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Developing the National Housing and Homelessness Plan

Department of Social Services

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SUBMISSION



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Developing the National Housing and Homelessness Plan



MS Australia is Australia's national multiple sclerosis (MS) not-for-profit organisation that empowers researchers to identify ways to treat, prevent and cure MS, seeks sustained and systemic policy change via advocacy, and acts as the national champion for Australia's community of people affected by MS.

MS Australia represents and collaborates with its state and territory MS Member Organisations, people with MS, their carers, families and friends and various national and international bodies to:

- Fund, coordinate, educate and advocate for MS research as part of the worldwide effort to solve MS
- Provide the latest evidence-based information and resources
- Help meet the needs of people affected by MS.

Multiple Sclerosis (MS) is the most acquired neurological disease in younger adults around the world with over 2.8 million people affected. More than 33,300 Australians live with MS and over 7.6 million Australians know someone or have a loved one with this potentially debilitating disease.

Symptoms vary between people and can come and go; they can include severe pain, walking difficulties, debilitating fatigue, partial blindness and thinking and memory problems. For some, MS is characterised by periods of relapse and remission, while for others it has a progressive pattern of disability. MS robs people of quality of life, primarily driven by the impact of MS on pain, independent living, mental health, and relationships.

Developing the National Housing and Homelessness Plan

MS Australia welcomes the opportunity to make a submission to the Department of Social Services development of National Housing and Homelessness Plan (the Plan).

This submission focuses on the barriers to accessible, affordable, and secure housing that people with disability, particularly people living with MS face. This submission outlines the main drivers of homelessness and insecure housing and makes recommendations to improve sustainable housing and housing security including accessibility, sustainability and affordability which are vital for physical and mental health.

MS Australia welcomes the development of the Plan and believes that the housing crisis and subsequent impact on people with disability can only be eased with significant and effective government action.

MS Australia makes the following recommendations:

MS Australia Recommendations

- Ensuring people with disability are able to choose where, and with whom, they live.
- Funding independent advocacy and support for decision-making to ensure people can make informed choices about where they live, who they live with and don't feel compelled to stay in certain living arrangements to receive the disability supports they need.
- Commitment from all Australian governments to providing long term sustainable support, (including but not limited to Tier 1 NDIS supports) for people to gain and maintain housing and avoid cycling back into homelessness.
- Inclusion of people with disability who have experienced homelessness in setting research agendas and informing housing policy at all levels of government including state, territory and federal.
- Implementing a 'no exiting into homelessness' policy, applicable to all existing residential services, including those catering to disabilities. This necessitates the establishment of an oversight mechanism, along with comprehensive educational efforts within the disability services sector to ensure a thorough understanding of their role in fulfilling this commitment and preventing any transition into homelessness.
- Reviewing available data as an initial step within the Plan. This review should aim to provide a comprehensive understanding of individuals currently facing or susceptible to homelessness. It is essential to disaggregate this data to account for intersectionality, which can contribute to heightened vulnerability and instability in housing situations for specific groups, such as people with disability.
- Adequately resourcing a housing first approach for individuals with substantial support requirements. Scaled up housing first initiatives require enhanced intensive support to help an individual maintain housing, strengthening the capacity of the homelessness sector to commission housing first models and the provision of increased social housing to accommodate the programs.
- Supports including specific training, capacity building and financial investment is provided to homelessness related services to improve disability responsiveness.
- Review of the cost of health care services for people with a disability including access to bulk billing services, eligibility for Pensioner Concession Cards and Health Care Cards and access to private health insurance.

