

## **Questionnaire: The right to housing of persons with disabilities**

### **About McAuley Community Services for Women**

McAuley Community Services for Women provides safe housing, education, employment and children's programs for women and their children who are escaping family violence and for women who are homeless, many living with mental illness.

McAuley Community Services for Women incorporates early intervention and response strategies, for example: a respite bed at McAuley House enables women living in their own housing to manage their mental illness through afterhours; week-end and overnight support as required

In 2016, we assisted over 600 women and children to rebuild their lives, supporting them on their journey towards independence and safer futures. McAuley Community Services for Women is a ministry of the Sisters of Mercy. We run family violence and homelessness services that are holistic in approach, providing a joined-up service for women leaving family violence through to providing them with help to secure employment:

McAuley Care: Victoria's only 24/7 safe, accessible crisis accommodation and support for women and their children, escaping family violence, as well as a refuge program.

McAuley House that provides accommodation and support for women who are either homeless or at risk of homelessness, many with poor physical and mental health.

McAuley Works is a women's employment program for those experiencing homelessness or family violence particularly. Using a case management model, McAuley Works provides intensive, tailored services to each participant, including post-employment assistance, with the single aim of helping women secure good jobs or to access training that will help themselves and their families financially.

We also run Engage to Change, a primary prevention program aimed at educating employers and workforces about what family violence is, how to recognise it, help women who are experiencing family violence by referring them to further help.

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## Executive summary

Housing is not an isolated issue but is inextricably linked to other aspects of daily living, including a general sense of security and wellbeing, a feeling of independence and control over one's life.

There is almost universal agreement that housing is a basic human right, but the reality is that an overwhelming number of people – many of whom are women with disabilities – are still in search of the elusive 'appropriate, affordable, secure housing', and their numbers are increasing.

A recent study by Australian Justice Equality Rights Access (JERA), revealed that among the top four issues for Australian women was a critical shortage of affordable, appropriate and safe housing (including emergency housing and shelters) for women experiencing violence.

This housing shortage is borne out by our own experience. A range of accommodation options is required for women and children who are unable to remain or return home safely.

These options need to include accessible crisis accommodation, (rather than motel rooms as are used now); supported, transitional or refuge accommodation; and long term housing (public or community housing or affordable private rental).

Improving the accessibility of Australia's housing stock for people with a disability generally is an area in need of further Government attention, and will also improve the situation for many women affected by domestic and family violence.

There is a chronic lack of public housing stock, in good condition, and in appropriate locations. Problems are compounded for women with disabilities because few dwellings are accessible and modified (or modifiable), and the lack of accurate data on the availability of such dwellings exacerbates the hunt for appropriate housing even further.

There is great anxiety about the trend towards private rental (with increased government subsidies) rather than building or renovating more public dwellings. This is mainly due to discriminatory attitudes by private landlords, and spiralling rental costs.

Tenants' rights are currently being reviewed in Victoria, and our view is that potential changes could make it easier for landlords to evict vulnerable tenants (for example women with disabilities who have fled violence). Further it may make even harder for women with disabilities escaping violence to put in reasonable safety modifications, let alone modifications for their particular disability.

In general, there is no acknowledgement of women's housing needs – let alone the unique needs of women with disabilities - by Australia's two major political parties. This is of deep concern to us. There are women with disabilities for whom appropriate housing is not a problem, but there are many more for whom it is a complex and anxiety-arousing issue.

McAuley Community Services for Women data shows a high prevalence of mental illness in women who have experienced family violence (between 40-60% in any given year).

Women with chronic mental and physical illnesses, resulting from years of abuse often express a preference for supported housing (short to medium term) rather than have the additional pressure of establishing new permanent housing during this traumatic period.

For women assessed as low-risk from ongoing violence, and who choose not to enter a high security refuge, supported accommodation facilities can provide a critical place of recovery and rebuilding while legal, financial and other supports are being put in place. (Parcell & Moutou, 2014)

In our view, it is essential that women with disabilities are offered a real choice of accommodation options. Direct and indirect costs attributable to disability must be taken into consideration when rental costs are established. Adequate and appropriate assistance with the maintenance of the dwelling must be provided. Cultural needs must be taken into consideration, and providers of accommodation and maintenance support should be trained to be sensitive to the specific needs of women with disabilities.

