

Housing Strategy Implementation Unit
Land and Housing Corporation
NSW Department of Planning, Industry and Environment
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Re: Submission into a Housing Strategy for NSW - Discussion Paper

Dear Housing Strategy Implementation Unit,

Positive Life NSW (Positive Life) welcomes the opportunity to provide a submission into a Housing Strategy for NSW - Discussion Paper.

Positive Life is the state-wide peer based non-profit organisation that speaks for and on behalf of all people living with and affected by HIV in New South Wales (NSW). We provide leadership and advocacy in advancing the human rights and quality of life of all people living with HIV (PLHIV), and to change systems and practices that discriminate against PLHIV, our friends, family, and carers in NSW.

Background:

The NSW Government released a [Discussion Paper](#) on 15 June 2020 to consult with a range of communities and stakeholders in preparing the first whole-of-government, whole-of-state housing strategy for NSW. The NSW Housing Strategy has the aim of equipping government to adapt to changing trends and so that they have the right type of housing in the right location, enabling delivery of benefits to state-wide communities. The NSW Housing Strategy will: “consider housing supply, diversity, affordability, and resilience needs across NSW communities, from homelessness to social and affordable housing; to housing for seniors or people with disability; and to private market housing, whether rented, mortgaged or owned.”¹

The Discussion Paper addresses four interrelated themes of supply, diversity, affordability, and resilience, of which this submission will address in turn. It also states that the vision for the NSW Housing Strategy is: “Housing that supports security, comfort and choice for all people at all stages of their lives, achieved through supply that meets the demand for diverse, affordable and resilient housing and responds to environmental, cultural, social and economic contexts.”²

The World Health Organisation, in their Housing and Health Guidelines, state that: “improved housing conditions can save lives, prevent disease, increase quality of life, reduce poverty, help mitigate climate change and contribute to the achievement of the Sustainable Development Goals ... The world’s urban population is expected to double by 2050 and will require housing solutions. Changing weather patterns, associated with climate change, underline the importance of housing providing protection from cold, heat and other extreme weather events in order to promote resilient communities.”³

NSW has the largest PLHIV population, with 9,640 PLHIV in 2018, estimated to increase to 11,250 in 2025, and 12,330 in 2030.⁴ Without stable, secure and appropriate housing, homeless PLHIV may have issues with adherence to HIV treatment, have the potential to disengage from healthcare, and an increasing likelihood of other associated co-morbidities and negative health outcomes.

¹ NSW Department of Planning, Industry and Environment, ‘A Housing Strategy for NSW - Discussion Paper’, (2020), accessible at: <https://www.planning.nsw.gov.au/Policy-and-Legislation/Housing/A-Housing-Strategy-for-NSW>

² Ibid.

³ World Health Organization, ‘WHO Housing and Health Guidelines’, (2018), accessible at: <https://apps.who.int/iris/bitstream/handle/10665/276001/9789241550376-eng.pdf?ua=1>

⁴ Gray, R. 2019. Estimates from the current HIV cascade from each jurisdiction. Kirby Institute, University of NSW, Sydney Australia.

Housing supply in the right locations and at the right time:

The Discussion Paper states that this theme is about “the amount, location, and timing of the supply of new housing”, and that “planning for the supply of new housing should respond to environment, employment and investment considerations, and population dynamics.” Furthermore, it highlighted that it is necessary to develop “a pipeline of housing that creates a choice of housing for people and households at different price points to live in well-serviced locations and positively shape the places of NSW. Certainty and efficiency can support more stable and predictable supply patterns and market conditions to leverage investment, infrastructure and geography, and respond to changing conditions, needs and preferences.”⁵

In April 2020, Community Housing Industry Association NSW CEO Mark Degotardi stated that “there is a shortfall of more than 200,000 social and affordable homes in NSW right now, with almost 60,000 households waiting for social housing. With demand set to rise for years as our economy recovers [from COVID-19], business as usual is not an option. The housing crisis is here, and a crisis response is required.”⁶

*Three decades of inadequate investment Australia-wide in social housing resulted in a shortfall of 433,000 social housing dwellings in 2018, with the construction rate at the time of little more than 3,000 dwellings per year. This is not keeping pace with rising needs, let alone making inroads into the current backlog.⁷ Australia’s public construction of residential properties is at near record low levels, barely contributing to the total building of houses and apartments, at 1.4% in 2019. After the global financial crisis, public housing construction reached almost 6% of all residential construction, however that was still substantially below 1970s and 1980s levels, which reached close to 18% in 1975.⁸ By comparison, the Australian Housing and Urban Research Institute (AHURI) reports that “housing providers with a social purpose [in 2018] account for 20-31% of all house building in the UK, Finland, France and Austria, and much more in some Asian countries such as Singapore. England’s not-for-profit housing associations, for example, completed some 42,000 homes in 2017-18, out of 161,000 homes built in total.⁹ The failure of successive governments to adequately fund social housing is well established. Richard Tomlinson, Professor of Urban Planning at the University of Melbourne states in *The Conversation*, “Australia’s social housing system remains grossly underfunded. Currently available resources are inadequate even to properly maintain the existing portfolio, let alone to underpin the new supply needed to keep pace with the growing need ... the overall stock has been eaten away, through market sale of public housing, and run down, through skimping on repairs and maintenance.”¹⁰*

Of the existing social housing stock, as the declining share of social housing within overall housing stock became “more tightly rationed to the lowest-income households...this eroded the system’s rent base. At the same time, its ageing buildings and households with greater support needs increased its costs.”¹¹ As coverage of operating expenses declined, so did maintenance of the dwellings, and thus followed a

⁵ NSW Department of Planning, Industry and Environment, ‘A Housing Strategy for NSW - Discussion Paper’, (2020), accessible at: <https://www.planning.nsw.gov.au/Policy-and-Legislation/Housing/A-Housing-Strategy-for-NSW>

⁶ NSW Council of Social Service, ‘NSW Government urged to back social and affordable housing infrastructure boom in response to COVID-19’, (2020), accessible at: https://www.homelessnessnsw.org.au/sites/homelessnessnsw/files/2020-04/200424_Joint%20media%20release%20-%20Housing_.pdf?utm_source=newsletter_366&utm_medium=email&utm_campaign=ncoss-sector-e-news-30-april-2020

⁷ Julie Lawson, Hal Pawson, Laurence Troy, Ryan van den Nouwelant, Carrie Hamilton, ‘Social housing as infrastructure: an investment pathway’, Australian Housing and Urban Research Institute, (2018), accessible at: <https://www.ahuri.edu.au/research/final-reports/306>

⁸ Greg Jericho, ‘Rental affordability snapshot proves Australia’s coronavirus welfare payments should stay’, *The Guardian*, (2020), accessible at: <https://www.theguardian.com/business/progonomics/2020/apr/30/rental-affordability-snapshot-proves-australias-coronavirus-welfare-payments-should-stay>

⁹ Julie Lawson, Hal Pawson, Laurence Troy, Ryan van den Nouwelant, Carrie Hamilton, ‘Social housing as infrastructure: an investment pathway’, Australian Housing and Urban Research Institute, (2018), accessible at: <https://www.ahuri.edu.au/research/final-reports/306>

¹⁰ Richard Tomlinson, ‘Affordable housing, finger-pointing politics and possible policy solutions’, *The Conversation*, (2017), accessible at <https://theconversation.com/affordable-housing-finger-pointing-politics-and-possible-policy-solutions-75703>

¹¹ Ibid.

decline in the number of habitable dwellings. Additionally, the private market sale of social housing has continued to decrease the availability of social housing, particularly when the dwellings are located in prime positions with high land values. An example of this occurred in March 2014, when NSW government minister Pru Goward announced that all of the 293 public housing dwellings in Millers Point, Dawes Point and The Rocks, as well as the 79 apartments in the Sirius Building built for public housing in the 1970s, were to be sold, with tenants to be moved.

