

Social housing delivers more than housing for clients with complex needs



Based on AHURI Final Report No. 428: The role of housing providers in supporting clients with complex needs

What this research is about

This research investigates the current challenges in providing social housing to people with complex support needs and considers potential alternative policy responses.

The context of this research

Social housing registries, or waiting lists, are large and growing, and made up of people with a diverse range of housing needs. The potential to support people with complex needs and housing needs is undermined by the size and diversity of these registries. People waiting for social housing may have health and support needs that are likely to be greater than those of people already in stable housing—but they are less likely to receive support because:

- they require contact with multiple service systems
- the requirements of these systems demand considerable resources.

The key findings

While all forms of housing tenure can be the basis for integrated support, social housing offers benefits for service design and implementation that other types of tenure do not. In particular, subsidy programs in private rental are weakened by poor security of tenure, and means people face a shortage of suitable properties for subsidies because of competition, rising rents and low vacancy rates. Those pressures render these programs increasingly ineffective and expensive for governments.

Priority social housing eligibility criteria are increasingly restrictive, adding to wait times

Access to social housing varies across Australian jurisdictions but generally depends on eligibility criteria that vary by household size, primarily centred around income and assets.

Priority for support is often given to applicants assessed as having the 'highest needs', while others assessed as having less urgency for housing support spend more time on the waiting list. In practice, 'highest needs' often means multiple support needs, including those relating to mental health; problematic alcohol or other drug use; illness; old age; domestic and family violence; disability; and homelessness, or the risk of homelessness. People in these circumstances may also face discrimination from employers, preventing them from gaining and staying in employment. This also limits their ability to sustain tenancies, whether in private or social housing systems. Supporting social housing providers—along with housing providers in other sectors—to form partnerships with health, mental health and disability support agencies could result in improved service quality and client outcomes.

Research shows potential practices and service models

Increasing demand for housing support is stretching the capacity of service models, including transitional housing, which service providers rely on to support people with complex needs who are homeless or at high risk of homelessness.

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Service providers are also assisting clients with complex needs to apply for private rental properties, sometimes supported by subsidies. However, these properties are often not safe for people with complex support needs. People may not want to live alone or have the resources to maintain a tenancy without intensive support. Sharing with flatmates—either friends or people they do not know—can also be very difficult for people with support needs, and for their flatmates.

Research evidence shows areas of promising practices and service models with a range of vulnerable groups, including case coordination and co-location of services. These include:

- Housing First
- foyer models
- programs that combine private rental subsidies and casework support
- transitional housing
- supported living models.

Targeted support for identified priority groups presents risks

Many existing programs and initiatives are targeted at priority populations, which are based on demographic characteristics or other circumstances. This policy design approach has benefits and risks. One risk is that the visibility of one group of vulnerable people, such as older people, results in the marginalisation and lack of support for others who may be prioritised as less deserving to receive support—for example, people who use drugs and people with experiences of incarceration.

With age-specific services often being directed towards older adults, younger people may experience more challenges in accessing appropriate services. Young people often have support needs and vulnerabilities that are more complex than older people. Financially, the income support allowances for which they are eligible are generally lower, especially for people younger than 18 years. The award wages they receive from work are also lower, while employment is often more precarious and less stable. They have also had less time to build up assets, skills and experiences that can help stabilise them financially, socially and emotionally. Collectively, these make it especially challenging for younger people to sustain tenancies.

Health, particularly mental health, and housing support are interrelated

People with health and housing needs often face complex challenges in receiving effective support because of the interrelationships and compounding effects of these needs. The relationship between health and housing occurs through four mechanisms:

1. cost—or housing affordability
2. conditions—or the adequacy of the housing hardware
3. consistency—or housing stability for residents
4. context—or the influence of the health-related resources in the local neighbourhood

Mental health was identified at the centre of many clients' health needs. Longer wait times, and uncertain or unsafe housing was seen as increasingly creating mental health challenges for clients. An increasingly uncertain and expensive rental market was also recognised as exacerbating the issues.

