



SHELTER
because housing matters

11th February 2022

Mr Joe Kelly MP
Chairperson
Mental Health Select Committee
Parliament House
George Street
Brisbane Qld 4000
mhsc@parliament.qld.gov.au

Dear Chair

Q Shelter welcomes the opportunity to provide a submission to the Mental Health Select Committee ('the Committee') inquiry into the opportunities to improve mental health outcomes for Queenslanders.

Q Shelter would like to draw to the Committee's attention the central role of secure, stable, appropriate, and affordable housing to the mental health of communities and individuals. We believe this is key element missing from the inquiry's Terms of Reference.

Previous research and inquiries on mental health, housing and homelessness

There is a comprehensive body of research on the relationship between housing, homelessness and mental health. Two specific documents we draw to the attention to the Committee are:

- The Productivity Commission inquiry into mental health (2020), specifically Volume 3, Part IV, Chapter 20 on housing and homelessness¹. This chapter clearly defines the relationship between housing, homelessness and mental health, with clear recommendations that are relevant to the Queensland Government and the Committee's inquiry.
- The national study by Mind Australia in collaboration with the Australian Housing and Urban Research Institute (AHURI) *Trajectories: the interplay between mental health and housing pathways*. This study found safe, secure, appropriate and affordable housing is critical for recovery from mental ill-health and for being able to access appropriate support services².

Throughout this submission we draw on our experience as a housing and homelessness peak and on the diverse views of our members including community housing providers and specialist homelessness services. Further information about Q Shelter is provided as an attachment (see Attachment 1).

Mental health and housing position statement

Q Shelter, with the Queensland Alliance on Mental Health (QAMH), released a Position Statement on Mental Health and Housing (October 2021) as a call to action for coordinated response by government, including the Department of Communities, Housing and Digital Economy and Queensland Health, for increased investment in programs and responses to 'ensure better access to safe, supported and long term housing for people with lived experience of mental illness'. We submit this Position Statement to the committee including the recommendations to create successful housing and health models to respond for people experiencing mental illness (see Attachment 2).

¹ See <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>

² See <https://www.ahuri.edu.au/housing/trajectories>

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Relationship between housing and mental health

There is extensive existing research on the relationship between housing and mental health³. Key elements include, but are not limited to:

- Housing being a 'key protective factor against mental ill-health and promoted recovery for people with mental (Productivity Commission, 2020: 965)
- Mental health contributes to poor housing outcomes including:
 - The person's ability to sustain their tenancy including managing housing related tasks
 - Symptoms of mental illness resulting in anti-social behaviour putting their tenancy at risk. This includes aggression, conflict, and hoarding behaviours. For those living in social housing these behaviours may trigger anti-social behaviour management policies
 - Tenancies can be put at risk if a person is hospitalised or receiving care and absent from their dwelling
 - Facing discrimination in the private rental market impacting on the ability to secure housing.
- Housing difficulties contribute to mental ill-health including:
 - Accommodation that is insecure, of poor quality, poor design, and unaffordable can contribute to ill health and also inhibit recovery from mental illness
 - People living in insecure housing disproportionately experience higher levels of physiological distress
 - Homelessness can exacerbate mental illness, or contribute to the onset of mental illness.
- The interaction between housing and mental health is critical for low to moderate income households when housing becomes unaffordable. Interventions that can enhance housing affordability are considered to be most effective for low-income groups and contribute to better mental health outcomes.

Investment in housing

The Queensland Governments \$2.9billion investment in social housing in the 2021/22 budget to deliver 7,400 social housing homes over the next four years⁴, will have a significant positive impact. However, this only goes some way to responding to housing need in Queensland. Attachment 3 to this submission provides an overview of the significant need and a supply shortfall in Queensland:

A continued and sustained investment in social and affordable housing is required to meet the demand for social housing, and also invest in mental health outcomes. While the cost estimate of investing in social housing may be considered to be substantial, the net cost would be estimated to be far lower as improved housing is likely to lead to reduction in the use over time of other government services, and ultimately savings to government (Productivity Commission, 2020: 967).

It is important to adopt a model for housing that places housing as the most important underpinning factor in addressing health and other wellbeing goals. More housing supply is essential to being able to house people quickly with support to sustain that tenancy if necessary. 'Housing First' is an

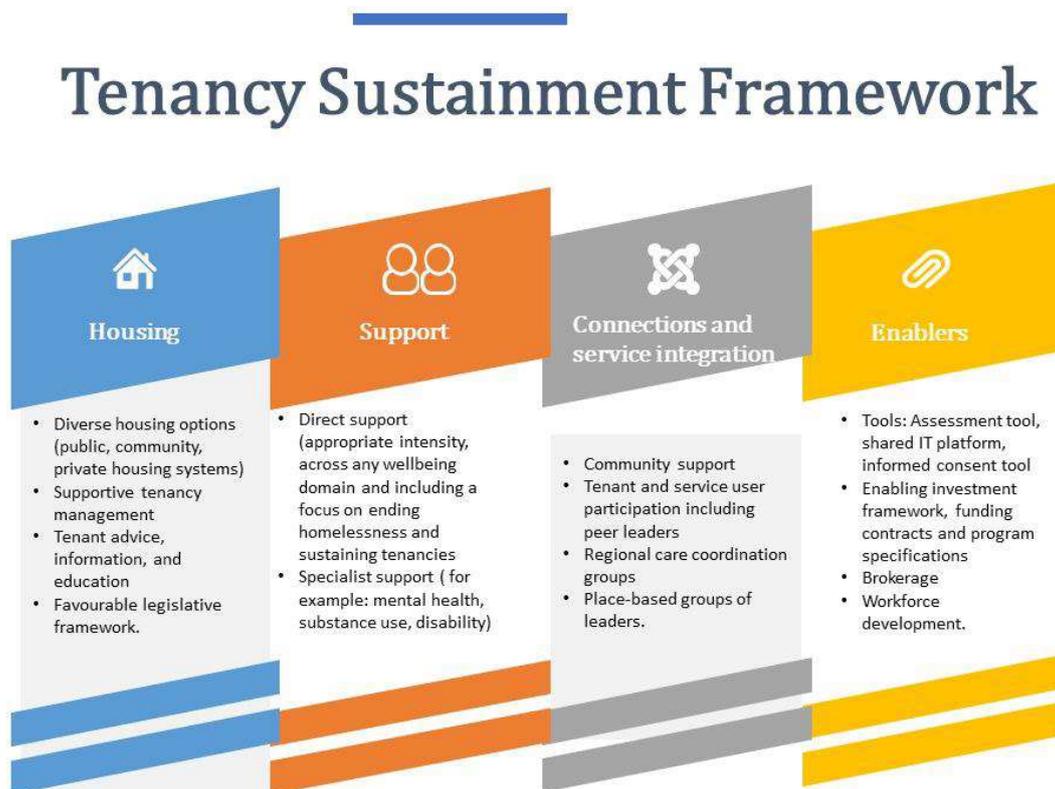
³ See Productivity Commission (2020), Brackerz, N., Wilkinson, A., and Davidson, J. (2018), Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020)

⁴ <https://statements.qld.gov.au/statements/92391>

important approach to improving many outcomes for people particularly where mental health contributes to vulnerability.

A tenancy sustainment framework

Q Shelter supports a tenancy sustainment framework that integrates different types of intervention based on assessed need. Tenancy sustainment is a way of working to ensure long term sustainable housing solutions are achieved. The elements of a tenancy sustainment framework are illustrated below. Key elements of the framework include diverse housing options, specialist support (such as mental health), regional care coordination groups, informed consent, shared information, and workforce development.