We believe that:

- women with disabilities need affordable housing, which means that they need to have access to low-cost loans, with consideration being given to the additional and non-avoidable costs of disability;
- the credit-worthiness of women with disabilities needs to be re-examined;
- there needs to be access to low cost loans for housing modifications;
- a reduction in the costs of legal and banking charges;
- expansion of income security so that rental or mortgage payments and maintenance costs become a lesser proportion of the expenditure of gross income;
- more flexibility in public housing in terms of relocation;
- greater availability of support services;
- accessibility of crisis accommodation;
- availability of housing close to available employment, training centres, health services, rehabilitation services and accessible transport.

## Specific to the questionnaire

**Please explain how the right to housing of persons with disabilities is guaranteed in domestic law, including constitutional provisions and human rights legislation.**

On an international level, The Convention on the Rights of Persons Australia was signed in Australia on 17 July 2008 and it entered into force for Australia on 16 August 2008.

Article 19 requires people with disability to receive the essential supports they need to live in housing that enables independence, autonomy, participation and inclusion in the community, and to be free from violence, abuse and neglect.

However, in the April 2015 Council of Australian Governments (COAG) Reform Council Communique, the role of housing in the NDIS was discussed. The Communique refers to the “need to support existing specialist accommodation supply”, to test ‘innovative accommodation pilots’, and to increase “the supply of specialist disability housing” that will “be in addition to the disability; in other words disability is still being viewed within a ‘supported accommodation’ framework.

This viewpoint increases the risk that new 'contemporary' institutional and residential settings will be funded and built, which will "still segregate, congregate and isolate people on the basis of disability and require people with disability to be placed in them in order to receive the supports they need.

In the May 2017 Commonwealth Budget, the National Insurance Disability Scheme was fully funded but not for housing for people with disabilities. There is limited detail about this at the time of writing.

In Australia policy frameworks and responses that should provide protection to people with disability experiencing or at risk of experiencing violence include:

### **The National Disability Strategy**

The National Disability Strategy outlines a 10-year national policy framework to guide government activity across six key outcome areas and to drive future reforms in mainstream and specialist disability service systems to improve outcomes for people with disability, their families and carers. It represents a commitment by all levels of government, industry and the community to a unified, national approach to policy and program development. The Commonwealth, state, territory and local governments have developed the Strategy in partnership under the auspices of the Council of Australian Governments (COAG). The National Disability Strategy was formally endorsed by COAG on 13 February 2011.

### **The Disability Discrimination Act (DDA) 1992**

The Disability Discrimination Act (DDA) provides protection for everyone in Australia against discrimination based on disability. The Commonwealth Disability Discrimination Act (DDA) was enacted in 1992 following years of lobbying by women and men with disabilities and human rights activists who recognised that national legislation equal to the Race Discrimination Act and the Sex Discrimination Act was urgently required to protect and enhance the rights of people with disabilities. The DDA makes it unlawful to discriminate in the provision of goods, services or facilities against people on the basis that they have, have had, or may have, a disability. The Act also makes it unlawful to discriminate against a person on the basis that one of her or his associates may have a disability.

### **The National Disability Insurance Scheme Act 2013**

Establishes a framework for the National Disability Insurance Scheme by: setting out the objects and principles of the scheme, including people with disability being given choice and control over the care and support they receive, and giving effect to certain obligations under the Convention on the Rights of Persons with Disabilities; providing for the establishment and functions of the National Disability Insurance Scheme Launch Transition Agency, including implementing the scheme from July 2013; and providing for a review of the operation of the Act after a two-year period. This has now been fully funded in the May 2017 Commonwealth Budget.

