

The recommendations of Queensland disability advocates supporting people with disability and their families to navigate the housing and homelessness issues.

Submission by the Queensland Independent Disability Advocacy Network (QIDAN)

To the Department of Social Services (DSS) in response to the National Housing and Homelessness Plan Issues Paper

20 October 2023



About the Queensland Independent Disability Advocacy Network

QIDAN is comprised of core members which are organisations delivering individual advocacy services to Queenslanders living with a disability. These organisations are the Aboriginal and Torres Strait Islander Disability Network Queensland; Aged and Disability Advocacy; Amparo Advocacy Inc; Capricorn Citizen Advocacy; Independent Advocacy in the Tropics; Mackay Advocacy Inc; People with Disability Australia; Queensland Advocacy for Inclusion; Rights in Action; Speaking Up for You; and TASC.

QIDAN has three aims:

- Systemic advocacy: to take coordinated action to address systemic issues experienced by people with disability,
- Member support: to provide a collaborative space for the exchange of information, resources and issues affecting disability advocacy organisations, and
- Sector advocacy: to promote the importance and value of independent disability advocacy on a local, state and national basis.

QIDAN's core members provide an array of independent disability advocacy services across Queensland, including general disability advocacy, specialised individual advocacy (including National Disability Insurance Scheme appeals), citizen advocacy and systemic advocacy. These experiences inform QIDAN's understanding and recommendations.

QIDAN is currently analysing member data for the 2022 to 2023 financial year, and report that QIDAN delivered 2458 services during this period. Of these services, over ten percent (10.2%) of clients were seeking advocacy for housing issues, making housing the second most prevalent type of problem addressed by advocates. QIDAN members assist clients with a range of different housing-related matters, including homelessness, access to social housing, and barriers to accessibility. Due to the complexity and variety of the issues, housing is the third most time-consuming problem type for advocates to address. Of the cohort of people accessing disability advocacy for housing issues, almost sixteen percent (15.9%) identify as Aboriginal and Torres Strait Islander, and over one-fifth (21.1%) are from a culturally and linguistically diverse background.

Top Problem Types	Amount	Percent
NDIS Access to Scheme	439	17.9%
Housing/Tenancy	250	10.2%
NDIS Plan Review	214	8.7%
NDIS Service Provision	199	8.1%
Employment/Education	175	7.5%

QIDAN has also found that over fourteen percent (14.7%) of people seeking disability advocacy for housing issues self-report experiencing domestic and family violence, however, this number is likely much higher. Over thirty percent (33.9%) of people accessing disability advocacy for housing have psychosocial disability, followed by sixteen percent (16.3%) who have physical disability and sixteen percent (16.3%) have intellectual disability. The majority of this client cohort are aged between fifty to sixty-four.

People with disability often experience social exclusion, negative stereotypes and perceptions, financial hardship, and discrimination as a result of systemic cultural beliefs in Australia. These societal beliefs influence policies and procedures for housing access and affordability that results in people with disability experiencing an increased level of poverty and homelessness. People with disability are living in substandard conditions, with insecure tenancies and a lack of acknowledgement of the right to live where and with whom they chose. Examples of this include boarding houses, group homes, couch surfing, and overcrowded social housing. The Queensland Department of Housing considers people living in these types of accommodations to be appropriately 'housed'. However, it is our experience that the majority of these people are indeed experiencing homelessness.

While there is no single definition of homelessness, for statistical purposes in Australia, someone experiencing homelessness is someone who:

- Is in an improvised dwelling, tent or sleeping rough; or
- Has no security of tenure e.g., temporary lodgings, supported accommodation or couch surfing; or
- Does not have control of, and space for social relations for example; severely crowded dwellings; and
- Does not have access to suitable alternatives¹.

QIDAN agree with the definition above.

The Disability Royal Commission's final report notes that "A person's home is the place where they should be safe, secure and free from exposure to violence, abuse, neglect and exploitation. It is central to their dignity, autonomy, independence and wellbeing."²

QIDAN align with the findings of the Disability Royal Commission's Final Report concerning inclusive housing and homelessness. In particular, we endorse Recommendation 7.33, which emphasises the importance of the Australian Government, in conjunction with state and

¹ This definition was sourced from the National Housing and Homelessness Plan Issues Paper (Department of Social Services, 2023), page 22, https://engage.dss.gov.au/wp-content/uploads/2023/08/national-housing-and-homelessness-plan-issues-paper_2.pdf.