*However, these problems are not just due to an overall shortage of housing in Australia. Census data show the number of unoccupied dwellings increased during the same period that homelessness grew: unoccupied private dwellings in Australia grew from 523,981 in 2001; to 636,480 in 2006; to 934,471 in 2011; and to 1,039,874 in 2016. Urban planners and policy analysts, Nicole Gurrán, Peter Phibbs and Tess Lea conclude in *The Conversation* that “Rather than an absolute shortage of homes, our increasingly financialised property market has distorted access to decent accommodation. Housing is now treated as an asset instead of a basic right.”¹²*

Housing availability and affordability in Australia, and indeed NSW, has been influenced heavily by a number of supply and demand side governmental policies instituted over the last 30 years, which have had the effect of financialising housing and keeping lower income Australians locked in a cycle of poverty without opportunity to amass wealth in the same way as higher income Australians. Given the health and economic impacts of the COVID-19 pandemic, this would be an opportune time for the NSW government to demonstrate leadership and implement a broad range of policy reforms to facilitate greater housing and health equity for its communities.

The Committee for Economic Development of Australia published a comprehensive report on Housing in Australia in August 2017,¹³ from which the following outline of housing affordability factors is resourced. Between 1970 and 2017, Australia’s median real house price almost quadrupled while real wages only doubled. The result of this was a doubling of the Australia-wide dwelling price to income ratio, to a present value of around six to seven. Growth rate trends have varied significantly between major cities, with the most considerable increases occurring from the mid-1990s to mid-2000s.

These significant price increases can be linked to two notable tax reforms that encouraged investment in rental properties in the 1980s and 1990s. In the mid-1980s, tax reforms exempted owner-occupied housing from the new capital gains tax and the assets test for the age pension, which advantaged investment in owner-occupied housing. In the mid-1990s, tax reforms instituted a discount on (realised) capital gains for investors but allowed the full cost of acquiring housing assets to be deducted against income from any source.

Additionally, demand pressures have larger impacts on price when supply is less responsive to changes in demand. Increasing income and wealth inequality has contributed to the upsurge in prices. Prices increase geographically according to where people with the greatest capacity to pay desire to live. Highly skilled workers are attracted to areas with good amenities and thriving labour markets and, to the extent that these are geographically constrained, this contributes to increases in real house prices.

One outcome of the real housing price trends is that, increasingly, many households have been unable to afford to buy a home. Despite generally declining interest rates from the mid-1980s, the borrowing capacity of middle- or lower-income households has not increased proportionate to the cost of a median priced dwelling. In the mid-1970s, the borrowing capacity for a household on a median income was

¹² Nicole Gurrán, Peter Phibbs, Tess Lea, ‘Homelessness and overcrowding expose us all to coronavirus. Here’s what we can do to stop the spread’, *The Conversation*, (2020), accessible at: <https://theconversation.com/homelessness-and-overcrowding-expose-us-all-to-coronavirus-heres-what-we-can-do-to-stop-the-spread-134378>

¹³ Committee for Economic Development of Australia, ‘Housing Australia August 2017’, (2017), accessible at: https://www.ceda.com.au/CEDA/media/General/Publication/PDFs/HousingAustraliaFinal_Flipsnack.pdf

adequate to fully cover the cost of purchase of a median priced dwelling. By 2016, a deposit gap of more than twice the median income had emerged for a median priced dwelling and up to four times more than the median income in Sydney and Melbourne. Demographic variances will be discussed in more detail in a later section, however it is worth noting here that home ownership rates for those aged 35 years and under declined from approximately 60% in the 1980s to 45% by 2016 and, over the same period, from 75% to 62% for those aged 35 to 44 years. This fall in home ownership has been most dramatic for lower income households where economic constraints dominate, where many lower income households simply cannot afford to buy a home anywhere.

In response to the Discussion Paper requesting feedback on the range of actions the NSW government could take, and should be prioritised in the NSW Housing Strategy, to support supply, Positive Life calls on the NSW government to urgently implement a number of cross-sector reforms that will not only address the housing and homelessness crisis in Australia, but also the vast economic impacts of COVID-19 including job losses, by stimulating the building, maintenance and construction industries. The following outlines our recommendations for interventions and initiatives to improve housing supply in NSW:

Recommendation 1: Urgently fund and fast-track a social and affordable housing building boom:

- As a part of an economic stimulus recovery package, but one that is not time-limited to the direct aftermath of COVID-19, we stand with the NSW Council of Social Service (NCOSS), Homelessness NSW, and the Community Housing Industry Association NSW calling for the NSW state government to establish a Social and Affordable Housing Capital Fund to grow the supply of social housing by 5,000 premises per annum, and similar for affordable housing, with enforceable arrangements in place to ensure all dwellings are initially, and remain on a perpetual basis, affordable to low income households and are located in areas of high rental stress with adequate access to jobs, transport and appropriate services. This long-term capital investment should continue every year for at least the next ten years to address the historic under-investment and identified shortfall. The initial building works must start with options to permanently house those in extended temporary arrangements through:
 - The identification and purchase of vacant, or soon-to-be completed, developments for conversion to social or affordable housing; and
 - Identification of government owned properties for conversion to social housing.¹⁴
- Additionally, we support Launch Housings' proposal for the NSW government to fund a rapid spot-purchasing program, which would fund community housing agencies to enter the property market to buy up 'distressed' or cheap housing assets to let at below market rent to people who pay 30% of their income as a social rent. Through this and other social housing recommendations, taxpayers would get an enduring social benefit for years to come via community-owned property assets.¹⁵
- The NSW government would fund this recommendation through direct public investment. The report by the AHURI recommends Australia avoids overly complex private financing 'innovations', which have proven ineffective elsewhere and were recently abolished by the UK Treasury. Their modelling of household need and procurement costs shows that direct public investment, compared with subsidising the operating income of a commercially financed program, results in a lifetime cost of the first year of house building to be \$1.6 billion less - a 24% saving for governments and hence taxpayers. Governments must move away from 'financial innovation' options that push costs into the future in inflated rates.¹⁶

