



Catholic
Health
Australia

Catholic Health Australia Submission

Developing the National Housing and Homelessness Plan

Department of Social Services

Catholic Health Australia (CHA) is the largest non-government grouping of hospitals, aged and community care services in Australia.

CHA members operate in every Australian state including the Australian Capital Territory and provide approximately 30 per cent of private hospital care and 5 per cent of public hospital care in addition to extensive community and residential aged care. CHA members also include social services providers working directly in the housing and homelessness sector.

CHA not-for-profit providers are a dedicated voice for the disadvantaged which advocates for an equitable, compassionate, best practice and secure health system that is person-centred in its delivery of care.

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Catholic Health Australia

Executive Summary

Catholic Health Australia (CHA) and its member hospitals, aged care facilities, and social services providers welcome the opportunity to make a submission to the National Housing and Homelessness Plan. As Australia's largest not for profit health and aged care organisation, we advocate on behalf of our members for better health and wellbeing outcomes that recognise the inherent dignity of every human. In keeping with our ethos, we believe there is a clear moral imperative for catholic organisations, civil society and governments to address the housing crisis and prevalence of homelessness that is inflicting harsh conditions on a growing cohort of people, with a particular focus on the most vulnerable in our community.

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

The current housing crisis is placing significant strain on the health workforce, who are often unable to find suitable accommodation in the areas where they work, and are increasingly travelling further distances from home, which at times requires a reduction in their hours of work. This places added strain on the cost of living for healthcare workers and their families, and also has flow on impacts to health care providers ability to appropriately staff their facilities. The unaffordability of housing also disproportionately affects those already suffering the most; those living in poverty, the underemployed, First Nations Australians, the elderly, women, young people, people with chronic disease, and disability.

The Australian Catholic Bishops Conference (ACBC) recognised this in 2018-2019, launching their [A Place to Call Home \(2018-2019 Social Justice Statement\)](#) which makes the case for stable and affordable housing options as a social justice concern. CHA members have long worked in this space, and take seriously our work to combat what Pope Francis has called "a major issue for human ecology." ([Laudato Si, 152](#))

Through the work of CHA members, we recognise the profound impact that affordability of housing has on an individual's health and wellbeing, as well as the pressure the lack of accessible and affordable housing options is placing on already strained services. The provision of stable housing cannot be disconnected from the complexities of the human

experience. Health, mental health, domestic violence, disability, and the cost-of-living crisis are all aspects that are impacting people's ability to find stable and affordable rental options for themselves and their families. To this end CHA urges the Government to investigate and capture the broader pressures associated with housing access that cater towards the many disadvantages and experiences of individuals. By capturing accurate data that appropriately represents the diverse experiences and pathways of individuals experiencing housing pressures or homelessness, targeted outcomes can be set to track real progress and address gaps. This should and can be an integrated system between all service providers, that reduces barriers to those needing to access support that is time critical.

CHA acknowledges that this requires long term planning to curtail the many issues associated with the housing and rental market and the social detriments of health that impact this. To prevent the reduction of this plan to a document assessed again only in ten years' time, CHA recommends The Plan incorporate regular reporting and tracking of real targets and progress within this ten-year timeframe. However, the housing crisis and prevalence of homelessness is current and there are those in need of immediate assistance. CHA encourages the Government to not let the perfect be the enemy of the good in implementing shorter term relief packages and policies to assist those in urgent need now alongside this longer term planning.

Recommendations

That the National Housing and Homelessness Plan

1. Set tangible goals and targets, to measure progress against every two years.
2. As a priority, build more integrated pathways and links between health and social providers that better services individual support needs, captures more accurate and comprehensive data, and reduces inefficiencies in the current system of care.
3. Enhance it's focus on measurable outcomes, and adequately prepare and support the sector for this transition in key performance indicators.
4. Expand the focus on prevention, noting the various cohorts and experiences that determine vulnerability, and the diverse stages of risk.
5. Implement changes with other tiers of government, where vacant properties can be utilised for social housing through programs that bring confidence to homeowners and investors, enhancing the supply of social housing through existing properties.
6. Immediately implement changes to collaboratively reduce barriers and costs associated with developing social, affordable and crisis housing, to incentivise the charitable sector further and repurpose vacant or unused land.
7. Encourage states to implement a mechanism to cap unfair rent increases. Western Australia should introduce laws that provide borders and lodgers as well as their landlord or housing provider, with adequate consumer protections. All other Australian jurisdictions have introduced laws for boarders by incorporating amendments into their existing Residential Tenancies Legislation.

