

Response to the Victorian Government's 10-Year Vision for Social and Affordable Housing

Submission prepared by Women's Health in the South East, April 2021

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Introduction

Women's Health in the South East (WHISE) welcomes the opportunity to provide input into the Victorian Government's 10-year vision for social and affordable housing. WHISE is the regional women's health service for the Southern Metropolitan Region. WHISE is a not-for-profit organisation that focuses on empowering women. We work to improve the health and well-being of women in our region by providing health information and education to governments, organisations, education providers, and community groups.

WHISE's submission will apply a gender lens to social and affordable housing and by doing so, we will demonstrate the need for equitable access to housing for women. At present, the 10-year vision discusses the goal to complement current and emerging efforts to support victim survivors of family violence. We are encouraged to read this commitment as domestic and family violence is a key social determinant of health and wellbeing and one of the biggest risk factors for homelessness among women. We will therefore argue that the policy platform for affordable housing should be more engaged with health and social policy rather than development policy and the needs of developers.

Our response will first provide an overview of housing and homelessness among women and the increased risk of homelessness for victims of domestic and family violence and older women aged over 55 years. We will then discuss our recommendations in lieu of responding to the questions specifically posed in the Sector Discussion Paper. We believe this will be a more meaningful way to address the issues faced by women who require access to social and affordable housing.

What we know

Housing is a gendered issue

Housing is argued to be a leading social determinant of health (Mikkonen & Raphael, 2010; AIHW, 2018) as it can impact on physical health (e.g., due to poor maintenance, mould, dampness and heat, and eating less to afford rent) and psychological health (e.g., due to a reduced sense of security, control, and comfort) (Daoud, et al., 2016; Baker, et al., 2003). For this reason, stable housing is defined as a fundamental human right (United Nations, n.d.). However, women are often denied or do not have access to this basic human right.

Housing and homelessness are therefore gendered issues with a disproportionately higher number of women experiencing housing instability than men. In 2019-2020, the Australian Institute of Health and

Welfare (AIHW) reported that 60% of clients who accesses specialised homelessness services were female; 4.7% were women aged 55 or older (compared with men, 3.7% of total clients); and 34% were single-parents with one or more children (2020). Moreover, women made up 77% of clients who reported experiencing domestic and family violence (DFV); and 55% of those who were aged over 55 years were women (AIHW, 2020). Yet, homelessness is typically viewed as a male issue because women's experiences of homelessness are less visible as "they will move between family members, stay with friends, sleep in cars or vans – anything that will keep them off the streets" (The National Older Women's Housing and Homelessness Working Group [NOWHHWG], 2018, p. 7). Therefore, on Census night when displaced people are being enumerated, women will often be counted as a guest staying at a friend's or family member's house rather than disclosing their homeless status.

Despite the inherent difficulties of enumerating displaced people, the data reported by specialised homelessness services highlights the higher proportion of women who are homeless. The data also demonstrates that DFV and older age are two factors which greatly influence housing instability and homelessness among women. Given that more women experience DFV than men and older age women are more likely to experience financial hardship in the absence of a partner, it is likely that the reported rates of homelessness among women is vastly underreported. Nonetheless, available data from the Australian Bureau of Statistics (2018) shows that the number of women facing or experiencing homelessness between 2011 and 2016 grew 6%. Therefore, this is a high-risk population which requires specialised attention and consideration in the government's 10-year vision for social and affordable housing.

The two biggest risk factors for housing instability and homelessness among women will be discussed below. With a deeper understanding of these issues and how they impact on housing, we hope that policy makers will gain clarity on how to help women achieve safety and security during vulnerable times in their lives.

Domestic and family violence, housing instability and homelessness

In Australia, it is estimated that one in six women have experienced physical or sexual violence by a partner (current or previous) since the age of 15 (AIHW, 2019). It has been well-established in the literature that DFV is an important determinant of women's health (Montesanti & Thurston, 2015) as it can have significant psychological effects (such as, depression and post-traumatic stress disorder) and result in poorer wellbeing (Shen & Kusunoki, 2019; Dillon, et al., 2013). In addition to these negative health impacts, DFV is also a major contributing factor to housing instability and homelessness among women (Ponic, et al., 2011) due to difficulties with maintaining housing, paying mortgages, bills or rent, or having to live in temporary accommodations with family and/or friends (Kushel, et al., 2006).