¹⁴ NSW Council of Social Service, 'Cost of Living/COVID-19 Supplementary Paper', (2020), accessible at: https://www.ncoss.org.au/sites/default/files/public/policy/23042020_CoLCOVID19_SupplementaryPaper%20ONLINE_0.pdf?utm_source=newsletter_366&utm_medium=email&utm_campaign=ncoss-sector-e-news-30-april-2020

¹⁵ Ron Wakefield, 'The need to house everyone has never been clearer. Here's a 2-step strategy to get it done', The Conversation, (2020), accessible at: <https://theconversation.com/the-need-to-house-everyone-has-never-been-clearer-heres-a-2-step-strategy-to-get-it-done-137069>

¹⁶ Julie Lawson, Hal Pawson, Laurence Troy, Ryan van den Nouwelant, Carrie Hamilton, 'Social housing as infrastructure: an investment pathway', Australian Housing and Urban Research Institute, (2018), accessible at: <https://www.ahuri.edu.au/research/final-reports/306>

- *Social and affordable housing initiatives must be supported by culturally appropriate housing design, Indigenous-led housing management, and culturally-specific adaptation of tenancy agreements.*

Recommendation 2: *Urgently fund and fast-track maintenance of existing social housing dwellings:*

- *The NSW Government's economic stimulus measures in response to COVID-19 have thus far included \$60 million to address the backlog of maintenance for ageing social housing stock. This funding only goes part way towards addressing the estimated \$500 million required to fund a comprehensive maintenance program for the NSW social housing portfolio.*

Recommendation 3: *Apply a social procurement approach to construction and maintenance programs:*

- *The NSW government should stipulate through enforceable regulations that construction, trade, and other contractors involved in the construction and maintenance of social and affordable housing must source a required proportion of labour, goods and services from social enterprise, and/or provide employment for disadvantaged cohorts.¹⁷*

Diverse housing for diverse needs:

This theme in the Discussion Paper "considers different types of housing and looks at how a diverse choice of housing can reflect the needs and preferences of households," as well as acknowledging that "new and existing housing must meet the changing and varied needs of NSW residents. This includes housing for people earning low to very-low incomes, older people, younger households, multi-generational households, people working in essential services and people with disability. Culturally appropriate housing must be available for people of all backgrounds, including Aboriginal people."¹⁸

The following outlines some preliminary considerations for diverse groups of people living in NSW who require tailored support in the way the NSW government addresses housing:

a. People living with HIV

The Melbourne Institute: Applied Economic and Social Research, publishes poverty lines for Australian households. In the March Quarter of 2019, the poverty line for a single person (not employed) was set at \$529.57 per week (including housing). This equates to an annual income of \$27,537.64 per annum, more than the \$24,268 per annum for an individual on the Australian Aged Pension. The Aged Pension is therefore a government payment whose threshold is below the poverty line and insufficient for Australians who rely on it as their sole income source which is the case for many older PLHIV. Australian research identifies that 35.3% of Australian PLHIV (2019) report their income source to be a Government benefit/pension/social security and 30.8% report their annual income to be less than \$30,000.¹⁹ While some of these PLHIV receive the Aged Pension, others receive the DSP, which has a similar payment schedule. When they reach age 65 years, those on the DSP will transition onto the Aged Pension.

The numbers of PLHIV who are reliant on a government benefit is not small or insignificant. There were 25,490 PLHIV (diagnosed) in Australia in 2018, and this number is estimated to increase to 31,170 by 2025 and 34,990 by 2030.²⁰ This means there were 8,998 PLHIV in 2018 receiving a government benefit/pension/social security payment, and this number is estimated to rise to 11,003 by 2025 and 12,352 by 2030. In comparison, approximately 17.0% of Australians aged 18 to 64 years personally

¹⁷ NSW Council of Social Service, 'Cost of Living/COVID-19 Supplementary Paper', (2020), accessible at: https://www.ncoss.org.au/sites/default/files/public/policy/23042020_CoLCOVID19_SupplementaryPaper%20ONLINE_0.pdf?utm_source=newsletter_366&utm_medium=email&utm_campaign=ncoss-sector-e-news-30-april-2020

¹⁸ NSW Department of Planning, Industry and Environment, 'A Housing Strategy for NSW - Discussion Paper', (2020), accessible at: <https://www.planning.nsw.gov.au/Policy-and-Legislation/Housing/A-Housing-Strategy-for-NSW>

¹⁹ HIV Futures 9. Quality of life among people living with HIV in Australia (2019), p15, accessible at: https://www.latrobe.edu.au/_data/assets/pdf_file/0007/1058614/HIV-Futures-9.pdf

²⁰ Gray, R. 2019. Estimates from the current HIV cascade from each jurisdiction. Kirby Institute, University of NSW, Sydney Australia.

received income support payments from the Australian Government.²¹ This shows that Australian PLHIV are much more reliant on government support payments than the general Australian community who enjoy higher employment rates.

NSW has the largest PLHIV population, with 9,640 PLHIV in 2018, estimated to increase to 11,250 in 2025, and 12,330 in 2030.²² The large proportion of Australian PLHIV receiving a government pension is primarily a legacy issue. A large number of PLHIV diagnosed prior to 1996 (when there was no effective treatment) went on to experience the loss of their immune system and the onset of opportunistic infections often resulting in death. Due to the impacts of ongoing poor health, many were forced to stop work and placed on the DSP. Even after the introduction of effective combination HIV treatment in 1996, some PLHIV remained too physically and mentally unwell to return to the workforce. The combination of multiple chronic health conditions in addition to HIV has left them physically and mentally frail, and incapable of ever being employed again.

Indeed in 2019, only 50.6% of PLHIV were employed, 41.5% worked full-time (30+ hours per week, including those who were self-employed) and a further 9.1% worked part-time (less than 30 hours per week).²³ Most of these working PLHIV were younger.²⁴ The other half (50.6%) were either unemployed or retired and receiving a government benefit. By comparison in 2017 in the general Australian population, 81.9% of men and 71.4% of women were employed, with 68.1% of men and 39.2% of women employed full-time.²⁵ In addition, 13.7% of men (2017) and 32.1% of women were employed part-time.²⁶ The lower employment rates and the legacy of unemployment for PLHIV resulting in many going onto limited government support payments, have contributed to PLHIV having less opportunity to acquire wealth and housing security.