² Royal Commission into Violence, Abuse, Neglect and Exploitation of People With Disability: Inclusive education, employment and housing, Part C, <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Part%20C.pdf>

territory governments, explicitly recognizing people with disability in significant housing-related agreements and planning. This recognition should extend to the National Housing and Homelessness Plan, with a specific focus on prioritizing housing and homelessness reforms for individuals with disability. Furthermore, Recommendation 7.33 suggests that all state and territory governments should include people with lived experience of disability in the design and implementation of housing and homelessness strategies, policies, and action plans developed under the National Housing and Homelessness Plan.³

It is a human right for people with disabilities to have housing that is safe, secure and sustainable. “A home is central to a person’s dignity, autonomy, independence and wellbeing.”⁴

QIDAN provides this response to the Department of Social Services about the National Housing and Homelessness Plan Issue Paper based on the collective experiences of our members and the people with disability who we advocate for.

QIDAN’s recommendations

1. Commit to de-institutionalisation of people with disability by phasing out and abolishing rooming accommodation for people with disability and group homes.
2. Institute a comprehensive streamlined case management system where people with disability accessing housing services receive wrap around support, including the implantation of NDIS Interface teams with State Government departments.
3. Immediately review the Council of Australian Governments’ (COAG) [*Principles to Determine the Responsibilities of the NDIS and other Service Systems*](#) to ensure effectiveness and key principles reflect the roles and responsibilities of State and Federal agencies.
4. Ensure that people with disability are considered as a priority cohort of the National Housing and Homelessness Agreement.
5. Propose reform to tenancy legislation that empowers tribunals to consider an occupant's disability when being evicted.
6. Ensure that any housing strategies are co-designed with people with disability, including people who identify as Aboriginal and Torres Strait Islander.

³ Royal Commission into Violence, Abuse, Neglect and Exploitation of People With Disability: Inclusive education, employment and housing, Part C, page 552
<https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Part%20C.pdf>

⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People With Disability: Inclusive education, employment and housing, Part C, page 536
<https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Part%20C.pdf>

7. Establish an independent disability housing body (similar to the former Queensland Disability Housing Coalition) that monitors and advises all levels of government, housing organisations, institutional investors, not-for-profits, and private industry on policies and strategies.
8. Ensure ongoing training for the housing sector on disability awareness, inclusion, deinstitutionalisation, and accessible housing.
9. Diversify and invest in emergency and social housing that is accessible for people with disability.
10. All levels of Government provide incentives for longer tenancy agreements in private rentals.
11. Ensure that people with disability can access independent advocacy.
12. Establish policies and processes to ensure that people with disability have access to emergency plans and emergency services are appropriately trained in assisting people with disability during emergencies including natural disasters.

Responses to the questions included in the summary issues paper:

1. How can governments and community service providers reduce homelessness and/or support people who may be at risk of becoming homeless in Australia?

Australia ratified the United Nations Convention on the Right of Persons with Disabilities (CRDP) in July 2008, and was one of the original signatories. Therefore, the government and the housing sector have a duty to ensure people with disabilities have the same access as people without disability.

Article 19 - Living independently and being included in the community.

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;*
- b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;*

- c. *Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.*⁵

According to the 2022 Queensland Social Housing Register, almost forty-five percent (44.9%) of the applications in the social housing register in Queensland were for households including a person with a disability.⁶ By contrast, people with disability represent less than one-fifth (19.1%) of the Queensland population.⁷

Even though almost half of applicants for social housing have at least one person with disability in the household, the [Queensland Housing Strategy 2017-2027](#) makes no reference to people with disability, nor the multiple factors that impact on their need for housing. The [Queensland Housing and Homelessness Action Plan 2021–2025](#) mostly reaffirms the vision of the Queensland Housing Strategy 2017-2027, but it now includes some objectives specific to people with disability. For instance, it includes the following:

- Promote rights, choice, control, accessibility and inclusion in housing with support for people with disability.
 - Co-design housing responses with people with disability and peak and expert organisations.
 - Work with National Disability Insurance Agency to assist Queenslanders to access and maximise National Disability Insurance Scheme packages and Specialist Disability Accommodation.
 - Work across government to deliver integrated responses that increase the diversity and supply of housing for people with disability⁸.

Despite these objectives, it is still unclear how the government intends to tackle the housing and homelessness issues that people with disability face and there are no specific plans or indication of which representative bodies will be responsible.

Looking at the situation on a National level, the Specialist Homelessness Services (SHS) Annual Report 2021-2022 notes that about 7,300 of their clients were people with disability.⁹ Of the clients that were looking for assistance with long term housing, over sixty-

⁵ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html>

⁶ Queensland Social Housing Register: 2022 Data Release Evidence Brief, <https://www.qcoss.org.au/wp-content/uploads/2022/10/Social-Housing-Register-Evidence-Brief-V2.pdf>.

⁷ Queensland Government: Disability statistics, <https://www.qld.gov.au/disability/community/disability-statistics#:~:text=19.1%25%20of%20the%20Queensland%20population,5%20Queenslanders%20have%20a%20disability.>

⁸ Queensland Housing and Homelessness: Action Plan 2021-2025, page 18, https://www.housing.qld.gov.au/_data/assets/pdf_file/0023/17429/QldHousingStrategyActionPlan2021-25.pdf.

