

Unison Housing
Research Lab



THINK PIECE SERIES

1/21



Staying in Place: Social Housing and Support Services

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About the Unison Housing Research Lab

The Union Housing Research Lab is a unique education and research collaboration between RMIT University and Unison Housing. The Lab is located in the Social and Global Studies Centre, one of two research centres in the School of Global, Urban and Social Studies (GUSS). The Lab was established in 2017 and is funded for five years to develop and implement a collaborative teaching program and undertake innovative policy and practice relevant housing research informed by the experiences of services users and providers.

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Introduction

Social housing tenants are among the most disadvantaged members of society.¹ Long wait lists and the prioritisation of households considered in ‘greatest need’ mean that many tenants require support to maintain their housing. However, defining what support actually *is* proves to be challenging—support is a nebulous concept that can include material, practical, emotional and social elements as well as differing time scales and intensity, and there can be a ‘messiness’ associated with jurisdictional responsibility. For social housing providers such as Unison Housing, whose tenants often have high support needs, what support is available, what form it takes, who is responsible for its delivery, and what happens if support breaks down, is not always clear. This can create confusion and tension between housing and support providers, which can undermine individual housing sustainment.

This think piece explores the relationship between social housing and support. In doing so, we examine the conditions that have created high levels of disadvantage among social housing tenants. We then consider the ambiguity around what constitutes support before looking at the efficacy of support models for social housing tenants. Finally, we examine the implications of different support needs and models for frontline tenancy workers in social housing agencies such as Unison Housing.

Social housing context in Australia

Over the last three decades, demand for social housing has increased while the amount of social housing as a proportion of Australia’s housing stock has declined (Groenhart and Burke, 2014; Jacobs, Atkinson, Spinney, Colic-Peisker, Berry and Dalton, 2010). These factors have resulted in the implementation of needs-based

¹ In Australia, social housing includes State-owned and managed public housing and Indigenous housing, not-for-profit managed community housing, and specialist-run community Indigenous housing.





allocation entailing stricter eligibility criteria with priority access given to tenants considered to be in greatest need (Fitzpatrick and Pawson, 2007).

Since the 1990s, social housing providers have accommodated increasing numbers of people with complex needs.² For instance, across a range of measures (housing stability and homelessness, engagement in the labour market, mental and physical health, involvement in out-of-home care as children, alcohol and other drug use, financial stress, and experiences of sexual and physical violence) there is unequivocal evidence of severe, chronic and multiple disadvantages among Unison's tenants (Taylor, Johnson, Watson and Tyrrell, 2020).

Social housing renters with complex needs commonly require support and this often cuts across multiple jurisdictions. This can result in confusion for tenants, housing providers and support services about the availability of support, who is responsible for its co-ordination and delivery, and who is actually accountable for tenant outcomes. Paramount to this, however, is understanding what constitutes support. While 'support' is a commonly used term, it is rarely scrutinised. In order to identify and meet the support needs of social housing tenants, we start by examining what support actually *is*. This is an important step in positioning services to respond to changes in social housing and to clarify how support might be operationalised by agencies working with social housing tenants.

What is support?

Defining support is not an easy task. Indeed, our review of the literature found multiple meanings of support and how they relate to individual needs and different contexts within the bounds of social housing. For housing providers like Unison, the notion of support is primarily built on procuring the resources for tenants to 'stay in place'. High tenancy turnover results in financial costs due to lost revenue, repairs

² 'Complex' or 'greatest' need is used in this think piece to indicate severe disadvantage experienced along multiple axes.





and cleaning (Pawson and Munro, 2010). It can also affect workplace economics and morale through increased workloads and decreased staff retention (Newman and Samoiloff, 2005). Moreover, frequent tenancy breakdowns can destabilise social housing communities through negatively affecting relationships among neighbours (Johnson, McCallum and Watson, 2018). Housing providers are also cognisant of the personal challenges faced by tenants, and their desire for tenants to ‘stay in place’ is not solely reduced to economic concerns—it is also based on wanting tenants to benefit from what housing security has to offer.

Tenants, too, may seek assistance to sustain their tenancies; however, they may also view support in relation to broader life challenges that are not directly connected with housing but nevertheless contribute to overall quality of life ‘in place’. Social housing offers material support through means-tested rent and continuing leases for those unable to access the private housing market. These measures can provide a stable foundation for tenants to address other difficulties in their lives. Material support may also be required in other forms to manage problems associated with low-income and/or poverty that could undermine tenancy sustainment, for example, financial aid to assist with paying rent, bills and debt. Nonetheless, support that offers material security is only part of the picture; practical, emotional and social support can also be important factors in sustaining housing. Together, these elements foster ontological security; that is, ‘a sense of confidence and trust in the world as it appears to be’ (Dupuis and Thorns, 1998: 27). The home, thus, provides a safe space to realise a sense of ontological security. But how is this achieved in social housing, and what roles might support agencies play?

