Pillar One: A social housing system that provides opportunity and pathways for client independence.

The aim as outlined in the discussion document to establish a new social housing system to provide a ‘safety net for vulnerable people in the community’ is strongly supported on the basis that secure, safe, adequate housing is a powerful determinant of health. It is important that the aim is sustainable client independence. Where intensive support and forms of encouragement may be provided to tenants achieve their move to private rental, the withdrawal of such support is a key point in sustainability of independence.

The UN Charter defined adequate housing as a basic human right and defined this to include: legal security of tenure; availability of services, materials, facilities and infrastructure; affordability; habitability; accessibility; and location and cultural adequacy (UN 1919)

Provision of adequate housing within the social housing system to those who need it, and of support to gain and sustain adequate housing outside that system to those who are able, will provide significant benefit to individuals and families using the services as well as to the community.

There are, however, a number of risks associated with attempts to establish pathways out of social housing:

State of the Private Rental Market:

It is widely acknowledged that the residential property market in Sydney is over-heated, with high purchase prices and very high rental rates driving a circle of poor affordability and insecurity for tenants and reduced opportunity to enter home ownership. This especially impacts on those with low income; chronic illness or disability and other disadvantages such as lack of positive rental/credit history. For those who have their social / cultural roots in areas such as inner western Sydney, where development with increasing density is leading to gentrification of many formerly comparatively affordable suburbs, the challenges are multiplied. With rental rates ranging from around $499 per week for a one bedroom property to $1,250 for four bedrooms, rents are unaffordable for low income households. While cycles change to some extent, the high pressure Sydney market has existed for some years and is likely to continue into the future.

In this market, there is significant risk that public and community housing tenants, if pressured to exit into the private market, would be vulnerable to insecure tenure, rent increases and the other issues facing those who in that market. It is not surprising then, that programs implemented to date which are designed to assist this type of move by tenants

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1 Rent and Sales Report No 110: Department of Family and Community Services NSW, Analysis and Research; December 2014; www.housing.nsw.gov.au (under Quick Links)
often have poor uptake as tenants are reluctant to forgo the “luxury” of secure tenure for the vagaries of the open market.

At the Aboriginal Social Determinants of Health Forum held on 19 February 2015 by the Sydney Metropolitan Aboriginal Health Partnership Agreement\(^2\), a workshop discussion took place on housing issues for the Aboriginal community in Sydney. Workshop participants raised a number of concerns about the particular vulnerability of some Aboriginal families in trying to cope with the private rental market. Aboriginal households in social housing have a much higher rate of exit than the general tenant population and a very high proportion of those who exit each year are back within 3 years and needing multiple services (emergency accommodation, bond assistance, re-housing). The current situation for these households highlights the risk if there is additional pressure placed on tenants to move out of social housing where there is not a sufficiently secure and affordable option available, and/ or sufficient ongoing support to sustain a tenancy.

In addition, Sydney Local Health District has a relatively high incidence of homelessness, with 16% of the homeless people in NSW reportedly in the area. Sydney LHD and neighbouring South Eastern Sydney LHD accounted for 36% of the State’s homeless people at the 2011 census. In Homelessness in Sydney Local Health District \(^3\) ABS 2011 Census Data shows that of 4,485 individuals classified as homeless in SLHD:

- 1% were sleeping “rough”;
- 23% were staying in supported accommodation for homeless persons;
- 23% were in “severely” crowded accommodation;
- 46% were staying in boarding houses.

**Boarding Houses**

Clearly all in these categories are at considerable risk, but of particular concern in consideration of the private rental market is the large number (2,039 individuals) living in boarding houses. The Boarding Houses Act passed in NSW in 2012 has strengthened regulation in the boarding house sector and will impact on the quality of boarding house accommodation available and improve tenancy security.

