW and obstructive client service operators can be particularly stressful. These experiences are evident in several of the case studies included in this discussion paper, and illustrate the need for all staff in Customer Service Operations in Housing NSW to receive training focused on how to effectively engage with homeless people who live with mental illness.

HPLS Case Study 4

A and M reside in a Housing NSW unit. Both have a history of mental illness. M is an approved occupant. In late 2010, Housing NSW approved a transfer within zone CS1, based on A's degenerating medical condition.

In early 2011, HPLS first sought to obtain updated medical assessments on A & M so as to elevate their priority. Housing offers were made in July 2011, Sept 2011 and Feb 2012. All were rejected by M as they did not meet A's medical needs. It became clear, when talking to Housing NSW after the Feb 2012 offer that they had very little idea about the suitability or condition of the housing when it was offered. Housing NSW did not inspect the property before making the offer and seemed to base their offer simply on the fact that the housing was a ground floor unit. One of the units offered was in such a poor state of repair as to be virtually uninhabitable.

HPLS was told by Housing NSW that it would only repair damage to stock which presented an occupational health and safety risk to tenants. Therefore, Housing NSW policy did not include the mending of broken windows (although they would be boarded up for safety), patching of holes in walls, replacing broken light bulbs or anything else that it considered 'aesthetic'.

Further medical assessments were provided to Housing NSW in April 2012 to demonstrate the continuing deterioration of A's condition, to ensure these three offers were not counted as 'reasonable' offers by Housing. An offer which fully met A and M's medical needs was finally made on 3 August 2012.

Inflexible application of Housing NSW policy in relation to accessing priority status

For several HPLS clients living with mental illness, the difficulties in producing required documentation to support their application for priority housing on the basis of their mental illness were overwhelming. Specifically, several clients faced difficulties in demonstrating that they satisfied the criteria for 'priority housing', which required that they provide sufficient up-to-date medical documentation to support their claims for 'special needs' for certain housing arrangements. These included the need to be located near certain facilities or medical service providers in a geographical area, and 'fitness to live independently or receipt of requisite support to maintain housing'.

In many cases, these difficulties were compounded by delays in communication from Housing NSW, inflexible application of Housing NSW policies, failing to acknowledge the special needs of people with mental illness, and poor customer service in which individuals felt stigmatised or belittled.

HPLS Case Study 5

R sought assistance to obtain priority housing, having been homeless for 12 months. He had previously lodged an application with Housing NSW for priority housing on the basis of mental illness. Housing NSW advised HPLS that R did not satisfy the 'priority criteria', as R had indicated that he had no 'special need' to be located close to a particular service or facility, and was happy to be housed anywhere.

The only basis upon which R could claim 'priority status' was his mental illness, which needed to be supported by an up-to-date medical report. The medical report provided by R was outdated and did not provide any assessment of R's mental health condition. R did not have a regular doctor and was difficult to keep in contact with. It was difficult for R to obtain an updated medical report for this reason, and he is no longer in touch with appropriate support services.

Decisions by Housing NSW to reject applications for priority housing can be reviewed by the Housing Appeals Committee (HAC), an independent agency that deals with appeals from people unhappy with a decision of a social housing provider, Housing NSW or Community housing providers in NSW. It is the experience of HPLS solicitors, however, that this dispute resolution mechanism sometimes fails to resolve the problem as the HAC lacks determinative powers. That is, Housing NSW can exercise its discretion to reject the HAC recommendations when reviewing particular decisions.

Housing debt and rent arrears

For HPLS clients living with mental illness, their reliance on the Disability Support Pension and other Centrelink payments means that they are extremely vulnerable to financial stress and debt, particularly if their payments are cancelled or they are subject to breaches from Centrelink. These clients often face considerable difficulty sustaining their social housing tenancies, particularly making rent payments or repaying outstanding housing debts. This situation is compounded by the difficulty these individuals have communicating with Housing NSW, and delays in response or poor customer service from Housing NSW.

HPLS Case Study 6

Housing NSW has removed G from his priority position on their waiting list on the grounds that he has housing related debt. Approximately 15 years ago, G incurred a debt of \$1100 after leaving a rental property. The landlord alleged that G had damaged fittings in the property, an allegation denied by G. Notwithstanding his denial, G has reduced the debt by \$800 to date. He claims that if had known earlier about Housing NSW's position on his debt he would have discharged it earlier, and that the delay in communication has unfairly prejudiced his case. G has had trouble liaising with Housing NSW, as he is currently homeless.