Regardless of the specific supports that are required for tenants to stay in place, the efficacy of support has its basis in relationships—the quality of interactions with housing providers, human services and other informal supports. These include relationships between tenants and workers, between housing providers and human services, and between different service providers. In addition, there are relationships that span social networks such as family, friends and neighbours. One way to make



sense of these relationships is to consider housing as a form of ‘care infrastructure’ (Power and Mee, 2020); housing involves multiple and dynamic interactions between systems through which possibilities emerge for caring relationships. Housing is intimately connected, in both supportive and constrictive ways, to relations of interdependence (Power and Mee, 2020)—the foundation of support. Power (2019) uses the term ‘caring-with’ to dispel notions of care being an individual activity—or responsibility—but instead involves the coexistence of socio-material (e.g., environments, buildings, policy frameworks), temporal (e.g., histories, imagined futures) and spatial (e.g., within and beyond the home) elements.

Multiple relationships can therefore be critical to how social housing tenants receive and experience support. This raises the question of what good relationships look like. Support may be formalised through engagement with services or it may develop organically through informal social relationships and networks. Strong and trusting relationships are not only those that occur between tenants and support workers, they also must exist within the broader infrastructure of care. Mee (2009) argues that a sense of belonging is integral to the mobilisation of care in public housing specifically. *Belonging* is an active and dynamic process that evolves through a multiplicity of interactions and negotiations including within households, between neighbours and with housing providers (Mee, 2009). To this, could be added support services. It can be surmised that relationships with institutions and their workers are a necessary condition for tenancy sustainment. Yet, there remains much to know about how these relationships are built and mobilised. What do models of housing and support look like? Should support workers act assertively or should they respond only when asked to provide assistance? How does duty of care and welfare responsibility sit alongside concerns of surveillance and intrusion on tenants’ lives? We examine these issues next.





Social housing and support

For many tenants, social housing is a pathway out of homelessness. In Australia, support responses to assist people to exit homelessness are predominantly based on the 'Continuum of Care' framework, which focuses on providing case management services to assist households to transition from homeless to homed. Also referred to as a 'staircase' model, Continuum of Care is a linear approach that requires individuals to graduate through a series of temporary accommodation options such as crisis and transitional accommodation, as well as complying with treatment for issues such as alcohol and other drug abuse, before being offered permanent housing (Pleace, 2011; Sahlin, 2005; Wong, Park and Nemon, 2006). This approach customarily requires prospective tenants to engage with support services and, if people do not engage, support agencies often withdraw support. Further, support is typically time-limited and generally ends at one of the most critical junctures—the move to independent living—which is a time of considerable stress and anxiety (Tsemberis, 1999: 227).

Evaluations of the Continuum of Care model have produced mixed results. For people willing to engage in alcohol and other drug treatment, it has had more positive results (Tainio and Fredriksson, 2009), and placing people in transitional housing prior to permanent housing has been found to assist with accomplishing skills and gaining resources that help with the maintenance of housing (Gulcur, Stefancic, Shinn, Tsemberis and Fischer, 2003). However, this approach has been criticised for its absence of choice for tenants, strict regulations leading to eviction or abandonment, a 'one size fits all' approach, and selective intake of tenants (Pleace, 2011; Tsemberis and Asmussen, 1999). Increasingly, research tells us that it is the combination of housing and support that is vital to housing sustainment for tenants with complex needs. Indeed, existing Australian research undertaken with people

that have experienced homelessness indicates that when support is offered alongside housing, this assists with tenancy sustainment (e.g., Duff, Murray, Alic, Loo and Jacobs, 2011; Johnstone, Parsell, Jetten, Dingle and Walter, 2016; Zaretsky and Flatau, 2015). However, the types and levels of support will vary and fluctuate according to the needs of different households and are likely to change over the course of the tenancy; thus, there is no single model of housing support that will suit everyone and getting the right balance is important.