Q Shelter 2020⁵

A tenancy sustainment framework makes the assumption that tenancy sustainment is an outcome that is achieved through various interventions depending on the person’s assessed and identified needs. Depending on the person’s circumstances this might include contributions from various types of services and the combination of different types of resources.

For people living with mental health challenges, this means that accessing or sustaining housing is not only the responsibility of housing providers or support providers. Tenancy sustainment must involve an effective relationship between housing provision and support provision. It might also involve other inputs depending on the situation. Any dichotomy that proposes tenancy sustainment is either the responsibility of the housing provider or support provider will fall short of achieving the most obvious outcome of ending homelessness and sustaining an end to homelessness.

⁵ <https://thedeck.org.au/research/affordable-housing/discussion-paper-a-tenancy-sustainment-framework-for-queensland/>

The adoption tenancy sustainment framework will help to address the needs of vulnerable Queenslanders in an integrated way. A framework acknowledges the multiple-parts of a service system and how they need to be integrated depending on assessed needs and levels of vulnerability. This includes the relationship between housing and mental health. There are many existing models and service delivery approaches such as supportive housing in purpose-build and scattered sites. There are organisations in Queensland working intentionally to improve tenancy sustainment through the intensive integration of housing and support.

We also recommend that the mental health system embed 'housing health checks' in its assessment of clients. Additionally, we recommend that any mental health programs designed by health agencies that include housing and homelessness ensure that they are designed with the written involvement of housing and homelessness specialists.

Lack of support for people who are homeless, living in social and affordable housing and living in marginal private tenancies including boarding houses

Overall, many people accessing homelessness services and who live in social and affordable housing lack the support they require to address wellbeing issues including tenancy sustainment.

We propose the need for additional investment in mental health support programs targeting people who are homeless and living these types of housing to ensure:

- A prioritised role for support to sustain tenancies to achieve a measurable reduction in homelessness
- Improved wellbeing outcomes through housing as a basis for other goals to be achieved (such as community inclusion, stronger relationships, meaningful use of time, employment).

Some people in the homelessness and social housing system are so vulnerable that they need a support guarantee which is not currently available because there is insufficient support in the system.

Care Coordination

The Productivity Commission inquiry identified care coordination to be an effective approach to service coordination that reduces homelessness and symptom severity for homeless people with severe mental illness (Productivity Commission, 2020:1006-1007). It is also one of the elements of a tenancy sustainment framework. Care coordination determines the optimal use of services for each individual, taking into account their circumstances and needs, to treat the person holistically. It involves someone who has responsibility for coordinating, facilitating and integrating the person's service needs. In cases where individuals have particularly high needs, care coordination can encompass a multidisciplinary team, more intensive contacts and direct provision of services.

The Productivity Commission recognises that care coordinators are well placed to work with these individuals and coordinate their homelessness, mental health and other services. Single care plans would also help ensure that the different services providers are communicating and have the information they need to provide integrated care (Productivity Commission, 2020: 1007).

Q Shelter provides the backbone support role for the Service Integration Initiative (SII). This initiative is to build state-wide capacity for integrated, place based front-line responses to people with multiple needs who are, or at risk of homelessness. The initiative has Care Coordination Facilitators (CCF) in nine locations across Queensland⁶.

⁶ The initiative was piloted from March 2020 – June 2021, and is now funded through to June 2025, as part of the Queensland Governments *Housing and Homelessness Action Plan 2021 – 2025*.
https://www.chde.qld.gov.au/_data/assets/pdf_file/0023/17429/QldHousingStrategyActionPlan2021-25.pdf

The Service Integration Initiative Service Delivery Framework includes a snapshot of homelessness in Queensland, with a focus on the 'correlations' of homelessness and mental health and other complexities across a number of vulnerable cohorts⁷.

The CCF focus on strengthening multi-disciplinary care coordination processes, whilst supporting the enhancement or design of other key regional structures in strengthening place-based responses to homelessness and other related complexities. Each CCF is responsible for providing place-based support to the regional service system, with a specific focus on enhancing person-centred responses for people with multiple needs that are, or at risk of homelessness.

To support each region, Q Shelter provides a backbone support role to support to each location's CCF in reviewing, enhancing or developing robust practice frameworks, tools and resources, in addition to developing place-based workforce capability building plans. The position will seek to enhance engagement, collaboration and capability building opportunities from across the service system in creating a more integrated and coordinated service response mechanism.

Data from the SII illustrates that of 1427 households (period: March 2020 – December 2021) that have presented for care coordination, almost 43% have an identified mental health condition (either managed or unmanaged), that has either been a contributing factor to losing their accommodation, or worsened through their experience of unstable housing or homelessness.

Providing integrated, multi-disciplinary care coordination to people experiencing homelessness requires effective information sharing across agencies. This is currently a challenge. Improved information sharing between agencies supporting people with mental ill health could lead to better housing outcomes.

Hoarding and squalor

One issue confronting the housing and homelessness sector is that of hoarding and squalor, and the impact it has on tenancy sustainment. It is estimated that hoarding affects 4%-6% of the population, not including their families, friends and neighbours (Great Brisbane Hoarding and Squalor Strategies Group, 2021).

The Queensland housing and homelessness sector has identified hoarding and squalor as a significant issue for the sector. Specialist homelessness services have stated receiving an influx of referrals for hoarding behaviours, but are not able to respond appropriately. This is due to the lack of availability of appropriate services, and the cost of services. The Greater Brisbane Hoarding and Squalor Strategies Group have a number of recommendations to create a strong system, improve support, and workforce development to respond to hoarding and squalor. Q Shelter supports these recommendations (see Attachment 4).

Q Shelter has offered training, via a specialist consultant, to the sector on hoarding and squalor. In October 2021 over 100 frontline workers from specialist homelessness services, community housing providers, local government and other services from Brisbane attended and it was oversubscribed. There is also strong demand for similar training in regional Queensland for not only frontline housing workers but also local government officers and mental health professionals.

NDIS

The NDIS has roped in significant pre-existing mental health programs such as Personal Helpers and Mentors and Partners in Recovery. This has reduced the availability of mental health services to people who are not eligible for NDIS. We also draw attention to the difficulty that many people with

⁷ See <https://thedeck.org.au/regupdates/care-coordination-service-delivery-framework/>

significant functional disabilities from mental health conditions experience in trying to apply for and engage with NDIS.

The work to help people apply and the subsequent advocacy for people to be included is resource intensive for housing and homelessness services. The role of NDIS support in sustaining housing outcomes is potentially very beneficial and we suggest there is a need to advocate for sustained mental health support services for people when they are not NDIS eligible, improved intensive support to access NDIS, and improved literacy of NDIS providers on how they can contribute to improved housing outcomes by adopting a tenancy sustainment framework underpinned by enhanced housing literacy.

Workforce development

The Productivity Commission report (2020: 974-976) identified mental health training for front-line housing workers, including real estate agents, to support people to maintain their tenancies. Q Shelter supports this statement, and works with the sector and the Department of Communities, Housing and Digital Economy to support Queensland's housing and homelessness workforce to have the relevant skills and knowledge. This includes offering the following training to both government and non-government front line staff:

- Trauma informed practice
- Working with people affected by hoarding and squalor
- Motivational interviewing

We also strongly recommend workforce development to increase housing literacy among mental health specialists so they can identify and understand housing issues and where clients may be at risk of homelessness. Q Shelter offers training that is relevant to non-housing front line workers including:

- Understanding Queensland's housing and homelessness sector
- Sustaining tenancies
- Residential tenancies in Queensland (with the Residential Tenancies Authority)

Workforce development to increase housing literacy and mental health literacy for the health and housing sectors is important so that shared frameworks about sustainable housing outcomes are developed.