### **The National Disability Agreement**

The National Disability Agreement, introduced in 2009, represents the peak partnership agreement between the Australian and state and territory governments. It features clear roles and responsibilities for each level of government and joins these efforts together though nationally agreed objectives and outcomes for people with disability, their families

and carers. The Agreement sets out the responsibility of the Australian Government to provide income support and employment support to people with disabilities. It is the role of the states and territories to deliver specialist disability services such as disability supported accommodation, respite and community support services such as therapy, early childhood interventions, life skills and case management.

These frameworks, including at an operational level, have found to be ineffective in addressing housing, and violence against people with disability in institutional and residential settings.

Please provide any useful statistical indicators, analysis or reports regarding housing condition of persons with disabilities, the extent of homelessness and discrimination, (including failure to provide reasonable accommodation) in the private or public sectors.

Nearly **20 per cent** of Australian women have some form of disability (mental and or physical). It is worth noting that women with disabilities face the same discrimination that women without disabilities have to contend with, based on their gender, marital status, and sexual orientation,

Around **1.6 million women** experience the dual disadvantage of discrimination, firstly on the basis of their gender and secondly as a direct result of their disability.

This dual disadvantage is multiplied for women with disabilities who do not fit other aspects of the mainstream mould, like those from non-English speaking backgrounds, indigenous women, and lesbian women. Furthermore, women with psychiatric disabilities, and those with intellectual disabilities, experience particular stigma and discrimination with regard to housing.

It is essential to acknowledge that women with disabilities carry the additional costs of their disability, which compound their lack of options in the housing market, and which disadvantage them further in terms of participating in social activities, thus reducing their quality of life.

### **Access to data to determine the housing needs of women with disabilities**

While a considerable amount of raw data has been collected by various government departments during the primary sample collection process, very little of that information is actually published. Access to it is almost impossible, not least of all as a result of the high cost involved in obtaining it. Much of the information about women with disabilities is anecdotal evidence which is not an adequate tool for measuring evidence or demand, or to develop specific strategies.

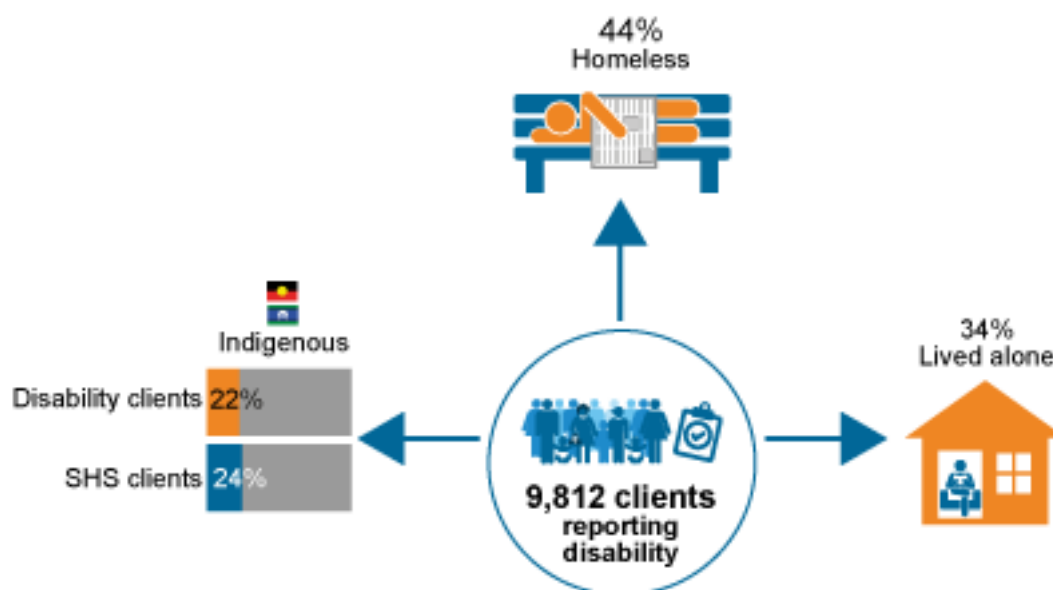
However, over the past three years the Australian Institute of Health and Welfare has begun to implement a national data collection set to be used in conjunction with the Specialist Homelessness Service.