There are numerous and overlapping barriers to housing for victims of DFV which place women's safety and wellbeing at risk (Ponic, et al., 2011). Some of these barriers include low income, housing discrimination against them as survivors of DFV, and ongoing harassment by the perpetrator (Baker, et al., 2010). That is, women who attempt to leave their abusers may have difficulties with securing employment or difficulties staying employed as; 1) the perpetrator may harass them at work, 2) they may still be dealing with their children's and/or their own mental and physical health needs as a result of the abuse, and/or 3) they may have limited employment experience (Baker, et al., 2010). Abusive partners may also make it difficult for women to secure housing as instances of violence may disrupt neighbours, damage property, and cause the victim to be entered into a 'bad tenant' database (Flanagan, et al., 2019). Together, these barriers to seeking out and maintaining secure housing can impair the health and wellbeing of women and children, and compromise their ability to maintain separation from their abusive partner. In fact, many women report returning to an abusive partner because they are not able to secure alternative housing (Daoud, et al., 2016;

ANROWS, 2019).

The significance of this fact – that women do not have access to a safer housing alternative and must return to their abusive partner – must be underlined and should not be ignored. We invite readers of this submission to consider the seriousness of this statement. Freedom is a human right as clearly outlined in the Declaration of Human Rights (United Nations, 1948). However, this basic human right is often violated when women are not securely housed while they live with an abusive partner and/or when women encounter barriers when looking for housing after leaving an abusive relationship (Daoud, et al., 2016; Ponic, et al., 2011). It has been estimated that over 90% of DFV victims who submit first-time requests to specialised homelessness services for long-term accommodation are not able to be met (ANROWS, 2019). We must do better.

Addressing housing instability for women is therefore considered to be a key strategy for supporting women who are leaving an abusive relationship (Ponic, et al., 2011; The Australian Housing and Urban Research Institute, 2020). However, women report difficulties with accessing secure housing due to the explicit requirements, norms or assumptions which exclude some women, for example, those leaving a violent relationship and those with teenaged male children (Ponic, et al., 2011; Flanagan, et al., 2019). Furthermore, the housing options available do not always feel safe or offer security as they may be located in a risky neighbourhood, may feel substandard (particularly compared with their previous home), and frequent moves may disrupt their children's schooling and support networks (Flanagan, et al., 2019; Drabsch, 2019). These difficulties directly prevent women from recovering from DFV and work against the consistently reported recommendations to provide women with flexible and adaptable housing solutions which meet their individual needs (Flanagan, et al., 2019; Drabsch, 2019; Ponic, et al., 2011; Hague & Mullender, 2006).

Women leaving abusive relationships are diverse and the challenges they face or their specific needs in accessing secure housing vary. This means the housing options available to victims of DFV need to be tailored to their needs to prevent them from returning to a dangerous living situation. Our recommendations are discussed at the end of this submission.

Housing instability and homelessness among women aged 55 and over

We know that for women, gender and aging intersect and compound inequality. Women aged 55 and over (who we will refer to as 'older women' in this submission) experience significant levels of social exclusion which see them lacking resources, opportunities to work and live healthy lives. A critical part of their social exclusion is housing. Older women in Australia have a greater risk of housing insecurity than their male counterparts and this is tightly bound to their experiences of financial insecurity (NOWHHWG, 2018). Older unpartnered women are the "fastest growing cohort of people experiencing housing stress and homelessness" (NOWHHWG, 2018, p. 6). Recent data shows that homelessness among older Australian women increased by 31% between 2011 and 2016 (Women's Agenda, 2019). Meanwhile, in Victoria, the same time period saw a staggering increase of 40% (ABS, 2018).

The majority of homeless older women have not been homeless before (Petersen & Parsell, 2014). This suggests the circumstances which lead to them being displaced are uniquely related to their older age and gender. Indeed, several compounding and systemic factors are commonly linked to homelessness among older women. The most salient factors include: not benefiting from superannuation when they started working; being paid at a lower rate than men working in the same role; and stopping paid work for a period of time to raise a family or care for others that require part- or full-time support (NOWHHWG, 2018). In fact, for many women now aged over 70, it was once compulsory to cease paid employment once they married.