⁹ Specialist homelessness service annual report 2021-22, pages 50-55, <https://www.aihw.gov.au/getmedia/58593639-1b15-4d3c-98f0-fb1769a9e32c/specialist-homelessness-services-annual-report-2021-22.pdf?v=20221124102532&inline=true>.

four percent (64.5%) were neither assisted nor referred on, while almost one-third (30.1%) were referred to another SHS.

The [Australia's Disability Strategy 2021-2031](#) recommends six policy priorities that relate to inclusive homes and communities for people with disability. They are:

- i. Increase the availability of affordable housing.
- ii. Housing is accessible and people with disability have choice and control about where they live, who they live with, and who comes into their home.
- iii. People with disability are able to fully participate in social, recreational, sporting, religious and cultural life.
- iv. The built and natural environment is accessible.
- v. Transport systems are accessible for the whole community.
- vi. Information and communication systems are accessible, reliable and responsive¹⁰.

We support the proposed policy priorities above. However, we note that a more specific strategy is required to ensure that such policies are effectively implemented.

A deeper understanding of the intersection of disability and homelessness will ensure the housing sector can better respond to individual needs. People with disability need to be provided disability specific care from all levels of the housing sector and have their disability considered when applying for emergency, short-term, and long-term housing. Furthermore, continuity of care for people placed in boarding accommodation is essential. Boarding house accommodation for people with disability is a form of institutionalisation and is not appropriate, and services should remain engaged to support individuals to gain access to safe, stable, permanent housing beyond boarding house tenancies.

In our experience, people with disability who experience housing issues frequently fall through the gaps of services, often because the different agencies and services disagree with who should be responsible for the funding. When this occurs, the risk of homelessness is exacerbated. With this in mind, it is essential for services and agencies to collaborate with each other. Collaboration can ensure that the appropriate service and agency is assigned to help a person with minimal delay and can encourage that services seek recovery from each other. This approach could create a “no wrong door approach” where the service systems are responsible for determining funding responsibilities between themselves. Furthermore, this approach could reduce the risk of homelessness for people with a disability due to the lack of understanding of “who is responsible for what”, preventing further traumatization.

Additionally, we recommend an immediate review of the [COAG agreement and the Agreement of Principles to Determine the Responsibilities of the NDIS and other Service Systems](#), which has not been reviewed since November 2015. The effectiveness of its key

¹⁰ Australia's Disability Strategy 2021 – 2031, pages 9-13
<https://www.disabilitygateway.gov.au/sites/default/files/documents/2021-11/1786-australias-disability.pdf>

principles requires re-evaluation and clarification on the respective roles and responsibilities of state and federal governments. We also recommend the implementation of interface teams would assist individuals to navigate their options, including assistance with gathering evidence to apply for the best housing option and liaising with other service systems to achieve the desired outcomes.

Finally, we refer to the Disability Royal Commission's Executive Summary which recommends "free, independent legal services and advocacy services for people with disability who experiencing homelessness"¹¹. The establishment of such services would be an essential step to reducing the disparities faced by people with disability in the current housing crisis.

Recommendations:

- Institute a comprehensive streamlined case management system where people with disability accessing housing services receive wrap around support, including the implantation of NDIS Interface teams with State Government departments.
- Immediately review the Council of Australian Governments' (COAG) [*Principles to Determine the Responsibilities of the NDIS and other Service Systems*](#) to ensure effectiveness and key principles reflect the roles and responsibilities of State and Federal agencies.

Case study 1 – Provided by Queensland Advocacy for Inclusion (QAI):

QAI received a referral to assist [REDACTED] who lives with [REDACTED] [REDACTED] and a history of [REDACTED]. [REDACTED] is a [REDACTED] with previous experiences with [REDACTED]. [REDACTED] family and support services were concerned about the family's safety, including the younger siblings, given [REDACTED] increasing [REDACTED]. The ultimate goal was to move [REDACTED] to accommodation that would keep them all safe and appropriately supported.

The advocate worked with [REDACTED] their family, support coordinator and the [REDACTED] [REDACTED], to instigate a stakeholder meeting to discuss immediate accommodation and support options. Less than a month after the initial meeting with QAI, the family agreed to Voluntary Relinquishment, which meant [REDACTED] moved into out-of-home care arranged by [REDACTED]. In addition to the support workers provided by [REDACTED], [REDACTED] workers continued to support [REDACTED] 4 days a week, as they did when [REDACTED] was home. [REDACTED] continues to attend the same school and receives daily visits from [REDACTED] family.

¹¹ Disability Royal Commission Executive Summary, page 265
<https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Executive%20Summary%2C%20Our%20vision%20for%20an%20inclusive%20Australia%20and%20Recommendations.pdf>

The QAI advocate continued to speak regularly with the family and attend weekly stakeholder meetings organised by ██████████ to ensure ██████████ is appropriately supported. With all the stakeholders engaged and working together, the support coordinator and ██████████ were able to gather appropriate documentation to file a change of circumstances review with the ██████████ requesting 24/7 support and a robust SDA.