- Making income support payments available to all who need them.
- Immediately increasing the rate of the JobSeeker Payment and annual increases in the Disability Support Pension, ensuring that the Disability Support Pension is always above the Henderson poverty line.
- Increasing the Commonwealth Rent Assistance (CRA) to be indexed against a benchmark that accommodates yearly rent increases and is tied to inflation and cost of living increases.
- The new National Housing Accord should include:
 - ❖ A commitment to improve access to social and affordable housing for people with disability and their carers
 - ❖ A requirement for all new housing builds to meet the [Australian Liveable Housing Design Guidelines](#) that ensure housing is easier and safer to use for all occupants including people with physical disability.
- Federal Government makes a commitment to closing residential institutional environments and developing genuine, community-based housing and support choices for people with disability.
- Increasing the stock of accessible, quality social housing, including delivery of housing stock to a level that would substantially reduce waitlists in the short term and aim to eradicate the waitlist entirely in the medium term.
- State and territory governments commit to funding access to disability supports for those not eligible for the NDIS.
- Integration of climate mitigation and adaptation into the design and building of [the 1.2 million homes the Federal Government wants to see finished by 1 July 2029](#), as well as associated developments.
- Health and health equity considerations to be factored into the Federal Government's housing plans in the National Housing Accord.
- All agencies, both governmental and non-governmental should ensure the inclusion of First Nations' representation in decision-making processes concerning climate change mitigation and adaptation.
- Ensuring that urban design planning promotes health equity by facilitating access to health care, education, employment, and other essential services.
- The Plan should align with the recommendations of the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*, in particular *recommendation 5.4 review of national agreements, strategies and plans*. This recommendation asserts that the Australian Government and state and territory governments review national agreements, strategies and plans that affect people with disability including the *National Housing and Homelessness Agreement* and *Australia's Disability Strategy 2021–2031* with the work to be completed by 2025.

Introduction

The housing journey for people with disability, much like the general population, is dynamic. From their formative years in education to adulthood, engagement in the workforce, establishment of relationships, and the subsequent transition into active ageing, pivotal moments shape their life trajectories. It is important to ensure that the living conditions of people with disabilities support these various life stages, facilitating skill development and fostering community inclusion.

People with disability are more likely than people without disability to experience difficulties affording secure housing due to low labour force participation, reliance on the Disability Support

Pension as a main income source, and additional housing costs such as home modifications.¹

Homelessness constitutes a pressing concern, particularly for individuals with disabilities, who are disproportionately affected by this issue. People with disabilities encounter homelessness in distinct ways when compared to the broader community. They often grapple with the daunting challenge of securing affordable housing and are more inclined to reside in social housing, setting them apart from those without disabilities. This disparity is exacerbated by the substantial barriers that impede their integration into the broader community, resulting in solutions that tend to emphasise segregation rather than inclusion.

Failure on the part of governments and industry stakeholders to apply an integrated lens encompassing health equity and climate considerations when constructing new housing poses a significant risk. Such negligence may perpetuate disparities, disproportionately impacting vulnerable population groups.

People with disability live in inclusive, accessible and well-designed homes and communities

The broader disability policy context needs to be reflected and addressed in the Plan that is developed through this consultation process. MS Australia recognises that the Issues Paper proposes consideration of the housing priorities highlighted in existing national strategies including Australia's Disability Strategy 2021-2030. MS Australia supports the key tenants of the Disability Strategy including increasing the accessibility and availability of affordable housing for people with disability.²

According to [Article 19](#) of the UN Convention on the Rights of Persons with Disabilities (CRPD):

'Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement.'

This principle signifies that individuals with disabilities are not compelled to live in specific environments and should have access to a variety of community support services, encompassing in-home, residential and other supports. These services are essential for promoting inclusion and preventing isolation and segregation from the broader community. Ultimately, this article asserts the equal entitlement of individuals with disabilities to a secure and protected home. However, people with disabilities in Australia encounter numerous obstacles in exercising this right including:

- Limited access to decision-making support, resulting in a lack of genuine choices.
- Preconceived assumptions and societal stigma that influence decisions about their living arrangements.
- A lack of housing options that are both accessible and affordable.
- A service system that still predominantly favours collective living environments.
- The concept of 'service capture,' wherein a single provider manages both daily support and housing. This can lead to conflicts of interest and restricts independent advocacy, making it challenging to raise concerns or report incidents of violence or neglect.
- Certain NDIS supports only being authorised for group settings like communal residences.