8. Require all new housing policy to consider the complex needs, health experiences of vulnerable cohorts, including older persons, those leaving prison, those impacted by family and domestic violence, and non-residents with limited access to health and social services support.
9. Immediately explore with a view to implement through the 2024-2025 Budget, rent subsidisation policies including exemption from salary packaging caps and rental deductions up to a certain limit for properties located within a certain proximity to work.
10. Seriously investigate opportunities with housing developers to build accommodation specifically tailored for essential services employees such as healthcare workers.
11. Recommend that Federal, State and Territory Governments work together to introduce By-Name-List and associated collaboration and coordination methodologies into the provision of homelessness services. These methodologies are promoted by national and international not-for-profit organisations and coordination strategies will go a long way to verifying the effectiveness of, and delivering programs to ensure homelessness is rare, brief and non-recurring.

How can governments and community service providers reduce homelessness and/or support people who may be at risk of becoming homeless in Australia?

The relationship between health and homelessness

Health is a crucial piece of the homelessness puzzle; an unmanaged illness is often the factor that tips a person from insecure housing, into homelessness.

On the other end of the scale, attempts at moving individuals who are experiencing homelessness into safe and affordable housing options are often impacted by the ongoing management of their health needs. Homeless persons generally have a range of complex needs that affect potential access to safe and affordable housing. Health issues among people who are homeless invariably cluster with and are exacerbated by other social determinants of health, including trauma, poverty, unemployment and social disconnection. [This challenges traditional clinical boundaries and health system responses.](#)

CHA providers and services are intimately involved in the systems response to those with complex needs. Some of the major homeless cohorts are those with mental health and addiction issues, those escaping domestic violence or who have experienced significant trauma, and people released from prison. Often those with acquired brain injury and intellectual disability are among the cohort. People experiencing homelessness have more health problems, often struggle with a range of co-morbidities, and tend to die earlier than the general population.

Many Catholic health providers offer tailored services to address the health needs of people experiencing poverty, cost of living pressures, and health strains. As important as their efforts are, if people are unable to access stable housing outcomes, alongside health support, health care alone can't save an individual verging on homelessness, or support an individual out of homelessness.

A plan focused on outcomes

Although funding arrangements for specialist services in homelessness can at times be unreliable, funding agreements rather than outcomes measurements, have prevailed as a key performance indicator. These may not have always provided optimal accountability in specialist homelessness services. By preparing the sector for a transition to an appropriate outcomes measurement model, and providing support for this transition, the conversation can shift from the size of funds allocated, to the delivery of the best results from those who are homeless or at risk of homelessness.

Targeted outcomes will be crucial across a broad spectrum of the homelessness experience. Currently, prevalence and an understanding of the issue relies heavily on 'point-in-time' data, including street sleeping counts. Not only does this fail to capture the wide experiences of housing instability and homelessness, including those who are moving intermittently from location to location due to instability, it would be considered unreliable

in any other analysis. For a comprehensive response to making homelessness rare, brief, and non-recurring, a more accurate data pool could initially address what constitutes brief, or rare. By developing a greater understanding of the average time an individual is living on the streets, their touch points with social services and the number of residences they have shifted between during a particular period, outcomes can be developed that adequately cater to the lived experiences of the diverse population of those experiencing some form of homelessness.

