



Women's Health Tasmania

Submission to the
Select Committee on
Housing Affordability

19th JULY 2019



EQUITY
CHOICE
IMPACT

About Women's Health Tasmania

Women's Health Tasmania (WHT) is a universal service, available to all women in Tasmania. It seeks to increase the range of services, and its reach, to women vulnerable to inequitable health outcomes due to social or economic determinants. This is because WHT acknowledges the impact of societal influences such as income, education, gender, sexual orientation, ethnicity, disability and isolation on health outcomes, and seeks to reduce the negative effects of these factors on individual women.

WHT is part of a national network of women's health centres. It is a health promotion charity funded by the Tasmanian Department of Health and Human Services, guided by the World Health Organisation's definition of health – "Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity".

WHT provides a safe, supportive environment for women. It is run by women, for women, and aims to promote positive health outcomes by providing a diverse range of services, taking a holistic approach. This perspective on women's health has seen WHT at the forefront of preventative health in Tasmania.

WHT's vision is for Tasmanian women to be informed, supported and active decision makers in their own health and well-being. As a result, WHT has also been a key advocate on issues such as a woman's right to make informed choices about her health. Our leadership has been evident in a wide range of health policy, in social justice and gender equity. WHT consistently advocates on behalf of women with both State and Commonwealth governments, on a range of legislation and policies impacting on women's health. In recent years, WHT has broadened its service delivery component by undertaking outreach activities, offering a state-wide information telephone line and using electronic technologies. It currently provides services to women from 74 different postcode areas.

WHT continues to provide direct services to individual women and to advocate for, and promote, the health and well-being of all Tasmanian women. Our knowledge and expertise is based on 30 years' experience working with, and for, the women of this state.

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Definitions

Women: In all its work including this paper Women's Health Tasmania adopts an inclusive definition of womanhood which includes self-perception and/or perception by others as a woman.

Older women: For the purposes of this submission 'older women' are women aged 50 years or older.

Homelessness: This submission uses the term homelessness to include

- Sleeping on the streets or in temporary accommodation such as tents, cars, boarding houses, shelters or hostels
- Being without accommodation following eviction or discharge from hospital or prison
- Living temporarily with friends or relatives because of lack of accommodation
- Insecure housing (insecure tenancies, threats of eviction, domestic violence)
- Living in inadequate housing (unfit housing, extreme overcrowding)

Recommendations

Prevention

1. That the Tasmanian Government create long term solutions to ensure affordable, appropriate and secure housing supply.
2. That strategies are in place to boost economic security for women and prevent the risks of homelessness in later life.

Intervention

3. That an assessment of housing situations be incorporated (appropriately) into all contacts with women seeking services and support. Many of the issues that lead people to seek help (eg poor health, bereavement, family violence, unemployment) are risk factors for homelessness.
4. Housing and homelessness services are developed that suit needs and experiences of older women.
5. Funding to develop services to cope with homeless families, specifically women living in precarious accommodation with their children.

We thank the Parliament for convening a Select Committee to look at the issue of housing affordability as we work with the detrimental impact of homelessness and housing stress daily. This submission responds to four of the House of Assembly Select Committee on Housing Affordability's Terms of Reference.

Women's Health Tasmania (WHT) only collects housing related data in one of its projects. For the purposes of this submission WHT used this data, clients were invited to share their stories, and three case studies were constructed from the case files of women who had accessed the service in the last two months. Data has also been taken from a recent state-wide survey on women's health and wellbeing conducted by WHT which drew 462 responses from around the state.

This collected data has been used to illustrate trends in client experience that we are observing.

1a) the experiences of Tasmanians in housing stress or homelessness;

The impact of the housing crisis is acute for women who are vulnerable to such market failure due to factors such as mental ill health, disability, histories of trauma or histories of addiction.

Many women WHT works with would not describe their situation as homelessness even though they are living in precarious situations, inappropriate share housing, couch surfing, or in very overcrowded situations. For example, an aged pensioner facing eviction who told a Health Worker that she was applying for rooms in share houses did not describe herself as homeless or as being at risk of homelessness.

WHT is seeing women being forced to stay in or return to abusive situations because they have no housing options. Women exiting from prison are particularly vulnerable to returning to unsafe housing options.