MS Australia recommends ensuring people with disability are able to choose where, and with whom, they live.

MS Australia recommends funding independent advocacy and support for decision-making to ensure people can make informed choices about where they live, who they live with and don't feel compelled to stay in certain living arrangements to receive the disability supports they need.

Homelessness and homelessness services

MS Australia supports a service system response that focuses on early intervention and housing first principles to address homelessness as delineated in the Issues Paper. To effectively combat this issue, it is imperative to establish ambitious objectives delineating specific targets for reducing homelessness within the Plan. These goals should be framed within a comprehensive perspective that takes into consideration all policies and programs enacted across all levels of government, as they collectively influence the prevalence of homelessness. The ultimate aspiration is the complete elimination of homelessness, a goal well within reach for a prosperous nation like Australia.

Available data highlights that a combination of structural challenges drive homelessness rates, including housing affordability, poverty and discrimination in conjunction with individual vulnerabilities, such as health, mental health and disability, experiences of trauma or violence, and drug or alcohol issues³. While structural factors amplify the overall incidence of homelessness, those with heightened vulnerability are at the greatest risk of becoming homeless. According to the Australian Institute of Health and Welfare (AIHW), 1 in 12 people accessing Specialist Homelessness Services (SHS) have a disability, and of those who access SHS, people with disability are twice as likely to experience repeat homelessness, at a rate of 6 per cent compared to 3 per cent for those without disability.⁴

A comprehensive inter-government response to homelessness must be disability responsive across all its operations. Both government and non-government sectors must be equally equipped to meet the requirements of people with disabilities, just as they do for other members of the community. Presently, this equitable approach is not consistently practiced. Feedback received from social workers in MS Australia's member organisations highlights recent scenarios where people living with MS and experiencing homelessness were supported by housing services. Staff at the service treated cognitive symptoms as personality traits, neurological fatigue as laziness and the inconsistency of presentation, a common MS trait as people 'putting on' symptoms. With a chronic illness such as MS symptoms are often invisible.

To enhance the responsiveness towards individuals with disabilities, there's a crucial need for training, skill enhancement, and resource allocation across various mainstream housing and homelessness support services that interact with this demographic. This encompasses both general disability awareness training and specialised training tailored to the distinctive challenges specific sectors might encounter. Conducting assessments of homelessness services to gauge their effectiveness in addressing the needs of individuals with disabilities can guide future initiatives for capacity-building and training in this domain.

People living with MS may have reduced choices of where to live due to the lack of medical supports, allied health supports, paid carer availability and appropriate housing options in rural and remote Australia. Feedback from MS Australia's member organisations identifies that it is a common experience for people living with MS to move to a larger city where they can more easily access health services. For some, these unfamiliar environments, the social isolation and high cost of living can cause housing insecurity and homelessness.

Additional concerns regarding homelessness services include feedback to MS Australia from member organisations that temporary housing options are often not disability access friendly and that there are further safety concerns regarding disability vulnerability. A person living with MS who is residing in a Rooming or Boarding House can be very vulnerable. Facilities such as bathrooms may be shared which poses significant accessibility challenges for someone with bladder/bowel symptoms. A person with a disability is vulnerable with regards to safety if they have issues with fellow residents for example if they experience cognitive impairment, they may be vulnerable to exploitation.

Safety and security concerns

Case studies shared by MS Social Work Advisors

Rooming/Boarding Houses

- Client forgot to lock her room due to fatigue and brain fog and had her medications and other items stolen.
- Client living in a rooming house with shared bathroom experienced bladder urgency and increased frequency making for a very challenging living situation.
- Often bedrooms are not air conditioned which is where clients spend significant time for privacy, leading to an increase in symptoms due to heat sensitivity.
- Fellow residents can be loud until late in the evening and this impacts sleep and the ability to function well the following day as fatigue is a common symptom with MS.

