

Submission to:

Antisocial Behaviour Specialist Response and
Support
ACT Housing
Email: antisocialresponse@act.gov.au



**Submission on *Improved Support for
Stronger Communities: Antisocial Behaviour
Response and Support in Housing ACT***

**from
the Women's Centre for Health Matters Inc.
and
the ACT Women and Mental Health Working Group**

November 2011

The Women's Centre for Health Matters acknowledges the Ngunnawal people as the traditional owners and continuing custodians of the lands of the ACT and we pay our respects to the Elders, families and ancestors.

We acknowledge that the effects of forced removal of Indigenous Australian children from their families as well as past racist policies and actions continue today.

Submission on *Improved Support Stronger Communities: Antisocial Behavior Response and Support in Housing ACT*

Women's Centre for Health Matters Inc.

November 2011

This document was prepared by WCHM staff member:

Laura Pound: Mental Health Project Officer

Enquiries on this submission may be directed to:

Marcia Williams: Executive Director

ed@wchm.org.au

PO Box 385, Mawson, ACT, 2607

Phone (02) 6290 2166

Facsimile (02) 6286 4742

admin@whcm.org.au

www.wchm.org.au

Introduction

About the Women's Centre for Health Matters

The Women's Centre for Health Matters Inc. (WCHM) is a community-based organisation that works in the ACT and surrounding region to improve women's health and wellbeing. WCHM focuses on groups of women who experience disadvantage and uses social research, community development, advocacy and health promotion to empower these women to achieve the highest possible standard of health and wellbeing.

WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. We acknowledge that the environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a 'whole of life' and social approach to women's health, that is also firmly situated within a human rights framework.

About the Women and Mental Health Working Group

WCHM provides project and secretariat support to the ACT Women and Mental Health Working Group (WMHWG), whose membership comprises of local service providers, Government representatives, other community organisations and peak bodies, and women living with mental health issues. The ACT WMHWG was established in 2007 to provide a regular forum in which members could work together on matters impacting on women in order to provide improved outcomes for them, and to develop and maintain a full range of women friendly services.

Response to the Discussion paper *Improved Support Stronger Communities: Antisocial behaviour response and support in Housing ACT*

WCHM and WMHWG welcome the opportunity to participate in the *antisocial behaviour response and support* consultation process. WCHM is an organisation that works with women who may experience, or are experiencing disadvantage, and works to ensure that these women's views and experiences are heard. We are therefore keen to ensure that the antisocial behaviour response and support team is inclusive of the needs of our community's women, particularly those women who are most vulnerable. For that reason we have limited our comments in this submission to those aspects of the Housing ACT discussion paper in which we have the most knowledge and expertise, based on our research and consultations about the specific needs of ACT women.

Overall, WCHM and WMHWG welcomes Housing ACT focusing on ways of improving responses to antisocial behaviour in public housing, and models of practice for the response workers. In particular, we note and endorse the balance required to both support and sanction anti-social tenants, and support and protect the wider public housing community.

Supporting women's tenancy

In the ACT, women are often considered affluent and successful in contrast to women living in other states and territories. Despite this relative affluence, there are still significant pockets of marginalisation. Women who are public housing tenants are among the most vulnerable and disadvantaged in the ACT community.

Furthermore, in almost every society women's status remains lower than men's. This is reflected in the high incidence of violence against women; women's lower socio-economic status; an under-representation of women in positions of power; and an over-representation of women in part-time and casual work, amongst other things.

Therefore, WCHM and WMHWG advocate that antisocial behaviour workers should consider the life circumstances of women tenants - which may place them in a disadvantaged position – and should be responsive to these women's needs.

In particular, women are more vulnerable to homelessness and obtaining secure housing due to circumstances such as separation from partners, domestic violence, low income/poverty and caring responsibilities. Women may also be affected by unaffordable housing prices in the ACT, difficulties gaining secure tenure and issues obtaining housing that is secure and in a safe location. Consequences of insecure housing or homelessness include that women are more likely to experience mental health issues and violence or abuse.

To support women's tenancy, it is essential that information contained in tenancy agreements and tenancy management plans under the National Affordable Housing Agreement (NAHA) are clear and consistent. This should particularly be the case in circumstances where eviction may occur and where sanctions are applied. Where women are complainants to Housing ACT about antisocial behaviour, Housing ACT should respond appropriately, transparently, and with respect to tenant's privacy and inclusion in the process.