Q Shelter can assist with training on:

- Trauma informed practice
- Working with people affected by hoarding and squalor
- Motivational interviewing
- Understanding Queensland's housing and homelessness sector
- Sustaining tenancies
- Residential tenancies in Queensland (with the Residential Tenancies Authority).

Recommendations

1. That commissioning of mental health support services includes overt objectives and deliverables about assisting people to sustain their housing.
2. That designing mental health support services includes expert advice and input from housing and homelessness peak bodies and the Department of Communities, Housing and the Digital Economy to ensure that investment and program design supports a role for all key support in sustainment of positive housing outcomes.
3. That the impacts of losing mental health support services to NDIS are mitigated through additional investment in mental health support programs that are community-based, flexible

and focussed on any wellbeing domain that improves life and guarantees stable, affordable and appropriate housing.

4. That the performance of NDIS in relation to people requiring mental health and associated supports is evaluated and barriers to access addressed to increase approvals for people requiring psycho-social support.
5. That a new support program is funded to increase the number of homeless people and people living in social and affordable housing, as well as marginal private accommodation, with ongoing support for the duration of their need. This support needs to include specific objectives and outcomes relating to sustainable housing outcomes and be inclusive of various wellbeing domains to support quality of life.
6. That the Queensland Government engages with Q Shelter to develop and offer homelessness and housing literacy training to the mental health sector to improve the quality and effectiveness of interventions aimed at housing outcomes.

Conclusion

Housing is a significant contributor in any response to improve mental health outcomes for Queenslanders. It plays a central role in improving the mental health of people in our community, and enhancing their opportunities for social and economic participation. This submission has only provided some of the key elements on the interaction of housing and mental health, and some solutions. We strongly urge the Committee to consider the recommendations made in other inquiries and research in Australia that have a specific focus on housing and mental health. We look forward to the opportunity to provide further information on this submission to the Committee

For further details about this submission, please contact me [REDACTED] [REDACTED] [REDACTED] or at [REDACTED]

Yours sincerely



Fiona Caniglia
Executive Director

Attachment One – About Q Shelter

Queensland Shelter Incorporated (Q Shelter) is a state-wide industry and peak body for the Queensland housing and homelessness sector with a broad-based membership base that includes passionate individual members, as well as not for profit (NFP) and for profit organisations. We provide an independent and impartial voice on behalf of the housing and homelessness sector, as well as on behalf of those Queenslanders who do not have access to secure and affordable housing. We also work to strengthen the capacity of community housing providers and specialist homelessness services to deliver better outcomes for those in need. Started in the 1980s by committed community members, Q Shelter was incorporated in 1993.

Q Shelter’s vision is that every Queenslander has a home.

Our purpose is to lead the sector in solutions that address the housing and homelessness needs of vulnerable Queenslanders.

For over thirty years, Q Shelter has worked with members and stakeholders to improve housing outcomes for vulnerable Queenslanders. Q Shelter provides products and services that build the strength and capacity of the housing and homelessness sector. Q Shelter also works with regional networks and members to improve policies and programs responsive to the needs of people vulnerable to homelessness. Our members come from across Queensland and include community housing providers (CHPs), local governments, specialist homelessness services, Indigenous Community Housing Organisations (IHOs). Q Shelter also works with housing and homelessness networks in fifteen areas across Queensland.

Q Shelter is part of a network of Shelter organisations in each State and Territory, and is a member of the National Shelter Council, the Council to Homeless Persons (CHP) (Qld), and participates in the national Community Housing Industry Association (CHIA).

Q Shelter is a member of the Making Rent Fair Alliance. Q Shelter is also a member of the Ministerial Housing Council Sub-Committee, including the COVID-19 Housing Security Sub-Committee.

Service Integration Initiative

Q Shelter provides the backbone support role for the Service Integration Initiative (SII). This initiative is to build state-wide capacity for integrated, place based front-line responses to people with multiple needs who are, or at risk of homelessness.

The initiative was piloted from March 2020 – June 2021 with the introduction of Care Coordination Facilitators (CCF) across nine locations in Queensland. The CCF focus on strengthening multi-disciplinary care coordination processes, whilst supporting the enhancement or design of other key regional structures in strengthening place-based responses to homelessness and other related complexities. Each CCF is responsible for providing place-based support to the regional service system, with a specific focus on enhancing person-centred responses for people with multiple needs that are, or at risk of homelessness.

To support each region, Q Shelter provides a backbone support role to support to each location’s CCF in reviewing, enhancing or developing robust practice frameworks, tools and resources, in addition to developing place-based workforce capability building plans. The position will seek to enhance engagement, collaboration and capability building opportunities from across the service system in creating a more integrated and coordinated service response mechanism.

The initiative is funded through to June 2022, as part of the Queensland Governments *Housing and Homelessness Action Plan 2021 – 2025*.
https://www.chde.qld.gov.au/data/assets/pdf_file/0023/17429/QldHousingStrategyActionPlan2021-25.pdf

To monitor and evaluate SII outcomes and impact, a Client Management System (CMS) has been designed. Through regular reporting, the CMS is able to provide contemporary, regional data related to in flow, demographics, presenting issues, responses and housing/support outcomes. This along with other qualitative data informs an ongoing Action Research Study.

Attachment Two - Mental Health and Housing Position Statement

Attachment Three - Housing need in Queensland

- It is estimated that an additional 175,000 dwellings needed in Queensland over the next 20 yearsⁱ. This translates to 8,750 additional dwellings per year.
- There is an projected short fall of 174,900 social housing dwellings in Queensland (2016-2036) with 79,200 of these dwellings in the Greater Brisbane areaⁱⁱ
- There are 26,397 households registered for social housing in Queensland (September 2020) – this equates to 50,000 people waiting for housing,
- There are 10,229 households currently assisted through the National Rental Affordability Scheme (NRAS) that are likely to require continued affordable housing at the conclusion of NRAS in 2026ⁱⁱⁱ.
- These challenges are exacerbated by the likely increase in the number of Queenslanders needing housing into the future, with the population projected to increase from just over 4,840,000 people in 2016 to more than 7,100,000 in 2041.^{iv}
- Over 40% of low income private rental tenants in Queensland are paying 30% or more of gross income on private rental (30 June 2019)
- Rental housing is a significant and growing tenure in Queensland increasing from 25.2% in 2006 to 32.2% in 2016. This is the highest proportion of any tenure type in Queensland, and is higher than the national figure of 24.9%.
- Private rental is not a residual tenure, and is a normative housing experience for a larger number of households. Just over 33% of all private rental households nationally are long term renters who have been living in private rental accommodation continuously for ten years or more^v.

Attachment Four – Great Brisbane Hoarding and Squalor Strategies Group Report

ⁱ See Lawson, J., Pawson, H., Troy, L., van den Nouwelant, R. and Hamilton, C. (2018) Social housing as infrastructure: an investment pathway, AHURI Final Report 306, Australian Housing and Urban Research Institute Limited, Melbourne, <http://www.ahuri.edu.au/research/final-reports/306>, doi:10.18408/ahuri-5314301..

ⁱⁱ *Ibid*

ⁱⁱⁱ QGSO, 2022, *Queensland Housing Profile*, Queensland Government.

^{iv} *Ibid*.

^v See Stone, W., Burke, T., Hulse, K. and Ralston, L. (2013) Long term private rental in a changing Australian private rental sector, AHURI Final Report No.209. Melbourne: Australian Housing and Urban Research Institute.