Couch surfing

- Client sleeping on a mattress on the living room floor of a friend's house as the bedrooms are located upstairs and it is too difficult to go up and down stairs to bed.
- Often a client might be sleeping on a couch which can exacerbate MS symptoms such as stiffness and soreness.
- Living in a car presents many challenges for people living with MS. These include difficulty accessing toilets, increased discomfort/pain due to uncomfortable sleeping arrangements, challenges to store/prepare nutritious food, lack of refrigeration for injectable MS medications and hot conditions for MS tablet medications that need to be kept under 25 degrees.

MS Australia recommends:

- A commitment from all Australian governments to providing long term sustainable support, (including but not limited to Tier 1 NDIS supports) for people to gain and maintain housing and avoid cycling back into homelessness.
- The inclusion of people with disability who have experienced homelessness in setting research agendas and informing housing policy at all levels of government including state, territory and federal.
- Implementing a 'no exiting into homelessness' policy, applicable to all existing residential services, including those catering to people with disability. This necessitates the establishment of an oversight mechanism, along with comprehensive educational efforts within the disability services sector to ensure a thorough understanding of their role in fulfilling this commitment and preventing any transition into homelessness.
- Conducting a thorough review of available data as an initial step within the Plan. This review should aim to provide a comprehensive understanding of individuals currently facing or susceptible to homelessness. It is essential to disaggregate this data to account for intersectionality, which can contribute to heightened vulnerability and instability in housing situations for specific groups, such as people with disability.
- Adequately resourcing a housing first approach for individuals with substantial support requirements. Scaled up housing first initiatives require enhanced intensive support to help an individual maintain housing, strengthening the capacity of the homelessness sector to commission housing first models and the provision of increased social housing to accommodate the programs.

- Additional support, such as specific training, capacity building and financial investment is provided to homelessness related services to improve disability responsiveness.
- The Plan should align with the recommendations of the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*, in particular recommendation 5.4 review of national agreements, strategies and plans. This recommendation asserts that the Australian Government and state and territory governments review national agreements, strategies and plans that affect people with disability including the *National Housing and Homelessness Agreement* and *Australia's Disability Strategy 2021–2031* with the work to be completed by 2025.

Disability and poverty

People with disabilities, and their carers, are among the most socially and economically disadvantaged groups in Australia. This includes people living with progressive, neurological, and neuromuscular conditions such as MS. AIHW data analysis⁵ found that 38 per cent of people with disability and 51 per cent of people with severe or profound disability have a low level of personal income, compared to 27 per cent without disability. Research undertaken by UNSW and ACCOSS⁶ found that people with disability face an elevated risk of poverty and it is estimated that the rate of poverty among adults with disability is 17 per cent and that one-third of adults in poverty (33%) had a disability. The true levels of poverty for people with disability are likely to be far higher given the report acknowledges it did not consider the additional costs of living for people with disability.

For people living with MS and their families the main drivers of poverty are high living and health care costs and reduced employment and economic opportunities⁷. Analysis of MS Australia's Australian MS Longitudinal Study (AMSLS)⁸ shows that the annual cost of a person living with MS is \$73,457. This figure is a \$5,075 increase in costs from 2017, with many of these being direct costs borne by the person living with MS and their carer. It also includes indirect costs from lost wages, informal care, and early retirement. For those with 'severe disability', the costs are more than triple at \$123,333 compared with those living with low or no disability (\$32,829).

Lost wages account for 32 per cent of the economic burden of MS⁹. Many people with MS struggle to work full time hours and face poor workplace attitudes and unsupportive managers. People may have to change careers or take early retirement due to the unsuitability of their profession and/or inability to adapt their work to accommodate their disability. This reduced level of employment leads to financial stress and significantly reduced savings and superannuation. There are additional economic burdens for carers who may also have to reduce work hours, leave work or retire early to undertake their caring duties. It is estimated that over their working life primary carers in Australia will lose \$392,500 in lifetime earnings and \$175,000 in superannuation at age 67¹⁰.

