



Action for More Independence & Dignity in Accommodation

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Advocacy, Self Advocacy, Rights, Accessibility, & Community Living for People with a Disability

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Office for Disability

Via email – ofd@dhhs.vic.gov.au

To the State Disability Plan 2021 – 2025 Consultation,

Action for More Independence and Dignity in Accommodation (AMIDA) supports people with disability as valued members of our community. AMIDA recognises that people with disability contribute to and develop our community.

AMIDA acknowledges that people with disability have a right to a choice of who they live with and where they live. Further, people with disability have a right to good quality housing which is accessible, affordable and non-institutional. People with disability have a right to live in the community with access to support to participate and have a good quality of life.

AMIDA is an independent advocacy organisation which advocates for good housing for people with disability. We provide advocacy to individuals, with priority given to people with an intellectual disability, and advocate for change in systems which prevent people from achieving good housing.

AMIDA strongly supports the United Nations Convention on the Rights of Persons with a Disability and works to assert these rights and community inclusion for people with a disability.

AMIDA attended the online forum held on 14 Apr 2021 for Health, Housing and Wellbeing to provide AMIDA's perspective on housing in Victoria, outlining systems which are not working well and offering some suggestions that may improve housing, based on evidence from AMIDA's casework and systemic advocacy work.

The State Disability Plan Consultation Paper states the Outcomes Framework for people with disability for housing includes "people with disability have housing choices that are flexible, suitable, affordable and accessible". AMIDA endorses this outcome. AMIDA's feedback to the Office of Disability is very similar to what we stated in the submission to the 10 year Affordable Social Housing Strategy.

AMIDA suggests funding existing services to implement a Housing First Model. This model has been proven to succeed in other Countries such as Finland and also in Australia. Make this National Housing Policy for Australia. As seen in previous years if it is only aspirational or voluntary, it will fall short of meeting the needs of individuals in the community.

Build more social housing for existing services to manage and make all new builds and renovations accessible to Gold Standard under the Universal Design Standard known as the Livable Housing Design:-

- A step- free entrance to the home
- Wider internal corridor and doors
- An accessible toilet or bathroom on the ground floor or entrance level
- A bathroom and shower that is easier to access
- Grab rails installed in bathroom and toilet (or capacity to do so)
- A ramp or safe pathway to the front door or other entrance
- Safer internal stairways and paths
- More space in and around the kitchen, capable of being adapted
- Ground (or entry) level bedroom
- Easy to reach light switches
- Doors that are easier to open and close

This will require less people to move due to accessibility problems within a dwelling and allow people to age in place. Provide supports like Tenancy Plus on a broad scale.

Price, accessibility, quality stock, access to transport and services are all important. Housing needs to be affordable to those on the Jobseeker Allowance and the Disability Support Pension.

Build and make available much more available housing stock that is affordable and accessible, across Victoria. The Big Housing Build needs to create more accessible affordable housing and while doing so continue to maintain the current housing stock to suit people's needs over time of tenure. Because much of the housing built for the Big Build will be managed by Community Housing, a large proportion will not be available to lower income earners. The business model Community Housing relies on renting to people on middle and higher incomes to fund the maintenance and other management costs of housing provision. If all this housing were public housing, all the stock built would be available to lower income earners. Given taxpayers money is paying for the Big Housing Build, it is unfair that middle and higher income people will get to rent this stock while lower income people remain homeless. All stock funded by the Big Housing Build must be made available to lower income people.

AMIDA has also found a gap in service for people who are living in Community Housing who need modifications to the property for a disability and who find themselves without funding from the Community Housing organisation. There appears to be an assumption from service providers that all people with disability have access to the NDIS and are eligible for home modifications, this is clearly not correct.

With regard to the NDIS, Modifications and Specialist Disability Accommodation, it is also extremely important to consider the housing needs of the 90% of people with a disability who are ineligible for NDIS funding support and the fact that the ILC providers are unable to assist this group of people with disability in their many and different housing needs.

This is a new group of people with disability who will add to the already growing homelessness list. Of the proportion of people in Australia living with disability who do qualify for the NDIS, the NDIS itself predicts that only 6% of participants will qualify for Specialist Disability Accommodation (SDA). This means 94% will not get SDA approved or have access to this accommodation. This percentage also does not include any

participants with disability who have applied for the NDIS and been denied access, most often simply due to a lack of medical evidence from treating practitioners who often do not have information about what the NDIA require to assess eligibility. This has created an enormous service gap for people with disability who were eligible and waiting for housing under the Disability Services Register (DSR) under the (previous) DHHS model, now find themselves ineligible for SDA through the NDIS or any Specialist Homelessness Service. This group is in very clear danger of homelessness. The solution is public housing and State governments are relied upon to build accessible affordable public housing.

