

Deinstitutionalization represents fundamental change in support and housing arrangements for people.

In Australia the focus has been on location and non-housing supports. Does not recognize that deinstitutionalization represents a radical rehousing for people.

Housing plays a major role in social inclusion – with institutionalization being at the extreme end of social exclusion

Aim: To explore deinstitutionalization as a rehousing process.

Based on national research project funded by the Australian Housing and Urban Research Institute.

Interviewed 46 key informants in disability and housing agencies at state and territory levels.

Findings:

- Deinstitutionalization began in Australia in 1970's.
 - In 2000 6000 people in institutional care (self reported, varied definitions)
- Deinstitutionalization slowing down with most remaining residents having complex needs – 'hard to place'

- Countercurrents/influences on process:
 - 1. Parental opposition.

 Some parent groups wishing to develop congregate village settings 'intentional
 - communities'. Eg.Melbourne Kew Cottage.
 - 2. Over reliance on 'formulaic' housing i.e.. Group homes. Reflects the dominance of disability services in deinstitutionalization process. Increasing emphasis on 'supported living'

- 3. Independent living and individual funding. Deinstitutionalization process criticized by IL:
- → Reliance on Group homes which limit choice and control
- → Assuming that pwd should live together
- →Granting funding to agencies rather than the person.

4. Industrial Relations.

Opposition from unionized groups in institutions have delayed some closures eg. Willow Court Centre/Derwent Royal Hospital in Tasmania.

5. NIMBYism

Based on prejudice and misinformation.

"Avoidance strategies' which can lead to 'ghettoisation' or pwd ending up in poorer areas.

- 6. Transinstitutionalization
 Inadequate housing/support funding leading to
 pwid entering other institutions —
 prisons/psychiatric hospitals.
- 7. Homelessness.
 Increased levels of homelessness among pwid
 (US). Evidence sketchy for Australia, but
 significant users of homeless services.

• Congregate care facilities will remain a feature of of disability/housing supports — especially for people with higher levels of need.

• Direct funding not a panacea for housing/support needs. But could form an important part of the support framework enabling choice in accommodation type and support.

• Policy dilemma.

- → Housing and Disability policy and funding disconnect
- → Joint initiatives dominated by disability agencies
- → Focus on support needs housing after thought
- →Over reliance on simple model of group home
- → Danger that Group home becomes blue print.
- → Need for recognition of fundamental role of housing in process major rehousing project
- → Community Care housing cannot develop at tangent to mainstream housing policy

- Involvement of housing services in Ireland -Housing for pwid in Ireland – HSE funding
- Development of housing associations for pwid
- Future of congregated housing for pwid in Ireland – parent wishes?
- How far are we along the road of direct payments
 - agencies interests/structures?