For PLHIV in particular, comorbidity directly affects employment and consequently housing. Older PLHIV experience significant increased prevalence of comorbidity, when compared to people not living with HIV. The Australian Positive and Peers Longevity Evaluation Study (APPLES) found that when compared to HIV-negative men of similar age, HIV-positive men aged 55 years and over reported an increased prevalence of morbidities including thrombosis, diabetes, heart disease, HIV-associated neuropathy, bone disease and non-AIDS related cancers. The health impacts of HIV and other chronic health conditions on continuous employment have disadvantaged Australian PLHIV in their ability to save for a deposit, secure a loan and meet mortgage repayments. Additionally, many PLHIV are single (44.7%)²⁷ and not benefiting from the advantages of dual incomes or having a partner who contributes to daily living expenses. By comparison, only 9.5% of the Australian population report being a single person.²⁸ Only 16.5% of Australian PLHIV own their own home and a further 17.0% are purchasing a property.²⁹ 42.7% live in private rental properties and 16.5% live in public or community housing. Older PLHIV are more likely to be homeowners, with 46.5% aged 65 years and older reporting owning their own home. This is most likely due to inheritance of property from family (parents), previous partners who have died, and the purchasing of property prior to 1990 when property prices were more reasonable. A reduced proportion

²¹ HILDA Survey: Selected Findings, p49, accessible at: https://melbourneinstitute.unimelb.edu.au/_data/assets/pdf_file/0011/3127664/HILDA-Statistical-Report-2019.pdf

²² Gray, R. 2019. Estimates from the current HIV cascade from each jurisdiction. Kirby Institute, University of NSW, Sydney Australia.

²³ La Trobe University, Australian Research Centre in Sex, Health and Society, HIV Futures 9, (2019), p14, accessible at: https://www.latrobe.edu.au/_data/assets/pdf_file/0007/1058614/HIV-Futures-9.pdf

²⁴ Ibid, p14.

²⁵ HILDA Survey: Selected Findings, p57, accessible at: https://melbourneinstitute.unimelb.edu.au/_data/assets/pdf_file/0011/3127664/HILDA-Statistical-Report-2019.pdf

²⁶ Ibid.

²⁷ La Trobe University, Australian Research Centre in Sex, Health and Society, HIV Futures 9, (2019), p20, accessible at: https://www.latrobe.edu.au/_data/assets/pdf_file/0007/1058614/HIV-Futures-9.pdf

²⁸ HILDA Survey: Selected Findings, p7, accessible at: https://melbourneinstitute.unimelb.edu.au/_data/assets/pdf_file/0011/3127664/HILDA-Statistical-Report-2019.pdf

²⁹ La Trobe University, Australian Research Centre in Sex, Health and Society, HIV Futures 9, (2019), p22, accessible at: https://www.latrobe.edu.au/_data/assets/pdf_file/0007/1058614/HIV-Futures-9.pdf

(18.1%) of PLHIV aged 50 to 64 years report owing their own home. A majority (90.7%) of PLHIV aged less than 35 years and 68.5% of those aged 35 to 49 years are renting in the private market. This proportion is only slightly less for PLHIV aged 50 to 64 years, with nearly two-thirds (63.6%) renting in the private and public sectors. It would be reasonable to assume that the vast majority of these middle aged PLHIV will never own their own home and will continue to rent for the remainder of their lives.

Positive Life has significant concerns for PLHIV who are renting in the private market. Not only will they not benefit from home ownership, but they will be unlikely to afford private rental properties when they retire. They will become reliant on public and community housing or become homeless. Given the current limited stocks of public housing in Sydney and NSW's regional centres, we do not believe that the public and community housing sectors will be able to meet the increased demand from PLHIV when they retire. Much has been written about the impacts of homelessness on the health and wellbeing of PLHIV. Secure housing is a prerequisite to the effective clinical management of PLHIV. As highlighted earlier, without secure and appropriate housing, homeless PLHIV may have issues with adherence to HIV treatment, have the potential to disengage from healthcare, and an increasing likelihood of other associated co-morbidities and negative health outcomes.

Positive Life coordinates a Housing Support Program, which supports PLHIV in NSW to access, achieve, and maintain stable accommodation, including those at risk of homelessness. The program is the only specialist PLHIV housing support service in Sydney/NSW since the ACON Housing Support Project ceased operation in 2014. Support to PLHIV with housing issues was previously provided on a case by case basis by clinical staff in HIV Community Outreach Teams (nurses, psychologists, social workers, occupational therapists, etc.), clinical staff in LHD Sexual Health Clinics, GPs, and HIV prescribers. Since commencement, the program has become a centralised specialist housing support service. It has developed expertise in housing matters and has become a portal for referrals to and from service providers and health care professionals throughout metropolitan and regional/rural NSW. The program currently sits between the dual remits of both health and housing, and therefore has not been considered a funding priority of either NSW government department thus far.

One such client of the Housing Support Program has had the following experiences: Bob (not his real name) had been rough sleeping in Hyde Park in the Sydney CBD. Bob had tried residing in crisis accommodation refuges but states he found these environments quite challenging. Bob said he was given no choice but to sleep in his designated bed in a dormitory surrounded by other residents who were also managing their own mental health and substance dependence issues. He found the rules of these facilities quite punitive and preferred public places as this allowed him some freedom to choose where he slept for the night without having to conform to curfews etc.*

Prior to this, Bob was residing in subsidised housing via the Department of Communities and Justice's Private Rental Subsidy Scheme. However, when the landlord increased the rent quite substantially, Bob could no longer afford this accommodation and became homeless. As well as living with HIV, Bob also lives with a diagnosis of Bipolar and depression. Each of these conditions requires daily medication and regular health appointments. Bob agrees that maintaining a daily medication regime is challenging when rough sleeping in public places. He states he has several "stash" of medications hidden around Hyde Park. He also concedes that these "stash" have been discovered by other people, which means his daily medication is gone. PLHIV like Bob, need to maintain a strict medication regime to maintain their health and especially, an undetectable viral load. An unstable living environment has a negative impact on PLHIV's adherence to medication and health outcomes.

Vital medical appointments are challenging for Bob to maintain whilst being a homeless person in a public place, as this living arrangement provides little room for structure. Without a fixed address, he relies completely on his mobile phone to manage his appointments. Bob's phone charge can quickly

deplete, and then he is without access to electricity to re-charge the phone. The same applies for Bob in receiving further offers of housing assistance via the Department of Communities and Justice. These offers can be missed if Bob is not contactable. In some cases, if no response is received, his file will be closed, and Bob will need to re-apply for social housing from scratch.

b. Indigenous Australians

According to the latest surveillance data from the Kirby Institute, there were 963 HIV notifications in Australia in 2017, of which 31 notifications were among Aboriginal and Torres Strait Islander people. “The rate of HIV notifications increased by 41% in the Aboriginal and Torres Strait Islander population between 2013 and 2016, compared with a 12% decline in Australian-born non-Indigenous people, and in 2017 remains 1.6 times as high as the Australian-born non-Indigenous population.”³⁰ Additionally, “over the years 2015–2017, more HIV notifications in the Aboriginal and Torres Strait Islander population were attributed to heterosexual sex (21%) and injecting drug use (18%) than in the Australian-born non-Indigenous population (18% and 3%, respectively)”.³¹