Both informal and formal social support, including the building of social networks and attachment to place, have been found to be important for the transition out of homelessness (Duff et al., 2011; Zaretsky and Flatau, 2015) and to improve wellbeing (Johnstone et al., 2016). An evaluation of the National Partnership Agreement on Homelessness (NPAH) by Zaretsky and Flatau (2015) revealed that the inclusion of support was a key element in successfully assisting households to sustain their tenancies, and in reducing evictions and vacant possessions. Operating between 2009-2013, the NPAH was a Commonwealth and state/territory-funded scheme that among its various offerings included programs to assist people to exit homelessness and to sustain tenancies. Importantly, for both housing providers and tenants, households were more likely to sustain their tenancies if support was included, and there were economic benefits due to the reduction in evictions. Support offered by the NPAH programs was typically for at least 12 months, with tenants able to remain in their housing after the period of support concluded, an aspect that was considered necessary as it allowed households to build attachments to the local area and services and to develop social networks.

The evaluation offers useful details about the specifics of support: what works and what doesn't work in sustaining tenancies. Key support factors that promoted successful tenancies included strong relationships between the principal support agency and other support services; wraparound support that included flexibility; support and flexibility from housing providers; brokerage funds; and, suitable, permanent housing. Conversely, lengthy waiting lists for mainstream services,

especially for mental health support and financial/budgeting support; staff turnover and shortages in the principal support agency; shortage of suitable accommodation; and, problems with the housing provider such as staff turnover and property maintenance inhibited successful tenancies.

While the existing evidence suggests that good support helps to sustain tenancies, much remains unclear. We need to know, for example, what fosters strong relationships between support agencies, what enhances wraparound service provision, and what does flexibility in support look like. Likewise, does timing, intensity, frequency, duration and assertiveness of support make a difference? These are critical questions for which we still do not have strong evidence. In addition, we need a clearer understanding of how service provision operates across different social housing models. As discussed above, support is predominantly provided according to a Continuum of Care approach, but this model was developed in the 1980s when social conditions were very different. Further, fidelity to the Continuum of Care framework can vary greatly meaning that the type and degree of support that is offered by services can differ substantially. Such variance makes it difficult to assess the efficacy of support. Finally, clarification is needed to discern what supports are required generally by social housing tenants, and what are the needs of specific cohorts.

Who needs support?

Research into the support needs of social housing tenants has tended to focus on specific groups, which has contributed to the ambiguity around defining support because it makes it difficult to identify more general support needs. Nonetheless, by giving attention to specific groups, it is possible to discern, and learn from, how different jurisdictions operate, what issues are faced by these groups, and the challenges and opportunities for service provision. Operationally, the Victorian

Housing Register (VHR) gives priority access to social housing to people experiencing homelessness and receiving support; people escaping or having escaped family violence; people living with a disability or with significant support needs; and people with special housing needs (HousingVic, n.d.). The groups highlighted below reflect a combination of existing research on support needs of social housing tenants (in particular, people living with a disability or with mental ill health), the VHR, and the characteristics of Unison tenants most at risk of exiting their housing prematurely (see: Johnson, McCallum and Watson, 2019).

Disability

Many of Unison's tenants are on the Disability Support Pension (DSP) and many more have a disability but do not qualify for the DSP. Insecure housing can affect anyone's sense of autonomy but, for people living with a disability, the consequences for independent living are amplified. Morden (2014) highlights three housing components that are necessary for people living with a disability to achieve a satisfactory quality of life: security of tenure, affordability, and suitability. While the private housing market lacks the capacity to meet these requirements, social housing is better positioned to meet security and affordability, but suitability remains a challenge.

For people living with a disability, the National Disability Insurance Scheme (NDIS) is the primary vehicle for delivering support. The NDIS was established in 2013 with the intention to broker services for recipients and to foster greater independence and choice in delivery of services. Eligibility for the NDIS includes intellectual, physical, sensory, cognitive and psychosocial disability (including mental health, which is discussed below). NDIS funding has an emphasis on practical assistance such as specialised equipment, transportation and home maintenance. There are also provisions for engagement with the labour market and therapeutic support. However, the NDIS will only fund services related to a person's disability,

possibly complicating service provision if the support needs do not fit with this agenda.

The NDIS has the potential to change how services are delivered to, and experienced by, social housing tenants living with a disability. However, questions have been raised about the efficacy of the NDIS. Areas of concern include poor relationships between the National Disability Insurance Agency and disability service providers, insufficient advocacy and lack of capacity to provide support to recipients, and problems with workforce retention (National Disability Services, 2020). The NDIS has continued to extend its reach since the initial rollout but, as yet, little is known about if and how the scheme has changed how social housing tenants receive and interact with support services, despite the significant proportion of tenants living with a disability. Thus, it is unknown if NDIS brokerage assists with tenancy sustainment. For some social housing tenants, NDIS brokerage could mean the provision of never-before-available support, whereas for others it could potentially mean reduction in services and disruption to existing relationships with support workers while services are transferred between providers. Clearly, further investigation into how this systemic change has affected social housing tenants is required and a current study by RMIT University investigating support services for people with disability and complex needs residing in a permanent supportive housing facility managed by Unison should be helpful.

