TITLE: The Experience of Home for Social Housing Tenants with a Disability: Security and Connection but Limited Control

AUTHORS

Dr Tammy Aplin, BOccThy (Hons), PhD, Orchid ID - orcid.org/0000-0001-8412-3208, Lecturer/Research fellow, Occupational Therapy, School of Health and Rehabilitation Sciences, The University of Queensland

Shari Canagasuriam, Honours student, Occupational Therapy, School of Health and Rehabilitation Sciences, The University of Queensland

Dr Maree Petersen, BSW, PhD, Orchid ID - orcid.org/0000-0001-6477-5583, Senior Lecturer, Social Work, School of Nursing, Midwifery and Social Work, The University of Queensland.

Associate Professor Louise Gustafsson, BOccThy (Hons), PhD, Orchid ID - orcid.org/0000-0001-5232-0987, Professor, Discipline of Occupational Therapy, School of Allied Health Sciences, Griffith University

ABSTRACT

Research exploring the meaning of home is well established, however limited attention has been paid to contexts outside of western, owner-occupied homes. One context which requires further investigation is the experience of home for adults with disability living in social housing. This study aimed to investigate this experience in Australia. Fifteen households participated in in-depth interviews. Two themes “home is still home” and “loss of control” emerged from the thematic analysis. Participants described their homes’ as providing security, stability and a sense of ‘home’, but many also experienced limited control over the location, condition, and modification and maintenance of their home. The study highlights the importance of secure tenure, the need to support people with a disability during housing transitions, and the impact of policy on the experience of home. Ongoing
research of the impact of housing policies on the lives of people with a disability will be key to improved policy.

**KEY WORDS:** Social housing, housing policy, renting, home modification, qualitative, Australia
Introduction

The research presented in this article considers the experience of home for people with a disability residing in social housing. The experience of home has been well documented in the literature, with home often described as a personal and meaningful place in our lives, and a place of comfort, safety, belonging, and freedom (Dahlin-Ivanoff, Haak, Fange, & Iwarsson, 2007; de Jonge, Jones, Phillips, & Chung, 2011; Oswald & Wahl, 2005). There are calls, however, for more attention to be paid to the context of these meanings, as the research has largely focused on owner-occupier, white, middle class populations (Moore, 2000; Tester & Wingfield, 2013). Social housing is one context which requires deeper consideration (Tester & Wingfield, 2013), with residents often experiencing significant social disadvantage (Eastgate, 2014; Groenhart, 2012). In particular, the experience of people with a disability requires further attention as people living with a disability are one of most disadvantaged groups in Australia (Victorian Health Promotion Foundation, 2012), and social housing is one of the few options that offers affordability and security.

There is evidence to suggest that residents of social housing experience living situations which contrast the common conceptualisations of home as a place of comfort and a refuge from the outside world (Despres, 1991; Tester & Wingfield, 2013). The issues centre on feeling unsafe due to crime in the area, and a lack of privacy due to the close proximity of neighbours (Mee, 2007; Tester & Wingfield, 2013). Despite these reports, the experience of living in social housing is positive for some residents. Residents (n = 20) in a United States (US) study described the importance of social gatherings, family and community connections to their meaning of home (Tester & Wingfield, 2013). Similarly, in an Australian study with 12 older adults, home was described as a place to foster social relationships both within the home and community (Tanner, Tilse & de
The experience of home, defined as how people use their dwelling and its meaning (Aplin, de Jonge, & Gustafsson, 2015) is strongly influenced by the policies and structures of the society in which one lives. Residents of social housing are more frequently impacted by housing policy than owner occupiers and experience relocation, insecurity of tenure and further losses of control such as a lack of agency in maintenance of the home (Eastgate, 2014; Hills, 2007; Keene & Ruel, 2013; Morris, 2017). Forced relocations due to urban renewal policies in the US and Canada have been described as an experience of trauma, with some residents feeling a loss of community, social networks, and attachment to place (Fullilove, 2004; Keene & Ruel, 2013). In Australia similar experiences of forced relocations resulting in grief and loss of community have been documented for residents who have deep connections to their home and neighbourhood (Dang, 2008; Morris, 2017).