A partnership between the University of Queensland and Anyinginyi Health Aboriginal Corporation, in the Northern Territory’s (NT) Tennant Creek and Barkly region, culminated in a report titled in Warumungu language as Piliyi Papulu Purrukaj-ji – ‘Good Housing to Prevent Sickness’. The report revealed a simple solution: new housing and budgets for repairs and maintenance can improve human health. Although the report is based on regions in the NT, the findings are translatable to the NSW jurisdiction, as home to the highest number of Aboriginal people in the country.³² Some key points to note from the report include:

- Rates of crowded households are much higher in remote communities (34%) than in urban areas (8%).
- Many Indigenous Australians lease social housing because of barriers to individual land ownership in remote Australia. Repairs and maintenance are more expensive in remote areas and waiting periods are long.
- Crowded households place extra pressure on ‘health hardware’, the infrastructure that enables bathing or showering, washing clothing and other hygiene practices. A lack of health hardware increases the transmission risk of preventable, hygiene-related infectious diseases.
- Positive Life NSW reiterates the recommendations outlined earlier in this submission regarding increasing culturally appropriate and Indigenous-lead social and affordable housing.

c. Women and children affected by family and domestic violence

The Kirby Institute Surveillance data highlights that of the 238 HIV notifications in 2017 for which exposure to HIV was attributed to heterosexual sex, 93 were in women – a trend that has remained relatively stable over the past decade, of which 45% were diagnosed late.³³ There is a compounding intersection of higher HIV notification rates among Aboriginal people compared to non-Indigenous Australian-born people, and Aboriginal women are six times more likely than non-Aboriginal women to experience domestic violence, and 35 times more likely to be hospitalised because of violent assault. Family and domestic violence are a leading cause of homelessness, and these statistics put Aboriginal women at high risk of homelessness.³⁴ This is particularly pertinent for Aboriginal women living with HIV. Additionally, “according to university and state government supported studies, Aboriginal children are 10 times more likely to be removed from their families compared to non-Aboriginal children, and 88 per cent

³⁰ Kirby Institute, ‘HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2018’, Sydney: Kirby Institute, UNSW Sydney, (2018), accessible at: https://kirby.unsw.edu.au/sites/default/files/kirby/report/KI_Annual-Surveillance-Report-2018.pdf

³¹ Ibid.

³² NSW Department of Planning, Industry and Environment, ‘A Housing Strategy for NSW - Discussion Paper’, (2020), accessible at: <https://www.planning.nsw.gov.au/-/media/Files/DPE/Discussion-papers/Policy-and-legislation/Housing/A-Housing-Strategy-for-NSW--Discussion-Paper-2020-05-29.pdf>

³³ Kirby Institute, ‘HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2018’, Sydney: Kirby Institute, UNSW Sydney, (2018), accessible at: https://kirby.unsw.edu.au/sites/default/files/kirby/report/KI_Annual-Surveillance-Report-2018.pdf

³⁴ Council to Homeless Persons, ‘Housing First Permanent Supportive Housing: Ending Chronic Homelessness’, (2018), accessible at: <https://chp.org.au/wp-content/uploads/2018/06/FINAL-180606-Housing-First-2018-6-June.pdf>

of Aboriginal children who are taken come from family violence situations”.³⁵ These situations and the higher likelihood of homelessness resulting from family violence means that unstable housing often leads to Aboriginal children being taken away by Family Services at higher rates than non-Aboriginal children.

The Kirby Institute surveillance data shows that 27% (n=25) of women diagnosed with HIV in 2017 were born in a high-prevalence country (a country with an adult HIV prevalence in the past 10 years of 1% or more), and 45 (48%) were reported as ‘heterosexual contact risk not further specified’.³⁶ Of these women in the ‘heterosexual contact risk not further specified’ category, 44% were born in Australia, and the remaining 56% were not born in Australia.³⁷ Women on temporary visas and who may be Medicare ineligible experiencing violence and their children are particularly vulnerable. While national estimates of the aggregate size of this population are not available, a voluntary service snapshot in August 2018 found at least 387 women on temporary visas with more than 351 children or dependents experiencing violence accessing support services in Australia.³⁸ This is particularly apparent with women’s refuges, which are chronically underfunded, are only a short-term option of two to three weeks generally, and the longer-term accommodation options are not readily available, with a severe shortage of social housing available nationwide. This leads people to choose between short-term transient accommodation with the potential for their children to be taken away from them or returning to an abusive partner so they can have a roof over their heads which is unacceptable and unconscionable.

d. People aged 55 years or older

The Australian PLHIV population is also ageing. In 2010, 12.0% of PLHIV were aged 65 years and older. In 2018, the proportion had increased to 19.1% (n=4,869). By 2025, the proportion of PLHIV aged 65 years and older is estimated to be 26.5% (n=8,260), and by 2030, it is estimated to be 31.6% (n=11,057). Similarly, the proportion of PLHIV aged 55 years and older, is also increasing, from 9712 in 2018, to 14,307 in 2025, to 17,670 in 2030. NSW continues to have the highest numbers of PLHIV of all Australian states and territories, including for PLHIV aged over 55 years and over 65 years. There were 4,039 PLHIV aged over 55 years in NSW in 2018, estimated to increase to 5,558 in 2025, and 6,597 in 2030. Furthermore, there were 2,101 PLHIV aged over 65 years in NSW in 2018, estimated to increase to 1,976 in 2025, and 4,266 in 2030.³⁹

According to data from the ABS Survey of Income and Housing, home-ownership rates among Australians aged between 55 and 64 years dropped from 86% to 81% between 2001 and 2016, indicating that not all older Australians are benefiting from the inequitable tax system in place. Outright home ownership is an established supporting pillar of Australian retirement incomes policies, as the outright owner does not have to meet rent, and thus has reduced need for a large income stream to pay for shelter. Additionally, if all else remains unchanged in the housing system and economy, seniors on social housing waitlists will increase by over 75% - more than twice the 35% increase in the population of seniors in the same timeframe. Furthermore, as the number of senior private rental and social housing tenants grows, governments will be required to reform tenancy regulations in ways that enable housing retrofits to meet mobility needs and allow for ageing in place, and rental insecurity could hinder planning for aged support services.

³⁵ Maggie Coggan, ‘It’s a continuation of the Stolen Generation’: How the social housing system is failing vulnerable Aboriginal women and their kids’, Pro Bono Australia, (2020), accessible at: <https://probonoaustralia.com.au/news/2020/02/its-a-continuation-of-the-stolen-generation-how-the-social-housing-system-is-failing-vulnerable-aboriginal-women-and-their-kids/>

³⁶ Ibid.

³⁷ Ibid.

³⁸ Paul Flatau, Ami Seivwright, Chris Hartley, Catherine Bock, Zoe Callis, ‘Homelessness and COVID-19 CSI Response’, Centre for Social Impact, (2020), accessible at: https://www.csi.edu.au/media/uploads/csi-covid_factsheet_homelessness_statement2.pdf

³⁹ Gray, R. 2019. Estimates from the current HIV cascade from each jurisdiction. Kirby Institute, University of NSW, Sydney Australia.