**Name has been changed to protect confidentiality*

2. How can governments, across all levels, best work with communities to support better housing outcomes for Aboriginal and Torres Strait Islander peoples?

Aboriginal and Torres Strait Islander peoples with disability face unique housing issues such as heightened risk of homelessness, intersecting discrimination and disadvantage, and a lack of culturally safe housing options. However, the National Housing and Homelessness Plan Issue Paper does not make specific considerations for Indigenous peoples with disability.

QIDAN has frequently observed Aboriginal and Torres Strait Islander people with disability placed into inappropriate and culturally unsafe accommodation. For instance, First Nations people have been placed into group home settings occupied by Mob different from their own without consideration of cultural safety and appropriateness. Furthermore, these decisions are often made without consultation with the person with disability, their family, their or community.

Aboriginal and Torres Strait Islander peoples are 1.9 times more likely to have disability than non-Indigenous Australians, and almost a quarter (24%) of the population of First Nations Peoples live with disability¹². Data on housing for the broader Indigenous Australian population present disproportionately poor outcomes for Aboriginal and Torres Strait Islander people. For instance, almost thirty percent (29.1%) of Aboriginal and Torres Strait Islander peoples aged fifteen or over have experienced homelessness in their lifetime¹³. QIDAN reports that over fifteen percent (15.9%) of advocacy clients seeking support for housing issues identify as Aboriginal and Torres Strait Islander, and housing is the second-most common issue for First Nation advocacy clients with disability. In Queensland, First Nations peoples with intellectual disability and/or psychosocial disability are most likely to access disability advocacy for housing, and this type of advocacy was provided to Indigenous Australians aged zero to seventy-one.

¹² Australian Institute of Health and Welfare, Health and Status Outcomes
<https://www.indigenoushpf.gov.au/measures/1-14-disability>

¹³ Australian Bureau of Statistics, Housing Statistics for Aboriginal and Torres Strait Islander Peoples
<https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/housing-statistics-aboriginal-and-torres-strait-islander-peoples/latest-release>

QIDAN members recommend ongoing and focused consultation with Indigenous Australian representatives, services and agencies. We also advocate for the co-design of all strategies aimed at improving Indigenous Australian housing outcomes in collaboration with First Nations peoples, including First Nations people with disability. QIDAN emphasise the significance of culturally respectful and appropriate housing solutions and services. We acknowledge the numerous First Nations' organisations and representatives actively engaged in this field, and we advocate for their leadership and ongoing participation. We also highlight the recommendations already made by [Aboriginal and Torres Strait Islander Housing Queensland](#), [AHURI](#), [Closing the Gap](#) and by the [Queensland Government](#) (with the caveat that strategies must include the voices of First Nations peoples with disability).

Recommendations:

- Ensure that any housing strategies are co-designed with people with disability including people who identify as Aboriginal and Torres Strait Islander.

Case study 2 – Provided by Rights in Action (RIA)

A referral was made for advocacy by a hospital Nurse Navigator to assist a First Nations person with ██████████ named ██████. The Nurse Navigator was concerned about ██████ due to ██████ frequent presentations to the hospital, and they had reason to believe that ██████ was being neglected by ██████ service provider. ██████ advocate discovered that the service provider was making decision without ██████ knowledge, input or consent. This includes a decision to place ██████ into a Supported Independent Living (SIL) arrangement without obtaining ██████ input or consent. Unfortunately, ██████ experienced significant neglect in the SIL, and advocates discovered that ██████ support coordinators did nothing to mitigate these risks.

██████ was moved away from ██████ family and Country, and ██████ family and next of kin were never consulted about his living preferences. Furthermore, the advocates found no evidence of a return to Country plan being developed or implemented. ██████ had no actual knowledge of how ██████ came to live in a Supported Independent Living arrangement.

**Name has been changed to protect confidentiality*

3. How can all levels of government, along with housing organisations, institutional investors, not-for-profits, and private industry, improve access to social housing, which includes public housing and community housing?

It is important that all levels of Government and the housing sector consider how access to social housing for people with disability can be improved in Australia. It is our experience that the housing sector has a poor understanding of disability, and it consistently fails to provide appropriate services to people with disability.

As previously mentioned, QIDAN has observed an over-representation of people with disability experiencing homelessness, which is exacerbated by the lack of knowledge of, and information on, appropriate housing services and assistance. Article 28 of the Convention on the Rights of Persons with Disability (CRPD) states that it is a responsibility for the government to improve and ensure people with disabilities have access to adequate housing and a standard of living equitable to other society members without disability.

Article 28 – CRPD Adequate standard of living and social protection

1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:

d) To ensure access by persons with disabilities to public housing programmes¹⁴.