SHELTER
because housing matters

Mental Health and Housing

Position Statement

October 2021

Our call to action

Together, Queensland Alliance for Mental Health (QAMH) and Q Shelter are calling for coordinated action by both the Department of Communities, Housing and Digital Economy and Queensland Health, to commit to increased investment in supported accommodation programs. This is to ensure better access to safe, supported and long-term housing for people with lived experience of mental illness particularly in Queensland's regional areas.

Specifically, we are calling for more funding to appropriately resource and expand existing programs, which have already demonstrated success across Queensland. Therefore, we recommend:

1. That increased funding for head-leased housing options is available for targeted access by people with lived experience of mental illness.
2. That growth funding is available for subsidised housing options aimed at addressing the needs of people with lived experience of mental illness.
3. That support agencies addressing the needs of people with lived experience of mental illness are encouraged and supported to engage directly with Community Housing Providers to help shape their Growth Plans.
4. That increased funding for support programs is provided that ensure a focus on tenancy sustainment and that also have scope address diverse wellbeing domains depending on assessed needs.
5. That the partnership between Department of Communities, Housing and Digital Economy and Queensland Health is strengthened to:
 - ensure increased housing and mental health literacy across funded services
 - advance preventative approaches to people leaving institutions
 - develop shared service delivery frameworks and models across Housing Service Centres, the Hospital and Health Services (HHS), and community-based mental health services.

Our calls to action are not independent but rather work hand in hand to provide people with appropriate supports and programs to meet their needs.

At a state level, the 2021-2024 Queensland Housing and Homelessness Action Plan provides a new opportunity to expand integrated responses to housing and support needs among people who have lived experience of mental health. At a national level, it is essential that responsibility for the provision and integration at the interface of mental health and housing services is clearly articulated in the [National Mental Health and Suicide Prevention Agreement](#) (due November 2021) and the existing [National Housing and Homelessness Agreement](#).

Why action is needed

Australia's current mental health and housing systems are inadequate and crisis-driven, perpetuating instability for individuals and reliance on more costly services for governments. In a recent media release, QAMH CEO Jennifer Black said, "having the security of safe and affordable housing is a major factor in supporting individual mental health and wellbeing, particularly at a time when we see high rates of mental distress brought on by the COVID-19 pandemic."

The pandemic has had a significant impact on the mental health and substance use of the nation, with people experiencing higher rates of anxiety and stress, pressure on relationships, workplace changes and job losses. Queensland has experienced a significant reduction in the availability of affordable housing, as rental properties have been reclaimed by returning owners to reside in, use as holiday rentals or sell for profit in the current house price spike. Regional Queensland has been significantly impacted with vacancy rates reduced to less than 1% in most towns¹, severely impacting the availability of suitable housing options for people with a mental illness who are at risk of homelessness. Figures from the Australian Institute of Health and Welfare (AIHW) on the delivery of specialist homelessness services to nearly 14,000 clients in June 2021 in Queensland, reveal that 3,395 had a mental health issue and 871 reported a problematic alcohol or drug issue.²

¹ Real Estate Institute of Queensland. (2021). Extremely low vacancy rates endure across 80% of Queensland. Media Release: REIQ. <https://www.reiq.com/articles/vacancy-rate-report-mar-21/>

² Australian Institute of Health and Welfare. (2021). Specialist Homelessness Services: monthly data. AIHW. <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/monthly-data>

Member organisations have highlighted particular concern for culturally and linguistically diverse (CALD) communities³ and Aboriginal and Torres Strait Islander peoples⁴ who are more likely experiences mental distress, and be at risk of, or experience homelessness compared to other Queenslanders. This is partly due to the unique challenges they face, such as language barriers, cultural differences, stigma and experiences of trauma, making it difficult to secure housing and access mental health services.

The substantial efforts of housing providers, support providers and the Government agencies that fund them are acknowledged. We welcome the Queensland State Government's recent commitment of \$1.9 billion to increase supply and upgrade stock of social housing and the \$1 Billion housing investment fund. However, further investment is needed to meet the diverse and growing needs of Queenslanders.

Member organisations report that regional towns are overlooked and undersupplied when it comes to increasing social housing stock. For example, the last budget provided up to 10 houses in Mackay yet up to 480 people are currently on the waiting list, many of whom have been waiting for 12 months or more. A similar number of properties are required across Central Queensland (CQ) and Rockhampton, where the vacancy rate is 0.4%. A member in Rockhampton (Anglicare Central Queensland) reports that nearly one third of people accessing their support service following a suicide attempt have experienced a situational crisis that is associated with their housing circumstances. The current waitlist in Townsville is approximately 2,000 while Cairns is also experiencing significant housing issues with almost no vacancy, partly due to people relocating from southern states and the conversion of rental accommodation into places used for holiday stays, such as Airbnb's. Another experience unique to Cairns is people from Torres and Cape relocating to Cairns despite low vacancy rates. People may also face barriers in the private rental market including lack of rental history and discrimination. Members also report that single men living with a mental illness are vulnerable to the current housing crisis even though they do not always fit identified target groups.

³ SBS Learn & St Vincent de Paul Society. (2018). Fact Sheet: Culturally and Linguistically Diverse Peoples' Experiences of Homelessness.

https://www.sbs.com.au/sites/sbs.com.au/home/files/sbs_learn_frh_cald_fact_sheet.pdf

⁴ Queensland Government. (2019). Aboriginal and Torres Strait Islander Housing Action Plan 2019-2023.

https://www.chde.qld.gov.au/data/assets/pdf_file/0012/5214/atsihousingactionplan.pdf

In April 2021 Mental Health Australia (MHA) published a [position paper](#) outlining the priority policy reforms required to improve access to appropriate housing for people with lived experience of mental illness across the nation.

These reforms were informed by The [Trajectories](#) Research, followed by a Delphi consultation process with key stakeholders, including QAMH and Q Shelter, supported by MHA in partnership with Mind and Australian Housing and Urban Research Institute (AHURI). The paper concluded: “We know the solutions; it is now time for governments to act.”

These priorities are:

- Increase availability of housing options
- Support to sustain tenancies
- Early intervention and prevention.

In consultation with members, QAMH, in partnership with Q Shelter, has reviewed these reforms to identify the challenges and solutions specific to Queensland (See Attachment 1). Queensland already has in place several successful programs and best-practice initiatives that must be better resourced and expanded to address these challenges.

Key success factors in solutions

We know that successful models are those that are person-driven, and recovery focused, support choice, and are localised but align with a national, evidence-based approach. Better communication with decision makers, and cross-sector collaboration and service integration is required to support local sustainable housing solutions for people with lived experience of mental illness.

Some important elements from across these programs include:

- Examples of housing growth through developing new supply which is fit for purpose
- Models that deliberately integrate housing and support through direct provision or through highly structured partnerships (such as Common Ground, Sustaining Young Tenancies and MADEC in Mackay).

- Support programs with a key focus on sustaining tenancies and which link to various housing choices through bespoke partnerships but which do not necessarily generate new housing supply.
- Service integration responses that seek to integrate inputs across diverse organisations based on the assessed and identified needs for a person or household with lived experience of mental illness.
- Workforce development to increase housing literacy among mental health specialists, and mental health literacy among housing and homelessness specialists is also important so that shared frameworks about sustainable housing outcomes are developed.

ATTACHMENT 1: Examples of successful housing and support initiatives across Queensland

1. Integrated housing and support

Housing First model

Common Ground Housing Model provides people experiencing chronic homelessness with access to supportive housing. According to the evaluation of the initiative⁵, Brisbane Common Ground has saved the community approximately \$13,100 per annum, per tenant. The program has also led to reductions in service use resulting in significant savings across the health, criminal justice, and homelessness sectors. While the outcomes are positive, at present the model can only benefit a small number of people and requires investment to expand.