The following case study illustrates the difficulties some HPLS clients with mental illness face when negotiating with Housing NSW to settle their debt. The difficulties include delayed response times and ignorance of HPLS's requests for review of the cases. In particular, HPLS evidence suggests that often Housing NSW will issue a termination notice for rental arrears without being prepared to negotiate with the tenant prior. On occasions, Housing NSW will proceed to the Consumer, Trader and Tenancy Tribunal (CTTT) in order to get a specific performance order that puts pressure on the tenant to comply or have their tenancy terminated. For tenants with mental illness, the receipt of a termination notice and a hearing at the CTTT can be particularly intimidating and distressing. As a result, some tenants will not attend at the hearing and orders can be made in their absence, including a termination of the tenancy.

HPLS Case Study 7

H, a 57 year old woman, had been residing at her present Housing NSW home for the past 18 years, and prior to that had been residing in other Housing NSW premises. H suffers from poor physical and mental health and has been diagnosed with multiple physical and psychological medical conditions. She was the victim of child abuse that included neglect and maltreatment.

In 2000, an arrangement was made whereby any payments H owed to Housing NSW would be deducted from her Disability Support Pension and paid directly by Centrelink to Housing NSW. This arrangement occurred without incident until 2009.

In November 2009, Centrelink wrote to H informing her that Housing NSW had contacted Centrelink and requested an increase of \$31.90 per fortnight in the deduction from her pension. The increase meant that instead of deducting \$144.30 per fortnight from H's pension, Centrelink would now deduct \$176.20 per fortnight. Centrelink, however, failed to increase the deductions from H's DSP and continued to pay \$144.30 a fortnight.

In January 2010, H received a phone call from Housing NSW stating she was in arrears. H instructed Centrelink to stop making payments to NSW Housing. The next day, a representative from Housing NSW visited H at her home and provided her with statements for her water account and rent account for the period June 2009 to January 2010. In late February 2010, H attended a Housing NSW Office and offered to pay \$230 per fortnight for her rent, water and arrears until the arrears were paid. Housing NSW refused the offer and told her that a Notice of Termination was being sent to her. When she returned home that same day, H received the Notice of Termination in the mail.

H entered a new agreement with Housing NSW. The agreement authorised Housing NSW to deduct \$221.20 per fortnight from H's DSP, which included \$35 per fortnight in rent arrears and \$10 per fortnight in water arrears.

Housing NSW forwarded the new payment agreement to Centrelink on 15 March 2010. On that same day, Housing NSW commenced proceedings in the Consumer Trader and Tenancy Tribunal seeking an order to evict H from her residence owing to her rent arrears.

These case studies suggest that greater collaboration and information sharing between Housing NSW and non-government organisations involved in crisis service delivery, welfare support or

financial counselling could greatly assist in sustaining social housing tenancies for people with mental illness who are in financial crisis or hardship. It is recommended that where a social housing tenant has fallen into arrears with their rent payments, or is facing other tenancy related debt, that Housing NSW adopt an 'eviction as a last resort' policy. In such circumstances, Housing NSW should make multiple efforts to contact the tenant via mail, telephone and personal visits, in order to ascertain if the tenant is facing circumstances of financial hardship or crisis, with a view to referring the tenant to appropriate support services.

It is also recommended that Housing NSW develop a process of identifying tenants who regularly fall into rental arrears, with a view to providing appropriate warm referrals to financial counselling and welfare support organisations. In addition, Housing NSW could seek consent from tenants to provide details of rent payment difficulties to financial counselling and welfare support organisations, to facilitate effective case management for a tenant in financial crisis.

HPLS considers that such pro-active identification and facilitation of support for tenants facing financial hardship will have a significant impact in assisting social housing tenants living with mental illness who are in hardship, sustaining their tenancies and avoiding eviction into homelessness.

Neighbour disputes and difficult behaviours.

For some HPLS clients living with mental illness in social housing premises, the difficulties faced as a result of neighbours complaining about them often places their tenancy at risk. In particular, HPLS clients face breaches of their tenancy agreements due to complaints by neighbours concerning behavioural problems relating to mental illness, or due to behavioural problems stemming from difficulties in managing their illness.