Housing ACT should follow the Australian Housing and Urban Research Institute's 'sustaining tenancies approach to managing demanding behaviour in public housing' as a way of avoiding the cycle of housing, eviction and homelessness, and respectfully working with women tenants.¹

Recommendations

1. The antisocial behaviour response team should consider that women face increased risk of homelessness due to positions of disadvantage, life circumstances and needs.
2. The antisocial behaviour response team should ensure that information and processes about tenancy agreements, sanctions and complaints are clear so as not to further disadvantage vulnerable groups of women.
3. The antisocial behaviour response team should follow a 'sustaining tenancies' approach to avoid disadvantaging women tenants.

Domestic and family violence

WCHM and WMHWG are keen to ensure women who are victims of domestic and family violence are adequately protected and supported in ACT public housing. We welcome Housing ACT's identification of domestic violence as an antisocial behaviour, and endorse initiatives which aim to "reduce domestic violence related homelessness by removing perpetrators from the Housing ACT property, enabling women and children to remain in the family home."²

The antisocial behaviour response team must recognise the multitude of ways that domestic violence presents, in that it does not only consist of physical and sexual assault, but also social, psychological and financial abuse³. Workers must also acknowledge that in addition to affecting individuals and families, including their health and wellbeing, domestic violence has a "devastating and far-reaching impact across the whole community" including social, emotional and economic costs.⁴

¹ Habibis, D., R Atkinson, T Dunbar, D Gross, H Easthope & P Maginn, A sustaining tenancies approach to managing demanding behaviour in public housing: a good practice guide, *The Australian Housing and Urban Research Institute*, July 2007, Report no. 103.

² ACT Government Community Services, *Improved support stronger communities: Antisocial behaviour response to support in Housing ACT, Discussion Paper*, 2011, http://www.dhcs.act.gov.au/_data/assets/pdf_file/0003/249078/Discussion_Paper_FINAL_DRAFT.pdf, p. 4.

³ VicHealth, *National survey on community attitudes to violence against women 2009: Changing cultures, changing attitudes – preventing violence against women, A summary of findings*, 2009, www.vichealth.vic.gov.au.

⁴ Laing, L & N Bobic, 'Economic costs of domestic violence', *Australian Domestic & Family Violence Clearinghouse*, 2002, http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/eco_costs_final.pdf.

It should be noted by Housing ACT that stressful life circumstances related to entering and maintaining social housing may contribute to a rise in the incidence of violence against women.⁵ Difficulty accessing appropriate and affordable housing may also impact on women's decisions not to leave homes in which they are experiencing violence.

In addition, women who have been abused may be more likely to display anti-social behaviour. For example, experiencing physical abuse increases the risk of criminal offending and a significant proportion of women in prison have experienced some form of prior abuse, either as adults or children.⁶

Therefore, WCHM and WMHWG are reiterating that women who experience domestic violence are a vulnerable group of people who have specific needs that should be considered with a sense of urgency and sensitivity by antisocial behavior workers. In working with victims of violence, Housing ACT must maintain a focus on the immediate safety of women and children, but also partner with other Government and community agencies to ensure women receive a high level of support to enable women to leave violence. Housing ACT should also consider safe and secure accommodation options for women who need to relocate from their usual residence due to antisocial behavior such as domestic violence.

Perpetrators of domestic violence must also be held accountable, and it must be made very clear by response workers that domestic violence is not tolerated in the ACT by Government agencies including Housing ACT. People who use violence should also be encouraged to play a role in engaging in respectful relationships to eliminate domestic violence.

⁵ Tually, S, A Beer, Faulkner D, *Too big to ignore: Future issues for Australian Women's Housing 2006-2005*, AHURI, 2007, p.iv.

⁶ VicHealth.

Recommendations

4. The antisocial behaviour response team should remain aware that domestic violence presents in a number of ways, and affects communities as well as individual women.
5. The antisocial behaviour response team should recognise and respond to evidence that increased stress levels when entering public housing can cause increased levels of domestic violence.
6. The antisocial behaviour response team should treat domestic violence as urgent and link women with multiple community and other support options, including emergency housing.
7. The antisocial behaviour response team should send a clear message to perpetrators of domestic violence that they will be held to account are responsible for engaging in respectful relationships.

