



OUR POSITION

Health starts with access to a home

BACKGROUND

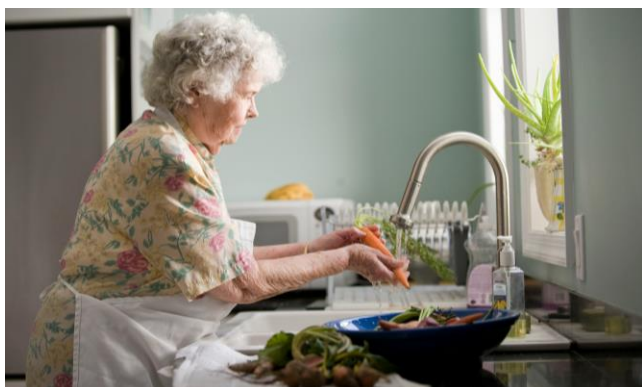
Catholic Health Australia (CHA) advocates for positive change in the social justice, health and aged care sectors.

As Australia's largest non-government grouping of health and aged care services, we account for approximately 15 per cent of hospital-based healthcare in Australia, 12 per cent of aged care and 20 per cent of home care.

In keeping with our ethos, we believe there is a clear moral imperative for Catholic organisations, civil society and governments to address the housing crisis and prevalence of homelessness that is inflicting harsh conditions on a growing number of people. This should have a particular focus on the most vulnerable in our community.

Having a stable and affordable place to call home provides more than just personal dignity, it drastically impacts the health and wellbeing of individuals. Stable and affordable housing influences how families flourish and affects an individual's ability to participate actively in their communities. Similarly, the health and wellbeing of individuals is a determining factor on their ability to find stable and affordable living arrangement, especially in the current climate. This can have [intergenerational impacts](#), where housing vulnerability plays a role in the productivity and lifetime income of individuals and their children.

A more in-depth analysis of our policy positions is available through our [submissions](#) to Government.



POSITION

CHA continues to call on Government to address the following:

1. Set tangible goals and targets, to measure progress against every two years and provide support to the health and aged care sector against these.
2. As a priority, build more integrated pathways and links between health and social providers that better services individual support needs, captures more accurate and comprehensive data, and reduces inefficiencies in the current system of care.
3. Expand the focus on prevention, noting the various cohorts and experiences that determine vulnerability and the diverse stages of risk, and require new housing initiatives to consider the complex needs and health experiences of vulnerable people.
4. Implement changes to collaboratively reduce barriers and costs associated with developing social, affordable and crisis housing, to incentivise the charitable sector further and repurpose vacant or unused land.
5. Encourage states to implement a mechanism to cap unfair rent increases and provide boarders and lodgers, as well as their landlord or housing provider, with adequate consumer protections.
6. Immediately explore with a view to implement, rental policies including exemption from salary packaging caps and rental deductions up to a certain limit for properties located within a certain proximity to work for essential workers in health and aged care.
7. Recommend that Federal, State and Territory Governments work together to [introduce By-Name-List](#) and associated [collaboration and coordination methodologies](#) into the provision of homelessness services.

What is homelessness?

CHA recognises the [Australian Bureau of Statistics \(ABS\) statistical definition of homelessness](#), which is as follows:

“When a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

- *is in a dwelling that is inadequate; or*
- *has no tenure, or if their initial tenure is short and not extendable; or*
- *does not allow them to have control of, and access to space for social relations.”*

Homelessness is not therefore limited to only those without a roof, but a lack of [elements that contribute towards a sense](#) of security, stability, privacy, safety, and the ability to control living space.

What is the relationship between health and homelessness?

Health is a crucial piece of the homelessness puzzle; an unmanaged illness is often the factor that tips a person into homelessness. On the other end of the scale, attempts at moving individuals who are experiencing homelessness into safe and affordable housing options are often impacted by the ongoing management of their health needs.

People experiencing homelessness generally have a range of complex needs and these invariably cluster with and are exacerbated by other social determinants of health, including trauma, poverty, unemployment and social disconnection. [This challenges traditional clinical boundaries and health system responses](#). People experiencing homelessness have more health problems, often struggle with a range of co-morbidities, and tend to die earlier than the general population.