This form of accommodation provides a workable option for some people, but concerns persist about conditions, and about unregistered boarding houses and essentially, residents are still classified as homeless by the census due to the instability of their circumstance. The high level of economic disadvantage experienced by current public and community housing tenants makes them vulnerable to being locked into the boarding house accommodation, either as a first point on leaving social housing or subsequent to a failure to sustain private tenancy in a home or unit. With 20% of current tenants aged over 65 years; 35% with a disability; and many suffering chronic illness, especially severe mental illness (estimated at

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\(^2\) Sydney Metropolitan Local Aboriginal Health Partnership Agreement is a partnership between Redfern Aboriginal Medical Service; Sydney Local Health District; South Eastern Sydney Local Health District; Northern Sydney Local Health District; St Vincents Hospital and The Sydney Children’s Hospital Network working to improve health outcomes for Aboriginal communities in Sydney.

19%) the capacity to increase and sustain income to a level at which private rental rates on a home or unit in the Sydney market are manageable seems likely to be out of reach for many current tenants.

Health Services are increasingly concerned about their capacity and that of other service providers to deliver services within a boarding house setting. Many services will not visit boarding houses due to safety concerns for their workers. Health services raise concerns related to risk to the health of residents, including on discharge from hospital. These concerns include hygiene, vermin infestation, risk of falls, and aggressive incidents.

It would be a negative outcome if a new policy to develop pathways to independence for social housing clients lead to further growth in the boarding house sector.

**Measures Required to Support Pathways / Opportunities for Client Independence**

- Identify clearly the limitations on delivery for Pillar One within the high rental markets of metropolitan Sydney and the relatively small group of social housing tenants who may be in a position to benefit from support towards increasing income / moving to the private market. This will allow a focus of resources on those likely to benefit and reduce the stress on tenants who are not in a position to take up such pathways and opportunities.

**Pillar Two: A Social Housing System that is Fair**

The high number of people assessed as eligible and waiting for access to social housing is, of course a substantial concern. Some comments will follow under in relation to Pillar 3 regarding the need to increase stock and further expand support systems. The limited group of tenants who might be suitable for support to move into the high rent Sydney private market, (as described above) make it difficult to see how further availability can be created with current stock to accommodate those on the long waiting lists.

**Those Waiting:**

A large number of SLHD patients/ clients who are not in social housing will be already on the list of eligible people awaiting housing and/or receiving other support under the program. Many more should be on the list and we make a significant number of new referrals from services across our hospitals and community facilities every year. There are, of course concerns about the health impacts on these people of their inadequate housing. People who have chronic illness, are aged or have a disability are especially vulnerable to the impacts of sleeping rough, living in boarding houses or enduring highly crowded or even abusive home situations for want of better options.

The number of referrals for social housing made through our antenatal/ maternity services, especially at Canterbury Hospital is high. A significant group of our clients are in unaffordable/ insecure housing and this is identified by our social workers as one of the highest stressors for maternity clients at Canterbury. The number of families looking towards the birth of a child who are experiencing this type of stress is of considerable concern. The
impact on health and well-being within these families is often ongoing as, for many of them, there is little capacity for the social housing system to respond to their needs in the short term.

**Falls and Avoidable Health Costs:**

A high proportion of aged patients seen by Sydney Local Health District are disadvantaged and reside in social housing. For example up to 62% of referrals for housing assessments and modifications by the Aged Care Assessment team (ACAT) Occupational Therapists were from Social Housing tenants. (Approx. figures from referrals: Camperdown 62%, Canterbury 44% and Concord 20%)

Research shows that on average half of people aged 65 years and over have one or more health condition, including cognitive impairment, falls, incontinence, low body mass index, dizziness, vision impairment or hearing impairment\(^4\). These conditions can have a great impact on health and wellbeing if undetected in the early stages and not treated in a timely manner.

The growth in the aged and the “old old” population of SLHD is especially important for health care delivery over the forthcoming decade, with an increase of 29.2% and 28% in the 70-84 age group and the 85+ age group respectively predicted by 2021\(^5\).

