

cohealth welcomes the opportunity to contribute to the Productivity Commission's review of the [National Housing and Homelessness Agreement](#) (NHHA). cohealth is a significant provider of homelessness services in Victoria and has a high number of clients who are homeless, at risk of homelessness or who live in insecure housing.

Secure, adequate housing is a vital determinant of the wellbeing of individuals and families¹, and is associated with better outcomes in health, education, employment and social and economic participation.²

The NHHA and the agreements that precede it have been successful in initially creating, and more recently, maintaining the stock of social housing, and in providing critical resources to homelessness services. It has also provided a framework to delineate responsibilities between the Federal and State and Territory governments.

However, the demand for affordable housing is rapidly increasing and the funding provided within the NHHA needs to also increase in order to generate enough social housing to meet demand. If this funding does not increase we will continue to see the impacts of homelessness on people's health and wellbeing, family, employment and mental health impacts not only in the short term but long into the future.

cohealth is calling for a significant and sustained increase in investment in social and public housing through the NHHA to address Australia's growing problems of declining rental affordability and increasing homelessness.

Context

Over 116,000 Australians are homeless on any given night³, and many more experience the stress from spending a substantial proportion of their income on rent payments. In the areas cohealth works in across the north and west of Melbourne, very few private rental properties are affordable to people on the lowest of incomes⁴, meaning that the poorest Australians pay a large proportion of their income on rent, and are subsequently unable to afford other essentials of life, such as food, medication, health care and

¹ Indeed, housing is considered a fundamental human right, with the [Universal Declaration of Human Rights](#) stating that 'Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services.'

² St Vincent de Paul Society National Council of Australia 2021 Submission into Housing Affordability and Supply in Australia <https://www.aph.gov.au/DocumentStore.ashx?id=783a9f43-74ee-4497-8cc1-9365dc161234&subId=715261>

³ <https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services>

⁴ Homes Victoria Rental Report December quarter 2021 <https://www.dffh.vic.gov.au/publications/rental-report>

utilities. For some this can result in homelessness or living in expensive but inappropriate accommodation such as rooming houses and caravan parks. Insecure tenure adds another layer of uncertainty and cost to those in the private rental market.

Australia has a huge shortfall of affordable housing, including a shortage of over 500,000 rental dwellings that are affordable and available to the lowest-income households.⁵ In Victoria alone there are more than 100,000 people on the waiting list for public and community housing.⁶ The Australian Housing and Research Institute estimates the current shortfall of social housing at 433,400 properties, growing to 727,200 by 2026.⁷

A lack of investment in social housing over many years has significantly contributed to this situation. Investment in social housing for people on the lowest incomes has shrunk from 5.6 per cent to 4.7 per cent of all housing over the past decade and a half.⁸ There is now less federal funding for new social and affordable housing than at any time over the last decade.⁹ Coupled with rapidly rising private rents in much of the country, affordable, secure housing is out of reach for many individuals and families on low incomes.

The single most effective solution to housing affordability, precarious housing and homelessness is an immediate and substantial increase in social and public housing.

About cohealth

cohealth is one of Victoria's largest community health services, operating across nine local government areas in Victoria. Our mission is to improve health and wellbeing for all, and to tackle inequality and inequity in partnership with people and their communities.

A primary health service, cohealth provides integrated medical, dental, allied health, mental health and community support services and works directly with communities to understand their needs and develop responses, and deliver programs promoting community health and wellbeing.

Our service delivery model prioritises people who experience social disadvantage and are consequently marginalised from mainstream health and other services – people who have multiple health conditions, experience homelessness and unstable housing, have a disability or mental illness, those engaged in the criminal justice system, Aboriginal and Torres Strait Islanders, refugees and asylum seekers, people who use alcohol and other drugs and LGBTIQ communities.

⁵ <https://www.acoss.org.au/policy-priorities-for-the-next-govt-housing-homelessness/>

⁶ VCOSS The Way Forward: Victorian Budget Submission 2022 <https://vcoss.org.au/advocacy/budget-submissions/2022-2/#view>

⁷ <https://everybodyshome.com.au/resources/federal-election-2022/>

⁸ <https://www.acoss.org.au/policy-priorities-for-the-next-govt-housing-homelessness/>

⁹ <http://theconversation.com/the-new-national-housing-agreement-wont-achieve-its-goals-without-enough-funding-99936>

cohealth has had lengthy experience providing a range of health and other supports to people experiencing precarious housing and homelessness. Approximately 10 per cent of our clients identify as experiencing homelessness or insecure housing, a rate well in excess of the Australian rate of homelessness of 50 out of every 10,000 people (or 0.5 per cent).¹⁰

cohealth provides a range of services to people experiencing homelessness, including multidisciplinary primary health care (both centre-based and offsite where members of the homeless community frequent) including general practice and nursing, mental health outreach, alcohol and drug counselling, physiotherapy, exercise physiology, podiatry, dietetics, family violence counselling and case management and homelessness case management and support. At our Central City Community Health Service in Melbourne's CBD people experiencing homelessness can access showers, facilities for washing clothes, meal programs and other practical support. cohealth also provides programs to respond to the social isolation, stigma and long-term health outcomes faced by many people experiencing homelessness, including sport and gym programs and a psycho-social support service that aims to improve people's social connectedness.

Issues relating to housing and homelessness also touch many of the other programs cohealth provides. Our doctors, nurses, oral health and allied health programs, along with a diverse range of social support services - family violence, drug and alcohol, mental health, Aboriginal and Torres Strait Islander health, refugee health, child and family services – and our community building and health promotion activities all work with people who experience homelessness, insecure or poor housing.