This often compounds a sense of stigma regarding their illness, making communication with Housing NSW more difficult. As a result of the complaint, Housing NSW often issues a 14 day termination notice for breach of a tenancy agreement, to which HPLS clients do not feel confident to respond.

HPLS's experience suggests that Housing NSW sometimes views termination notices as a way of trying to ensure compliance, and will go to the CTTT in order to get specific performance orders that can be enforced. However, many HPLS clients will not attend a CTTT hearing due to their sense of vulnerability and intimidation at the legal process, and therefore orders will be made in their absence either terminating the tenancy or demanding specific performance. Unless Housing NSW provides clients an appropriate opportunity to rectify the alleged breaches, clients can rapidly end up homeless and without any recourse.

HPLS Case Study 8

E was admitted to hospital in early 2013 after she had been involved in a very serious motor vehicle accident. At the time of her accident she was a disability pensioner who was residing in a Housing NSW unit.

Following her accident, and whilst she was in hospital she was issued with a Notice to Terminate by the Department of Housing. E believed that the termination notice relates to unfounded nuisance complaints made by a neighbour. E was not able to respond to the

Notice to Terminate due to her incapacity and being in hospital. In relation to the complaint E vigorously denied these allegations and could not recall the offending conduct.

E does not wish to move house as she is in hospital and incapacitated. Her apartment is also designed for wheelchair access and she is going to be in a wheelchair when released from hospital. E has been advised that it is likely she will need surgery to amputate her leg as a result of her accident. In addition to this, her youngest son recently committed suicide.

Housing NSW and police have again attended her residence based on a complaint from the neighbour. They have threatened to enter the premises, remove all of her belongings and impound her cat. Housing NSW has advised Centrelink to cease paying the E's rent. Accordingly she has now accrued a rent debt with Housing NSW, who are refusing to provide any information to E.

HPLS Case Study 9

MK was charged with assault. MK has a long history of mental illness. He is currently living in high-density public housing, which he obtained after 7 years of sleeping rough on the streets, and living out of his car.

The allegation of assault was made by a neighbour in his public housing block. The neighbour also made a complaint to Housing NSW.

At his court hearing his solicitor applied for a section 32 order under the *Mental Health (Forensic Provisions) Act 1990*, for the matter to be dismissed without conviction. The order was granted and charges were dismissed. A condition of the order was that he comply with his Community Treatment Order, which requires that reside in the area so he can access necessary treatment.

In spite of the fact that the charges were dismissed under section 32, Housing NSW have issued a notice of termination to MK. MK has nowhere else to live, and is likely to resume living rough. This places him at high risk of breaching his Community Treatment Order, and also his section 32 order.

Unsatisfactory former tenants

Housing NSW has a policy that classifies some evicted residents as 'unsatisfactory former tenants'. People who are classified in this way can only become eligible for public housing again if they complete a six month tenancy in the private rental market.

Many HPLS clients with mental illness living in social housing have been classified as unsatisfactory former tenants either due to breach for rental arrears or breach due to complaints by neighbors. Because HPLS clients are often vulnerable and have complex needs (such as mental health, intellectual disability and substance abuse issues), they are more at risk of breaches. As a result, HPLS clients with mental illness are often made homeless as a result of a termination based on breach of tenancy agreement or rental arrears. Subsequently, some of these clients continue to be homeless and unable to access Housing NSW because they are classified as unsatisfactory former tenants and cannot fulfill the requirement to complete a six-month tenancy in the private rental market.

HPLS Case Study 10

J is a man with a history of trauma and abuse. He suffers from a developmental disability, severe epilepsy, brain damage and has experienced periods of mental illness. His sole source of income is his Disability Support Pension. In 2005, he was evicted from his public housing residence after complaints from other residents in the building. This was the beginning of over two years of homelessness. During this period, J lived in an abandoned building, and often was forced to sleep rough on the streets.

Housing NSW classified J as an unsatisfactory former tenants which required him to complete a six month tenancy in the private rental market before he could become eligible for public housing again. Housing NSW conceded that it would not be possible for J to find private rental accommodation. They varied this requirement, indicating he could become eligible for public housing again if he could live in shared, boarding-house style accommodation for six months. For J, shared accommodation was not possible because of his history of institutionalisation and disabilities. HPLS submitted two requests for a review of J's case. Both requests were declined by Housing NSW.