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Services that provide housing support may be the first and only point of contact that clients with these needs have with the service system. This can represent an entry point to more holistic support, but often does not due to resource constraints.

Stable housing is a fundamental requirement for good health. Precarious and unstable housing has enormous costs for health. Efforts to increase access to health services for people in precarious housing will be effective only if supported by initiatives to improve housing stability.

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Households waiting for social housing experience deprivation and hardship

Although some social housing applicants are eligible for different forms of housing assistance such as rent assistance, many struggle to maintain tenancies in the private rental sector due to discrimination and increasing unaffordability. Research interviewees reported that some people are sleeping rough or experiencing other forms of homelessness and housing precarity while they wait for support.

The experiences of seeking housing support and waiting for social housing allocation has harmful effects for applicants, including poverty, exacerbation of existing mental health conditions, and other impacts on their physical and mental health. The impact of waiting has effects that are at odds with the objectives of Australian social housing policies, which include improved education and employment outcomes.

Insufficient resources have been invested into managing social housing registries as waitlists

Policy priorities for social housing are somewhat contradictory. Government aspirations are to both improve and discourage social housing. Participants’ descriptions of the application process show that it reflects these tensions. For some, the application process is too difficult, because it requires documentation and activities that are unreasonable to expect of highly vulnerable people. For others, the application process is too easy: the threshold for applying is low and eligibility criteria quite general, and once applications are completed, people have a false sense of being part of a waiting list that will lead them to being allocated a house.

There are very high costs to systems in managing new applications and allocating housing with current policy settings. This is because of the volume of new and existing applications, and the diverse circumstances and needs of people applying. Many new applicants will not be allocated to a social housing property, so the costs associated with assessing and managing their applications are not offset by any benefit to the applicants or the agencies assessing them.

What this research means for policy makers

The policy changes that could achieve substantial benefits include the following proposals.

Manage access: The provision of secure, genuinely affordable housing for people with low and moderate incomes would reduce the pressure on social housing registries.

Affordable housing rents need to be reviewed and set based on percentage of income formulae, rather than setting rents as a percentage of surrounding area market rents.

Greater supply of social housing is a long-term solution to the demand and subsequent needs of many people currently on social housing registries.

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Developing an **alternative tenure type** that has the same housing costs and security of tenancy as social housing will benefit people pushed out of the private rental market by housing costs. For example, increasing access to private rental market properties through headleasing, and increasing access to other resources such as brokerage funding.

The development of the **workforce capacity** of housing service providers could improve the quality and effectiveness of support provided to people with multiple support needs.

Establishing **cohort-specific programs and policies** can be effective because they coordinate different types of support and optimise the benefits from each source.

Improve the quality of support: Implementing Housing First principles can support people with complex mental health support needs. However, most services are not sufficiently resourced to provide these programs and resources could be increased to improve the quality of support provided.

Targeted and multidisciplinary interventions for people with complex needs are pressing. Partnership models of support, which coordinate casework from multiple services across housing and other sectors, have demonstrated benefits.

Invest in caseworkers: Individual casework with clients brings benefits. Caseworkers are important in helping people navigate service networks. Caseworkers are also important in ensuring that clients are designated as priority clients on social housing registries.

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Reduce barriers to access: People with complex mental health needs benefit from support without preconditions or treatment prerequisites. Increasing resources to existing and new programs could improve the quality of support provided.

Recognise service demands: Social housing providers have an important place in the support service systems that respond to people with complex support needs. Providing high quality support to very vulnerable people requires resourcing for the social housing sector.

Methodology

This research reviewed the Australian and international literature for models of promising integrated support, identified agencies in NSW, Tasmania and Victoria with service models that are known to be effective or potentially effective, and interviewed managers, practitioners, and stakeholders from these agencies.

This research is part of a wider AHURI Inquiry into supporting pathways in a social housing system which investigates prospects for developing a new system for socially supported housing pathways in Australia.

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