**Housing policy in Australia**

In recent decades social housing policy in Australia has seen a gradual shift, from homes being viewed as a ‘home for life’, to current policy positioning social housing as transitional housing, with state governments providing greater support to policies that encourage private rental and home ownership (Fiztpatrick & Pawson, 2014; Jacobs, Atkinson, Colic-Peisker, Berry & Dalton, 2010). There has been an increase in government expenditure on rental subsidies and social housing is now only provided to a small minority (4.2%) of the population (Australian Housing and Urban Research Institute, 2017). Recent data on social housing (public and community housing) tenancy reflects this trend with social housing reducing from seven percent of all households in
1991 to 4.2 percent in 2016 (Australian Housing and Urban Research Institute, 2017). With little investment in social housing, the stock is aging, and there is poor maintenance of properties (Jacobs & Arthurson, 2012).

State government’s also have renewal policies where aging, but valuable social housing properties, including inner city locations such as the Millers Point community and Sirius building in Sydney, are sold to fund future social housing building projects (Morris, 2017). This has resulted in forced relocations of residents. Other social housing policy that can result in forced relocations in Australia include, housing policies focused on residents need for property features. For example, the number of bedrooms in a property or the need for wheelchair accessibility can put a home under ‘review status’. If the home no longer has a wheelchair using resident or a carer, and the need for the second bedroom is therefore no longer required, the tenants can be re-located (Queensland Government, 2013). As a result of these policies, social housing in Australia has shifted from providing affordable housing to working families, to providing a safety net, only available to those who face the greatest housing disadvantage, those who are homeless or have a physical or mental disability (Groenhart, Burke & Ralston, 2014).

Disability and housing

People with a disability make up a significant proportion of social housing residents, 43% in 2016 (Australian Institute of Health and Welfare, 2017a). This includes people with physical, psychological, sensory and speech, and intellectual impairment (Aitken, Baker, Badland, Mason, Bentley, Beer and Kavanagh, 2019). This reflects the socioeconomic disadvantage experienced by people with a disability in Australia, with 47.9% on low income, reflective of the 47.8% whom are unemployed or not in the
workforce (Aitken et al., 2019). Home ownership is often out of reach and private rental, even with rental subsidies is unaffordable, with 99.5% of rental accommodation in Australia being unaffordable for single adults on a disability support pension in 2019 (Anglicare, 2019). The combination of limited welfare income, low levels of paid work, and limited affordable housing in Australia results in housing disadvantage for people with a disability (Aitken et al., 2019). People with a disability live in more socially-economically disadvantaged areas, in homes of poorer quality, are more likely to live in unaffordable housing, more likely to move because of health reasons, and are more likely to be dissatisfied with their homes and the neighbourhoods in which they live compared to people without disability (Aitken et al., 2019).

Given this disadvantage, social housing is an important and commonly the only option for people with a disability. However, some of these experiences of disadvantage are likely to still occur, for example living in neighbourhoods that people are dissatisfied with, as social housing tenants rarely have a choice over the location of their home (Burke & Hulse, 2003). Importantly for people with a disability, social housing can provide an accessible dwelling, with some housing stock already accessible and home modifications, for example grab rails or a level access shower, are provided to residents at no cost.

The demand for social housing for people with a disability is only set to increase in the future with the introduction of the National Disability Insurance Scheme (NDIS) in Australia (Disability Housing Futures Working Group, 2016). Introduced in 2013 and now fully rolled out across the nation, the NDIS provides individualised funding support for people with a significant and permanent disability under the age of 65 (Australian Government Department of Social Services, 2019). The scheme aims to provide increased choice and control for people with a disability as to how they are supported to achieve their goals and experience increased independence, and social and economic participation
The individualised and person focused approach of the NDIS has seen people with a disability have greater opportunities and control over their lives, however it has been criticised for not adequately addressing housing (Disability Housing Futures Working Group, 2016). It is predicated that the NDIS will increase demand for affordable and accessible housing, with people with a disability previously inappropriately housed in group homes or living with parents, now having the opportunity to have choice over where they live (Disability Housing Futures Working Group, 2016; Wright, Muenchberger & Whitty 2015).

**Conceptual framework**

To understand the experience of home for people with a disability living in social housing, this paper draws on the concept of ontological security. Ontological security is defined as “a sense of confidence and trust in the world as it appears to be” (Dupius & Thorns, 1998, p. 27). The experience of ontological security relates to constancy in our social and material environments, when routines and the places in which we live our lives follow a continuity, and a sense of security and confidence in the world and ourselves develops (Dupius & Thorns, 1998; Giddens, 1990). Home is an important location for ontological security as it is the place where we should have the most control over our lives (Saunders, 1987). Ontological security is understood to differ markedly for private renters in Australia due to limited security of occupancy and an inability for tenants to make changes including modifications to their dwellings (Easthope, 2014). Overall, private renters in Australia have limited control over their homes and their ontological security is threatened (Easthope, 2014).