## Key findings in 2015–16

- There was a 12% increase in the number of clients; an estimated 10,000 people with disability sought assistance from homelessness agencies. This growth rate was higher than that of the general SHS population (9%), and New South Wales accounted for most of this increase (80%).
- The highest proportion of adult clients with disability were aged 45–54. This age group had similar proportions of male and female clients (48% male and 52% female), unlike the general SHS population (42% and 58%, respectively).
- Housing outcomes for clients with disability improved following support, with fewer people homeless (33%, down from 44% at the start of support).
- Most clients with disability ended support housed in private or other housing (34%). Public and community housing saw the greatest increase in client numbers to 28%, up from 19% at the start of support.

## Client demographics<sup>1</sup>

Of the 9,812 clients reporting disability in 2015–16:



- **44%** Of clients with disability were homeless, which is similar to the general SHS population.

**34%** Were living alone when they approached homelessness services, more than the general SHS population (29%).

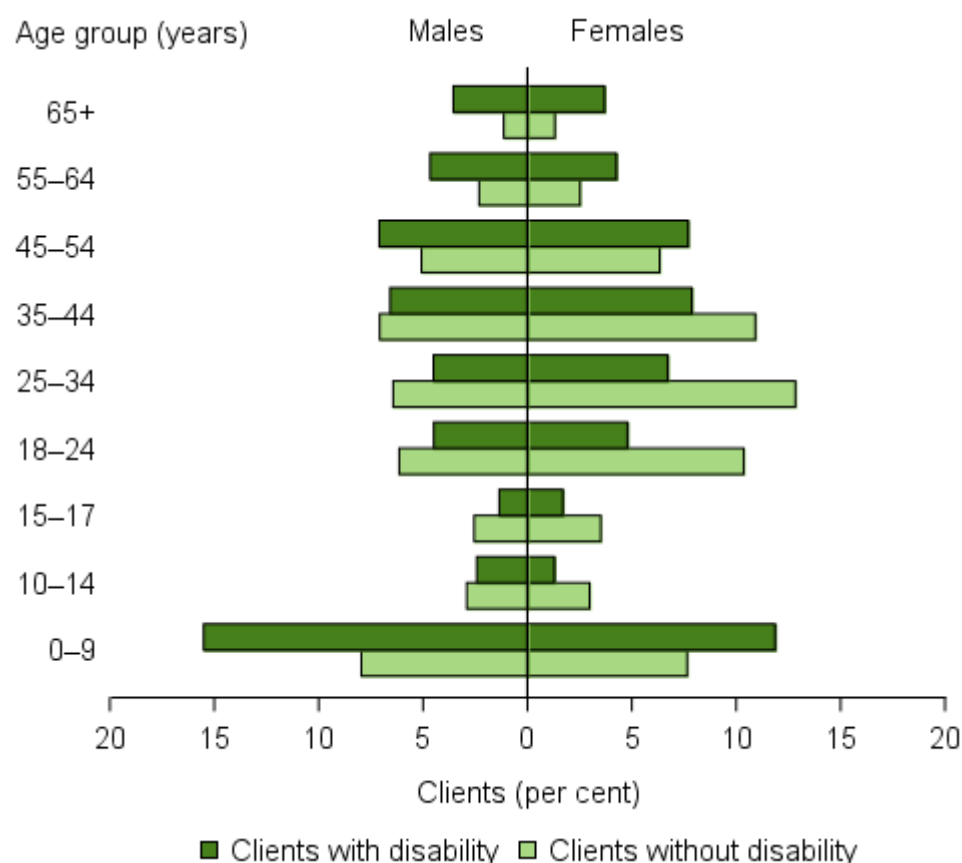
<sup>1</sup> <http://www.aihw.gov.au/homelessness/specialist-homelessness-services-2015-16/disability/#t1>

**22%** Of clients with disability were Indigenous, compared with 24% of all SHS clients.

**22%** Reported housing crisis as the most common main reason clients with disability sought homelessness services.

**Twice as many people aged over 55** with disability (16%) sought assistance from SHS agencies, compared with the general SHS population (8%). And, unlike the general SHS population, there were similar proportions of male and female clients with disability.