Thus, these risk factors stem from the standards and norms that were present in their young adult life and now place them in a position of financial vulnerability. A lifetime of discrimination experienced by older women that has included underpaid work, unpaid work, and an absence of superannuation contributions has meant they are more likely to be living in poverty and experiencing housing instability and homelessness than older men.

Safe and secure housing is a basic need for older women. As discussed, it is a social determinant of health which is particularly important for older women as their health needs, which generally increase with age (Steptoe, et al., 2015), are exacerbated if they are experiencing housing instability, homelessness, or they are at risk of homelessness. However, older women are often excluded from accessing social housing as they are typically homeless due to financial instability rather than having complex needs. Yet, as discussed in the previous paragraph, this is due to factors out of their control and given their older age, they often do not have the capacity to earn additional income which compounds the difficulty to afford private housing. As stated by the The National Older Women's Housing and Homelessness Working Group, "they [older women] are marginalised in the private rental market, marginalised in the social and affordable housing markets, and even marginalised in the homelessness services sector" (2018, p. 7).

Recommendations

Women are most negatively impacted by housing instability and homelessness. We have outlined the most influential factors associated with housing instability and homelessness for women and how this seriously effects their health and wellbeing. The cyclic nature of these factors has also been discussed. That is, DFV is a leading risk factor for homelessness among women, however, victims of DFV are often discriminated against and excluded from social housing as there are concerns that their abusive partners will disrupt the neighbourhood. Older women experience homelessness due to financial insecurity and poverty, however, because these are the reasons for their homelessness, they are often excluded from accessing social housing.

So, what needs to be changed to increase women's access to housing so that they can feel safe and their health and wellbeing will not be at risk? We spoke with a representative from *Olive's Place* (a refuge service which provides support to women and children escaping family violence) to discuss the challenges to equitable housing access. Their feedback informed our recommendations which are detailed below.

1. Ensure that social and affordable housing is close to major facilities, services and infrastructure

The first recommendation relates to the provision of appropriate housing options for women. That is, women need social and affordable housing options that are close to: 1) public transport as many women will not have the funds to be able to drive, 2) their social support system, 3) an NDIS provider, 4) schools, 5) childcare, and more. In addition to an appropriate location, the type of housing offered to women and children who are victims of DFV needs to be appropriate. In many cases, victims of DFV who request housing in a city suburb are allocated to a high-rise building. However, this type of housing is the most unsafe environment for victim survivors as they do not have a second exit to escape from if the perpetrator shows up at their front door. These types of housing options are also miserable for women and children victim survivors. Moving them into unsafe high-rise buildings is tantamount to holding the victim responsible for their situation and makes them question their decision to leave the perpetrator.

2. State Government Housing Plans and the 10-Year vision needs to be based on the reality of changing demographics in our community

The second recommendation is that consideration of the changing demographic needs to be expanded. The Sector Discussion Paper acknowledges that the profile of Victorians who require social and affordable housing has changed in recent decades. This includes, smaller households comprised of singles and couples without children; elderly, single people; people with complex issues; and people who are homeless or at-risk of homelessness. Yet, there are a number of households that consist of five or more children. These families have a difficult time being placed in a home and are often told there are no houses that meet their requirements. This is particularly concerning given the rising rates of unemployment due to COVID-19. That is, due to unemployment, larger families may not be able to afford the rent or mortgage repayments on their larger homes, and therefore, may require access to social housing. We recommend developing more houses that can accommodate larger families so women and their children will not be turned away due to a lack of housing that meets their needs.

3. Design a plan that delivers emergency and social housing that meets the needs of marginalised and disadvantaged women

Third, emergency accommodation and social and affordable housing does not typically meet the needs of women from marginalised populations. Currently, there is a one-size-fits-all approach which excludes the specific needs of certain groups such as those with a disability. For example, people who require disability access have a difficult time finding appropriate housing that meets their needs. Yet, if all social and affordable housing was fitted with access ramps, lifts, walk-in access showers, rails in the bathroom and toilet etc., it would mean that no one is excluded as the houses would be appropriate for everyone. Meeting the needs of marginalised populations as a baseline standard would increase access and equity for all and reduce the need to locate specialised accommodation.