While there is a large body of literature considering the experience of home, far less is known about the experience of people with a disability living in social housing in Australia. The experience of home for people with a disability requires further
examination given the significant proportion living in social housing and the increasing need of social housing for this group with the introduction of the NDIS. This study therefore aimed to examine the experience of home for Australian adults under age 65 with a disability living in social housing. This paper sought to address the research question, “What is the experience of home for young Australian adults with a disability living in social housing?”

**Methods**

This study used a descriptive qualitative methodology to explore the research question. Ethical approval for the study was obtained from The University of Queensland’s Ethics Review Committee. Consent was obtained from participants prior to their participation in the study and participation in the study was voluntary.

**Participants**

Our data was drawn from a project conducted in South East Queensland that identified the experience of home for people with a disability and older adults receiving home modifications (Aplin, de Jonge and Gustafsson, 2013, 2015). Home modifications refer to physical and structural changes to the home that make it easier and safer for people to complete everyday activities in their homes for example the installation of grab rails or wheelchair accessible bathrooms (Froechlich-Grobe, Regan, Reese-Smith, Heinrich, & Lee 2008). Our sample included owner occupiers and social housing tenants who were able to provide informed consent, understand written and spoken English, read and write in English, and be a recipient of major home modification within the last two years. Two home modification service providers distributed letters of invitation to their clients to be involved in the study. This included, a community major home modification service and
a state government social housing service. The community service distributed letters of invitation to all 115 eligible participants within their service. To match this number and ensure diversity in the sample, the social housing service were asked to invite 120 residents living in the wider Brisbane metropolitan region stratified based on age and geographical location who met the inclusion criteria. Information about the study was mailed to them with an invitation to participate. Of the 120 eligible households from the social housing service, 21 responded and participated in the original study. Of the 21 participants who competed the interviews, 15 met the additional inclusion criteria for the secondary analysis described in this paper, which was adults aged between 18 and 64 years with a disability. This subset of young adults was chosen as there were clear contrasts between older and younger adults in the previous study regarding their experience of home and a closer examination of young adults was desired given the introduction of the NDIS.

To provide context for the participants in this study, social housing in Queensland, Australia, may be managed and owned by either the state government (i.e., government public housing) or community organisations that are funded by the government (i.e., community social housing). At the time of this study, all residents’ homes were managed by the state government and most received home modifications after they had been residents for some time, with only a small number receiving modifications before they moved in. In Queensland, Australia, people must meet certain criteria in order to be eligible for social housing, including not exceeding income and liquid asset limits, not residing in appropriate housing and are deemed to be in the greatest need for social housing (Queensland Government, 2019).

**Data collection**
Home visits were undertaken by the first author and included the collection of demographic information and the conduct of a semi-structured interview. Co-residents were invited to participate in the interview with permission of the participant. Semi-structured interviews allowed flexibility for participants to discuss topics in more detail and allowed researchers to understand the participants’ experience of home (Lapan, Quartaroli, & Riemer 2012). Participants were able to describe their personal experiences in their own words (Saldaña, 2011). Interviews were approximately one hour in duration and were conducted by the first author, who was not involved in the provision of their home modifications. The semi-structured interview guide included questions, ‘what does home mean to you?’, ‘what is important to you about your home?’ and ‘is there anything you don’t enjoy about your home?’ that informed this paper. Interviews were audio-recorded and transcribed verbatim, with participants’ permission.

Data analysis
Demographic information including age, gender and housing type were compiled into descriptive statistics. Data from interviews was analysed using an inductive thematic approach to allow exploration of the experience of home for participants (Patton, 2002). Therefore, the themes were derived from the data, linked to the data and provided an understanding of the participants’ experience of home from their perspective (Patton, 2002). Thematic analysis is a flexible approach that can provide a rich description of participants’ views and experiences (Braun & Clarke, 2013). Initially, audio recordings were listened to and transcripts were read to enable the researcher to become familiar with the topics discussed throughout the interviews, prior to engaging in thematic analysis.
To begin with, two members of the research team independently coded the interview transcripts and initially 24 codes were developed. The research team discussed the coding until consensus was reached, which resulted in 18 final codes organised into five preliminary themes. Subsequent coding with the preliminary themes resulted in refinement into two broader themes with related sub-themes. Finally, consensus coding was conducted with no changes required.