With reference to Article 28, we note that the Queensland Department of Housing (DOH) consistently considers people as ‘housed’ or ‘not at risk of homelessness’ if they are occupants in a boarding house, caravan park, group home, hotel or couch surfing with friends, acquaintances, or strangers. QIDAN have witnessed Government agencies and not-for-profit organisations dismissing housing applicants based on their perception that the individual is not eligible for their support for reasons such as having access to the National Disability Insurance Scheme (NDIS). Furthermore, it is our experience that people with disability are afforded limited choice of where they live and with whom.

In our experience, there is an expectation that the families of people with disability should provide private housing, and we believe that this expectation can prevent people with disability from accessing social housing. This type of expectation can exacerbate the over-reliance of rooming accommodation, which we reiterate is considered a form of homelessness and institutionalisation. We also note that not every person with disability has access to disability-specific supports and services (such as the NDIS and the Disability Support Pension) to assist them, which can lead to further complexities and limitations accessing housing.

¹⁴ United Nations Convention on the Rights of Persons with Disabilities, Article 28 – Adequate standard of living and social protection <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-28-adequate-standard-of-living-and-social-protection.html#:~:text=States%20Parties%20recognize%20the%20right,promote%20the%20realization%20of%20this>

We have observed instances where housing and homelessness services appear to have prejudicial and biased approaches to people with disability. For instance, we have witnessed services that:

- Do not reflect the lived experiences of people with a disability in their policies or submissions to the government.
- Have a different standard of what represents being housed for people with disability as compared to people without disability, for example boarding houses.
- Do not make reasonable adjustments for people with disability to be able to access housing services or housing options with equity.
- Do not have training in human rights for people with disability.
- Do not consult with people with disability about what they require to be housed.

With this in mind, we recommend the establishment of an independent housing body for people with disability, similar to the former Queensland Disability Housing Coalition. Furthermore, all levels of government, along with housing organisations, not-for-profits and homelessness services must engage in ongoing disability awareness training. People with disability are subjected to discriminatory processes and behaviours that stem from entrenched societal and cultural bias. We believe that education and training can help to ensure that people with disability are receiving appropriate support and can reduce barriers to accessing housing services for reasons such as prejudice and misunderstandings of disability.

In addition, we highlight that there is a lack of crisis and short-term accommodation options that are accessible for people with disability who are experiencing violence and abuse in the home. For instance, QIDAN has observed people with disability being turned away from domestic family violence accommodation because the service is not able to meet accessibility needs. Often, this results in domestic family violence victims remaining in an unsafe and violent situation or can lead to long periods of hospitalisation and homelessness.

Finally, it is essential to increase the supply of public and social housing stock. We have observed that people with disability who are experiencing homelessness are experiencing excessively long wait times on for appropriate housing. A public housing ombudsman or equivalent review body should be put in place in all jurisdictions to appropriately address unresolved disputes and delays in allocation.

Recommendations:

- Establish an independent disability housing body (similar to the former Queensland Disability Housing Coalition) that monitors and advises all levels of government, housing organisations, institutional investors, not-for-profits, and private industry on policies and strategies. The purpose such body could be:
 - a. To bring together a diverse group of people with a range of disabilities, and others, seeking to ensure a choice of affordable housing options of people with disabilities.

- b. To promote the rights of people with disabilities to live as part of the community in housing that suits their individual needs.
 - c. To develop policies and strategies to enhance and extend the provision of housing.
 - d. To promote the provision of adequate and coordinated support services required by people with disability living in the community.
 - e. To raise community awareness, understanding and knowledge of housing needs of people with disability through research, negotiation and community education.
- Ensure ongoing training for the housing sector on disability awareness, inclusion, deinstitutionalisation, and accessible housing.
 - Diversify and invest in emergency and social housing that is accessible for people with disability.
 - Propose reform to tenancy legislation that empowers tribunals to consider an occupant's disability when being evicted.

Case study 3 – Provided by Speaking Up for You (SUFY)

██████ was first referred to SUFY for advocacy relating to unsuitable, unstable accommodation and a high risk of homelessness. At the time of the referral, ██████ was living in ██████ third boarding house in 18-months and was being threatened with eviction.

██████ has intellectual disability and experiences barriers interacting with people, understanding social cues, and regulating ██████ emotions. Due to the lack of knowledge and understanding around disability within boarding accommodation, ██████ was perceived as an “unsuitable resident” which led to a heightened risk of homelessness.

██████ was evicted with only two weeks' notice. SUFY made referrals to various homelessness services for support to locate ██████ emergency housing. The homelessness service that eventually engaged with ██████ was only able to offer support to apply for boarding house accommodation due to the lack of vacancies in crisis accommodation.