"I was living in a car with my little dog. Was pretty hard as I have no real support network. I was then placed in one of the worse streets in a rough neighbourhood. I had no choice but to

accept it. I finally got out of there on a transfer due to a murder on my back fence. It certainly made me aware of my own strength that's for sure."

The difficulties faced by women in the current crisis include the lack of affordable housing available; their financial insecurity and low incomes; older age; ill health; pregnancy or care responsibilities for children. It is not uncommon for women to have disrupted work histories and low superannuation entitlements due to care giving or to be in crisis due to separation.

The widespread problem of family violence is also a direct factor in women's homelessness.

"I am studying while trying to set up my business. This has been much harder than anticipated and finding part time work just as difficult. I came to Tasmania to live with a friend when I was escaping DV. I am lucky that my housemate has been very generous by allowing me to do housework, washing etc in lieu of some of my rent. If this had not been the case I would be homeless."

Women's Health Tasmania is also seeing an increase in women who are experiencing or are at risk of homelessness due to a single event such as an increase in rent, eviction because their rental property has been turned into an Airbnb, separation, bereavement or a reduction in income. For some women the experience of homelessness can come with little or no warning, adding to the shock and anxiety of the experience.

Julia recently moved back to Hobart, and soon after separated from her husband. She is under pressure to get a job and a new home as her ex-husband wants their house sold.

She is experiencing high levels of stress about her housing situation as she is looking for a property on the rental market. Without housing her teenage son can't continue living with her, which is extremely important to her.

To be competitive in the housing market Julia must find work, which she is finding difficult.

Julia started using Women's Health Tasmania's drop in service. She was experiencing depression and recognised that she was isolated and had a need to engage socially.

In the early stages of her engagement with Women's Health, Julia's mental health appeared to be deteriorating. She reported experiencing suicidal ideation. When these feelings were very intense she went to the Royal Hobart Hospital Emergency Department to get some help with her mental health. She reported that she was given medication but felt she was offered no therapeutic support.

Women's Health Tasmania has assisted with support and referrals but at last contact she was still homeless.

Research has found that women are more likely than men to experience homelessness for the first time later in life¹. This is due to Australia's socio-economic environment, that is, the gendered expectations around caregiving, inequities in pay for men and women, and the fact that women live longer than men on average.

Women who experience homelessness for the first time in later life due to a single crisis may have different support needs to people who experienced long-term or repeated homelessness. They may not have support needs at all; they may just need a house. These women may not be comfortable approaching a service for people with complex needs and may feel ashamed to seek formal support. The impact on women's mental health is profound.

"After my divorce I have been left without my family home. I was left to house my two teenage boys while my husband left the state. Finding a suitable rental property has been very difficult and if it wasn't for my sister housing me in a spare room and my sons in their rumpus room I

would have been homeless for a period of months. Eventually I found a property and secured it only because I knew the Property Manager. Half my weekly income pays the rental on this home. If I ever become unable to work I don't know what will happen to us. I hope there are more affordable housing options available in the future."

"I am a postgraduate educated woman in my 40s and discovered after divorcing that I was not able to access a home loan because I was on contract employment. I now spend 1/3 of my wage on renting so saving a home deposit isn't possible. I've worked for 25 years so have approx. \$500k in superannuation. I guess that means I might be able to buy a home when I retire in 20 years... It would be helpful to allow people to access their superannuation to buy a home, rather than pour all that money into renting."

1c) the impact of a lack of affordable housing on the broader economic and social wellbeing of the Tasmanian community.

WHT is providing services to numbers of women in their 30s and 40s who, with their children, are having to board with their ageing parents. This has consequences for their parenting, partnering and life choices.

WHT is also seeing the ripple effect of the lack of affordable and appropriate housing for people with serious mental illness and disabilities. We are working with older women, who may not themselves have complex support needs, whose housing situation has become precarious because of their need to provide housing to family.

Clients report agreeing to have their adult children with them because of family obligations and because the thought of their children being unsafe sleeping on the street or in cars is intensely distressing. These decisions are made even when

¹ Australian Association of Gerontology (2018) *Things to Consider when working with older women who are experiencing, or at risk of, homelessness*. Melbourne.

these adult children are violent and abusive. These mothers are not protected by family violence legislation as the parent-child relationship is not encompassed in the definition of significant relationship. Providing aged care support in the home for women in this situation is particularly problematic for providers.