Results

A total of 15 people, six males and nine females, participated in the interviews. Thirteen participants were residents with a disability, including a couple, and two were spouses of residents with disability. Participants were aged between 39 and 64 years (mean = 54.4, SD = 7.53). Details about the participants’ disability, living situations, dwelling type, time lived in their homes and home modifications are summarized in Table 1.

Insert Table 1 here

Inductive thematic analysis revealed that participants had both positive and negative experiences of home. The positive experiences of home were described in the theme ‘home is still home’, which often referred to the security that social housing provided. The negative experiences of home fell under the theme of a ‘loss of control’, where participants described aspects of their homes that were outside of their control. Pseudonyms have been used to preserve anonymity.

‘Home is still home’

Participants recounted unstable housing experiences prior to moving into social housing such as homelessness, living with family or living in unsuitable or unsafe dwellings. John stated that he “was living in a tin shed, so they sort of rushed this one
Moving into social housing provided participants with a sense of ‘home’, as they did not have to worry about finding suitable housing or moving frequently. In response to the question, “what does this place mean to you?” Linda replied “permanent residence, pleasure of not moving again, it’s mine, yep. Mary stated “we are very appreciative that we have got a roof over our head and a good home to live in…” Participants experienced security living in social housing as they had a permanent, suitable place to live and did not have to worry about their home being taken from them.

The home was a place that participants could call their ‘own’, making changes to make it feel like ‘home’. This included personalizing their homes by changing the layout/décor, refurbishing or organizing space for pets. Participants tailored their homes to their needs and preferences for functionality and comfort, as James remarked:

I quite like the lay-out. I quite like the way that I’ve set it up in my own little way. This second bedroom, when I first moved in here one of my sons was with me for a time and he stayed in there, but now it’s empty of somebody living there, anyway, so I’ve set it up as a home office which is pretty handy…

Furthermore, the home reflected aspects of participants’ personal identity, as Helen stated:

…He [Helen’s husband] built a shed himself and he built a pergola. He put up the carpet in and then walling there and he built an in-built cupboard in our
bedroom, so this is really our place. We have built it from scratch…Yeah. It’s part of us.

After personalization, participants reported that the house felt like ‘home’. Barbara stated “we’ve made it home, it’s our home. It isn’t just a house to live in, in the meantime.” Therefore, ‘home is still home’ for participants was a permanent place to live in and a home that they could call and treat as their own.

Participants also described that they valued the independence their home provided them, this was in relation to the accessible design of the home or the independence provided by having a home of one’s own as David described when asked what home means to him,

Well it means I’m independent. That’s what it means. I don’t have to worry about people coming in doing this and doing that and boarding houses and things like that. It’s hard. I’ve never liked them. It’s better to be really independent. I can do my own cooking and everything like that.

Other aspects of the home that were valued by participants included privacy and being able to have a place of one’s own as David commented:

“I don’t sort of – like I said, once I’m home, if I have a friend come over, fine, but I like to – I’m out during the day seeing people. When I’m at home I like to sit at home and relax. Just me”
Participants also described that the home was a place where meaningful activities were completed for example, cooking, reading, art and crafts, and exercise. James and Patricia described the sort of things they liked to do at home.

Something I love doing is renovating old furniture, tinkering around. Certainly that sort of stuff, exercising I like. (James)

I do all my card making and what have you, a bit of cooking, reading, a bit of computer, mucking about on the computer. (Patricia)

‘Loss of control’

Although ‘home was still home’, participants were frustrated that some aspects of their home were out of their control. One area that was out of participants’ control was the process of obtaining and implementing home modifications. Participants had to make multiple phone calls in order to obtain the modifications needed. The modifications had to be approved by the housing service and this made obtaining the modifications a long process, as John described:

You’ve got to wait three months after everything to see whether it’s been passed and then it could be up to another three months before it gets done.

Because they knew that I needed all this 20 months ago.