The response to the housing crisis needs to go beyond block funding of organisations. It must link individuals by name between services, ensuring data accumulated is beneficial to assessing outcomes, and that the experiences of an individual seeking housing services is made more efficient. Currently, multiple services and providers are involved in catering to the complex needs of individuals experiencing some form of housing pressure or homelessness, yet there is limited established links between these providers across health and social services. Investing in a joint system of operation that individualises care would improve government's ability to track outcomes based on a variety of complex individual experiences, as well as improve the experiences of those who need to access support in a timely fashion. CHA Members have intermittently investigated outcomes beyond their scope of practice. In doing so they have discovered inconsistencies in support, for example that those attending regular outpatient care within their service, such as for renal dialysis, have been returning intermittently to inappropriate housing and homelessness.

By addressing the siloed nature of service delivery, outcomes can be better assessed, specific targets adopted, and a more tailored approach to reducing the prevalence of homelessness can be implemented, beyond the current discourse of a focus on simply constructing more dwellings, which may only help some.

A greater focus on prevention

An outcomes focus should incorporate the essential area of prevention, which is under-addressed in the Issues Paper. Viewing homelessness services as predominantly crisis response-focused, fails to acknowledge the different assistance that various cohorts may need at different points in their lives. Universally, there is a responsibility of government to reduce the pressures and minimise the risk of homelessness across all people, acknowledging the rising cost of living that is an increasingly prevalent experience. There is also a more specific need to develop prevention programs and support for those in at-risk cohorts including those experiencing domestic violence and Aboriginal and Torres Strait Islander Peoples, to name two examples. Then there are those in a crisis situation, who need assistance preventing imminent evictions from their homes for a variety of reasons, who may not be equipped to respond to the complexities of the system alone. Preventing instances of repeated homelessness should also be addressed in any Government Plan. [Research has also shown](#) the cost-effectiveness of prevention programs compared to funding applied focused on an individual who is already homeless.

Delivering for at-risk cohorts

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

CHA members have worked to provide safe and affordable housing options for vulnerable demographics for many years. This work has become increasingly more important given there is now substantially more pressure with the rise in housing costs and general cost of living pressures. The amount of at-risk demographics facing rental and housing cost increases that are unaffordable has significant flow on impacts to the health sector, as individuals begin to concede on the standard of living, healthy eating, and other health and wellbeing needs in order to meet the costs associated with their housing.

1. Older persons

[Council of the Ageing reports](#) that a growing cohort of those under financial strain due to housing cost increases are older Australians, which is consistent with CHA members understandings of this demographic who are presenting to CHA member services for assistance. Within this demographic those who are currently renting are more likely to be those with a disability, those without paid employment, Aboriginal and Torres Strait Islander peoples, and those primarily reliant on a government pension to sustain them. [Recently released data suggests](#) that four out of five older Australians were spending more than 30% of their income on rent (the affordability benchmark for low-income households). Two in five were paying severely unaffordable rents – more than 50% of their income.

Older Australians are limited in their ability to combat rising housing costs, often experiencing declining health, complex needs and ageism in the workplace resulting in a limited capacity to earn their own funds to meet rising housing costs. More rigorous support is needed for dedicated housing services that caters to the needs of older Australians. Particular prioritisation should be given to those who present with comorbidities and complex needs and experiences.

2. Those transitioning from incarceration.

Reports indicate that [approximately one third](#) of those being held by police have reported as being homeless or under rental stress in the time proceeding arrest, indicating a cross over between housing and the criminal justice system. Studies have presented that the costs of resourcing stable and affordable housing for those leaving incarceration, are significantly less than the harm caused through imprisonment and individuals reoffending. Subsequent studies have shown stable and affordable rental options have been proven solutions to reduce recidivism. This places the rental crisis Australia is currently experiencing at odds with the pursuit of integrating those with previous offences back into a community where

they can rebuild their lives, with their families, and contribute in a meaningful way to their community and the economy.

This hardship is exacerbated by other vulnerabilities, such as health, mental health, domestic violence, drug and/or alcohol dependency and Aboriginal or Torres Strait Islander heritage which are disproportionately prevalent among those leaving an institutionalised setting. More must be done to assess the individual trends for some of these demographics and provide tailored pathways of housing, particularly Aboriginal and Torres Strait Islander people leaving incarceration. Many find it difficult to obtain suitable and stable employment options that would allow them to finance the rising rental costs Australia is currently experiencing.