In response to the Discussion Paper requesting feedback on the range of actions the NSW government could take, and should be prioritised in the NSW Housing Strategy, to support housing diversity, Positive Life calls on the NSW government to implement the following recommendations:

Recommendation 4: *The existing specialist homelessness service system was already operating beyond capacity prior to COVID-19, with homelessness services turning away 254 people seeking assistance every day.⁴⁰ Additionally, other specialist support services for diverse communities that influence and impact on housing opportunities, access and equity are considerably under-funded. Positive Life supports the Centre for Social Impact's proposals that action be taken to:*

- *Immediately and comprehensively increase funding and funding certainty (extending funding contracts to five year terms) to the specialist homelessness service system across all cohort groups and other related agencies (AOD services, mental health services, emergency relief, financial counselling, and cohort-specific services for PLHIV) providing support to those at risk of and experiencing homelessness from diverse backgrounds and communities.*
- *Recognise the different needs of those experiencing homelessness in different settings and cohorts so specific programs and policies are developed for the youth homelessness sector, women's refuges and support services, and men's and women's supported accommodation.*
- *Adequately fund women's refuges and domestic violence services to meet existing and additional demands they will face in coming months due to the COVID-19 pandemic.⁴¹*
- *Adequately fund the National Disability Insurance Scheme (NDIS) Specialist Disability Accommodation (SDA) supports for those people with disability who require support and assistance in securing stable and independent housing.⁴²*

This recommendation is particularly important for those individuals who are part of marginalised or intersectional populations within NSW such as PLHIV who are homeless, Aboriginal and Torres Strait Islander people, people with disabilities, people from culturally and linguistically diverse cultures, people who have diverse gender and sexuality expressions and identities (LGBTQIA+), sex workers, people who have experienced sexual and/or domestic violence, people who inject drugs, and people living with a mental health condition among others. NSW government funding should support those in NSW who experience various structural disadvantages to achieve similar housing outcomes to the wider population.

Housing that is more affordable:

The third Discussion Paper theme "recognises people live in diverse tenures based on their income and circumstances, and that housing should be affordable, stable and supportive of their aspirations and wellbeing." Furthermore, the Discussion Paper highlights that the NSW government "need[s] to remain vigilant in responding to persistent housing affordability challenges so that everybody can access the benefits of stable housing. Whether people own their own home with a mortgage, rent in the private market or live with support, they should be able to cope financially and live near local facilities, jobs, and their networks. We need to provide support and opportunity across the housing continuum, from supporting people in crisis, social housing residents, tenants and people who aspire to or own their own home."⁴³

An extreme outcome of housing unaffordability in Australia is homelessness. Homelessness encompasses a range of states of housing, from sleeping rough on the streets to forms of housing which are below a minimum community standard, including couch-surfing, living in overcrowded accommodation, or living in unsafe conditions. The Australian Bureau of Statistics (ABS) definition of homelessness incorporates

⁴⁰ Paul Flatau, Ami Seivwright, Chris Hartley, Catherine Bock, Zoe Callis, 'Homelessness and COVID-19 CSI Response', Centre for Social Impact, (2020), accessible at: https://www.csi.edu.au/media/uploads/csi-covid_factsheet_homelessness_statement2.pdf

⁴¹ Ibid.

⁴² NSW Department of Planning, Industry and Environment, 'A Housing Strategy for NSW - Discussion Paper', (2020), accessible at: <https://www.planning.nsw.gov.au/Policy-and-Legislation/Housing/A-Housing-Strategy-for-NSW>

⁴³ Ibid.

three key elements: adequacy of the dwelling; security of tenure in the dwelling; and control of, and access to space for social relations.⁴⁴

The Australian Broadcasting Corporation (ABC) reported in 2020, that at the last census in 2016 there were 116,000 people who were homeless in Australia, which denoted an increase of 15 per cent since 2011. Some states were worse off than others, with nearly a 40% increase in homelessness in NSW over the same time period, from 28,100 people in 2011 to 37,800 people experiencing homelessness in 2016. Statistics from late 2019 demonstrated that crisis services had to refuse service to more than half of the people who asked for help with housing. Additionally, government figures report there are currently 50,000 people on a five-to-10-year waitlist for social housing.⁴⁵ Australia has the OECD's third-highest homeless rate, despite being one of the world's wealthiest per capita nations. Independent Australia reports that approximately one-third of people who are homeless in Australia are migrants, and the majority of these are relatively newly arrived, with a likely median of five years in Australia. One-in-four people who are homeless are Aboriginal and/or Torres Strait Islander people. The number of Australians who are homeless has been increasing year on year without exception for the last three decades, for both the young and old.⁴⁶ This has likely implications for NSW, the most populous state in Australia.

Housing NSW located within the Department of Communities and Justice, formerly Family and Community Services (FACS), has stated that: "homeless people are marginalised within the community and experience barriers to participation in social, recreational, cultural and economic life. There are particular issues faced by homeless people who use public spaces to sleep, store their personal belongings and gather together."⁴⁷ The Council to Homeless Persons (CHP) in 2018 reported research that shows that the people who have experienced long term rough sleeping have an average life expectancy of just 47 years compared to 77 years amongst other Australians.⁴⁸ As the CHP report highlights: "most vulnerable and disadvantaged groups in our community are more likely to have complex, compounding health needs but they face the biggest barriers to accessing treatment. The result is preventable presentations to hospital, which are significantly more expensive and a drain on resources. The relationship between healthcare and homelessness has created a reciprocating and multiplying cycle. Poor health conditions contribute to homelessness and homelessness further exacerbates ill health. Poor mental and physical health is both a cause and consequence of homelessness."⁴⁹

For the purposes of the following submission, we will be defining affordable housing according to the FACS NSW definition as, housing that is appropriate for the needs of a range of very low to moderate income households and priced so that these households are also able to meet other basic living costs such as food, clothing, transport, medical care and education, and includes both ownership and rental. Social housing is one form of affordable housing, and includes public housing and housing owned and managed by not-for-profit community housing providers.