Participants reported that they did not have control over when modifications would be installed, therefore some participants installed makeshift modifications until the permanent modifications were completed. When modifications were finally installed, participants stated that some modifications were of a poor quality and had to be
further repaired, as Lisa said “then you’ve got the rails in the toilet, they had to come back out and fix them up because one of them was a bit loose and stuff…” A few participants wanted additional modifications or repairs however, requests were declined due to the financial constraints of the housing service. John explains “they [housing service] would supply a stand-up, walk-in shower but they haven’t got the funds for that at the moment.”

Participants experienced a loss of control over the process of housing placement or had limited options available to them when choosing where to live. Consequently, participants reported that they had to move away from family, friends and familiar services because housing wasn’t available in their preferred area, as was the case for Nancy who reflected “they [Housing service] couldn't find - they couldn't give us accommodation around where we wanted…” Similarly, John had to live close to people he did not want to associate with and stated:

I didn’t really want to be in this area. This was my only choice, anywhere but [suburb name], which is what I put. But we had a little bit of an argument with the Department and this is what I got.

This resulted in some participants living in unsafe and noisy areas. David talked about the disadvantages of his home and stated “flaming traffic noise…oh it [that road] is very busy.” A few participants described living in unsafe areas where crime was prevalent. Mary stated that there were “undesirable people that live around here, so we just keep to ourselves and do our own thing” and Jason who had relocated said “There was a lot of violence” surrounding his former social housing unit.
Jason spoke about the problems he had experienced due a lack of choice in his housing location and the impact of being in an unknown neighborhood. Jason after a brain injury needed to access social housing and was placed in a location far from his known neighborhood. He described that this was difficult to be away from friends, his local doctor of 10 years, and known supports and locations, which was important because he experienced memory loss. He describes the impact of the location of his first social housing home as “the place I was in was pretty dark, [I] was really lonely in that I never wanted to do anything”. After a number of years in that new location he was able to secure a social housing unit in his known neighborhood. He describes the impact of moving back to his familiar neighborhood.

Since I’ve been here I’ve gone back to TAFE; I’ve done courses; I’ve been offered employment…..and much easier to move around. Good area and much more familiar to me and I’m more proud of it, I wasn’t proud of the other place ….So to me it’s open and safe. It’s like being in a good relationship you can open your heart and feel safe.

Jason however, was quite worried about being able to maintain his current situation as he described when asked if it was important for him to stay in this home, he responded, “Yes, very important and I worry about it because it’s a very re-viewable house. I get reviewed every 12 months and the condition is to have a live in carer.”

Along with a lack of choice about the location of home, participants were often not able to choose the condition and style of their homes as they reported that the housing service selected and allocated a house/apartment for them and their family often without a chance to view the property. As a result, participants stated that some
aspects of their home made them feel uncomfortable, such as a lack of heating or carpet, inadequate insulation, space, lighting and/or airflow and unpleasant odors. This led to participants living in homes that were not suitable for their needs and uses. Some were unable to access parts of their home and/or did not have adequate space in their home. Therefore, some participants were unable to engage in activities in their home, such as gardening, cooking, hanging out the laundry and/or socializing with family or friends. Patricia who refers to the difficulty of managing her stairs, stated:

I’d love to be able to just say well I’m going to go and sit outside for a couple of hours but it’s such a big long process…that you just don’t bother and I miss that.
I miss even being able to take my washing and hang it out myself…

This also led to a ‘loss of control’, as participants were not able to freely complete activities of their choosing, in their home. Judith was unable to invite family and friends to visit due to a lack of space stating “…I think the hardest thing for me is probably not being able to have my grandchildren just come, or have people come and have a meal, sit and watch TV comfortably.”

In summary, the poor housing situations experienced by participants as result of the limited control they had over their housing had wide ranging impacts, impacting their health, well-being and participation in meaningful activities and life..

**Discussion**

The aim of this study was to explore the experience of home for young adults with a disability and their families living in social housing. The findings revealed tenants’ desire for secure tenure and stability. Previously living in unstable housing or experiencing homelessness, social housing provided a secure and stable home for
participants, and the attainment of ontological security. This is congruent with previous studies by Mee (2007) and Manzo et al. (2008) who found tenants value the security that social housing provides. This sense of security is associated with security of tenure, the affordability of housing, and the sense of safety that home provides (Manzo et al., 2008; Mee, 2007). The value of secure, affordable housing in our society cannot be underestimated, with tenants in Australia reporting that living in social housing improves their health, sense of control, and ability to cope with life (Mee, 2007). The experiences of the tenants, all living with disabilities, highlight the value of ontological security that is provided by social housing. Further, secure tenure is shown to be positive to tenant’s health and well-being as it ensures continuity in place often after years of dislocation (Lewis, 2006).