### Clients with disability, by age and sex, 2015–16



*Note:* For further information on the quality of Disability data, specifically for children aged 0–9, see the Data Quality Statement. *Source:* Specialist Homelessness Services 2015–16, National Supplementary Table DIS.3 (729KB XLS).

### Problems with current housing options for women with disabilities

The types of accommodation currently available to women with disabilities include public and private housing, institutions including supported group homes, hostels and nursing homes, and emergency housing.

## Public and private housing

There is an acute lack of public housing stock. Women with disabilities have the same needs and wishes as others who require public housing; any form of accommodation must be physically accessible. There is no point in offering someone with mobility disabilities a flat on the third floor of a building without an elevator.

Selection procedures for public housing are often identified as a source of frustration and discrimination by women with disabilities.

*Women in Human Settlements* states that ‘...gender inequalities are either ignored, or worse, reinforced, therefore policies should seek to remedy conflicts, exploitation and omissions’.

Security of tenure is also of concern, particularly in private rental accommodation. Women with disabilities have reported considerable levels of discrimination against them by private landlords, particularly if the women are single, have children, have a psychiatric or intellectual disability, and if they are ethnically other than Anglo-Saxon. Discrimination is rarely overt, but many women with disabilities who have experienced it feel they are regarded as incapable of looking after a place ‘properly’, and that private landlords are reluctant to ‘risk’ their property.

Safety is another concern for women with disabilities. Many dwellings have inadequate security measures, like screens and doors, and access streets are often poorly lit.

Women with disabilities need access to, and the purchasing power for, support services to maintain their independent living style. The location of their accommodation should be such that it is close to transport and all other amenities. In housing and urban development planning it is essential to ensure that purpose – built dwellings are integrated with others to avoid ‘ghettos’ and to encourage the successful integration of women with disabilities into the community.

## Crisis accommodation

One of the difficulties of assessing the level of need for women with disabilities to access emergency accommodation is the lack of data which could identify the number of women with disabilities who have attempted to access emergency accommodation and who have been refused because of their disability. **Note our comments under McAuley House.**

There is across Australia a chronic shortage of places reserved for women with psychiatric disabilities; a consistent erosion of funding, and delays in expanding services for women with psychiatric disabilities, exacerbated the situation.

Further, the term ‘purpose built’ often gives false impression: it means there might be access via an often precarious ramp, through the laundry into the main part of the house, where there usually are accessible bathroom and toilet facilities. No other facilities, like kitchen and laundry equipment, are generally accessible. This means that women with disabilities are rendered unable to manage daily personal tasks, like cooking and washing, and are forced to seek assistance. They are then not ‘self-managing’ and are ineligible to access refuges.

Since all people are dependent on others to some degree, women with disabilities simply have a higher level of need than non-disabled women, and with appropriate accommodation assistance support and personal care services they are, in fact, ‘self-managing’.

Consequently, women with disabilities who require personal care assistance have the ‘choice’ to return to their previous home (which is often impossible, particularly if they have been evicted; or dangerous, if they have left an abusive environment), or to be hospitalised.



## Women with disabilities and family violence

Anecdotally women with disabilities are more likely to experience domestic and family violence than women without disability. They also experience violence more frequently and in more diverse ways.<sup>2</sup>

Women with disabilities are also at significantly greater risk of violence because of a range of factors, including the physical and economic dependence of some women on the perpetrator of the violence. Often violence is perpetrated by a women's primary carer – who may be their partner, a family member or professional (paid) carer.

Women with disabilities also tend to be subject to violence for longer periods of time. For many this is because they 'have considerably fewer pathways to safety' (WWDA 2008a). This is a significant issue for women with disabilities who require modifications to their home and who have to leave their homes because of such violence.

The fact that domestic and family violence (and homelessness) services – including refuges and shelters – are not accessible (including physically) for women with disabilities reinforces the lack of safe pathways.