In addition to being increasingly poorly located in terms of accessibility to job rich areas, amenities and public transport options, the supply of affordable private rental housing available for lower income households has deteriorated steadily Australia-wide over the past 30 years with an estimated deficit of 300,000 rental dwellings in 2011 for households in the lowest income quintile, and over 100,000 for those in the second income quintile. People who rent on lower incomes are not able to simply reduce their

⁴⁴ Paul Flatau, Ami Seivwright, Chris Hartley, Catherine Bock, Zoe Callis, 'Homelessness and COVID-19 CSI Response', Centre for Social Impact, (2020), accessible at: https://www.csi.edu.au/media/uploads/csi-covid_factsheet_homelessness_statement2.pdf

⁴⁵ Hagar Cohen and Scott Mitchell, 'From sleeping rough to four-star hotels: How coronavirus is changing our approach to homelessness', ABC News, (2020), accessible at: <https://www.abc.net.au/news/2020-04-25/homeless-put-up-in-four-star-hotel-during-coronavirus/12176942>

⁴⁶ Gerry Georgatos, 'Australia's homeless situation — we need to do better', Independent Australia, (2020), accessible at: <https://independentaustralia.net/life/life-display/australias-homeless-situation-we-need-to-do-better,13877>

⁴⁷ Family and Community Services, Housing NSW, 'Protocol for Homeless People in Public Places Guidelines for Implementation', (2013), accessible at: <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2568#tab-otherdocuments>

⁴⁸ Council of Homeless Persons (2018); <https://chp.org.au/counting-homeless-deaths-remembering-thosewho-died-while-homeless/>

⁴⁹ Ibid.

housing costs by living in smaller or less well-located dwellings. There are not enough low-rental dwellings available to meet demand, and as a compounding factor there has been no real growth in social housing. This shortfall reflects the inability of the private rental market to generate an adequate supply of dwellings affordable for low income households, and a failure of the social rental stock to grow in line with need.

Many lower income households requiring affordable rental housing are forced to the outer regions of our cities or to non-metropolitan regions where jobs are scarcer and less highly paid. The result is either longer and costlier commutes into job rich areas (such as the CBD) or accepting lower paid or part-time work closer to where they can afford to live. These forced locational choices perpetuate their current income status, and further limit their capacity to save and accumulate any wealth due to high housing costs in relation to income. Additionally, rental tenancies provide little security of tenure with relatively short-term leases and termination clauses that tend to favour the landlord over the tenant.

Anglicare's annual Rental Affordability Snapshot released on 30 April 2020, showed that less than 2% of Australian rental dwellings were affordable for people on the JobSeeker Allowance, even with the Coronavirus supplement, considering 30% of income as the affordability benchmark. Households enter housing or rental stress when housing costs are more than 30% of their after-tax income, which corresponds with housing costs being prioritised over other essential items such as food and medication. The report highlighted that without the COVID-19 increase, just nine rentals out of 69,997 properties would be affordable for jobseekers. The snapshot found just 1% of rentals (743 out of 69,997) were affordable for people on the Age Pension, while 0.5% of rentals (326 out of 69,997) were affordable for a person on the Disability Support Pension (DSP).⁵⁰

Long-term renting itself is a vicious cycle which prevents many low-to-medium income households from home ownership. "Despite those with mortgages paying more on average per month, renters are forced to pay a higher portion of their income to the landlord. On average, 20% of income is spent by renters on housing, compared to 16% for those with mortgages and just 3% for those that own their home outright. When considering just low-income earners, these numbers jump to 32% and 29% for renters and mortgagors, respectively."⁵¹ The ABS's last wages figures highlight that even before the economic impacts of COVID-19, wages were struggling. The March quarter wage price index marked the fifth consecutive quarter where the annual growth trend of private sector wages fell –down from 2.3% in December to 2.2% in March, while overall wage growth was down to 2.1%.⁵² The proportion of homeless people aged 65 to 74 years increased 37.9% in the five years to 2016, which researchers have attributed to rental costs increasing much faster than incomes.⁵³

In response to the Discussion Paper requesting feedback on the range of actions the NSW government could take, and should be prioritised in the NSW Housing Strategy, to support housing affordability and/or the supply of affordable housing, Positive Life calls on the NSW government to implement to the following recommendations:

Recommendation 5: Legislate to ensure renting is a viable, long-term option with enhanced protections for those who rent:

⁵⁰ Anglicare Australia, 'Rental Affordability Snapshot: National Report April 2020', (2020), accessible at:

<https://www.anglicare.asn.au/docs/default-source/default-document-library/rental-affordability-snapshot-2020.pdf?sfvrsn=4>

⁵¹ Callum Foote, 'Boomers & Millennials: young and poor miss out on Australian dream of owning a home', Michael West Media, (2020), accessible at: <https://www.michaelwest.com.au/boomers-millennials-young-and-poor-miss-out-on-australian-dream-of-owning-a-home/>

⁵² Greg Jericho, 'Coronavirus has destroyed wage rise predictions, but it has also given the government an easy excuse', (2020), The Guardian, accessible at: <https://www.theguardian.com/business/grogonomics/2020/may/14/coronavirus-has-destroyed-wage-rise-predictions-but-it-has-also-given-the-government-an-easy-excuse>

⁵³ Euan Black, 'Report shines light on rising homelessness among older Australians', The New Daily, (2019), accessible at: <https://thenewdaily.com.au/finance/property/2019/11/27/ahuri-older-homelessness/>

- NSW government should ensure renters have legislative protection against unfair evictions by amending relevant legislation to include a list of reasonable grounds and protections.
- Set minimum standards in rental housing for health, safety, and energy efficiency to protect against heat, cold and pollution, and reduce energy bills.⁵⁴
- Limit the frequency of rent increases and ensure such increases are fair.

Recommendation 6: Legislate for inclusionary zoning:

- NSW government should mandate targets for social and affordable housing in new residential developments of up to 15% on private land and 30% on government land.⁵⁵
- Inclusionary zoning is desirable and can serve lower income households but will never be an alternative to the need for social housing and should not be used to the exclusion of social housing investment.⁵⁶
- Caveats must be enforced to ensure that social and affordable housing remains affordable in perpetuity, not just over the short- to medium-term. Affordable dwellings must be protected against profit taking in light of any future value uplift as land values increase.⁵⁷

Enduring and resilient housing:

The Discussion Paper outlines this theme as being “about matching housing to community and environmental issues, so people, communities and their homes are safe, comfortable and resilient.” Stating that, “as a long-lived and dominant asset, housing must be located away from high risk areas, and be safe and built to a high quality. Housing must be designed to respond to its environment, which includes a changing climate, natural hazards, and the character of the local area. Planning for housing and infrastructure should go hand-in-hand and the way we plan for new homes should shape the characteristics that make a great community or place. This could include new technologies.”⁵⁸

Associate Professor Cameron Parsell of the University of Queensland, whose primary area of research is poverty, homelessness, social services and charity aimed at addressing social disadvantage states: “It costs the state government more to keep a person chronically homeless than it costs to provide permanent supportive housing to end homelessness, our recent research shows. Over a 12-month period, people who were chronically homeless used state government funded services that cost approximately A\$48,217 each. Over another 12-month period in which they were tenants of permanent supportive housing, the same people used state government services that cost approximately A\$35,117. The annual average of A\$35,117 in services used by supportive housing tenants includes the A\$14,329 cost of providing the housing and support.”⁵⁹ It is also important to note that these costs were drawn from an analysis of linked Australia-wide state and federal governments’ data, not through surveys of service users’ estimated costs. These data sets included service usage data from emergency department presentations, in-patients stays, mental health contact, ambulance use, court appearances, prison, probation, parole time, police arrests, victims of crime and police custody, and use of homeless accommodation services.