Falls are the leading cause of injury-related hospitalisation in persons aged 65 years and place significant pressure on aged care services across SLHD. In NSW each year, falls lead to approximately 27,000 hospitalisations and at least 400 deaths in people aged 65 and older\(^6\). Even falls that don’t cause injury can have negative impacts, such as loss of confidence and restrict activity.

Hospital stays and rehabilitation can be long and expensive. In NSW in 2006/07, the total cost of health care associated with fall injury was estimated at $558.5 million\(^7\). The number of hospital bed days per year needed due to falls will nearly double by 2050.

Having had a recent fall is one of the leading reasons for premature admission to residential aged care.

Importantly falls can be prevented by improved physical layout of housing and lack of timely bathroom modifications and hand-rails.

- *The current system of bathroom modifications and installing hand-rails by FACS is not adequate and contributes to higher rates of falls and hospitalisations.*

Falls can be reduced with appropriate housing, including modifications so that older people and people with disability can remain safely in their homes. The Commonwealth

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Government's aged care reform Living Longer Living Better intends to provide more support and care to remain at home. However, due to the age of housing stock, lack of basic appropriate layouts and fit-outs, the time taken between conducting an Occupational Therapy assessment and when modifications are completed by FACS Housing, means the health of the resident deteriorates, potentially sustains an acute injury, presents to Emergency Departments or the resident moves to higher need accommodation such as a nursing home. It is also likely that the Occupational Therapy assessment needs to conducted again, wasting scarce resources.

**Measures to address:**

1. Lower ground properties at appropriate locations are prioritised for older residents and people with disability.

2. All properties undergo an appropriate fit-out, according to Occupational Therapy principles, to ensure a basic level of access and suitability.

3. Ensure maintenance and upgrade requirements for social housing to support older residents to remain in their home are met without delay.

4. Streamline assessment processes by HAAC funded Occupational Therapists with FACS maintenance processes.

**Safety and Security in Public Spaces within estates:**

There are a number of safety and security issues that arise for clients of Health services who live in public housing:

- Putting in place proactive policies about addressing safety issues such as lighting and maintenance of property and gardens, provision of safe places for children to play and for people to engage socially on housing estates would improve these neighbourhoods. With a high prevalence of mental health issues and drug and alcohol use, estates should have the highest standard of safety by design. Residents often have no private transport, so people especially the elderly, women, and children need to be able to traverse public areas safely.

- In the inner urban estates, security and managing access to the high rise are issues. Drug dealing and drug use in corridors and stairwells is an issue, meeting aggressive people in these public areas is an issue which results in residents remaining isolated in their units.

- Review is required of Housing NSW policies regarding management of sharps disposal and of the standard of input to keeping public areas clean and safe. There are opportunities for Housing NSW to be more active in providing health promotion regarding safe disposal and providing referral links to services.

- Community development officers attached to estates are an invaluable resource to facilitate community engagement, co-ordinate responses to issues and engage with service providers. The level of resourcing to the community development program should be enhanced to provide greater coverage of the estates.
Pillar Three: A Social Housing System that is Sustainable:

The challenges of developing an economically sustainable model for social housing are considerable. The community conversation that needs to be advanced is one of balancing costs within housing provision against financial and social costs across the society. In regard to Health an undefined number of resources are deployed to less than optimum effect due to the housing circumstance of the recipient:

- treatments which fail to achieve their expected health benefit because they are delivered to someone who cannot maintain treatment or aftercare;
- missed opportunities to introduce healthy lifestyle options which may lead to reduced improved health;
- treatment of accidental injuries and injuries resulting from violence which are sustained as a result of unsafe living conditions.

A number of other parts of the State services infrastructure including Police; Justice; and Corrective Services would potentially be less expensive and more effective if the social housing system were expanded in coverage at a high standard of physical assets and support.

The investment in social housing stock, even if it cannot be managed on cost neutral basis, and in effective and sustained support programs to assist maintenance of secure housing would reap many benefits.

Sydney Local Health District
20 February 2015