People living with MS face increased costs of health care related to their MS including specialist visits, increased GP visits, allied health services and medications. Many people living with MS have comorbidities including osteoarthritis, migraines, anxiety, depression and allergies which also attract increased health care costs. MS Australia estimates that people living with MS also face increased living costs including home and car modifications, assistive technology, transport, energy costs (including air conditioning) and support services such as cleaning, laundry, shopping and gardening. They also face increased costs to undertake social activities and engage in their local community.

Many people living with MS struggle to access the Disability Support Pension. The current application process is difficult and lengthy, and assessment is inconsistent and not undertaken by staff with a good understanding of disability, especially progressive degenerative or 'indivisible' disease such as MS.

Housing insecurity and homelessness create additional barriers to entering or re-entering the workforce, themselves becoming drivers of poverty, further fuelling the disability-poverty cycle.

MS Australia recommends:

- A review of the cost of health care services for people with a disability including access to bulk billing services, eligibility for Pensioner Concession Cards and Health Care Cards and access to private health insurance.
- Making income support payments available to all who need them.
- An immediate increase in the rate of the JobSeeker Payment and annual increases in the Disability Support Pension, ensuring that the Disability Support Pension is always above the Henderson poverty line.
- An increase to the Commonwealth Rent Assistance (CRA) that is indexed against a benchmark that accommodates yearly rent increases and is tied to inflation and cost of living increases.

Social housing

How can social housing providers better support people with disability?

According to the AIHW, 2 in 5 people accessing social housing have a disability.¹¹ The inability to secure affordable, accessible, and appropriate housing contributes to:

- A heightened reliance on social housing, often despite enduring long waitlists.
- Limited housing options, often resulting in the compulsion to accept unsuitable accommodations like residential aged care homes, hospitals, group homes, and boarding houses.
- Elevated vulnerability to instances of violence, abuse, neglect, and exploitation.
- Increased susceptibility to experiencing homelessness.

Substandard housing conditions further exacerbate these issues, adversely impacting tenants' health, safety, and their capacity to engage in societal activities. Social housing stock in big cities is often located in two- and three-story buildings without lifts, or in older high-rises where the lifts break often, preventing people with mobility issues from being able to live in such properties.

Properties are not affordable where they are needed. People with disabilities who live alone or in a household with a low income are unlikely to be able to afford properties that are near essential health and disability services. This can over time lead to housing insecurity and homelessness or early placement in specialist disability accommodation (SDA) or residential aged care. Affordable Housing properties advertised through Community Housing providers are usually for people with employment income, which disadvantages people with disabilities who are unable to work and increasingly these properties are located in regional areas. A person with MS who is working in employment that is currently meeting their needs, would be reluctant to attempt to find suitable employment in a new, regional location. Additionally Affordable Housing vacancies are advertised through individual Community Housing providers and are not widely known in the disability sector. Current affordability schemes are very small and unable to accommodate the vast number of people requiring supports.

MS Australia recognises that the Australian Government has announced a new National Housing Accord to address the supply and affordability of housing. This provides a unique opportunity to ensure that the needs of people with disability are met and that they have access to affordable and secure housing.

MS Australia recommends that the new National Housing Accord includes:

- ❖ A commitment to improve access to social and affordable housing for people with disability and their carers

❖ A requirement for all new housing builds to meet the [Australian Liveable Housing Design Guidelines](#) that ensure housing is easier and safer to use for all occupants including people with physical disability.

MS Australia recommends that the Federal Government makes a commitment to closing residential institutional environments and developing genuine, community-based housing and support choices for people with disability.

Housing costs, home ownership and the rental market in Australia

While limited data exists regarding the housing experiences of people with disabilities, available information suggests that some individuals with disabilities encounter difficulties in finding affordable housing, making them susceptible to housing or rental-related financial stress. Moreover, people with disabilities often face additional expenses, such as home modifications to ensure accessibility and meet their specific needs.¹²

Due to the financial impact of living with conditions like MS, including leaving the workforce, many individuals must rely on the rental market for housing. However, the Australian rental market is highly competitive and challenging to access for those with lower incomes. Discrimination against people with disabilities in the private rental sector is widespread, and most rental properties lack accessibility features for those with disabilities or functional impairments¹³. Property owners are often reluctant to invest in home modifications like ramps, handrails, widened doorways, and adapted bathrooms and kitchens.