Housing and support models

MADEC is investing retained funds to build 26 modular homes in Mackay, which people who are seeking affordable and sustainable housing can rent. The homes will provide low-cost rental accommodation which will support people to build a rental history and enter the open market in the future. This approach presents significant financial risk for the organisations investing capital in the project; however, it does offer a long-term solution. Capital investment is urgently required to implement approaches such as this in other regions across Queensland.

2. Specialist support that links to housing options

Integrated mental health support with a housing focus

Assistance with Care and Housing (ACH) is designed to “support people who are homeless or at risk of homelessness, to access appropriate and sustainable housing as well as community care and other support services specifically targeted at avoiding homelessness or reducing the impact of homelessness.” Funded by the Australian Government as part of the Commonwealth Home Support

⁵ Parsell, C., Petersen, M., Moutou, O., Culhane, D., Lucio, E., & Dick, A. (2015). *Evaluation of the Brisbane Common Ground Initiative*. Institute for Social Science Research: University of Queensland.
<https://issr.uq.edu.au/files/4003/BrisbaneCommonGroundFinalReport.pdf>

Program, the ACH program, delivered through Footprints Community and currently expanding across South East Queensland, from Sunshine Coast to Ipswich and Gold Coast.

The Mental Health Demonstration Project trialed “a new integrated housing, mental health and welfare initiative to assist people in social housing to sustain their tenancies whilst managing mental illness or related complex needs.” The Project was a collaborative approach between Queensland Health, the (then) Department of Public Works and Housing, and NGO partner Footprints Community. The Project was conducted over a two-year period and evaluated by the University of Queensland. The service model included:

- case coordination and case-management approach
- non-clinical, psychosocial support and tenancy support provided through Footprints
- clinical mental health support provided HHS
- educational component which included e-modules on mental health, and housing and homelessness to enhance capacity of Housing Service Centre staff.

Evaluation revealed almost all tenants:

- experienced improved housing situations
- received fewer complaints, breaches and warnings (indicators of tenancy problems)
- improved relationship with their housing office
- accessed and engaged more with clinical mental health services
- Experienced significant improvements in health and social functioning
- Experienced improved mental health (felt happier, more confident, less dependent on medication, set achievable goals, felt more capable of managing tenancy). A combination of clinical and non-clinical health support provided throughout the Project, and reduced anxiety about their tenancies contributed to improvements in their mental health.

This is an example of a pilot project that successfully integrated and coordinated housing, mental health and psychosocial supports to achieve improved tenancy, health and social functioning outcomes. The partnership approach of the project between Footprints, mental health and housing was able to provide additional benefits for people accessing services and further demonstrated the value of cross sector collaboration.

The Transition from Correctional Facilities Program provided across Queensland by Richmond Fellowship Queensland (RFQ), Bridges Health and Community Care, and Neami offers recovery focused support services (including support to find and maintain housing) for people with a mental illness released from an adult correctional facility. RFQ report, the program faces ongoing challenges, including limited accommodation options for people leaving incarceration and those that become homeless. This has been exacerbated by the indefinite closure of crisis accommodation (Pindari, OzCare) and the permanent closure of Roma House. To help confront these ongoing challenges, the program has:

- Used some Queensland Health COVID-19 funding for short term accommodation.
- Worked more closely with other NGOs (Hart4000, Micah, Sisters Inside) to source and maintain accommodation.
- Identified limited but innovative options, one example is the ‘tiny houses’ project funded by Annerley Baptist Church/ Community Plus+ that supports people who are homeless with a safe space to stay for no cost.

Individuals at Risk of Homelessness Program (IRHP) are mental health community support services funded by Queensland Health in five catchment areas across the state. The programs support adults living in boarding houses, hostels or crisis accommodation referred by the HHS Mental Health Services. The IRHP is designed to offer a range of non-clinical psychosocial wraparound supports that focuses on breaking the cycle of homelessness and supporting individuals to transition to secure and stable tenancy and housing.

RFQ, a non-government provider of IRHP, highlighted key challenges of the program. For example, the low vacancy rates in Townsville (close to zero) creates significant problems for their IRHP client group who generally have little to no income and are unable to compete with the open market. Placing people in accommodation that suits their needs is another ongoing challenge, particularly for single people and families. In some cases, people have to stay in accommodation that is too small, in a poor location, is substandard or is designed for short term stays such as emergency accommodation. More access to suitable housing is required to support people while longer term accommodation is identified.

Sustaining tenancy program

Brisbane-based [Sustaining Tenancy Program](#) is delivered in partnership between Community, Bric Housing and Brisbane Housing Company. Funded by the Brisbane City Council's *Pathways out of Homelessness* Program, it provides support for people living in the Brisbane City Council catchment area to find long-term housing, manage a new tenancy or sustain an existing one. The program also helps people navigate pathways to a range of health services including mental health, and alcohol and other drugs support, offering targeted psychosocial approaches for people living with a dual diagnosis of addiction and mental health conditions. This program addresses a gap in service delivery across housing, homelessness and dual diagnosis space.

Community's Sustaining Tenancies Team received additional funding under the COVID-19 Immediate Support Measures as an Emergency Housing Action Response (EHAR). This enabled Community to provide flexible outreach mental health and alcohol and other drug services, supporting 16 people out of homelessness and into secure dwellings. It also linked people with their local community to access health and wellbeing supports and resulted in a 97% decrease in rental breach notices. The assertive outreach model engaged people with complex social issues that did not want to engage previously.

Sustaining young tenancies program

This [program](#) is delivered by Brisbane Youth Service in collaboration with several housing providers provides intensive support to assist young people to find, get and keep housing. The quality and intensity of support is essential to achieving sustained tenancy outcomes with some young people also sustaining private rental market tenancies. The program has been evaluated to demonstrate a high level of tenancy sustainment and therefore reduced homelessness as well as strengthened partnerships between support and housing providers.

Localised responses

The Junction Clubhouse in Cairns has extensive local knowledge yet is largely underutilised when it comes to addressing the housing crisis. Recognising the social issues in the community and the impact this can have on stable housing, the outreach team works closely with people to help maintain leases and overcome challenges. While outside its area of focus, the community organisation recognises the need to provide this type of support. Working with local organisations to identify solutions is essential.

3. Service integration

[Service Integration Initiative](#) is part of the four-year housing action plan operating across nine regions in Queensland. Funded by the Department of Communities, Housing and Digital Economy, the initiative is auspiced by a number of place-based organisations, supported by Q Shelter in providing the backbone support role. Focused on providing coordinated responses to households requiring supports from a range of services in addition to housing, the initiative to date has supported more than 1,100 households, from singles to households of up to 10. Initial data found that one third identified as living with problematic or unmanaged mental illness, and 16% have both problematic or unmanaged alcohol and other drug and mental health issues, demonstrating the association between housing, alcohol and other drugs, and mental health.

Formalised structures across the service system including alcohol and other drugs, mental health and aged care, have been established through this initiative in breaking down silos and creating a potential platform for other programs to leverage and be part of a wider network to tackle the mental health and housing issue together.

4. Workforce development

[Q Shelter Foundation Training Series](#) is a “series of online sessions that provide a core platform of skills training that form the basis for the Queensland housing and homelessness sector.” Topics covered include:

- tenancy sustainment
- trauma informed care micro-training
- housing and homelessness sector introduction
- residential tenancies training.

The intention is to offer people entering housing and support roles, including allied sectors such as mental health, with a foundation and literacy in housing and homelessness solutions. This recognises that many people present with housing and homelessness needs to diverse organisations such as neighbourhood centres, mental health and disability support services.