Additionally, Parsell’s research provides evidence that not only does it cost governments less to end chronic homelessness than it does to perpetuate the ongoing cycle of homelessness, but that low level criminal behaviour and reliance on crisis health and temporary accommodation services declines. For

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Richard Tomlinson, ‘Affordable housing, finger-pointing politics and possible policy solutions’, The Conversation, (2017), accessible at <https://theconversation.com/affordable-housing-finger-pointing-politics-and-possible-policy-solutions-75703>

⁵⁷ Committee for Economic Development of Australia, ‘Housing Australia August 2017’, (2017), accessible at: https://www.ceda.com.au/CEDA/media/General/Publication/PDFs/HousingAustraliaFinal_Flipsnack.pdf

⁵⁸ NSW Department of Planning, Industry and Environment, ‘A Housing Strategy for NSW - Discussion Paper’, (2020), accessible at: <https://www.planning.nsw.gov.au/Policy-and-Legislation/Housing/A-Housing-Strategy-for-NSW>

⁵⁹ Cameron Parsell, ‘Supportive housing is cheaper than chronic homelessness’, The Conversation, (2016), accessible at: <https://theconversation.com/supportive-housing-is-cheaper-than-chronic-homelessness-67539>

example, sustaining housing, compared to being homeless for a year, was associated with a 52% reduction in criminal offending, a 54% reduction in being a victim of crime, and 40% reduced time spent in police custody. The use of short-term crisis accommodation reduced by 99%, and mental health service use declined by 65%.⁶⁰ If the NSW government does not address the current homelessness crisis, it has the potential to impact significantly on public health costs in the future.

The basic psychosocial support services that existed in the social housing support sector in the 1980s have been sequentially removed corresponding to reductions in funding to the sector, and both NSW's and Australia's rates of homelessness are higher now than they have ever been. Increasing and maintaining the supply of social housing is the first step, which must be delivered concurrently to meet not only independent living but also supported living for people with complex needs. The "Housing First" model is one advocated by various housing groups, such as the Council to Homeless Persons, "which moves people with complex needs experiencing homelessness into permanent affordable housing with flexible and individual support for as long as needed."⁶¹ However, the first required step is to increase the supply of safe and affordable long-term housing by building more housing stock, particularly social housing, throughout NSW.

The Housing First model is backed up by a range of Australian and international evidence as the most effective way of achieving housing stability for people who have experienced chronic homelessness:

- Melbourne: After two years, 70% of Street to Home program participants were in independent secure accommodation. After four years, 75% of Journey to Social Inclusion participants remained in stable housing;
- Brisbane: 92% of Street to Home participants had sustained housing for 12 months;
- New York: 75% of New York Pathways Program participants spent an average of four years stably housed, compared to 48% receiving a standard response;
- Canada: In a five-site study with over 2,000 participants, Housing First Program participants spent an average of 73% of their time in stable housing over 24 months compared to 32% in the control group; and
- Europe: Four Housing First projects in Europe achieved housing retention rates of between 80% to 90% (over varying time frames). The Finnish Housing First Approach was introduced in 2007, and Finland is the only country in Europe where homelessness has decreased in that timeframe.⁶²

In response to the Discussion Paper requesting feedback on the range of actions the NSW government could take, and should be prioritised in the NSW Housing Strategy, to support housing sustainability, resilience, and safety trends, Positive Life recommends the following interventions and initiatives:

Recommendation 7: The implementation of a program like Housing First throughout NSW needs to be tailored to specific regions and environments, and factor in the following key considerations:

- Identifying those people who are most at need within the targeted homeless population, and considering individual requirements such as medication adherence requirements of homeless people living with HIV;
- Service planning, integration and coordination between key health, aged care, homelessness, and disability services engaged in partnership;
- There must be a reintroduction and scaling up of psychosocial supports and services;

⁶⁰ Ibid.

⁶¹ Maggie Coggan, "It's a continuation of the Stolen Generation": How the social housing system is failing vulnerable Aboriginal women and their kids', Pro Bono Australia, (2020), accessible at: <https://probonoaustralia.com.au/news/2020/02/its-a-continuation-of-the-stolen-generation-how-the-social-housing-system-is-failing-vulnerable-aboriginal-women-and-their-kids/>

⁶² Council to Homeless Persons, 'Housing First Permanent Supportive Housing: Ending Chronic Homelessness', (2018), accessible at: <https://chp.org.au/wp-content/uploads/2018/06/FINAL-180606-Housing-First-2018-6-June.pdf>

- There must be a focus on self-determining values, the up-skilling of residents once homed, and an increasing ability to manage their own affairs so they are free from disempowerment;
- The importance of peer-support roles in the development and delivery of programs, in addition to specialist positions provided through partnerships;
- Incorporating NDIS packages as appropriate; and
- System and process flexibility.

Recommendation 8: Positive Life supports the recommendations made by the Australian Alliance to End Homelessness to institute the following models of care to reduce the barriers to healthcare for people experiencing homelessness in NSW and improve outcomes at a reduced cost:

- Flexible service delivery and street outreach, allowing primary health care to be delivered in spaces where homeless people feel welcome, increasing engagement and improving outcomes, including fixed site, drop-in centres, accommodation services and street outreach.
- Primary health services for people experiencing homelessness should not just address physical health issues but must also address mental health, AOD, and other complex care.⁶³

Summary:

Positive Life's recommendations throughout this submission can be summarised in a quote from the Committee for Economic Development of Australia, calling for a: "shift away from the financialisation of housing and the role that it currently plays as a form of wealth accumulation and the reclamation of it as a social good and a basic human right. Until our politicians are willing to work together to generate community support for such a change, the complex set of issues that define housing Australia's affordability problems are likely to remain."⁶⁴

A robust and sustained political will on all levels will be necessary to achieve equitable access to affordable and secure housing for all NSW residents, to ensure that all can live self-determined and empowered lives with dignity.

Positive Life would like to commend the Housing Strategy Implementation Unit for their dedicated and thorough research and consultation process with the aim of developing a robust and equitable NSW Housing Strategy, to make the government and community response as strong as possible for all Australians including those of us living with HIV.

If this submission requires additional information or clarification, I can be contacted at ceo@positivelife.org.au or on 02 9206 2177.

Yours respectfully,



Jane Costello
Chief Executive Officer

24 July 2020

⁶³ Australian Alliance to End Homelessness, 'Leaving No-one Behind: A National Policy for Health Equity, Housing and Homelessness', (2020), accessible at: https://aaeh.org.au/assets/docs/Publications/20200120-POLICY-PROPOSAL_Leaving-no-one-Behind.pdf

⁶⁴ Committee for Economic Development of Australia, 'Housing Australia August 2017', (2017), accessible at: https://www.ceda.com.au/CEDA/media/General/Publication/PDFs/HousingAustraliaFinal_Flipsnack.pdf