Given the enduring short fall in social housing, many transition services have been relying more and more on the private rental market to provide housing opportunities. However, upon discharge, more than one third (35%) enter homelessness upon the completion of any social services support. These trends show that many individuals do not progress towards stable and affordable housing solutions, placing them at risk of further health deterioration and re-incarceration. As imprisonment rates increase, so does the need for housing assistance upon release. With an unaffordable rental and housing market and current low rates of social housing, this places added pressure on CHA service providers and directly impacts the trajectory of their clients.

Former prisoners seeking access for housing support has been the [fastest growing demographic of homelessness services](#) across the board over the last decade, and the lack of affordable housing options further exacerbates this. State by state, there are a range of transitional programs in existence some of which cover short term housing provision, however, historically, there has been an experience of instability in both programs and funding.

3. Presentations at Emergency Departments

As organisations focused on the care of the most vulnerable, including the public provision of healthcare, CHA providers and staff are often a contact point for those who are experiencing housing instability and homelessness. These include individuals who are experiencing family and domestic violence, who cannot return to their own homes, face other contributing factors such as gendered income inequality, or poverty. They do not have the necessary means by which to sustain alternative housing for themselves and their families. Those without permanent residency, who are ineligible for Medicare benefits, or other government social services regularly present to emergency departments. In line with a Catholic mission, CHA services have programs by which to address immediate needs of individuals regardless of residency status, however generalised support remains low. Any housing or homelessness support relies on the discretion of an overburdened social services sector and contributes to the cycle of health and housing inequality for those residing in

Australia. Even where individuals from non-English speaking backgrounds are eligible for services such as Medicare or social support, for instance as authorised humanitarian entrants, they can be unclear as to what support is available to them.

How can all levels of government, along with housing organisations, institutional investors, not-for-profits, and private industry, improve access to social housing, which includes public housing and community housing?

It is the experience of CHA member health and housing programs, that once a disability pension is secured, along with NDIS support, private rental options are then out of reach. This means that discharge locations are limited to community or public housing only, which include significant wait times. Social housing numbers have not kept pace with rising demand, with population growth exceeding the supply of social housing over the last 20 years [by two to three times](#).

Without the support of programs in this space, individual health can quickly deteriorate to a position where even if given the opportunity to be housed, payments cannot be sustained due to poor health. This is of particular concern in regional areas where private rental costs have significantly increased since 2020. The Victoria Government's rental report reflects this increase in private rental prices in regional areas, with the number of regional rental options within reach of low income households, [contracting by nearly a third](#) from 2017-2020. Health and housing support programs like those run by CHA members are even more scarce in these areas, positioning individuals and families at high risk of rental arrears due to poor health, even when some form of rental accommodation can be found.

Although there exists the need to develop more social housing, future supply is only one part of the current problems. Governments must leverage already existing housing and opportunities to provide affordable options. Many religious institutions and ministries are already lending their support to the impacts of the housing crisis, [with Archdiocese and Universities](#) providing vacant land for development of housing and crisis support. Reducing the barriers, fees and dues associated with developments in these instances would further incentivise charitable organisations and not-for-profit entities who have an eagerness to help, freeing up land for greater housing supply.

What should governments, private industries, the not-for-profit and community sectors focus on to help improve access to housing and housing affordability in the private market?

Due to historic geographical factors, most long-established hospitals in metropolitan areas are clustered in suburbs where affordable housing and rental properties are not available. Consequently, nurses and other workers need to travel significant distances to get to work each day.

While the changes in work patterns brought about by COVID-19 have meant many sectors of the workforce have enjoyed opportunities to work from home, nurses have simultaneously suffered at the coalface of COVID-19 prevention and treatment, and not enjoying the benefits of working from home. It is the experience of CHA member hospitals that many nurses are opting to reduce their hours because of long days and long commutes.