Mental health

Many of Unison's tenants experience poor mental health. And, as with people living with a physical disability, financial hardship can also be a factor for people living with a mental health condition (Brackertz, Borrowman, Roggenbuck, Pollock and Davis, 2020). The impact of mental illness on sustaining housing was recently recognised by the Royal Commission into Victoria's Mental Health System, which recommended young people and adults living with mental health conditions be prioritised for social and affordable housing (State of Victoria, 2021).



Access to social housing alone, however, does not necessarily alleviate housing problems as many individuals experiencing severe mental illness episodes move in and out of social housing over time. Historically, support has been limited to the early stages of a permanent tenancy but the pattern of residential instability reported in many studies suggests that support needs to be provided at different stages in a social housing tenancy—from settling into a new property, to maintaining housing in the long term, and providing appropriate resources to avoid the deleterious effects of leaving (e.g., Brackertz et al., 2020; Holding, Blank, Crowder, Ferrari and Goyder, 2020; Wood, Flatau, Karetzky, Foster, Vallesi, and Miscenko, 2016).

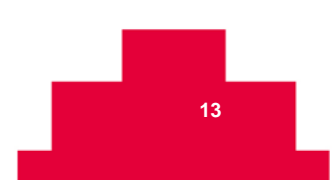
A recent study by Brackertz et al. (2020) found that access to suitable mental health and health services, as well as social support and decent general health, can lower housing instability and reduce periods of mental ill health, whereas when these features are absent there are negative effects on both housing and mental health. Reflecting the value of developing support that is responsive to discrete needs, this study found that those who have the best outcomes experience housing and support that is in line with their capacities and requirements. Importantly, being ‘well-supported’ is not generic; rather, it is measured according to individual circumstances and ambitions.

It is clear that for people living with a mental health condition to be well-supported in their social housing, attention needs to be paid across a range of material, practical, emotional and social needs. Where integration occurs between housing and mental health programs, there are social and economic benefits, with tenants having greater stability in housing and other health and social domains, and a reduction in costs to the State due to fewer hospital admissions and shorter stays (Brackertz, Wilkinson and Davison, 2018). The findings from Brackertz et al.’s (2018) study emphasised the importance of safe, appropriate and well-located housing; thus, housing providers need to ensure that their tenancies deliver these material conditions for the promotion of good mental health. Coordination of support and



service navigation, early intervention for episodes of mental ill health, timely access to support, and psychosocial assistance with everyday tasks were also highlighted. Although frontline tenancy staff are not employed to provide mental health support services, they may be in a position to observe when tenants could benefit from extra support, especially if their tenancies are at risk. Therefore, having knowledge of available services means that tenancy staff can supply that information to tenants.

Having support needs, though, does not necessarily result in appropriate assistance being readily accessible or consistently delivered. While insufficient policy integration between housing, homelessness and mental health systems is often cited as a key factor contributing to poor outcomes for those living with mental health conditions, poor practice is an equally significant issue, with those exhibiting the most challenging behaviour often excluded from services for the very reason they seek assistance. Such circumstances place pressure on housing providers and can contribute to the discontinuation of tenancies and evictions, and the accompanying negative emotional and financial effects for both tenants and staff. Lack of integration and poor practice inevitably places pressure on housing providers to manage system gaps. While frontline tenancy workers are often well-positioned to identify when mental health problems arise, they are not resourced or trained to support people. Brackertz et al., (2018) offer a number of policy recommendations for improved service delivery for people with mental health conditions including expanding and tailoring tenancy support programs for tenants living with mental health conditions to sustain their tenancies; educating social housing providers about the signs of an emerging mental health crisis; and developing materials to assist social housing providers to link tenants with appropriate services. However, the issue of what to do about exclusionary practices is conspicuous by its omission. Although there is no single model of service that has proven to be universally successful in the support of people with mental ill health, continuity, persistence and reliability are the practice cornerstones that enhance housing outcomes for those with the most complex needs (Johnson et al., 2012).





Indigenous tenancies

Indigenous households are disproportionately represented in social housing tenancies. Greater demand is led by overall lower incomes for Indigenous people, higher rates of homelessness, and obstacles to home ownership and the private rental market due to affordability and discrimination (Milligan, Phillips, Easthope, Lui and Memmott, 2011). Research has also found that Indigenous households are more likely to exit their Unison tenancies earlier than non-Indigenous households (Johnson, McCallum and Watson, 2019).