The security of social housing along with personal connections to home led to a wish to stay in place for most participants. This connection to home has been commonly reported in the literature, and that for many, social housing is not a house but a home (Clampet-Lundquist, 2010; Tanner et al., 2008; Tester, Ruel, Anderson, Reitzes & Oakly, 2011). Participants in this study were no exception, often viewing their homes as their own, with some making significant changes at their own expense to make it feel like home. This personalization of home and sense of ownership brought about by it, led some participants to have a strong connection to their home. These findings counter stereotypes that people living in social housing have no commitment to property or community (Palmer, Ziersch, Arthursen & Baum, 2004), with many participants in this study maintaining, feeling pride and connection to their home.

A small number of participants in this study spoke of their concern regarding a forced relocation and the grief that would be experienced with the loss of their home. Forced relocations have been shown to be a traumatic event and result in damaging
outcomes for social housing tenants, particularly for older, longer term residents with strong connections to home and neighbourhood (Eastgate, 2014; Hills, 2007; Keene & Ruel, 2013; Morris 2017). In an Australian study investigating the forced relocations in Sydney by the New South Wales Government, tenants reported the experience to be intensely stressful and that it destroyed a community (Morris, 2017). While we do not support ongoing forced relocations, if this is to occur, there is a need to support people with disabilities’ through these difficult transitions. Services which support people through these transitions may need to be further developed to ensure people have a positive experience of moving and of their home after they have relocated. Importantly, this would include support to find a new home in a desired location, close to factors considered essential for feeling at home including family, friends and familiar services (Aplin et al., 2013). These factors have also been reported as being valued by social housing tenants facing relocation, who describe the importance of living in the same community, where they have support and connections with family, neighbours and friends (Manzo et al., 2008). Participants in this study described these important factors, however the location of their home and therefore proximity to family, friends and services was often outside of their control. When not located close to family or in familiar locations serious consequences can arise, as was demonstrated by Jason’s story in this study. This is particularly important for people with a disability where being close to supportive and familiar communities has been shown to positively impact quality of life (Albrecht & Devlieger, 1999).

Along with the location of their home, other aspects of home that were beyond participant’s control, included the condition of their homes and the type and timing of home modifications. Participants in the present study were unable to choose the condition of their homes and reported that some aspects of their home made them feel
uncomfortable, such as inadequate heating. These findings similar to other research with social housing tenants demonstrate that the basic functional physical aspects of the home such as space, temperature, cleanliness and associated comfort are valued by social housing tenants (Dockery & Milson 2005; Tanner et al., 2008; Tester & Wingfield 2013). Providing these basic services and level of comfort should be seen as necessity however rather than desirable features. Some participants described circumstances where the condition of the properties was not adequate, for example poor heating and a lack of space which impacted the health of participants. Poor maintenance of social housing has been previously reported (Jacobs & Arthurson, 2012; Groenhart, 2012) and at the very least needs to be addressed to ensure the health and safety of tenants.

A number of participants also reported a lack of control surrounding their housing features, and the timing and type of modifications and maintenance. This could restrict what some participants could do in their homes, for example Patricia who avoided going outside as it was difficult to use the stairs. This represents a lack of freedom and occupational restriction in the home. This and the poor maintenance of social housing could impinge on the human rights of tenants. Ireland recently underwent a UN investigation for its poor quality of social housing (Brennan, 2015) and further investigation may be warranted in Australia into the condition and occupational impact of social housing to ensure tenant’s rights are being upheld.