The vulnerable position of women with disabilities affected by domestic and family violence is further compounded by continuing discrimination in the housing market and especially in the private rental market. As noted in *Women, Health and Housing Assistance* by Baker and Tually (2008, p. 131):

Dwelling modifications for disability are sometimes not possible for private rental tenants because decisions regarding whether these modifications are allowed rest with the private landlord.

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<sup>2</sup> <https://www.dss.gov.au/our-responsibilities/women/publications-articles/reducing-violence/women-domestic-and-family-violence-and-homelessness-a-synthesis-report?HTML#6>

**Please provide information on relevant legislation, policies or programmes that are intended to ensure equal access to and enjoyment of the right to adequate housing by persons with disabilities and provide an assessment of their effectiveness and shortcomings.**

### **The National Disability Insurance Scheme**

The introduction of the National Disability Insurance Scheme will have a direct impact on McAuley's ability to deliver housing and support services to women who are not eligible for the NDIS and who are experiencing homelessness and have serious mental illness.

Currently McAuley Community Services for Women receives around \$500,000 in residential rehabilitation and home and community care funding. This funding is currently bundled to provide an integrated accommodation and support model that assists close to 60 women annually and an individual cost of around \$22,000 per annum per person.

However the Victorian Government has shifted community mental health funding in Victoria into the NDIS and, together with a lack of clarity of who is eligible, the result is likely to be an unintentional lack of support and reduced service access as well as mental health and housing services.

### **McAuley House current women residents and the NDIS**

In January 2017, we surveyed the 24 women currently living at McAuley House to determine who will not be eligible for NDIS. The results were:

1. Six women are not eligible because of their citizen status.
2. Two women are not because of their age.

At this stage because of a lack of definition we are unsure about the 14 women.

Of the 24 sample group:

96% experience episodic mental health

46% have chronic physical conditions

42% experience chronic suicide ideations.

100% of women were homeless before coming into McAuley

### **Our Advocacy**

McAuley Community Services for Women has advocated for further investment and longer-term arrangements for the National Partnership Agreement on Homelessness (NPAH) in a submission to the Joint Standing Committee on the NDIS.

Currently the Fifth National Mental Health Plan does not address the gap that has been created for people living with a mental illness, who are not eligible for the NDIS and who will not receive services from Public Health Networks.

Our concern is that given the gaps in the Fifth National Mental Health Plan and the NDIS, we are in danger of ignoring what is actually happening in the community. This includes the likelihood of people with serious mental health slipping through all safety nets, contributing further to homelessness.

We are also urging the Joint Standing Committee to recommend that all spending on mental health through the NDIS is tracked and publicly reported, and that the Federal Government monitors the impacts of the NDIS on people with psychosocial disability to ensure people have all their health, housing and disability requirements met.

## **In Victoria**

Today responsibility for mental health treatment and rehabilitation in Victoria sits under the health portfolio.

This is at a time when other reforms, such as the responses to the Royal Commission into Family Violence, highlight the importance of ensuring the needs of people living with serious mental illness are met.

In short, a siloed approach still exists within funding streams rather than areas of need being addressed and treated as a multi-portfolio issue.

Please refer to any innovative initiatives that have been taken at the local, regional or national level to promote and ensure the right to housing of people with disabilities and identify lessons learned from these.

## **McAuley House**

McAuley Community Services for Women is Victoria's largest woman-specific homelessness and family violence organisation. We are accredited under government standards.

Each year we provide accommodation and support to around 100 women through McAuley House.

Typically, around:

50% come from different countries and cultures

60% have diagnosed mental health conditions

50% are mothers, however all were alone when they came to McAuley House

All were homeless or at risk of homelessness 8% have no income at all 39% are between the ages of 45 -54 years old

## **Transforming Lives**

Having nowhere to call home can arise from complex root causes, but for many women it is all too often linked to family violence and the frightening prospect of leaving home with no

guarantees for the future.

McAuley House supports women at a highly vulnerable stage of their lives, many have experienced long-term abuse and trauma, experiences that often result in a cycle of severe mental and physical illness and isolation. Many are separated from their family and friends, and the impact can pass through to the next generation.