Attachment 2: More about capital subsidies and head-lease programs

Head leasing arrangements

This involves organisations renting private rental properties and on-letting the property to a low income or disadvantaged tenant. Not-for-profit community organisation MADEC is using this option to provide solutions to the housing crisis in Mackay. The organisation is currently renting 12 properties, including multiple bedroom dwellings, to provide shared accommodation. This solution can provide safe shelter for some, however, has limitations due to cost, insecurity of tenure, and because of the intensity of support needed to match people for shared accommodation and sustain those tenancies.

Capital investment

Capital investment through the not-for-profit sector allows for growth projects that deliver housing solutions to people who face barriers to private tenancies. Current capital investment through the Queensland Budget is acknowledged. It is important however to ensure a growing funding pipeline to address the need for highly subsidised capital projects that can be integrated with support services to deliver long-term, secure, affordable and appropriate housing solutions.

Where there is capital investment, the opportunity exists for targets to deliver housing solutions for people with lived experience of mental illness. This proposal suggests that each region needs targets for housing supply that is available and accessible to people with lived experience of mental illness and that these approaches need to include integrated support to sustain tenancies and address varied wellbeing domains.

A range of organisations are equipped to undertake capital projects including community housing providers in partnership with support providers. It is suggested that a capital funding stream is considered for growth projects that are intentionally inclusive of people with lived experience of mental illness and where support partnerships are featured based on current and emerging evidence.

Attachment 3: Who we are

Queensland Alliance for Mental Health

Queensland Alliance for Mental Health (QAMH) is the peak body representing the community mental health and wellbeing sector in Queensland.

QAMH advocates and supports member organisations to foster better outcomes for people experiencing mental health issues. It is committed to promoting the unique value the community mental health and wellbeing sector offers to the health care continuum within Queensland.

QAMH is proud to work with its members and key partners, to influence system reform and enhance the contribution that the community mental health and wellbeing sector plays in people's lives.

Q Shelter

Q Shelter is the peak body representing the housing and homelessness sector in Queensland. Q Shelter's vision is that every Queenslander has a home. In actioning its vision, Q Shelter's purpose is to lead the sector in solutions that address the housing and homelessness needs of vulnerable Queenslanders. Q Shelter supports its members and stakeholders improve policies, programs and practice in response to the needs of people experiencing, or at risk of homelessness. Q Shelter works with Government, the community sector and private sector to achieve solutions that make a positive difference.

Q Shelter provides training and professional development opportunities that builds strength and capacity across the sector, tools and resources to assist organisations to be effective, as well as supporting the linkage of regional networks in working together on state-wide issues and opportunities. Included in the Queensland Government's Housing Action Plan 2021-25, Q Shelter provides the backbone support role for the state-wide Service Integration Initiative, as well as providing Regional Care Coordination Facilitators in Cairns, Mackay, Brisbane, Redland and Logan.

Contributing member organisations

[Accoras](#) is all about early intervention services that promote long-term good mental health. Accoras get in at the right time to stop serious difficulties from becoming permanent or life-changing problems.

An organisation with truly local roots, [Anglicare Central Queensland](#) is dedicated to leading the way in the community services sector as they pride themselves on empowering and supporting their participants, upholding human rights, and advocating for the removal of unjust structures.

Since 1870, [Anglicare Southern Queensland](#) has been committed to caring for the most vulnerable in the community. Today, Anglicare Southern Queensland continues to provide a wide range of services including mental health and wellbeing programs and supports, and homelessness services across southern Queensland.

As an organisation, [Centacare Far North Queensland](#) has focused on community wellbeing in the broadest sense, not only within the immediate Cairns area but also across the whole of the Far North Queensland region. Centacare FNQ continues to strive to maintain its commitment to supporting and assisting people living within the Far North Queensland community who are most in need.

[Community Queensland](#) supports people to maintain their independence, connect to their community, manage their health and lifestyles, address the challenges and embrace the opportunities life presents.

[Footprints Community](#) is a well-regarded not-for-profit provider of community-based services, working in the community for over 30 years. Footprints Community specialise in working with older people, those that experience disability, mental illness, as well as those who are at risk of homelessness.

[The Junction Clubhouse](#) is a place for people with a lived experience of mental illness to come along, belong and recover. The Junction Clubhouse are a community of people living with mental illness who support each other in our recovery goals.

[MADEC](#) is a local, not-for-profit community organisation, supporting the Mackay region since 1973. They support young people and persons with a disability to be part of the community and empower them to lead rewarding lives.

[Richmond Fellowship Queensland](#) provides a wide range of programs that keep people healthy in the community including supporting people's transition into the community from hospitals and correctional facilities.

[UnitingCare](#) is a services provider connecting with people in every corner of our community, from Coomera to Katherine, we're here to help address some of the most pressing social issues faced by our communities.

Greater Brisbane Hoarding and Squalor Strategies Group (GBHSSG)

Too much stuff, too little support

A call for coordinated action to address hoarding and squalor in Queensland

EXECUTIVE SUMMARY

Compulsive hoarding and severe domestic squalor are complex issues that compromise the health, well-being and housing security of an estimated 4-6% of the population, not including their families, friends and neighbours. Many affected people have limited insight into their conditions, are resistant to intervention, and experience other serious health issues and significant vulnerabilities.

Worldwide research and practice confirms that there are no easy answers and no quick fixes. Cases of hoarding and squalor that come to public and media attention require intensive, complex responses spanning many years. Regulatory responses are costly, resource intensive and legally challenging. Large scale, one-off cleans are expensive, ineffective and highly distressing for all involved. Trauma escalates behaviours and can also lead to significant challenges to health.

Compulsive hoarding is a serious yet treatable mental health issue. Squalor is a cumulative result of ill health, isolation and poverty. Both issues occur separately and together in our community. A major commitment is required across all levels of government, community agencies, health professionals, the private sector and the public to assist people in our communities to recover from hoarding disorder and eliminate squalor. We require a holistic, multi-agency and multi-disciplinary response to the issues associated with hoarding and squalor.

These issues are too big to belong in the too hard basket. The Greater Brisbane Hoarding and Squalor Strategies group puts forward our passion, commitment and experience towards providing ongoing solutions and support for people experiencing hoarding and squalor issues, and calls for State-wide action.

About Us

The Greater Brisbane Hoarding and Squalor Strategies Group (GBHSSG), first established as a priority under the State Government's Homelessness Community Action Plan in 2011, is a collaboration of seventy-eight agencies, government entities and individuals,

The GBHSSG works to inform and direct collaborative, holistic and sustainable responses to the issues of squalor and hoarding in greater Brisbane. The core of our effort is strategically directed to improving the quality of life for those impacted by hoarding and squalor, reducing prevalence, keeping people safely housed and giving people a voice.

Collaboration is key to the group's successes to date. Through continued collaboration we can achieve many outcomes that we can only imagine if we work alone.

Some of our achievements include –

- The Inaugural 2 Day Brisbane Hoarding and Squalor Forum 2012
- No More Sweeping it Under the Rug – de-cluttering the Hoarding and Squalor System withing Metro North Brisbane –
 - funded by North Brisbane Partners in Recovery Innovation Fund 2014/15 -
 - a suite of training workshops and forums
 - Buried in Treasures Peer Support Pilot Project – delivery and evaluation
 - A Service Provider Guide
- The Hoarding and Squalor Compliance and Support Forum 2017
- Ongoing Training Activities to advance international best practice responses to hoarding and squalor, provided by National and Internationals leaders in the field, including -
 - Dr Christiana Bratiotis
 - Dr Randy Frost
 - Lee and Bec Shuer

OUR RECOMMENDATIONS

A commitment is required across all levels of government and the community sector to progress multi-agency responses to the issues associated with hoarding and squalor. This includes a commitment to co-ordination, collaboration, the sharing of resources, and the implementation of consistent standards of best practice approaches across services.