The study revealed the importance of security, and tenant’s sense of ownership and connection to home. Given these valued aspects of housing and the difficult experiences social housing tenants reported in regards to relocation, recent changes to social housing policy in Australia are cause for concern. Previously viewed as a ‘home for life’, current housing policy positions social housing as transitional housing, with more support to policies that encourage private rental and home ownership (Fitzpatrick
& Pawson, 2014; Jacobs et al., 2010). There has been an increase in private rental subsidies expenditure and social housing is now only provided to a small minority of the population (4.2%) (Australian Housing and Urban Research Institute, 2017). The move away from social housing to rental subsidies for the private rental market presents three key problems for people with a disability. Firstly, the rate of rental subsidy in Australia is capped and has not kept up with rental increases (Colic-Peisker, Ong & McMurray, 2010). Thus, rental affordability is still a problem, with over 40% of those receiving rent assistance in housing stress, paying more than 30% of their income on rent (Australian Institute of Health and Welfare, 2017b). Secondly there are very few accessible private rentals and no legislation or incentives exist for investors to modify or build accessible or universally designed dwellings (Disability Council of New South Wales, 2005; Australian Network for Universal Housing Design, 2018). Thirdly renting rights in Australia are largely skewed towards the rights of landlords, with short leases (12 months or less) and once the lease expires landlords are able to give notice to vacate to tenants with no cause (Choice, 2017; Martin, 2017). This along with frequent rent increases means there can be little if any housing security for people in the private rental market in Australia (Morris et al., 2017). This is in stark contrast to nations with strong renter rights, such as Germany where leases are often indefinite and only in limited circumstances can tenants be evicted (Davies, Snelling, Turner & Marquardt, 2017).

Rental increases must also be justified and can be disputed (Davies et al., 2017).

Social housing is currently significantly less expensive than the private rental market even with rental subsidies in place (Productivity Commission, 2018). If social housing is to no longer be provided in its traditional form, rental affordability, accessibility of housing design, and renter rights need to be addressed to ensure the private rental market can at least provide the benefits of what current social housing
provides for people with a disability, that being, secure, affordable housing which allows meaningful connections to take place. Further, the market needs to ensure Australia can meet its obligation as a signatory to the Convention on the Rights of Persons with Disabilities, to provide adequate housing for people with a disability (United Nations, 2006).

Policies which supported affordable housing such as such as the National Rental Affordability Scheme (NRAS), which provided investor incentives to build and rent housing at least 20% below market value, have been abandoned (Australian Government Department of Social Services, 2019). Incentives like NRAS and or new policies which provide incentives to landlords for modifying or building accessible housing for private rental are required if social housing is to transition to the private rental market. Another key ingredient is to increase tenant’s rights. This would include the removal of the no-fault eviction (Power, 2017). This will be particularly important for people with a disability who need to modify their home, who currently may contribute significant funds for modifications, with no guarantee that they will be able to maintain their tenure. An inability for tenant’s to modify their dwelling makes it particularly difficult for people with a disability to ensure their home environment meets their needs. Modifications in most Australian states require the landlord’s approval and the requirement that it is made ‘back to its original condition’ when vacating the property. This is a cost that the tenant must bear and one that is too much for renters (Aplin & Petersen, 2019). The need for approval to install modifications and the requirement to rectify a property to its original condition are barriers to people with a disability moving forward with modifications that support their health and well-being at home. We advocate for a change to tenancy law where minor modifications such as grab rails do not require landlord approval and tenants
are not required to remove any modifications related to their safe use of the home environment.

It is important to note that participants from this study were drawn from a metropolitan area in Queensland, Australia, therefore generalisation to other locations may be limited. Additionally, the sample was small and contained a limited number of young adults, between the ages of 39-64 years who had received a major home modification. Future research in this area that utilises a larger sample from a wider group of young adults living in social housing, including a wider geographical area and wider range of disabilities would be beneficial. Further, future studies should include participants from housing managed by community organisations, especially as many people move from government housing services to community housing services.

**Conclusion**

This study builds on previous research in this area finding that social housing provides security, stability and a sense of ‘home’ (Mee 2007; Manzo et al., 2008; Tanner et al., 2008). This sense of home and security was contrasted however with common experiences of a “lack of control” where policy and social housing service processes influenced the location and condition of social housing tenant’s homes along with their experience and access to modifications and maintenance. For some tenants this lack of control led to insecure tenure, where their future in the home was based on whether they continued to need certain features of the property, threatening there ontological security. Further exploration is recommended of social housing tenant’s experience of home, including the condition of housing and its impact, the impact of secure or insecure tenure, and the need for supports for people with a disability particularly during housing relocations.
Given the Australian government’s reduced focus on social housing in favour of support for the private rental market, important issues were raised in this study that need to be addressed if people with disabilities needs are to be met by the private rental market. This includes increasing tenant’s rights to enhance security of tenure and access to home modifications. Further, incentives such as the NRAS for affordable housing and schemes to incentivise the building and modification of rental housing to be accessible would assist people with a disability to be able to more readily access the private rental market.