██████ was still waiting for accommodation details to be confirmed on the day of ██████ eviction. ██████ was eventually made aware of a vacancy in a crisis accommodation residency, and the homelessness service submitted an application on ██████ behalf. ██████ was advised that ██████ would be able to move into the crisis accommodation the following day. This was unfortunately not correct, as applications ordinarily take two weeks to process. As such, ██████ was left with nowhere to live post-eviction. The homelessness service offered ██████ dorm room accommodation at a backpacker's hostel. The constant changes to plans were extremely overwhelming for ██████ and ██████ did not feel safe or comfortable in dorm room accommodation. The service advised they were not able to make any allowances for ██████ disability and this was the only emergency accommodation accessible to ██████

After two days in hotel accommodation, and with payment sourced by SUFY, ██████ was approved to move into supported crisis accommodation. After three weeks, ██████ was once again evicted with only one hours' notice. The service advised that this was due to ██████ "rudeness" toward staff. SUFY engaged with ██████ as soon as they were notified, and it was evident that ██████ did not understand what was happening. ██████ also had no funds to pay for further accommodation.

SUFY supported ██████ to be re-engage with the previous homelessness service. This required waiting in a crowded room for four hours, which was very difficult for ██████ due to his anxiety and general dislike of crowds and strangers. After seven weeks, ██████ was accepted for service. ██████ remained at the backpacker's hotel, sleeping in a dorm room with eight other people, for approximately six weeks. This has a significant impact on ██████ mental health and wellbeing.

SUFY supported ██████ to explore all accommodation options and advocated to the Department of Housing, homelessness services, the Minister of Housing and engaged with Care Coordination. Eventually, ██████ was offered transitional housing in a retirement home that would provide ██████ with a respite from the dorm room. ██████ was charged \$840 per fortnight for accommodation and meals. As ██████ relied on Disability Support Pension payment, ██████ was only left with approximately \$110 per fortnight of disposable income.

After six months, ██████ was advised he would not be permitted to renew the lease due to ██████ 'rudeness'. SUFY supported ██████ to engage with local housing and homelessness services and continued to advocate to the Department of Housing and the Minister of Housing for the urgent allocation of permanent housing. No homelessness service took ██████ on. After ten months of advocacy, ██████ was offered a home with the Department of Housing. This came one week prior to being made homeless for the third time in ten months.

Due to a lack of knowledge and understanding of intellectual disability, the Department of Housing and Social Services continually placed ██████ at risk of homelessness. For ██████ homelessness would increase the risk of violence, abuse, criminalisation, and exploitation, and as such we believe that ██████ should have been considered as a priority by the Department of Housing.

**Name has been changed to protect confidentiality*

4. What should governments, private industries, the not-for-profit and community sectors focus on to help improve access to housing and housing affordability in the private market? QIDAN has observed many instances of people with disability being evicted from their private rentals with little notice, and people with disability who have been forced to leave their rental properties due to unmanageable rent increases. Advocates have witnessed situations where private rental properties have been deemed uninhabitable due to their

poor condition, and people with disability have been forced to leave due to demolitions. These issues have been exacerbated by the COVID-19 pandemic, which influenced lower availability of rental properties and increases to rental prices. Advocates have observed families that have had to cut down on medication and food expenses at times in order to afford their rent.

The application process for private tenancy highlights an assumption that all people are able to fill out forms without assistance, have access to computers and email, have reliable referrals from previous landlords and employers, and have the ability to access and provide all other relevant information and evidence. This assumption particularly affects rough sleepers and boarding house occupants who have little support and often limited access to computers.

In addition, it is our experience that NDIS group homes are not a safe and secure housing option. Occupants often face insecure tenancy with short notice to leave requirements. Furthermore, the group home arrangement should be deemed as an institutionalised setting. Tenants have no choice in where they live and with whom. This arrangement directly contradicts Article 19 of the United Nations Convention on the Right of Persons with Disabilities, which states that choice regarding where and whom they live with is a right for individuals with disabilities¹⁵. The Office of the Public Advocate made an enquiry into supported accommodation and prepared the report *Safe, secure and affordable?*, making recommendations regarding human rights, wellbeing and safety for tenants in supported accommodation. The report states that *'It is likely that a significant number of people living in these settings have complex support needs, coupled with impaired decision-making ability, which can place them at risk of abuse, neglect, and exploitation'*.¹⁶

Finally, we note that there appears to be a general misunderstanding of the NDIS within the housing sector. NDIS processes can take upwards of six months to approve, and in many instances an appeal to the Administrative Appeals Tribunal (AAT), and ultimately not everyone receives approval for Supported Independent Living (SIL) and/or Specialised Disability Accommodation (SDA) funding. We believe that if the housing sector was aware of the limitations to accessing SIL and SDA funding, people with disability would have greater access to the mainstream private rental sector.