Women living with mental health issues

Women living with mental health issues are a vulnerable group of people in the ACT who experience increased levels of social isolation, violence, ill health and unemployment. WCHM supports Housing ACT's view that the antisocial behaviour response must include an "awareness of the physical and mental issues experienced by those affected."⁷

Women living with mental health issues engaging in antisocial behaviour

WCHM acknowledges that women living with mental health issues may be more likely to engage in antisocial behaviour. It is positive that ACT Housing acknowledges that disruptive behaviour may be traced back to underlying social issues such as mental illness. The discussion paper states that the aim of the antisocial behaviour workers is to "change and modify behaviour."⁸ However, it must be made clear that mental health is a health and wellbeing issue, not a choice or behaviour.

Women living with mental health issues who may cause antisocial behaviour must – rather than having only sanctions imposed on them - receive appropriate referrals to both ACT Mental Health and community medical and psycho-social supports who can encourage recovery options. Housing ACT antisocial behaviour responses should also take into consideration that safe and stable accommodation is fundamental to mental health recovery.

⁷ ACT Government Community Services, p. 2.

⁸ ACT Government Community Services, p. 4.

Women living with mental health issues as victims of antisocial behaviour

Women with mental illness are more vulnerable and therefore more likely to be affected by antisocial behaviour. Disadvantaged women with mental health issues may be at heightened risk of sexual assault and other crimes due to their position of vulnerability.

Mental health and drug and alcohol co morbidity

Mental health issues have high co morbidity with drug and alcohol use. This can complicate treatments and exacerbate health and behavioural issues. It will also complicate the response of Housing ACT to antisocial behaviour. Women have reported to WCHM that tenants with co morbid drug/alcohol and mental health issues can influence their sense of safety and wellbeing in the home when an incident occurs.

Recommendations

8. The antisocial behavior response team should recognise that mental health is not a behavior choice but a health issue, and respond accordingly with referrals to supports rather than sanctions.
9. The antisocial behavior response team should recognise in their work that women tenants living with mental health issues are at heightened vulnerability to antisocial behavior.
10. The antisocial behavior response team should recognise in their work that antisocial behavior from people with co morbid alcohol/drug and mental health issues can create an unsafe environment for women tenants.

Gender sensitive models of support and service delivery

Strategies employed by antisocial behaviour workers must be gender sensitive. There are growing pockets of poverty and significant disadvantage amongst vulnerable groups of women in the ACT, including women with a disability, women from culturally and linguistically diverse (CALD) backgrounds (especially refugees), women who are victims of violence in the home, women with care responsibilities, women living with mental health issues, older single women and women unable to secure long term employment.⁹ Housing support workers should be trained in gender sensitive practice (see Appendix A for full description), in order to assist them to understand the gendered influences on tenant's life circumstances, health and behaviour.

⁹Australian Institute of Health and Welfare, *A profile of social housing in Australia*, released 23 Sep 2010, accessed 14 November 2011, <http://www.aihw.gov.au/publication-detail?id=6442468393>.

Collaboration

According to the social determinants of health model, it is important for ACT Housing antisocial behaviour workers to take a holistic approach to antisocial behaviour, through:

- Taking a holistic approach to the underlying problems of women with antisocial behaviour
- Including a case management role, to address all aspects of women's lives
- Partnering with a wide range of existing programs, services and organisations
- Using a bio-psycho-social perspective which considers the wide range of women's life circumstances
- Utilising a recovery based model of care for women living with mental health issues, that promotes person-centeredness rather than a medicalised approach
- Taking a community development approach which engages with women and encourages self determination and participation

Intensive support

Housing ACT outlines that the antisocial behaviour responses will be "in line with community expectations for appropriate and swift actions on antisocial behaviour."¹⁰ However, the gender sensitive approach dictates that responses to antisocial behaviour are sustained, to allow for engagement and deeper understanding of the underlying issues. Evidence also suggests that intensive support is an effective response for people living with mental health issues.