Barbara is 80 years old and lives independently in her own home. She has been utilising the drop-in service at WHT for the past two years when she is experiencing acute stress.

Barbara's daughter Jane appears to be experiencing serious mental illness and cannot secure housing. Jane is periodically abusive towards Barbara, even making detailed death threats. In the past Barbara has had to take out restraining orders against her.

Barbara feels responsible for Jane's mental ill health, blaming herself because her daughter witnessed the abuse she experienced.

Recently Barbara agreed to have Jane move in to her house – she was feeling very guilty and upset that her daughter was homeless. The cycle of verbal and emotional violence has begun again. Jane also holds parties in Barbara's house, inviting people who make Barbara feel unsafe. This has consequences for Barbara's health.

Shirley is 65. Recently her 45-year-old son moved back into her home, because his marriage broke down and he had nowhere else to live. He is also currently unemployed.

He has Family Law Court issues and is not able to see his child as often as he would like, because he is limited to supervised access. Shirley's son gets very frustrated with his situation.

Shirley's son cannot see his daughter without his mother being present, so there is significant emotional pressure on her to support him.

On several occasions Shirley's son has hit her.

Shirley does not want him living in her home but feels a parental obligation to ensure he is

housed. Shirley also wants to see her grandchild and ensuring he is housed enables that.

1d) the impact of a lack of affordable housing on the implementation and outcomes of other State Government programs

WHT is a health promotion charity funded by the Department of Health to support women to achieve improved health outcomes.

The housing crisis has a distorting effect on services such as ours making it difficult to achieve our strategic goals and contracted outcomes (which are the policy goals of Government).

For example, our Health Workers are being asked to more regularly provide crisis support than the service model is designed for, putting a strain on staffing arrangements. The service is also being regularly approached for brokerage money (which we do not have) to pay for crisis accommodation for women who are sleeping rough. In acute situations the service has used its fundraising money to pay for accommodation. This is not a desirable situation for clients, who cannot be given equity of access to these funds or for the service (WHT has a very small amount of fundraising money, which would otherwise be used to fund physical activity programs for women at risk of poor health outcomes).

Homelessness and housing stress are such significant disruptors in women's lives that they cause ill-health and disrupt efforts to live a healthy, active socially engaged life.

1h) the impact of population growth and market developments on housing supply.

In recent months WHT has been holding consultations state-wide with women on the barriers and enablers to good health highlighted concerns about access to housing around the state. Women from St Helens, Binalong Bay, Coles Bay, Bicheno and Scamander identified the impact of Airbnbs as a major cause of homelessness and housing stress in their area. They nominated the

proliferation of Airbnbs as the single greatest challenge to that community's health and wellbeing.

Our state-wide survey also saw housing and homelessness as a particular concern for women in the Hobart, Channel and Bruny areas – parts of Tasmania also particularly impacted by short-stay accommodation.

Women require housing that is not only affordable, appropriate and safe, but that allows them to maintain social networks. This is particularly important in an ageing population where the population is being encouraged to 'age in place'.

Conclusion

International human rights law views the right to adequate housing as a precondition for the enjoyment of several human rights. Key aspects of the right to adequate housing are

- Legal security of tenure
- Availability of services, materials, facilities and infrastructure (water, sanitation, energy, refuse disposal)
- Affordability
- Habitability
- Accessibility
- Location (access to services, clean environment)
- Cultural adequacy².

The Tasmanian Government is dealing with a crisis created by long term policies pushing low income people into the private rental market rather than providing social housing and decades of inattention and underfunding on its own part. This crisis has been exacerbated by demographic changes which it doesn't have power to impact, and market changes, which it does have the power to regulate.

In addition to this it is also dealing with the deepening poverty of low income Tasmanians and the economic fragility of particular groups, such as older women.

We would urge the Tasmania Government to act to create long term solutions to ensure affordable, appropriate and secure housing supply and to put in place strategies to promote economic security for women and prevent the risks of homelessness in later life.

² Office of the United Nations *The Right to Adequate Housing, Fact Sheet No. 21/Rev.1* viewed 12/07/2019

<https://www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_en.pdf>