HPLS made a submission to the Housing Appeals Committee on J's behalf. After reviewing the file and speaking to J on the phone, the HAC accepted the HPLS submission that J's circumstances meant that living in private accommodation for six months was beyond J's ability. HAC recommended that J be given a six month fixed term tenancy with strict behavioural guidelines. HAC said the alternative 'is to leave J homeless and to watch his gradual decline which would be considered neither appropriate nor humane given his complex needs'.

Housing NSW did not accept HAC's recommendation, so J remained homeless. Further appeals were made on J's behalf, with HPLS providing Housing NSW with a certificate from J's doctor, advising that his medical condition had become 'potentially life threatening' and that he was in need of a stable residence.

In the first four months of 2008, HPLS sent detailed faxes to Housing NSW. All of these remained unanswered and Housing NSW provided no further information and did not acknowledge receipt of the correspondence. Frustrated by the rejection of the HAC recommendation and its refusal to answer correspondence, HPLS wrote a detailed letter to the then NSW Minister for Housing attaching copies of previous correspondence with the Housing NSW together with a letter from J's doctor and a copy of the HAC decision. The Minister responded favourably and J was finally offered accommodation following approximately two and a half years of rough sleeping.

This 'unsatisfactory former tenant' policy has a huge impact in perpetuating homelessness for people with mental illness. HPLS's experience and evidence suggests that there needs to be significant change in relation to sustaining tenancies and dealing with breaches in order to avoid such situations in the first place. Further, any policy in relation to living six months in a private rental before being able to access the Housing NSW waiting list must allow for discretion in relation to vulnerable clients with mental illness.

Conclusion

The current interest in addressing the relationship between homelessness and mental illness presents as a timely opportunity to consider alternative strategies to respond to the needs of homeless people with mental illness who are reliant on social housing for their accommodation needs.

Given the likelihood that people living with mental illness are reliant on disability support pensions or other forms of Centrelink payments, or are on low incomes, social housing is the most likely option for stable, safe accommodation. For people with mental illness, legal issues associated with obtaining and sustaining tenancies with social and community housing providers is one of the more commonly identified areas of legal need. This is confirmed by the HPLS casework, in which problems with social housing is the second most commonly reported legal problem for people with mental illness (behind criminal law).

The difficulties identified through HPLS casework and exemplified in the case studies included in this discussion paper illustrate particular situations to which people with mental illness seeking to apply or maintain social housing are vulnerable. These include: poor customer service and delayed/inadequate communications from Housing NSW; inappropriate offers of social housing premises that are unsuited to the physical or psychological needs of the applicants; inflexible application of Housing NSW policies in relation to accessing priority status; housing related debts leading to tenancy termination; and neighbour disputes.

Some key areas for improvement, which would address some of the problems identified in this discussion paper, include:

- Ensuring that all staff in Customer Service Operations in Housing NSW receive training focused on how to effectively engage with homeless people who live with mental illness. This training should be developed in consultation with people who have experienced homelessness.
- That Housing NSW ensure that there is consideration of a person's background and experience of mental illness before placing them in public housing, so that they are not placed in areas or accommodation in which they may feel at risk, unsafe, or where the accommodation is otherwise inappropriate given their particular circumstances.
- That Housing NSW ensures that there is easier access to transfer for people living in public housing if they have a history of mental illness and are fearful for their personal safety or have concerns about becoming/returning to homelessness because of the area in which they are housed.
- That where a social housing tenant has fallen into arrears with their rent payments, or is facing other tenancy related debt, that Housing NSW adopt an 'eviction as a last resort' policy. In such circumstances, Housing NSW should make multiple efforts to contact the tenant via mail, telephone and personal visits, in order to ascertain if the tenant is facing circumstances of financial hardship or crisis, with a view to referring the tenant to appropriate support services. Only after multiple attempts to contact the tenant have been unsuccessful

should Housing NSW consider issuing a written warning that it is considering a Notice of Termination.

- That Housing NSW develops procedures to enable identification of social housing tenants in financial crisis or hardship, by virtue of a history of falling into rental arrears, and provide warm referrals for such tenants to appropriate welfare support and financial counselling organisations.