Therefore, antisocial behaviour responses should:

- Be intensive, preventative and supportive rather than focusing on punitive intervention
- Focus on engaging and building relationships
- Carefully identify and address the key and underlying causes of antisocial behaviour
- Provide long term strategies and linkages rather than 'quick fix' responses

Housing ACT proposes that the antisocial behaviour team will consist of three support workers. WCHM advocates that a larger team of workers is required to achieve real engagement, change and support for antisocial tenants, victims of antisocial behaviours and communities.

¹⁰ ACT Government Community Services, p. 2.

Recommendations

11. The antisocial behavior response team should undertake training to increase their ability to work with women tenants in a gender sensitive manner, taking into account their life circumstances and the social determinants of health.
12. The antisocial behavior response team should work collaboratively with other services to approach underlying issues of antisocial behaviour - and the effects of it - in a holistic manner.
13. The antisocial behavior response team should provide support that is both intensive and preventative.
14. The antisocial behavior response team should consist of more than three workers, so that they have the resources to appropriately engage with women tenants.

Conclusion

In conclusion, this submission to *Improved Support Stronger Communities: Antisocial Behaviour Response and Support in Housing ACT* aimed to highlight issues from the perspective of women in the ACT, particularly women living with mental health issues. We look forward to participating further in the consultation process, and the development of the model for antisocial behaviour workers.

References

ACT Government Community Services, *Improved support stronger communities: Antisocial behaviour response to support in Housing ACT, Discussion Paper*, 2011,

http://www.dhcs.act.gov.au/_data/assets/pdf_file/0003/249078/Discussion_Paper_FINAL_DRAFT.pdf.

Australian Institute of Health and Welfare, *A profile of social housing in Australia*, released 23 Sep 2010, accessed 14 November 2011, <http://www.aihw.gov.au/publication-detail/?id=6442468393>.

Habibis, D., R Atkinson, T Dunbar, D Gross, H Easthope & P Maginn, A sustaining tenancies approach to managing demanding behaviour in public housing: a good practice guide, *The Australian Housing and Urban Research Institute*, July 2007, Report no. 103.

Laing, L & N Bobic, 'Economic costs of domestic violence', *Australian Domestic & Family Violence Clearinghouse*, 2002,

http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/eco_costs_final.pdf.

Stewart, DE, 'Social determinants of women's mental health', *Journal of Psychosomatic Research*, Sep 2007.

Tually, S, A Beer, D Faulkner, *Too big to ignore: Future issues for Australian Women's Housing 2006-2005*, AHURI, 2007.

VicHealth, *National survey on community attitudes to violence against women 2009: Changing cultures, changing attitudes – preventing violence against women, A summary of findings*, 2009, www.vichealth.vic.gov.au.

Women's Centre for Health Matters, *WCHM paper on gender sensitive health service delivery*, November 2009, <http://www.wchm.org.au/GenderSensitiveHealthServiceProvision.htm>.

Appendices

Appendix A: Gender sensitive practice¹¹

- Offers women choices about the type of support they receive, and who provides it to them (i.e. a choice between a male or female professional). This is of particular importance for some CALD/Aboriginal and Torres Strait Islander women, for women who have suffered trauma, and/or for women who may feel uncomfortable disclosing personal information to a male service provider.
- Provides women with opportunities to be actively involved in their own care and treatment, including service planning and delivery.
- Offers women choice in treatment and support options.
- Treats women with respect, gives them time to talk and listen to what they have to say, including the provision of longer consultations and more preventative wellbeing measures and counselling where needed.
- Have staff and practitioners with qualifications in women's health and/or who are trained to understand the impact of gender on health and well-being and life circumstances.
- Are culturally sensitive.
- Understands that all health issues and life events may affect men and women differently across their lifespan and use a life course approach in service planning and delivery.
- Takes into account the 'social determinants of health', that is, they acknowledge the way that women's personal circumstances and socio-economic status affects health.
- Adapts to the social reality of women's lives and its impact on their health.
- Employs a holistic, individual approach to service delivery that recognises that women often have a multitude of concurrent challenges, which then often leads into a cycle of difficulties.
- Keeps women's personal information confidential at all times.
- Pathways of care are easy to navigate, information is provided in preferred formats, and for those women who experience difficulty in understanding and/or navigating the health system, assistance is provided.

¹¹ Women's Centre for Health Matters, *WCHM paper on gender sensitive health service delivery*, November 2009, <http://www.wchm.org.au/GenderSensitiveHealthServiceProvision.htm>.