This research contributes to the wider understanding of the experience of home for people with a disability living in social housing, however as the social housing landscape in Australia shifts, ongoing research on the impact of these policies on the lives of people with a disability will be key to improved policy.

**Acknowledgments**

The authors wish to acknowledge the social housing service for distributing letters of invitation.

**Funding Details:** This research project did not receive any financial assistance from a funding agency.

**Declaration of Interest Statement:** The authors declare that no conflicts of interest exist.
References


Australian Government Department of Social Services. (2019, August 26). *National Disability Insurance Scheme.* Retrieved from


Available at

www.disabilitycouncil.nsw.gov.au/__data/assets/word_doc/0020/.../ACCESSIB.doc


Table 1: Demographic Information

<table>
<thead>
<tr>
<th>Participant pseudonym</th>
<th>Age</th>
<th>Living situation</th>
<th>Type of disability/impairment</th>
<th>Area of home where modifications completed</th>
<th>Dwelling type*</th>
<th>Time lived in home (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>James</td>
<td>64</td>
<td>Alone</td>
<td>Psychological and physical</td>
<td>Bathroom</td>
<td>Upper level apartment</td>
<td>11</td>
</tr>
<tr>
<td>Helen</td>
<td>61</td>
<td>Family</td>
<td>Physical</td>
<td>Bathroom and entry to home</td>
<td>Low set house</td>
<td>18</td>
</tr>
<tr>
<td>Barbara</td>
<td>64</td>
<td>Spouse</td>
<td>Physical and cognitive</td>
<td>Bathroom and kitchen</td>
<td>Low set house</td>
<td>17</td>
</tr>
<tr>
<td>David</td>
<td>56</td>
<td>Alone</td>
<td>Physical</td>
<td>Bathroom</td>
<td>Low set house</td>
<td>17</td>
</tr>
<tr>
<td>John</td>
<td>46</td>
<td>Family</td>
<td>Physical</td>
<td>Bathroom, kitchen and outdoor area</td>
<td>Ground level apartment</td>
<td>0.5</td>
</tr>
<tr>
<td>Nancy</td>
<td>56</td>
<td>Spouse</td>
<td>Spouse of resident with physical disability</td>
<td>Bathroom and kitchen</td>
<td>Upper level apartment</td>
<td>1</td>
</tr>
<tr>
<td>Jason</td>
<td>54</td>
<td>Alone</td>
<td>Physical, sensory and cognitive</td>
<td>Bathroom and kitchen</td>
<td>Ground level apartment</td>
<td>1</td>
</tr>
<tr>
<td>Lisa</td>
<td>46</td>
<td>Alone</td>
<td>Physical and sensory</td>
<td>Bathroom and outdoor area</td>
<td>Ground level apartment</td>
<td>2.5</td>
</tr>
<tr>
<td>Mary</td>
<td>61</td>
<td>Spouse</td>
<td>Physical</td>
<td>Bathroom</td>
<td>Ground level house</td>
<td>22</td>
</tr>
<tr>
<td>Greg (Mary’s spouse)</td>
<td>39</td>
<td>Spouse</td>
<td>Sensory</td>
<td>Bathroom</td>
<td>Ground level house</td>
<td>22</td>
</tr>
<tr>
<td>Patricia</td>
<td>48</td>
<td>Family</td>
<td>Physical</td>
<td>Bathroom, internal access and entry to home</td>
<td>Low set house</td>
<td>13</td>
</tr>
<tr>
<td>Judith</td>
<td>61</td>
<td>Alone</td>
<td>Physical and sensory</td>
<td>Bathroom</td>
<td>Ground level apartment</td>
<td>2</td>
</tr>
<tr>
<td>Linda</td>
<td>58</td>
<td>Spouse</td>
<td>Physical</td>
<td>Bathroom</td>
<td>Ground level apartment</td>
<td>0.5</td>
</tr>
<tr>
<td>Andrew</td>
<td>54</td>
<td>Spouse</td>
<td>Physical</td>
<td>Bathroom and entry to home</td>
<td>Ground level house</td>
<td>18</td>
</tr>
<tr>
<td>Anna (Andrew’s spouse)</td>
<td>48</td>
<td>Spouse</td>
<td>Spouse</td>
<td>Bathroom and entry to home</td>
<td>Ground level house</td>
<td>10</td>
</tr>
</tbody>
</table>

*Low set house = fewer than 5 stairs to enter home, ground level = dwelling on ground level with no more than 1 step to enter.*