Australia has specific programs for Indigenous tenancies in public, community-managed, and transitional housing at risk of homelessness. In Victoria, this is offered through the Indigenous Tenancies at Risk (ITAR) or Aboriginal Tenancies at Risk (ATAR) programs. These tenancies may be at risk for the same reasons as other tenancies such as rental arrears, financial problems, family violence, relationship breakdown, incarceration, health and mental health conditions; however, Indigenous tenancies endure further risks due to discrimination by landlords and neighbours; lack of cultural awareness by housing providers with regard to Indigenous use of housing including family responsibilities, hospitality and sharing; patterns of mobility; belief systems and mourning customs; and unforeseen expenses such as funeral costs (Flatau, Coleman, Memmott, Baulderstone and Slatter, 2009: 3). This indicates that greater attention needs to be paid to the effects of how housing policy is not always congruent with tackling the ongoing oppressive effects of colonisation (Zufferey and Chung, 2015).

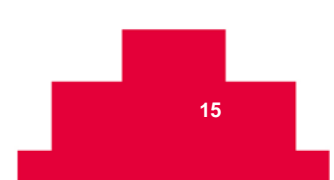
Indigenous tenancy programs provide support on a range of housing and non-housing related matters, with this varying according to the specific agency. According to Flatau et al. (2009), they commonly respond to material, practical and emotional needs such as tenancy advice, advocacy, counselling, financial guidance, and household management skills. Some programs also have the capacity to provide support in relation to other areas that can affect tenancies such as family



conflict, violence and abuse, health issues including mental health, alcohol and other drug issues, employment skills development, and legal matters. Assertive case management with access to brokerage funds and strong external support linkages with personal support services with, for instance, mental health and AOD support, is also of value when working with Indigenous tenancies (Flatau et al., 2009).

Although there is limited evidence on the efficacy of Indigenous tenant support programs, Flatau et al.'s study (2009) revealed several positive outcomes for tenants including a decrease in rental arrears, reduced property damage, fewer reports of anti-social behaviour, better access to support services, and increased involvement in community activities. The research identified several factors that helped to reduce tenancy failure, which mainstream social housing providers should consider incorporating into their practice with Indigenous households. These include early intervention, developing trust with, and gaining knowledge from, local Indigenous communities, and implementing culturally sensitive practice. There are obvious benefits for mainstream social housing providers to engage with Indigenous tenancy programs such as gaining further knowledge of the factors that contribute to tenancy loss and being guided on culturally appropriate practice. Building such relationships could also potentially provide easier access to the available Indigenous support services.

Despite specialist Indigenous program involvement in social tenancies, it is clear that the ongoing impact of colonisation, institutional oppression and intergenerational trauma continue to compromise tenancy sustainment. Indigenous self-determination remains critical in redressing multiple oppressions that continue to contribute to poor housing outcomes. The overarching principle for providing support for Indigenous tenancies is that 'social housing in all areas should be provided in ways that are consistent with cultural values and Indigenous aspirations.' (Milligan et al., 2011: 1). The onus is on social housing providers to ensure cultural matters are at the centre of policy and practice in relation to Indigenous tenancies. This includes initiating partnerships with Indigenous services, if they do not already exist, and



maintaining a workforce that is attuned and responsive to the unique needs of Indigenous tenants.

Youth

Despite making up a relatively small proportion of Unison's and indeed social housing tenancies, young people exit social housing 'more quickly, more frequently and for less desirable reasons' than other tenants, even taking into account the greater mobility that exists generally among this cohort (Johnson et al., 2019: 36). Young people are also likely to experience the more immediate effects of having lived in out-of-home care. The longer-term impact of this is reflected in Unison's overall tenancy profile with 29% of tenants having spent time in out-of-home care (Taylor et al., 2020).

There is a correlation between housing security and social inclusion for young people with mental health conditions. Research by Duff et al. (2011) found that informal community resources such as family, social and peer groups increased tenancy security for this cohort. This study emphasised the importance of intensive case management that is built on sensitive and trusting relationships with housing and mental health workers. Such relationships should support tenants to construct their own narratives from which they can 'forge positive relationships to people and places in their communities' (Duff et al., 2011: 4). Informal social support is an important factor in housing stability because it assists young people to connect with their local community. The implication for housing providers, therefore, is to devise approaches that place greater emphasis on informal community support. Giving prominence to informal support should not be at the expense of formal housing support, but instead should operate to enhance longer-term housing stability through formal tenure security and the growth of informal ties and attachments to place.