Research conducted by the University of Melbourne¹⁴ on housing and people with disabilities revealed that 73.6 percent of respondents live in housing that does not fully meet their accessibility needs. Inaccessible housing reduces individuals' ability to perform self-care and household tasks, leading to an increased reliance on paid and unpaid support. Furthermore, there is an elevated risk of injury, deteriorating health, mental health issues, social isolation, and premature entry into aged care facilities or supported accommodations. Many people also face higher travel costs because suitable housing may not be located near their workplaces, families, or social activities. Many people with MS do drive but often not much further from their local area. Public transport is limited in outer suburbs meaning that for medical appointments, they are relying on taxis or support workers where they could otherwise be independent.

MS Australia advocates for more affordable, higher-quality housing options for everyone, particularly people with disability. Addressing the housing crisis offers benefits that extend to everyone by alleviating the burden on the health care system resulting from inadequate housing. Housing solutions should prioritise the well-being of individuals in our communities over the investment gains of housing investors.

MS Australia recommends increasing the stock of accessible, quality social housing, including delivery of housing stock to a level that would substantially reduce waitlists in the short term and aim to eradicate the waitlist entirely in the medium term.

National Disability Insurance Scheme (NDIS)

When it comes to housing the availability of supports outside the NDIS is extremely limited. Without NDIS funding, obtaining appropriate support becomes nearly impossible. A relatively small portion (6%) of NDIS participants receive purpose-built accommodations or SDA. Others receive assistance to make their homes accessible and enable independent living. This support can come in the form of Supported Independent Living (SIL), Independent Living Options (ILO), and access to support workers who provide a range of services tailored to the individual's NDIS Plan.

Conversely, there is a need for better comprehension of the NDIS's role in meeting the housing needs of people with disabilities. The NDIS does not offer housing or accommodation directly, nor does it cover rent or construction costs for housing. While the NDIS does contribute to SDA, this program has limited capacity and is estimated to assist only approximately 4% of eligible individuals nationwide. It is crucial for homelessness and mainstream services to grasp the scope of the NDIS. Many people with disabilities may not qualify for direct support under the NDIS to access

appropriate long-term housing. People have been turned away from other mainstream services or charged commercial rates for services based on misconceptions about the NDIS's role in providing services to people with disabilities.¹⁵

The siloed approach between services such as the NDIS and homelessness services guarantees a gap in supports. With no formal pathways to collaboration with other sectors including mental health and homelessness, the clients often fall through the cracks. Feedback received from MS Australia's member organisations illustrates a common scenario. If people assigned a NDIS package experience housing insecurity or homelessness, they often struggle to find adequate supports and services as NDIS Support Coordinators are not experienced or trained in housing options other than SDA. Similarly, when the person living with MS has access to the NDIS and is supported by the homelessness sector, their experience with NDIS package reviews can be negative as neither they nor their homelessness support worker understand the information the reviews are looking for.

Case Study – ██████████

██████████ lives with MS and experienced housing insecurity for the past 3 years; she was eligible for the NDIS for that entire time but was afraid to apply on her own. Housing insecurity meant that ██████████ support was prioritised around the housing issue, her homelessness case worker did not understand that she was eligible and was not aware of how much support ██████████ could access through a NDIS package.

The only way ██████████ was able to secure a private rental property several months ago was by selling her car to afford the 6 months of rent in advance. ██████████ has just been admitted to the NDIS through support from an MS Plus Social Work Advisor and the supports that come from her package should enable her to do more paid work and be able to afford private rental for long term housing stability.

MS Australia recommends that state and territory governments commit to funding access to disability supports for those not eligible for the NDIS.