To support the health workforce, CHA would like to see changes made to promote and subsidise suitable accommodation close to where nurses need to work in a similar way to how Nurses' Homes once provided this advantage. Specifically, rent subsidisation should be considered by exempting nurses from salary packaging caps; and rental deductions up to a certain limit for properties located within a certain proximity to work.

Such a change may mean a small reduction in taxation revenue, however, the benefit for frontline staff would help to offset inequitable housing access that is impacting workforce shortages for many hospitals. This investment from the Commonwealth Government would deliver a pay advantage to a workforce that is falling behind general market rates for equivalent university graduate roles and is struggling to attract new entrants. It would also alleviate a key barrier that not-for-profit healthcare providers face in recruiting staff.

Investors may be induced to consider acquiring apartment complexes that would operate as quasi 'Nurses' Homes' set in geographical locations with high barriers to entry. Aside from the obvious employment and financial benefits, the social benefits of Nurses' Homes could once again be significant, as they were in previous decades when Nurses' Homes were standard practice at many teaching hospitals nationally. Due to proximity, staff can more easily build camaraderie with both junior and senior colleagues outside of their immediate work area. Informal debriefing occurred socially especially after particularly tough shifts, building support networks and resilience. Resilience and burnout factors remain prevalent in this workforce with solutions requiring a multifactorial approach.

Home ownership remains the most secure form of housing. Middle-income earners, particularly essential workers in healthcare, are at a critical pain point. Government narratives that home ownership is now largely out of reach is troubling, as healthcare sector wages continues to compete for the necessary skills required to sustain the industry into the future. Any discussion regarding the supply of housing, cannot be reduced to the rental market and must include measures to purchase a property. Shared equity arrangements with government are important but can be more broadly expanded to include collaboration and support for private investment opportunities in shared equity to support home ownership. While other measures from government can take longer periods of time to build appropriate and accessible supply, collaboration with the private sector on shared equity arrangements could address shortfalls in delivering home ownership faster. Such programs can be tailored to support essential workers such as nurses, in geographical areas of need.

Addressing housing considerations is one step in a range of many options that will be necessary for the sustainability of a high-quality health care system.

Case Study –Essential Workers in Healthcare and HOPE Housing

Established as a not-for-profit fund manager, HOPE Housing is delivering on shared equity today for Australia's essential worker community. Acting as the 'institutional bank of mum and dad', the fund makes equity contributions of up to 50 per cent to eligible frontline workers. The fund partners with mutual bank Police Bank, who provide the homeowner with mortgage finance on their 50 per cent share.

A key feature of the scheme is the integration of the equity and mortgage components, which reduces the debt loading on an essential worker and facilitates progressive equity buybacks over time. This enables front line workers to step into full home ownership, in an affordable way. Investors benefit from access to a stable and secure asset class with well understood growth characteristics, while enabling home ownership rather than perpetuating the landlord/tenant dynamic.

██ was one of the first participants in the scheme. Without HOPE, ██████████ was only able to secure a total pre-approval from a major bank of \$638,000. This was not sufficient to purchase a home close to her place of employment, with median unit prices in her target area ██████████ at \$938K.

Under a shared equity arrangement with HOPE, ██████████ was able to secure a quality 2-bedroom unit in ██████████ within a 30-minute commute of ██████████ for \$928,000. The HOPE Housing fund contributed \$450,000 to the purchase price, with ██████████ loan and deposit contributing the other \$478,000. ██████████ has significant headroom within the financial arrangement, to purchase more equity over time.

HOPE Housing has been operational for 9 months, supporting 22 essential workers and their families into homes. In addition to a target return of 10% p.a., the fund delivers a calibrated social dividend in excess of 30 cents for every \$1 invested via:

- Enhancing physical and mental wellbeing through reduced commute times and more time with family
- Improving workplace productivity
- Retaining trained essential workers in their roles and working in our major cities
- Making the cost of housing more affordable

HOPE Housing has been designed to meet the Best Financial Interests Duty required by superannuation funds, with the current goal to raise institutional investment to scale its model, housing more of Australia's critical frontline workers close to their place of work.