The following recommendations provide opportunities and avenues through which this commitment could be achieved in Brisbane and across Queensland.

A strong system

1. A state-wide task force is formed, including senior representatives from all levels of government and key community services, to progress high level, strategic responses.

A state-wide approach is needed to ensure consistent, best practice approaches are implemented across Queensland. Regional areas especially require support, training and resources to respond locally.

2. Support for on-ground Case Coordination Groups, taking a multi-agency approach responding to individual cases that come to public attention. These are a proven response to the most challenging and complex cases, including those where there is a high resistance to intervention despite threats to health, safety and property.

Improved Support

3. Funding is required for –
 - dedicated services that provide support to individuals and households impacted by hoarding and squalor, including :
 - sector training

- outreach and engagement workers
- case management services
- Peer Support programs, specialist trained therapists and other recovery focused mental health services
- professional organisers, specialist cleaning services and other in-home services to provide coaching and other supportive approaches to address clutter and support longer term, ongoing change.

Research and Workforce Development

4. Pilot evidence-based interventions evolving nationally and internationally to improve coordination of services and responsive service delivery.

Local Government

5. Local governments to develop state-wide policy and guidelines to enable Councils to provide consistent, coordinated, collaborative, best practice approaches to hoarding and squalor

Annexure 1

Definitions

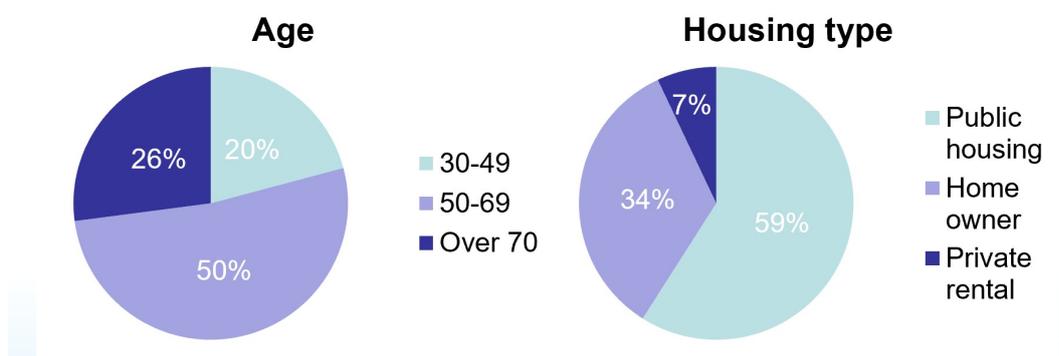
Compulsive Hoarding

Compulsive Hoarding is not just an accumulation of items. Hoarding is present when:

- the person has difficulty discarding items regardless of their financial value and discarding items causes them distress
- the person has strong urges to save items
- items clutter active living or workplace areas so they cannot be used for their intended purpose

Prevalence of Hoarding

- In US, UK and OECD countries, the prevalence of hoarding disorder ranges from 2% - 5% of the population (Source: Pathways to Dealing Effectively with Hoarding & Squalor in Australia)
- **In Australia, 2.6% of people are affected by compulsive hoarding² - 608,000 people** (Source: López-Solà et al. (2014). Prevalence and heritability of obsessive-compulsive spectrum and anxiety disorder symptoms: A survey of the Australian Twin Registry. American Journal of Medical Genetics Part B: Neuropsychiatric Genetics, 165(4), 314-325)
 - **Queensland - 122,000 people**
 - **Brisbane LGA - 29,410 people**
- Middle-aged and elderly most likely to have serious symptoms
- Hoarding begins in teenage years and worsens over time
- Hoarding occurs across all socioeconomic strata but is commonly associated with lower income levels
- More men than women report hoarding; however, more women seek help



Annexure 2

What Does Hoarding Look Like?



Identifying squalor: what is it and what does it look like?

- **‘Wet squalor’** -
 - moist or liquid excrement, decayed materials, grease, water spillage or overflow accumulation of rubbish but not purposeful accumulation of items
- **‘Dry squalor’** –
 - disorganised accumulation of ‘dry goods’ e.g. clothing, papers, items in plastic bags and / or electrical devices
 - prevents adequate cleaning
 - accumulation or failure to discard may be purposeful or not



Annexure 3

Looking at the person not the property

Why do people accumulate items or live in squalor? – Professional’s view

- Family influences and experiences to significant life events (e.g. war, trauma)
- Difficulty with executive functioning (e.g. processing information, categorisation, decision making, memory)

- Emotionally driven reinforcement patterns
- Inability to form personal relationships
- Cognitive impairment caused by dementia, alcohol related brain damage
- Mental health issues (e.g. schizophrenia, depression)
- Protects from and prevents other people getting too close
- Creates feeling of security
- Strong emotional attachment to items
- A belief that the items are worth valuing and / or might be useful someday
- A strong desire not to be wasteful
- An intention to sort through accumulated belongings
- Situation reflects negative feelings about self (e.g. feeling like rubbish, not valued, broken)

Hoarding and squalor as a mental health issue

- Hoarding Disorder was categorised as a stand-alone disorder in the DSM-5 in 2013
- Hoarding is also co-morbid with:
 - Depression (over 50%)
 - Anxiety disorders:
 - Social phobia (23.5%)
 - Generalised anxiety disorder (24.4%)
 - Obsessional compulsive disorder (18%)
 - Acquisition-related impulse control (78.3%) compulsive buying, acquiring free things, and kleptomania
 - ADHD (27.8%)
 - Personality disorders

Characteristics of Hoarding

A	Persistent difficulty in discarding regardless of value attributed by others
B	Difficulty due to strong urges to save items and / or distress linked to discarding
C	Possessions accumulate, cluttering active living or workplace areas so much that they can no longer be used for their purpose. Uncluttered spaces are only due to intervention of another person
D	Symptoms cause significant social, occupational, functional impairment
E	Symptoms are not due to a general medical condition
F	Symptoms are not restricted to symptoms of another mental disorder (e.g. OCD, Schizophrenia)

Levels of Insight

Good or Fair Insight	Person recognises that their hoarding beliefs and behaviours are problematic
Poor Insight	Person mostly convinced that their hoarding beliefs and behaviours are not problematic despite evidence to the contrary
Absent Insight	Person totally convinced that their hoarding beliefs and behaviours are not problematic despite evidence to the contrary

Squalor as a Mental Health issue

- Dementia
- Substance abuse or alcohol-related brain damage
- Schizophrenia or paranoid state

* frontal lobe changes found in all three (leads to neglect of hygiene and attention to cleanliness of home)

Annexure 3

Case Studies

Peer Support – Buried in Treasures (BIT)

GBHSSG have worked with Lee and Bec Shuer, international leaders in Peer Support responses, to provide BIT Facilitator Training, BIT Wrap for Clutter and other associated training to over 450 Community and Government Workers, and people with lived experience

Peer Support - Buried in Treasures - an Evaluation

- What we did –
 - provided Buried in Treasures, a facilitated support group for people with hoarding and clutter issues - 15 weekly sessions provided to 10 attendees

- What was achieved –
 - A significant decrease of the impact clutter had on daily functioning was observed between pre and post scores. A further decrease was indicated by four week follow up scores.
 - A significant increase in discarding was observed between pre and post scores. The participants' increase in discarding remained consistent as indicated by four week follow up scores.
 - A significant decrease in acquisition of items was observed between pre and post scores. The result remained stable, as indicated by four week follow up scores.

