Background Brief: Systemic Support Failure Under ILP Housing Arrangement

1. Context and Role of Housing and Ruah

I am a vulnerable person housed under the **Independent Living Program (ILP)**, where Housing operates as a *supportive landlord* rather than a standard tenancy provider.

Under this model:

- Housing retains safeguarding and duty-of-care responsibilities.
- Psychosocial support may be contracted out, but **oversight, continuity, and escalation remain Housing's responsibility.**
- Withdrawal or failure of support must trigger intervention, not abandonment.

Housing is not (or wasn't previously) a dual service provider and relies/relied on external psychosocial support services, primarily Ruah, to fulfil part of the ILP function.

2. Withdrawal of Psychosocial Support and Lack of Replacement

Psychosocial support was provided for approximately a few years, then ceased without explanation, replacement, or formal transition.

Following the withdrawal:

- I repeatedly attempt to seek assistance through appropriate channels.
- There is **no re-engagement, no safeguarding response, and no escalation** by Housing.
- I am **left unsupported for years** despite clear vulnerability.

This **absence of support** is not temporary; it has persisted for approximately **eight years** and continues to affect my ability to live safely and independently.

3. Failure of Safeguarding and Complaint Handling

During this period:

- Maintenance issues accumulate and are not properly actioned.
- Complaints about housing conditions and lack of support are **not followed up**.
- Requests for help frequently disappear into a void without response or tracking.

The **home environment** has deteriorated to the point that it **feels unsafe**, both physically due to unresolved maintenance and psychologically due to constant uncertainty, unannounced attendances, and poor coordination.

Rather than stabilisation, the system allows ongoing harm to compound.

4. Advocacy Access Blocked

As a result of the prolonged failure:

- My ability to access **essential advocacy services** is severely restricted.
- Many advocacy pathways are structurally linked to, funded by, or operationally intertwined with the same housing and service-provider networks involved in this matter.
- This creates a practical barrier to independent advocacy at the time it is most needed.

I am effectively left **without representation or protection** while problems are still escalating.

5. Escalation to Crisis and Police Involvement

After years of unsupported deterioration, I reach a point of complete breakdown.

This results in:
- Police involvement.
- Forced re-entry into the mental health system.

This escalation does not arise from criminal intent. It arises because:

- All reasonable attempts to seek help have failed.
- Safeguarding mechanisms do not activate.
- Distress is repeatedly misinterpreted rather than addressed.

6. Police and Service Handling Issues

Following the escalation, a police report identified **administrative discrepancies** relating to Ruah call handling prior to my arrest.

Additionally:

- At no point was I formally instructed to stop contact.
- At no point does Ruah state that my attempts to seek help are considered harassment.

7. Current Impact

The consequences are ongoing and cumulative:

- My home no longer feels safe or stable.
- My ability to move freely in my local area is affected.
- My mental health is significantly harmed by prolonged uncertainty and abandonment, **effectively forcing reliance on psychiatric medication to manage an environmental and systemic problem**.
- I am navigating legal, housing, and clinical systems from a position of disadvantage created by earlier failures.

This situation **does not arise suddenly**. It is the predictable outcome of **long-term neglect, fragmented responsibility, and absent oversight** under a model that is explicitly designed to prevent exactly this outcome.

8. Summary

In short:

- Housing, as a supportive landlord under ILP, fails to ensure continuity of support.
- Contracted psychosocial support ceases without replacement.
- Safeguarding mechanisms do not activate despite repeated indicators.
- Complaints and maintenance issues are not properly handled.
- Advocacy access is effectively blocked.
- Crisis escalation follows, resulting in police and mental health system involvement.
- Systemic and administrative failures are identified, confirming ongoing structural issues rather than isolated error.

This document exists to explain the situation clearly and consistently, without requiring repeated retelling.