Climate change, sustainable housing and housing security

Efficient housing design plays a vital role in safeguarding against the risks posed by climate change. The National Construction Code establishes the minimum building requirements, encompassing factors like the necessary heating and cooling measures for comfort. This code delineates eight climate zones across Australia. Nonetheless, as the Issues Paper identifies, its application lacks consistency, with some requirements not extending to buildings constructed prior to 2003. Retrofitting existing properties can enhance their sustainability and heating/cooling efficiency. Nevertheless, certain households encounter difficulties in modifying their homes due to financial constraints or lease agreements. This predicament affects various groups, including low-income homeowners, residents of social housing, and renters.

MS Australia is aware of the potential impact of climate change and poor housing design on the symptom management and disease progression of people living with MS. Approximately 60–80% of people living with MS suffer temperature sensitivity where neurological symptoms can temporarily become exacerbated by increases (or decreases) in body temperature for example during heatwaves, causing a worsening of symptoms¹⁶. Access to air conditioning and cooling vests/suits can significantly reduce symptoms, however, many people need financial support to access these. New housing design principles that focus on energy efficiency and an awareness of the impacts of climate change are vital and should be extended beyond the private housing market to social housing.

While the Federal Government's initial allocation of \$300 million for electrification and energy efficiency upgrades in social and affordable housing is commendable, we must aspire to greater levels of ambition and grant support to ensure that all new social and affordable housing achieves zero emissions.

It's essential to recognise that new construction represents only a small fraction of the housing market. However, this makes it more manageable to enforce stringent climate mitigation and adaptation standards for these new homes. Nonetheless, governments must not overlook the need to address heating and cooling standards for existing housing. There is a pressing need for a comprehensive retrofit program aimed at decarbonising existing social and affordable housing. Looking to the United States, the Federal Government can draw inspiration from President Biden's *Inflation Reduction Act*, and view this as an investment rather than a cost. The potential dividends include reduced emissions, reduced strain on the electricity grid, permanent reductions in energy bills for individuals with limited incomes, and improved health outcomes. This approach will contribute to Australia's efforts to achieve net-zero emissions targets.

Indigenous resilience and cultural knowledge can provide guidance on how to adapt to a climate crisis. Remote communities with large Indigenous populations know how to live in harmony with the surrounding environment.

MS Australia recommends that all agencies, both governmental and non-governmental ensure the inclusion of First Nations' representation in decision-making processes concerning climate change mitigation and adaptation.

MS Australia recommends that climate mitigation and adaptation must be integrated into the design and building of [the 1.2 million homes the Federal Government wants to see finished by 1 July 2029](#), as well as associated developments.

MS Australia recommends that health and health equity considerations to be factored into the Federal Government's housing plans in the National Housing Accord.

Location and accessibility

In addition to ensuring that houses adhere to energy-efficient and sustainable standards, it is crucial that they are situated in liveable locations equipped with amenities such as shops, schools, services, and public transport. This approach holds potential for promoting health equity by facilitating access to education, employment, health care, and other essential services. Efficient planning in the early stages of housing development encourages healthy, socially connected communities and economic growth. Resources such as those developed at the [Australian Urban Observatory](#) can help guide planners and policymakers who are seeking to improve the health and liveability of cities and neighbourhoods.

Both the National Housing Accord and Issues Paper for the Plan hint at the importance of proximity to workplaces, schools, and transportation for new housing developments. Particularly in densely populated areas like Sydney and Melbourne, available land for houses close to necessary infrastructure and services is limited. Consequently, in these urban settings, apartments are likely to become the primary form of housing.

Given this trend toward urban apartment living, it becomes important to design apartments with flexibility in mind, allowing them to accommodate various life stages and accessibility requirements for people with disability. Furthermore, the development of design policies can play a significant role in enhancing the mental and physical health of apartment residents.

MS Australia recommends that urban design planning promotes health equity by facilitating access to health care, education, employment, and other essential services.

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