Of note for social housing providers is the priority given to the community building aspect of housing for young people. This is steeped in creating and

maintaining strong and reliable social ties that can include family, friends and neighbours, as well as other community ties made through places such as libraries and cafes (Duff et al., 2011). Location and access to informal support opportunities, therefore, need consideration when housing young people. Duff et al.'s (2011) research found that a key aspect of socially inclusive communities is a variety of formal and informal occasions for social interaction, with resources and ongoing support to build a sense of home within a community. The setting up period of home-making is considered critical, with young people who have access to informal material support to set up their home environment being more satisfied with their housing and expressing a desire to stay. This is due to quickly establishing a home where a tenant would want to live as well as promoting a sense of housing security. It is also associated with the desire to take up new activities (Duff et al., 2011), which in turn can give greater attachment to place. For young people with complex needs, including but not limited to mental ill health, the situation is much less straight forward. More formal support is often required and may be needed for some time.

Finally, education is another area that has been identified as important for young people's housing stability. The Education First Youth Foyer model aligns accommodation with education by providing housing for up to two years for young people who are engaged in education (Coddou, Borlagdan, and Mallett, 2019). Based on a capabilities approach (Sen, 1999), appropriate solutions to homelessness are created and opportunities are grounded in the resources available to young people, with support being individually tailored and separated from housing (Coddou et al., 2019). Although this model has been designed for youth-specific housing, there are facets that can be considered by mainstream social housing providers that manage youth tenancies. Youth foyers involve multi-sector partnerships across housing, education, employment and health and these have been found to improve educational and employment outcomes, and to increase housing stability, and reduce homelessness. A focus on building these types of partnerships, particularly with an emphasis on education and employment, is worth

exploring as a strategy for social housing providers to reduce tenancy loss for young people.

Chronic homelessness

Chronic homelessness is commonly recognised as long-term, persistent homelessness. While there is no consistent definition of chronic homelessness in Australia, operationally, chronic homelessness is typically viewed as occurring when a person has been without a home for 12 months or more, or who has had repeated episodes of homelessness over a three-year period and has a number of disabling conditions (Kuehnle, Johnson and Tseng, forthcoming). People experiencing chronic homelessness are also more likely to have moved between different environments such as sleeping rough, poor quality temporary accommodation, and institutions (Scutella, Johnson, Moschion, Tseng and Wooden, 2012).

As noted above, the VHR prioritises social housing for people experiencing homelessness, but this must be in conjunction with receiving support. However, the current Continuum of Care support model is often time limited in its capacity to provide meaningful post-settlement support. An alternative, however, is the 'Housing First' model.³ Housing First approaches, as pioneered by Pathways to Housing in New York (Tsemberis, 1999), combine affordable housing and voluntary community-based support services to help chronically homeless individuals, with a serious mental health and/or substance abuse issue, leave homelessness and lead more stable lives. Among chronically homeless individuals with a severe mental health condition, most quasi-experimental and experimental studies indicate that Housing First approaches produce better housing outcomes than traditional Continuum of Care approaches (Aubry et al., 2015) as well as reduction in health service usage

³ Housing First approaches are also referred to as Permanent Supportive Housing (PSH) and Supportive Housing. However, there are inconsistencies and ambiguities in the way Housing First, PSH, and Supportive Housing are defined. We are not in a position to resolve these definitional tensions. Rather, we use 'Housing First approach' as an umbrella term throughout the paper to assist readers.

and costs (e.g., Larimer, Malone, Garner, Atkins, Burlingham, Lonczak, Tanzer, Ginzler and Clifasefi, 2009).

Housing First includes components that are of relevance to social housing providers, such as Unison, including quick delivery of permanent subsidised housing that offers choice in factors such as location, housing type, and security; and, separation of housing issues from clinical issues, with housing not being conditional on receiving treatment for mental illness or substance abuse (Stefancic, Tsemberis, Messeri, Drake and Goering, 2013). In this respect, even though social housing providers can still offer tenancies if support is not currently in place, consideration would need to be given to the types of properties on offer and where they are located because of the potential impact on other tenants. It is also important to recognise that housing tenants with histories of chronic homelessness who are not engaged with support services may place additional pressure of social landlords, as the only point of contact, to manage the associated social and health problems. In terms of support services, Housing First recommends a service philosophy that is person-centred, non-coercive, supports harm minimisation, and focuses on choice and self-determination. In practice, reliability, trust, continuity and persistence are key features of support models that enables chronically homeless individuals that have multiple and complex needs, to maintain their housing (Johnson et al., 2012; Stefancic et al., 2013).