¹⁵ United Nations Convention on the Rights of Persons with Disabilities, Article 19 – Living independently and being included in the community <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html>

¹⁶ The Public Advocate, *Safe, secure and affordable?*, page 49 https://www.justice.qld.gov.au/_data/assets/pdf_file/0010/778888/2023-08-supported-accommodation-report-final.pdf

Recommendations:

- Commit to de-institutionalisation of people with disability by phasing out and abolishing rooming accommodation for people with disability and group homes.
- All levels of Government provide incentives for longer tenancy agreements in private rentals.
- Propose reform to tenancy legislation that empowers tribunals to consider an occupant's disability when being evicted.

Case study 4 – Provided by Speaking Up for You (SUFY):

█████ (█████) was referred to advocacy for support with housing and avoiding homelessness.

Prior to being diagnosed with a degenerative physical disability several years ago, █████ was regularly employed and able to sustain long-term tenancies, including a rental house that █████ lived in for five years with █████ who has severe psychosocial disability. Unfortunately, █████ was given a notice to leave █████ home. █████ attempted to apply to other rental properties but was continuously rejected due to █████ low income as a disability support pensioner.

The stress of moving from their home caused █████ █████ to become agitated and abusive towards █████ █████ often chose to sleep in █████ car when █████ felt unsafe. Unfortunately, █████ car broke down, and the cost to repair the car was too high for █████ leaving █████ with no choice but to stay in the rental house.

After several days of being stranded in the rental property, █████ had to flee after a frightening incident when █████ █████ became escalated. In desperation, █████ agreed to share a tent with another homeless person who █████ had only recently met.

█████ advocate helped █████ to lodge an application with the Department of Housing for social housing and made referrals to homelessness and outreach services. █████ and █████ advocate also visited █████ local State Member of Parliament. In addition, █████ was linked with a domestic family violence service who provided one off accommodation.

**Name has been changed to protect confidentiality*

Case study 5 – Provided by Queensland Advocacy for Inclusion:

█████ was assisted to secure funding for Specialist Disability Accommodation (SDA) due to █████ very high support needs and extreme functional impairment. █████ family had just moved from interstate, and they were waiting for social housing through the Department of Communities, Housing and Digital Economy (DCHDE). In parallel, █████ family was also seeking a review of the NDIA decision which had found that █████ was not eligible for SDA because it was the responsibility of █████ family to fund housing as well as the

responsibility of Housing and Community Infrastructure to provide supports around affordable housing options that meet the needs of people with disability.

When QAI started assisting the family, the family had entered a “Hand Headlease” with the DCHDE, however, the house where they were living did not meet [REDACTED] needs. For instance, there wasn’t an open plan space to self-propel around the house reducing [REDACTED] independence and there was no hoist installed in the house, so [REDACTED] father had to single person lift transfer [REDACTED] for every activity.

After months of dispute, the NDIA’s position was that there were alternative options such as modifying the current rented house or relocating the family to another house. QAI assisted the young person and the family to communicate with the DCHDE and with pro-bono builders, and to collect evidence about the NDIA’s suggestions and to demonstrate that SDA was the best option to build a good life for [REDACTED] (and the family, as their informal supports).

Finally, after nearly 2 years disputing housing options, the NDIA accepted the evidence provided by [REDACTED] and his family and agreed that [REDACTED] was eligible for SDA. The final outcome included funding for SDA High Physical Support, House, 3 bedrooms - 1 SDA participant costing. [REDACTED] will be able to live with [REDACTED] family in a house that meets [REDACTED] needs.

**Name has been changed to protect confidentiality*

5. How could governments work better with industry, community services and other organisations to improve housing outcomes for all Australians?

It is essential to engage people with disabilities in a codesign process to enable access to homes that are safe and secure, free from exposure to violence, abuse, neglect and exploitation. Unfortunately, people with disability are not considered a priority cohort in the National Housing and Homelessness Agreement.¹⁷ This prevents the Specialist Homelessness Services Collection from assessing the unmet needs of people with disabilities experiencing homelessness.¹⁸ Overall, this preclusion limits specialist homeless service delivery for people with disabilities.

QIDAN has observed that there is an overreliance of Support Independent Living (SIL) and Specialist Disability Accommodation (SDA) provision for people with disabilities transitioning from the hospital. On occasion, this has occurred without consultation of next of kin or cultural needs of First Nations people required to return to Country. Furthermore, this

¹⁷ National Housing and Homelessness Agreement, <https://www.dss.gov.au/housing-support-programs-services-homelessness/national-housing-and-homelessness-agreement>.

¹⁸ Australian Institute of Health and Welfare, Specialist Homelessness Services Collection (SHSC) <https://www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-collection>

mandate for hospitals to SIL does not consider the human rights of people with disabilities and is a substituted decision-making process that does not consider social housing options.

Supported decision-making should be a mandatory practice rather than a best practice. The responsibility of the supporting person should include considering and providing all options to empower the client with choice and control and exercising client's decision-making capacity.

Recommendations

- Ensure that people with disability are considered as a priority cohort of the National Housing and Homelessness Agreement.
- Ensure that people with disability can access independent advocacy.