The relationship between housing and health

As a health provider, cohealth is acutely aware of the impact of housing on a person's wellbeing. There is also compelling evidence of the many links between housing and health. As VicHealth has observed¹¹: 'People in precarious housing [housing that is unaffordable, inappropriate or insecure] have worse health than people in adequate housing, and the more elements of precarious housing experienced simultaneously, the greater the health impact. Adequate housing or the prevention of precarious housing must be considered a key component of health promotion or disease prevention.'

Research has identified that precarious housing has a significant impact on a person's physical and mental health¹², finding that people in precarious housing had worse health than people who were not precariously housed, and the poorer people's housing, the poorer their mental health. This research also found that poor health can

¹⁰ <https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services>

¹¹ https://www.vichealth.vic.gov.au/~media/ResourceCentre/PublicationsandResources/Health-Inequalities/Housing_and-Health_Research-Summary_web.pdf?la=en&hash=42ABE51F99703B698663E4368306FA4B34652DA8

¹² Mallett, S, et al 2011 *Precarious housing and health inequalities: what are the links? Summary report.* https://www.vichealth.vic.gov.au/~media/resourcecentre/publicationsandresources/health%20inequalities/precarious%20housing/precarious%20housing_summary%20report_web.pdf?la=en

lead to precarious housing and that people with the worst mental or physical health were the most likely to be in precarious housing.

Homelessness has a particularly severe impact on health and wellbeing, with people experiencing homelessness having significantly higher rates of death, disability, chronic illness and experiences of complex trauma than the general population, including: reduced life expectancy¹³, poor dental health, infectious diseases, lack of preventive and routine health care, and higher rates of mental illness¹⁴ and musculoskeletal disorders.

We now also know how important safe and stable housing is for children's development and wellbeing. There is substantial and growing evidence of the impact of homelessness on children. The instability and chaotic nature of homelessness can have profound effects on a child's physical health, psychological development and academic achievement. A critical impact on children is disrupted schooling, which in turn can increase the risk of homelessness in adulthood.¹⁵

Increased investment in social housing will clearly have a profound impact on individuals and families. It will also have significant benefits to the economy at large, through providing the foundation for greater involvement in employment, education and community life. Various studies have demonstrated the economic value of investing in social and affordable housing, including KPMG's evaluation of post-GFC investment in housing, which found that social housing provides an average multiplier boost to the economy of \$1.30 for every \$1 spent¹⁶, and the City of Melbourne's research showing that for every \$1 invested in affordable housing, the community benefits by \$3 due to worker retention, educational benefits, enhanced human capital, health cost savings, reduced family violence and reduced crime.¹⁷

¹³ Davies, A & Wood, Lisa (2018) Homeless health care: meeting the challenges of providing primary care, MJA (209) 5 3 September 2018 <https://www.mja.com.au/journal/2018/209/5/homeless-health-care-meeting-challenges-providing-primary-care>

¹⁴ Department of Families, Housing, Community Services and Indigenous Affairs (2008) *The road home: a national approach to reducing homelessness* White Paper <https://apo.org.au/node/2882>

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¹⁶ <https://probonoaustralia.com.au/news/2021/02/investing-in-social-housing-in-the-era-of-working-from-home/>

¹⁷ City of Melbourne Affordable Housing Strategy <https://www.melbourne.vic.gov.au/sitecollectiondocuments/affordable-housing-strategy.pdf>

Recommendations for the National Housing and Homelessness Agreement

cohealth recommends that the National Housing and Homelessness Agreement:

1. Includes a significant increase in investment in new social and public housing across Australia, recognising that access to a secure, affordable home is an essential right of individuals and families and critical to their health and wellbeing. Social housing is also important infrastructure that accrues a broad societal benefit. Urgent growth in social and public housing is vital to address the growing problems of declining rental affordability and increasing homelessness.
2. Provides for a separate fund for maintenance of the existing stock of social housing to provide adequate resources for maintenance, tenancy support and other operational costs.
3. Recognises the need to respond to the impacts of climate change. Investment is required to ensure that new social housing is constructed in a manner that protects residents from the effects of extreme weather events such as increasing heat, bushfires and flooding, and also provides for retrofitting of existing social and public housing.
4. Strengthens the cooperation and shared accountability of Commonwealth and state and territory governments by:
 - a. Specifying matching arrangements for co-contributions from federal and state governments in the Agreement, particularly funding for social housing growth
 - b. Developing incentives for additional funding commitments from either the States or Commonwealth, such as matching of additional commitments
 - c. Providing targets for net growth in social housing stock in the Agreement
 - d. Having regular meetings to foster cooperation between the responsible Ministers at State and Federal Government, and representatives of local Government
5. Includes significantly increased funding for homelessness support to meet the growing demand for assistance with homelessness, including funding for ERO supplementation to meet increased wages costs, as a consequence of the 2012 Fair Work Commission Equal Remuneration Order.

Finally, there is no national policy for either housing or homelessness. The NHHA needs to sit within the context of a 10-year National Housing Strategy and National Homelessness Strategy, and complementary state and territory housing strategies and homelessness strategies. The Strategy should provide long term strategic direction and Australian Government funding for affordable housing, and address the supply and demand drivers of housing affordability in a coordinated way across all levels of government, including substantial ongoing investment in building and operating new public and social housing and a review of tax and regulatory structures to address housing inequity.

The Federal Government also needs to develop a 10-year National Aboriginal Housing Strategy in partnership with Aboriginal and Torres Strait Islander Community Controlled Housing Organisations and their peak organisations, and provide the necessary investment to deliver on Closing the Gap targets.

cohealth would welcome the opportunity to discuss this submission. Please contact Jane Stanley, Advocacy and Policy Manager on jane.stanley@cohealth.org.au