4. Improve the system for transferring women between different types of accommodation

The fourth recommendation is that the system for transferring people between different types of accommodation needs to be improved. Currently, the process of transferring a person takes around 12 months. If a woman has been moved into a home that does not match her needs or is not safe, the waitlist and the required paperwork to transfer takes a long time and negatively impacts on the person's health, wellbeing, and safety. In many cases, services will advise women to completely relinquish their property and move into emergency accommodation while they wait for a new property as it is faster than waiting for a transfer while they remain in their "home" because while they live there, they are not deemed to be a priority. While these extra steps hasten the transfer process, it introduces additional stress and instability, especially for children. The Sector Discussion Paper recognises that, "A successful housing system enables people to access the housing and support they need, at the time they need it" (p. 16). Yet the Paper also recognises it is "difficult for people to access the housing options or pathways they need (p. 9). We therefore recommend developing a more robust system for transferring women from one social housing situation to another so they too can progress along the housing continuum without sacrificing or jeopardising their safety and the safety of their child/ren.

Other recommended changes

Provision of safe and long-term housing is a crucial health intervention. Whilst a large increase in social and affordable housing options is a long-term solution, there are also urgent changes which need to occur to lessen women's need for social housing and/or alleviate some of the stressors that are experienced by women who access these housing options. These additional recommendations are discussed below.

1. Integrate support services into crisis accommodation models

A challenge that is faced within the current system is that refuge or crisis services are not funded to provide support services to people once they are housed. When victims of DFV leave their home and move into temporary crisis accommodation, the service is funded to provide intensive support to the victim/s to ensure they can confidently manage. This can include risk assessment and safety planning, material aid, emotional support, school enrolment, referrals for counselling, transport, court support, income establishment, community engagement, assistance securing long-term safe accommodation and more. However, once women are housed, the crisis service is no longer funded to support them. This is problematic because women still require support even once they have been moved into a house; they are not yet able to manage on their own and this increases their risk for returning to their abusive partner. While some crisis services will endeavour to continue to support women once they have moved from their crisis accommodation, these services are already working beyond their financial means. Indeed, as mentioned earlier, the Sector Discussion Paper cites access to support as being a defining factor of a successful housing system. We therefore recommend that in addition to funding the development of more housing, funding should be directed to the provision of supports for victims of DFV so they receive the help they need even once they are housed.

2. Make childcare more affordable to increase women's ability to work

The second recommendation relates to childcare. WHISE recently facilitated focus groups with women in our region to discuss the gendered impact of COVID-19. Part of our discussions involved inviting suggestions for the types of supports that would greatly improve their quality of life and reduce stress. The most commonly raised suggestion was free or cheaper childcare. Childcare in Australia is very expensive and for many women, the high cost prevents them from returning to work for the desired number of days or at all. Women who return to work will typically calculate the number of days they can work and place their child/ren in childcare before it becomes financially unpractical. That is, it may not be feasible to return to work full-time whilst also covering the high childcare fees; or it may seem like too much upheaval as the earnings from her wage may not amount to much once the fees for childcare are deducted. This represents not only a barrier to women progressing their careers but also means women are not receiving contributions to their superannuation which negatively impacts their financial security in older age.

3. Recognise the structural disadvantage that women face in being able to afford housing

A related and final recommendation is that women who work doing unpaid domestic duties, including raising children and caring for family members, should be entitled to wages and/or contributions to their superannuation. Women frequently assume unpaid roles but do not receive any remuneration to acknowledge their time; time that is often spent in lieu of their paid employment. This issue is representative of systemic discrimination which seriously impacts on women's financial security and circumstances which increases their risk for homelessness in their older age if they do not have a partner to financially support them. Furthermore, women with children who are moving due to DFV are less likely to have the financial

means to rent a house or support themselves.

It is therefore important that in addition to increasing the supply of social and affordable housing, there should be increased funding directed to the provision of ongoing support as well as increasing the financial security and means of earning money for women. Making these changes might not only reduce the need for social housing but also improve the health and wellbeing of women as they would not be forced to live in unsafe homes in potentially unsafe areas; move away from their support systems; temporarily live with family and friends to avoid sleeping on the streets; and/or live with the guilt and stress of frequently moving their children from one place to the next which places strain on the family unit.

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