Case study 6 – Provided by Rights In Action (RIA)

Originally from a ██████████ entered an Indigenous-specific Residential Aged Care (RAC) from a hospital aged ██████████. ██████████ requires one-on-one personal care and uses an electric wheelchair for mobility due to full left-side (upper and lower limbs) atrophy. ██████████ was initially independent in accessing the community, however, ██████████ personal care needs increased to two-on-one by 2022.

██████████ voluntarily exited RAC in April 2022, ██████████, choosing to return to ██████████ ex-partner (with whom ██████████ had a domestic violence order in place for 5 years) as ██████████ felt like a “prisoner” with a restrictive lifestyle, particularly through 2020-2021 during the COVID-19 pandemic.

After several weeks, ██████████ agreed to be admitted to the emergency department due to malnutrition and the onset of kidney failure in mid-2022. A Change of Circumstance was submitted to Younger People in Residential Aged Care (YPIRAC) team within the NDIS while ██████████ was hospitalized.

██████████ was approved for transitional housing through a social housing service, offering a 2-bed fully accessible ground floor unit. ██████████ signed the lease and transitioned to community living which included complex discharge planning with the ██████████ ██████████ social workers. ██████████ support coordinator was instrumental in advocating for the unit and the client had managed to purchase essential household items.

YPIRAC delayed the Change of Circumstance review intentionally as they believed ██████████ lacked the capacity to make informed decisions. The advocate assisting ██████████ was instructed by the YPIRAC Planner to submit an urgent application to the Queensland Civil and Administrative Tribunal (QCAT) for an adult guardian and financial administrator. They also recommend a Positive Behaviour Support assessment to occur, suggesting the assessment was necessary for them review the Change of Circumstance, escalating to

NDIS' Home & Living assessment unit. RIA advocated for ██████ vigorously as there was no justification or diagnostic evidence that ██████ lacked capacity.

The NDIA denied the Home and Living Assessment because ██████ was at risk of homelessness due to lifestyle choices such as drinking and substance use, continuing relations with ██████ abusive ex-partner and a risk of financial exploitation. ██████ matter was not escalated internally within NDIS, and ██████ matter inappropriately remained with the YPIRAC unit instead of being handed over to the Complex care division within NDIS.

██████ mental and physical health had deteriorated due to self-neglect, stress, and declining health, exacerbated by grossly insufficient NDIS-funded in-home supports that restricted ██████ ability to live in the unit. ██████ then had a heart attack whilst in hospital.

In June 2022, due to a combination of a substantial delay in the internal review process and insufficient carry-over of funded supports to transition with the recommended ratio of care, the discharge to ██████ unit did not occur. ██████ was forced to decline the 2-bed social housing unit due to unreasonable demands of the YPIRAC Planners, contradicting ██████ goals, views, and preferences. ██████ behaviours escalated. ██████ absconded from the hospital, returned to ██████ abusive ex-partner, and refused NDIS support and personal care until ██████ was re-admitted via the emergency department less than two weeks later.

Once discharged from the hospital, ██████ felt she had no choice but to take up occupancy in a short-term NDIS-funded arrangement between June in August 2022. The advocates observed external stakeholders acting as substituted decision-makers, excluding those within ██████ care team. RIA aptly sought advice from NDIS Quality & Safeguards Commission and reported to NDIS Partners, Providers & Fraud Taskforce to investigate the interrelations between Queensland Health, YPIRAC NDIS Planners and NDIS accommodation provider.

YPIRAC planners and the accommodation provider negotiated a medium-term accommodation arrangement ██████, against ██████ wishes, and ██████ refused to comply with decisions made on her behalf.

**Name has been changed to protect confidentiality*

6. How can governments and the private and community sectors, help to improve sustainable housing and better prepare housing for the effects of climate change?

People with disability experience greater difficulties and challenges when it comes to effects of climate changes such as flooding and bush fires. In crisis situations, people with disability may not have the same capacity to evacuate or exit places when guidance is provided to do so. For instance, QIDAN members worked with a person with disability who had been trapped in his apartment block during a flood and was unable to be evacuated due to his assistive technology. Poor planning can also make it difficult for people (like

support workers) to access a person with disability during an emergency. Furthermore, natural disasters that cause electricity blackouts can prevent people from accessing and charging assistive technology and health maintaining devices.

QIDAN do not have expertise in the effects of climate change or in improving sustainable housing, however, we are able to identify that the additional difficulties and challenges on top of the existing vulnerabilities experienced by people with disability would exacerbate the negative experience already existent for these people. With that said, we can recommend the Queenslanders with Disability Network's (QDN) work on [Disaster and Emergency Planning](#) specific to people with disability.

Recommendations

- Establish policies and processes to ensure that people with disability have access to emergency plans and emergency services are appropriately trained in assisting people with disability during emergencies including natural disasters.