Rather than building large high density towers of public housing which are a hazard in a situation such as a pandemic, build scattered public housing that is of good quality and cannot easily be distinguished between homes owned by individuals and those renting through social housing. This also addressed the social stigma associated with the label of public housing occupants. There needs to be 'spot purchase housing' (which was done years ago by Office of Housing) to ensure that people have choice about where they live, people with a disability should be able to continue to live in their local neighborhood's where they have support networks and they are familiar.

Funding for more affordable and accessible housing stock to address the high number of households on the public housing waiting list and the amount of years that people have been forced to wait for appropriate housing. The Big Housing Build will only reduce the waiting list a little, as there are 80,000 people waiting for Housing (in Victoria), transfer, emergency and transitional housing, while \$ billion is a wonderful investment, previous governments have not seen the need to maintain existing stock or build new affordable accessible housing.

The investment being made by the State Government in the Big Housing Build needs to be repeated every year for 10 years if the current need is to be met let alone future need.

In summary provide Gold Standard (as mentioned above) accessible housing, scattered in the community, that is located near accessible public transport, close to facilities such as hospitals and care services. Assign housing assistance to people with disability or specific needs in order to smooth the process of moving into accessible housing.

Additionally, offer low deposit housing loans and home buyer grants. Offer incentives to developers to build accessible homes across all markets.

Lobby federal governments to abolish Negative gearing. It makes housing prices go up and further reduces the chances for low income first home buyers. Permanently remove stamp duty on houses under \$600,000. Regulate for accessibility so that developers must build accessible homes across all markets. Spot purchase housing and allow people over time to purchase the houses they are living in with special home loans, but do not recreate the 'rent buy loans' that meant that people would never own their homes.

Meet with organisations that have expertise in the needs of people who are waiting for housing. Also meet with people with disability to learn from them the best housing solutions to suit their need. Collaborate regularly with VCOSS who are also facilitating education around the changes to the RTA.

We know that there is also not enough accessible Community Housing or Transitional Emergency Housing. With the lack of Public and Community affordable accessible housing and the continuing increase in our population there will be more and more people unable to move out of unsuitable housing and waiting lists will continue to grow.

We urge the State government to plan to make a massive injection of funds for accessible public housing. The need for shelter is paramount for those individuals requiring it but this COVID- 19 crisis has shown that our whole community benefits when everyone has a home to stay in.

Be encouraged by the strong positive response to the Big Housing Build. Victorians want to see homelessness ended and will support governments who make this an ongoing yearly commitment to fund more public housing. We can end homelessness and government has to keep leading us in this direction. Grow the Big Housing Build so that this commitment is made again and again until the job is done. In 10 years it may be done.

Short term and medium term affordable, accessible short stay private rental Apartments to be made available for high risk people with Disability either with accessibility problems in their current or future housing or who cannot be protected from COVID- 19 in their current housing. This could be managed by Transitional Housing managers.

We urge you to use any new funding in the disability accommodation sector to create individual options for housing to provide disabled people with genuine choice as required by the UNCRPD. If the funding announced is to be used to renovate existing group homes, we recommend at least splitting stock into individual units and creating individual living spaces where people can benefit from sharing support without having to share their homes with those they haven't chosen to live with.

Make sure that all housing services and Housing officers in Office of Housing have had training in working with people with a disability. This training should be done by people with a disability, especially those with intellectual disability, brain injury and psycho social disabilities. This is lacking in all current housing services and DHHS office of housing staff.

In regard to emergency and disaster management and any future management of pandemics the State Government needs to consider the problems felt by people with disabilities during the bush fires and pandemic last year. People with disability felt left out of the emergency responses, apart from the very positive step of providing Auslan interpreters to news stations, there was not a lot of thought put in to ensure people with disabilities were included in the COVID -19 response.

People with disabilities living in SDA were isolated and not able to have visits from families and friends, their access to day programs, work opportunities were curtailed and so many acted out against these restrictions to their daily life that many could not understand the reasons for this. Many families were denied access to Specialist Schools for their children and or support services and have had to manage with their children without supports, in some cases this has led to major trauma to the family unit and in some cases a complete breakdown of families. More and more families are looking at relinquishing the care of their disabled family member due to this breakdown of supports.

The communication of emergency and disaster management needs to be a priority in dealing with future disasters, especially recognizing that not all people who have a disability or who are aged have access to computers or smart phones, and this means that the most vulnerable in our community are left out. The messages need to be precise and in different formats, but especially in Easy English so that people with Intellectual disability or brain injury are able to understand the message.