The opening of the new McAuley House enables us to build on our significant track record of empowering women to transform their lives. As Victoria's first purpose built accommodation and support service for women who are homeless, we offer a crucial lifeline beyond homelessness and into a world of hope.

## **Funding**

The Victorian Labor Government has invested \$4 million towards the Pickett Street building in Footscray. This funding, together with the generous \$ 7 million from the Institute of Sisters of Mercy of Australia and Papua New Guinea, ensured that Victoria's first purpose built accommodation and support hub for women was opened in late 2016.

Architects Hede Associates designed 1 – 3 Pickett Street: a 25 bed accommodation facility for women.

The building has been designed to:

- To provide a safe and secure environment
- To facilitate harmony and interaction between people with shared and different needs and aspirations
- To promote wellbeing and empowerment
- To embed sustainability principles

The facility is staffed 24-hours a day, allowing for after hours and weekend community contact and support. It is expected that many more women will be assisted through the new centre each year.

## **Disability friendly**

There are two disability bedrooms with ensuites – wide door entry into the shower; basin and toilet at disability-friendly height. There is a lift for easy access to all floors; there are no steps on any floor enabling a person in a wheelchair, on a frame or with a walking stick to manoeuvre easily.

## **Safety and Security**

The design ensures the safety of residents during their time in the program as well as ensuring the building is secure. Thus the residential and office areas have been separated, security is paramount; and there is 24/7 access.

## **Transformation for women**

Within three months, a huge transformation has occurred for the women who are living at McAuley House. These include:

**Independence:** Women are choosing to cook for themselves, rather than have meals prepared by McAuley House staff. This is a direct result of the two kitchens. Most women are using the smaller kitchen on the first floor, and are sharing the cooking under staff supervision. Some women are cooking for the residents, and others for their visitors.

**Social integration:** the proximity to cafes, shops, parks and public transport is enabling the

women to leave McAuley House more often, which is resulting in improved self confidence.

**Personal wellbeing:** ensuite facilities are allowing women to shower in privacy and, therefore, improve their hygiene. A spacious bedroom provides a sanctuary for each woman if they need time alone.

**Less conflict:** there is less conflict and confrontation among the residents because of more living areas and outside spaces. Women are also socialising better with each other.

### **Qualitative analysis**

A Quality of Life Questionnaire, adapted from the World Health Organisation, found that:

A women's only space was important to them and to their sense of safety

1. Valuable aspects of the program included the support, friendship and companionship and that the social and recreational program improved social skills and confidence, which was important to their ongoing recovery
2. Case managers were also highly valued for their practical and emotional support
3. Respondents reported improvement's in their mental health and wanted more attention on their physical health
4. Most respondents felt adequately prepared for semi-independent living and wanted to see an expansion in the independent living skills program and support and encouragement to gain work (this is before the resumption of the McAuley Works program)
5. Past residents reported a high level of satisfaction with their physical environment, social lives and relationships with family and friends and an increase in their self-awareness and self-development.

Please also identify ways in which your Government or organisation considers that the Special Rapporteur on the right to housing and other international human rights bodies or procedures could play a role in ensuring the right to adequate housing of people with disabilities.

McAuley Community Services for Women believes the Special Rapporteur could play a role in:

1. Promoting the need for a national study investigating the accessibility of domestic and family violence services for women with disabilities;
2. Recommending long-term research on the housing and support needs of women affected by family violence in remote Indigenous communities;
3. Recommending housing assistance measures for women with disabilities affected by domestic and family violence.
4. Recommending that women with disabilities are offered a real choice of accommodation options.
5. Recommending that direct and indirect costs attributable to disability must be taken into account when determining the level of disposable income.
6. Recommending that adequate and appropriate assistance with maintenance of public and private dwellings must be provided.
7. Recommending that cultural needs and wishes of women with disabilities are taken into consideration in providing housing options.

8. Recommending that providers of accommodation and maintenance support are trained to be sensitive to the specific needs and wishes of women with disabilities.
9. Recommending that a significant proportion (10%) of dwellings earmarked for public housing be rendered accessible.
10. Recommending that women with disabilities are represented in the development of standards.

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