Strict fidelity to the Housing First model is uncommon in Australia; however, there are examples. The 'Common Ground' model, originating in the US, has been implemented in Australia, including a property managed by Unison, to provide permanent housing with onsite support for people who have experienced chronic homelessness and/or with complex needs. The new 'Homeless to Homes' (H2H) program also draws on Housing First principles but offers rapid access to housing scattered throughout the community and longer, more intensive support periods. While the way H2H support is delivered is a marked departure from the Continuum



of Care approach, clients are still required to engage with support or risk having services withdrawn⁴.

Attention to the above five social housing cohorts does not fully represent all potential support needs of social housing tenants. Further research into other groups such as older people; migrants, refugees and culturally and linguistically diverse people; people leaving institutions; people using alcohol and other drugs; LGBTIQ+ people; and people escaping domestic and family violence will bring greater richness to better understanding the complexity of disadvantage and how to counteract it within the context of social housing. Nonetheless, the five cohorts identified here offer insight into the range of specific and general supports that may be needed by social housing tenants and what is currently available.

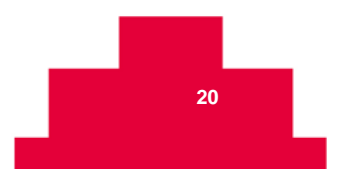
Service integration

Housing support and external service delivery need to be complementary. As Phillips, Milligan and Jones (2009: 66) note:

Concern with the linkages between social housing and other human services will continue to be a feature of social housing provision for as long as social housing operates as the safety-net housing option for those with high and complex needs and for the clients of other publicly supported human services.

Social housing tenants often require support from multiple service providers. For this to operate smoothly, with as little discomfiture as possible for the tenants, service integration is essential. Although the Continuum of Care housing model is largely based on a step-by-step process of accessing support to demonstrate housing readiness, in reality, meeting the needs of tenants is not necessarily linear. The period of support required may be ongoing, limited, intensive and/or sporadic but the way existing support models are funded often does not provide agencies with

⁴ <https://fac.dhhs.vic.gov.au/homelessness-home-h2h-program-guidelines>. Accessed 22/04/2021





sufficient flexibility. Tenants may also be expected to negotiate multiple and fragmented entry points to support services, the problems of which are compounded for those who experience barriers due to language and/or literacy (Phillips et al., 2009).

Research strongly supports collaboration between social housing providers and external support services (e.g., Holding et al., 2020; Tually, Beer and McLoughlin, 2011). Intersecting factors such as affordable housing, economic security, good health including mental health, and appropriate social service delivery are recognised protective factors for managing difficult life events; when these are not present, negative outcomes such as housing instability and social exclusion can occur (Tually et al., 2011). Moreover, emphasis needs to be placed on providing suitable, well-maintained properties alongside preventative efforts that support wellbeing through links to social services, mental health support and financial services (Holding et al., 2020).

Enhancers of sustaining tenancies include formal processes, collaboration between services and effective governance structures. Initiatives that support service integration identified by Phillips et al. (2009) that could be considered for implementation by housing providers in their interactions with support services include formal interagency agreements and joint programs to meet the needs of particular groups. As identified above, for Unison, joint programs could be targeted to people living with disability (including mental ill health), Indigenous people, young people including those leaving state care, and people with experiences of chronic homelessness. The challenge, however, is overcoming the siloing that exists between housing and other service domains and creating intersectoral accountability.

There are several conditions relating to lack of service integration that are known to impede the sustainment of social housing tenancies. Obstacles that social housing providers may confront and that may jeopardise tenancy sustainment include tenants with complex needs not being able to access support, being refused

support or having support withdrawn (Phillips et al., 2009: 53). Lack of service integration may also occur due to organisations having divergent funding requirements, priorities, cultures and policies (Phillips et al., 2009). Moreover, service integration can be affected by privacy legislation, which can reduce possibilities for sharing of information about consumers between housing and support services, particularly mental health agencies (Brackertz et al., 2019), reducing the availability and efficacy of support. Privacy protocols need to be applied through inter-agency arrangements or protocols which, understandably, tenants may hesitate to endorse. Nonetheless, privacy protocols could improve the delivery of timely and appropriate support.