The Clutter Group

After working through the “Buried in Treasures” workshop series at Footprints, one participant started an ongoing peer group at his local Neighbourhood Centre. The group leader is supported by Self Help Queensland to connect to other volunteer peer-led groups and assisted to attend specialist workshops by the Brisbane City Council.

The Compliance and Support Approach and Case Study – Brisbane City Council’s Hoarding and Squalor Reduction Initiative

Approach

Where cases attract public attention due to threats to health and safety, enforcement officers have a duty to enforce relevant local laws and other legislation. These cases are usually highly complex and challenging. Affected residents usually have very little or no insight, and are highly resistant to intervention.

It is internationally recognised that large scale, one-off, court enforced cleans are expensive, ineffective and often ethically challenging. The anxiety generated by large scale cleans only escalates behaviours, with most properties reverting back to a worse state than before the clean.

The Compliance and Support Approach, informed by International Best Practice, offers an effective alternative. When working in a highly complementary way, enforcement officers and support workers can motivate people to engage in interventions.

Through a sensitively applied partnership, Enforcement Officers -

- clarify the conditions that will lead to enforced interventions/set clear limits
- create leverage and motivation
- take action if these conditions are not met.

Support workers –

- provide the support and assistance needed to reduce public health risks and avoid enforced interventions
- outreach to people in their homes
- positive engagement and direct support
- assessment – Resident Needs Assessment, Environmental Cleanliness and Clutter Scale Assessment
- Planning/goal setting – e.g. Resident Recovery Action Plans
- referral/care to the range of services that may play a complementary support role
- specialist cleaning, mental and physical health support, financial advice, property repairs, ongoing in-home support etc.
- care coordination

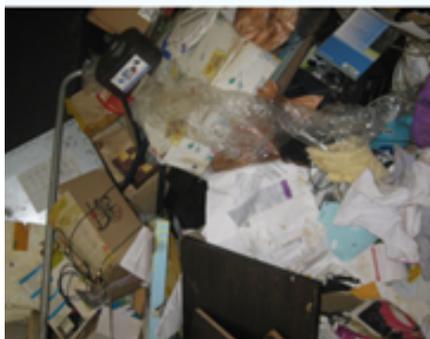
This approach is most effective when the team are non-judgmental and respectful of the resident's home, and actively engage them in the process.

Case Study

Brisbane City Council's Hoarding and Squalor Reduction Initiative is an innovative local government response based on International Best Practice. Brisbane City Council received close to 40 000 hoarding complaints and issues 431 public health orders in the past five years ("Home Sick" - Leanne Edmestone - QWeekend – January 30-31, 2021).

The initiative, which is based in the Compliance and Support Approach, includes a dedicated Resident Liaison Office (RLO) and brokerage budget. The RLO works in a complementary partnership with Compliance and Regulatory Services to engage with, and support, residents to address public health orders. The RLO refers the resident to complementary services, and facilitates case coordination with the range of internal and external stakeholders.

Example of Outcomes Achieved



Annexure 4

References

Books

Compulsive Hoarding and Acquiring: Therapist Guide, Steketee and Frost (2007)

This guide is for clinicians treating people who struggle with compulsive acquiring, saving and hoarding. The guide contains information about compulsive hoarding, strategies to best hoarding, ways to enhance motivation, the process of sorting and discarding, and help reducing acquiring.

Compulsive Hoarding and Acquiring: Workbook, Steketee and Frost (2007)

This workbook accompanies the Therapist Guide and contains materials (worksheets, forms and exercises) to use by clients as they work on this problem in treatment.

Stuff: Compulsive Hoarding and the Meaning of Things, Frost and Steketee (2010)

For the six million sufferers, their relatives and friends, and all the rest of us with complicated relationships to our things, 'Stuff' answers the question of what happens when our stuff starts to take over us.

The Hoarding Handbook: A Guide for Human Service Professionals, Bratiotis, Schmalisch and Steketee (2011)

Organised around the common ways hoarding captures the attention of social service providers, this user-friendly guide provides tools to assess the problem, to coordinate and delegate tasks among helping professionals, and to work directly with reluctant hoarders and those affected by hoarding. Chapters give hands-on guidance and decision trees for who should be involved and what strategies are needed for each case.

Buried in Treasures, Tolin, Frost and Steketee (2007)

This book is a helpful resource on how to start overcoming hoarding and can be used as a self-help book or in conjunction with a therapist or coach.

Digging Out, Tomkins and Hartl (2009)

'Digging Out' is written specifically for the family and loved ones of those with hoarding. You will find a complete guide to helping your loved one with a hoarding problem live safely and comfortably in his or her home.

Overcoming Compulsive Hoarding, Neziroglu, Bublick and Yaryura-Tobias (2004)

This book, the first ever written for savers and their families, provides an overview of compulsive hoarding and how it relates to obsessive compulsive disorder. It discusses hoarding broadly, offering readers perspectives on the physical, behavioural, and value-orientated aspects of the condition.

Annexure 5

Websites

International Obsessive Compulsive Disorder Foundation:

<http://www.ocfoundation.org/hoarding>

The International OCD Foundation (IOCDF) is an international not-for-profit organisation made up of people with Obsessive Compulsive Disorder (OCD) and related disorders, as well as their families, friends, professionals and others. The IOCDF has created a Hoarding Centre, which is designed to provide the most up-to-date and accurate information about hoarding and its treatment.

MassHousing - Hoarding Resource Portal:

<https://www.masshousing.com/portal/server.pt?mode=2&uulID=%7BF6E398E9-46E7-4D28-A1A8-9566981ADA20%7D>

The MassHousing website's Hoarding Resource Portal includes a highly comprehensive array of Hoarding Resources.

Association for Behavioural and Cognitive Therapies: www.abct.org/

This Association is a multidisciplinary organisation committed to the advancement of scientific approaches to the understanding and improvement of human functioning through the investigation and application of behavioural, cognitive, and other evidence-based principles to the assessment, prevention, treatment of human problems, and the enhancement of health and well-being.

International Hoarding Exchange: <http://hoardingtaskforce.org/>

This site is specifically for human service professionals focused on hoarding problems.

Clutterers Anonymous: <http://sites.google.com/site/clutterersanonymous/>

This site provides a twelve step hoarders online support group.

Institute for Challenging Disorganisation: <http://nsgcd.org>

National Association of Professional Organisers: www.napo.net

Children of Hoarders Website: <http://Childrenofhoarders.com/wordpress/>

Compulsive Hoarding Online Support Group: <http://health.groups.yahoo.com/group/H-C/>

BU School of Social Work Hoarding Project: <http://www.bu.edu/ssw/research/hoarding/>

Other Resources

Beyond Overwhelmed – The Impact of Compulsive Hoarding and Cluttering in San Francisco and Recommendations to Reduce the Negative Impacts and Improve Care – San Francisco Task Force on Compulsive Hoarding 2009

[http://www.mentalhealthsf.org/documents/Task%20Force%20Report%20\(FINAL\).pdf](http://www.mentalhealthsf.org/documents/Task%20Force%20Report%20(FINAL).pdf)

Hoarding: Best Practice Guide – Hoarding Best Practice Committee, 2012. https://www.masshousing.com/portal/.../hoarding_bestpracticeguide_pdf

Speaking from Experience – Hoarding and Cluttering DVD (produced by RealTimeHealth in partnership with the Mental Health Association of San Francisco):
<http://www.youtube.com/watch?v=QGDMDE0OwP8>