As important as health service efforts are, if people are unable to access stable housing outcomes, alongside health support, health care alone can't necessarily save an individual verging on homelessness, or support an individual out of homelessness.

What are some of the health benefits of eliminating homelessness?

There is [evidence](#) of significant health benefits associated with secure housing following a period of homelessness. These include:

- decreased rates of hospitalisation, and subsequently cost savings associated with this
- reduced transmission of infectious diseases
- improved mental health symptoms
- overall improved wellbeing

Who are some of the at-risk people that CHA members work with?

By acknowledging and investigating the diverse experiences and pathways of homelessness in Australia, we can actively target at-risk cohorts; both those who are at risk of homelessness and those who are already experiencing some form of homelessness.

Older Australians

[Reports](#) detail that a growing cohort of those under financial strain due to housing cost increases are older Australians. Within this demographic, those who are currently renting are more likely to be those with a disability, those without paid employment, Aboriginal and Torres Strait Islander peoples, and those primarily reliant on a government pension to sustain them. [Recently released data suggests](#) that four out of five older Australians were spending more than 30% of their income on rent (the affordability benchmark for low-income households). Older Australians are limited in their ability to combat rising housing costs, often experiencing declining health, complex needs and ageism in the workplace resulting in a reduced capacity to earn their own funds to meet rising housing costs.

People transitioning from incarceration

Reports indicate that [approximately one third](#) of those being held by police have self-identified as being homeless or under rental stress in the time proceeding arrest. Subsequent studies have shown that stable and affordable rental options are proven solutions to reduce recidivism. However, [7 out of 10 people exiting incarceration](#) (69%) relied on housing support services. Housing challenges are exacerbated by other vulnerabilities, such as health, mental health, drug and/or alcohol dependency and Aboriginal or Torres Strait Islander heritage. People with these experiences present at a higher rate among those in and leaving incarceration.

Young people

CHA members also work extensively with young people experiencing or at risk of homelessness, and those living with a disability.

What impact is the housing crisis having on the health and aged care workforce?

Due to historic geographical factors, majority of well-established hospitals in metropolitan areas are clustered in suburbs where affordable housing and rental properties are not available. Consequently, nurses and other health and aged care workers need to travel significant distances to get to work each day leading to fatigue, and sometimes reduced employment hours. CHA recommends that Government immediately look to explore rental and home ownership policies for essential workers in health and aged care to address these implications.

What are some of the barriers and opportunities to develop social, affordable and crisis housing, and to incentivise the charitable sector further and repurpose vacant or unused land?

As previously identified, these vulnerable cohorts typically present with [complex needs](#). However, [decreasing affordability and increasing housing insecurity](#), particularly through [disproportionate rental price increases](#), continues to place these vulnerable cohorts at risk of their [care needs being unmet](#). Housing options for these cohorts should cater to their care needs. For example, accommodation for older people at-risk of, or facing, homelessness, should be affordable and accessible to support [older people to age in place](#).

There is an opportunity to build on the [Government's recent actions](#) to address the care needs of these cohorts. These opportunities include:

- *Expansion of the [Housing Australia Future Fund](#) to incentivise providers to build age-friendly social housing for vulnerable cohorts of older people.* This could involve increased funding to support housing initiatives tailored towards older people, and therefore, increase the availability of age-appropriate housing options for older people facing housing insecurity in alignment with the [National Aged Care Design Principles and Guidelines](#).
- *Develop specific incentives for developers and/or aged care providers to build social and affordable housing tailored to meet care needs of vulnerable cohorts.* This could include tax concessions or upfront, once-off grants for development that support the [construction of affordable housing](#) for specific cohorts of those at-risk and/or experiencing a form of homelessness.
- *Explore the option for amendments to State-based contracts to allow for the retention of charitable ownership of land, and for the built form to be used for other purposes after a lifecycle of the built form ends.* [Faith-based sites](#), such as places of worship that are vacant or unused, could be repurposed to develop social, affordable, and/or crisis housing for vulnerable cohorts. This would require specific amendments to State-based contracts to which social and affordable housing policies may apply.