Tenants, housing providers and support services all benefit from effective service integration. Phillips et al. (2009) devised key principles for facilitating this that include having clear objectives to which stakeholders can be held accountable: the implementation of time and resources into building expertise and collaboration; approaches that combine both formal and informal structures and relationships; removal of programmatic, organisational and sectoral obstacles, which may require restructuring; having a broad strategy that reflects shared goals, common interests, and offers choice; addressing cultural barriers to access; and clarification of leadership across all levels of implementation. Obviously, this approach relies on all relevant stakeholders working together to meet common goals; it cannot be the sole domain of one sector. Effective service integration requires timely co-ordination, often across multiple jurisdictions. This is not a simple process. Tenancy workers, as discussed below, offer a unique perspective and can play a critical role in implementing better service integration. They are well-positioned to help build productive relationships with support services and networks; however, it is not a straightforward task given existing resource constraints. Nor does this necessarily solve the problem of variation in the quality of support, despite service integration, which is both a function of system design and organisational practice.



The role of the tenancy worker

Housing needs and support needs are interconnected in ways that can make it challenging for frontline tenancy workers to undertake their primary roles as social landlords while also engaging with, and providing personalised services to, social housing tenants. Further, balancing an organisation's commercial interests with tenant welfare has changed the nature of relationships between housing providers and tenants (Fitzpatrick and Pawson, 2014; Power and Bergan, 2019).

The current system places a large responsibility on social housing providers to deliver services outside of their remit. This can create conflict with their role as determined by the Residential Tenancies legislation. Social landlords are often required to understand and manage the needs of tenants living in highly complex circumstances, but they are not funded or trained to respond. In order to offer the best chance for tenancy sustainment, tenancy workers can be required to step in as de facto case managers when appropriate services are unavailable, ineffective or unwilling to work with tenants, despite this not being part of their formal duties (Fotheringham, Brackertz and Wilkinson, 2018, cited in Brackertz et al., 2019). Furthermore, based on experiences in the UK, tenancy workers may be working with people who have been purposefully excluded from other services for behavioural reasons (Johnson, 2011); that is, the most challenging tenancies and most vulnerable tenants are often excluded from the very systems of support designed to assist them.

Nonetheless, frontline tenancy workers are well-positioned to observe when problems occur that may compromise tenancies. Tenancy workers undertake frequent home inspections, giving them the opportunity to observe problems and to connect tenants with appropriate services. For example, tenancy workers are privy to certain behaviours associated with mental ill health such as hoarding (Johnson,



2011). It is not suggested that tenancy workers replace other support workers in managing social, financial and health problems as they arise; rather, that the observations available to them through their place-specific relationships with tenants be recognised as valuable and be used as a foundation for building better integration between housing and support services. This highlights the importance of tenancy workers continuing to focus on their required landlord responsibilities, rather than taking on duties for which they are not funded or trained, and instead to work collaboratively with external support agencies to ensure assistance is delivered by appropriate services to tenants. As Holding et al. state, 'Providing decent homes and timely repairs still remains an important area where social housing providers can have a positive health impact, alongside support designed to address wider determinants of wellbeing' (2020: 236-237).

Conclusion

A primary challenge for social housing providers is to provide sustainable tenancy options for people who are among the most disadvantaged in society. Many social housing tenants require extra support to 'stay in place'; however, targeting appropriate support is not easy, especially because support *itself* can be difficult to define and monitor. Support may be required to meet a range of material, practical, social and emotional needs for tenants, and may traverse multiple jurisdictions and involve a variety of human services. Currently, support for most social housing tenants follows the Continuum of Care model whereby individuals are required to demonstrate permanent housing readiness through engagement with services.

A one-size-fits-all model of support, however, is clearly not viable. The available empirical research, while patchy, highlights certain tenancy groups that are more likely to require support beyond housing to be both materially and ontologically secure in their homes. Accordingly, this think piece highlights the needs of people

living with a disability, people living with a mental health condition, Indigenous people, young people, and people with experiences of chronic homelessness. While making no claim that these five groups are fully representative of possible tenancy support needs, and acknowledging the variety of experiences within these groups, the exploration of their circumstances provides awareness of particular and overall support requirements and what services are available. Questions, though, still remain. For example, beyond defining *support* and ascertaining what is available, what does *effective* support look like? While integration between social housing and other service providers can streamline service provision and eliminate jurisdictional confusion, it does nothing to identify or address 'service-resistant service providers' or 'service-resistant service settings' (Koegel 1992:12-13).

While steps need to be taken to ensure productive and enduring integration that directly benefits social housing tenants, a stronger focus on what support services do, and for whom, is vital. Finally, any consideration of support for social housing tenants needs to include the perspectives of both tenants and frontline tenancy workers. Tenants are best positioned to articulate their individual support needs and what works for them. Tenancy workers, furthermore, navigate the tension between the economic demands of social housing provision and the human relationships involved in assisting tenants to stay in place, and they are well-placed to observe when systems of support are functioning well or not.

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