AIDS HOUSING ACTION GROUP (AHAG) SUBMISSION TO THE LEGISLATIVE COUNCIL FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE: INQUIRY INTO THE ADEQUACY AND FUTURE OF PUBLIC HOUSING IN VICTORIA

Enquiries regarding this submission:
Pia Cerveri, Manager, AHAG
coordinator@ahag.org.au
(03) 9417 4311

Introduction:

AHAG welcomes the inquiry into the adequacy and future of Public Housing in Victoria. AHAG works directly with homeless Victorians who are living with HIV and has an extensive experience of their lived experiences of the homelessness service systems and the issues facing homeless Victorians.

The people AHAG works with come from a range of settings including people experiencing primary, secondary and tertiary homelessness, none of which AHAG finds acceptable. The clients we work with also experience a range of health issues in addition to their homelessness. This includes people who sleep rough, couch surf, and reside in private rooming houses with unsafe and substandard inadequate conditions that people who are homeless refer to as appalling.

Background of AHAG

The AIDS Housing Action Group has a history of significant achievements in the establishment and development of housing and support for people living with HIV/AIDS.

AHAG was incorporated in 1990. The group was initially established in 1987 by hospital social workers, health professionals and people from the Victorian AIDS Council who recognised the need to have a planned and coordinated response in developing proposals for the housing and related support needs of PLWHA.

As that group developed and grew, the AIDS Housing Action Group was established to assist people living with HIV/AIDS to obtain housing most appropriate to their needs. Initially this required research and consultation to identify housing and design requirements, and then to develop housing options for people.

Consultations were held with people living with HIV/AIDS to clearly identify their housing needs and preferred options. Further consultations were also held with housing organisations to develop protocols in regard to working with people with HIV/AIDS to establish safe boundaries and appropriate practices.

The establishment of appropriate protocols with the then Ministry of Housing to ensure the provision of public housing for people living with HIV/AIDS was the next stage of this process. Protocols included enabling single people to obtain two bedroom accommodation to enable the provision of overnight care as required. This assisted many

people to remain in their homes and avoid prolonged, expensive hospitalisation or respite services. This was the first of many initiatives to support people living with HIV/AIDS in their housing.

The provision of a housing advice service funded by the then Ministry of Housing and the Supported Accommodation Assistance Program, has allowed the AHAG to identify trends in regard to housing needs and to advocate for appropriate housing provision as a result of those trends. The initial consultation also identified that many people were uncomfortable obtaining advice and service from generic agencies. The provision of a housing advice service both enabled a safe space to obtain housing information and also the opportunity to educate workers in generic services.

In 1992 AHAG established a rental housing program for people who could not get appropriate public housing or private rental. The program started with 4 properties provided by the Government, and gradually acquired additional properties. In 1995 the John R Stroop Housing Association (JRS) was formed to act as a landlord for the existing AHAG rental housing program and develop new housing opportunities. This allowed AHAG to avoid the conflict of interest inherent in being both the landlord and the support agency of the client.

In 1996, the AIDS Housing Action Group and the John R. Stroop Housing Association sponsored a forum entitled “Living with One Less Stress”. The aim of the forum was to identify and confirm the housing needs of people living with HIV/AIDS and again identified the need for some supported accommodation for people with cognitive and or physical conditions as a result of AIDS. One of the significant results of the forum was the establishment of the AIDS Housing Action Group’s In Home Support Program (INSP). This support included the provision for the purchase of housing and the provision of up to 24 hours per week in home support. The service drew upon existing generic and HIV services and paid attendant care. The IHSP began operation in January 1997 and immediately proved significant, not only in avoiding expensive hospitalisation, but also with significant improvements in people’s social and medical health.

In March 2000 the AHAG Committee took a decision to separate the In Home Support Program from AHAG. The financial separation of IHSP took effect on 31December 2001

An extensive period of review resulted in the adoption of a Strategic Plan in 2002, enabling AHAG to better define its role in the housing and HIV sectors. AHAG has continued to advocate for better housing option for PLWHA, in addition to addressing more immediate needs. Much of the work of the AIDS Housing Action Group is pre-emptive and preventative so that housing can be secured before a person becomes homeless. The current housing crisis, however, means that we are seeing an increasing number of people who are homeless when they approach the service, and many PLWHA are residing in inappropriate and unaffordable housing while waiting for public housing.

AHAG is currently involved in several strategies designed to address these issues. We have made a commitment to enter into a new Affordable Housing Association project with Supported Housing Ltd; we created a housing noticeboard at the Positive Living Centre; we implemented our own housing noticeboard on our website; and we are developing a Private Rental Subsidy Pilot Project. AHAG is committed to continuing to assist PLWHA

to find and maintain appropriate housing, and to access the support they need to sustain a better quality of life.

Is the currents system of segmented waiting lists preferable?

- No, it is inadequate. Anyone who is homeless is entitled to safe, affordable and secure housing and the current system requires an onerous amount of work to demonstrate that individuals 'deserve' housing they are in fact entitled to access. For example, the current Segment 1 application is intrusive and can be humiliating for people to have to complete. At AHAG the experience is that some people will choose not to complete one, despite being homeless, because of the amount of extremely personal and often distressing information the client has to reveal in order to complete the application. In 2009 a number of AHAG clients chose not to submit Segment 1 applications after they saw the kind of information that was required to be submitted. The process of completing a Segment 1 application is practical, not therapeutic, so it can actually be harmful for the person who would be required to raise these issues for documentation on a form.

  AHAG supports the need to prioritise resources to those most in need where there are limited resources. However in an environment where there is a significant shortage this highlights the inadequacies of the current segmented waiting list.

Should public housing be restricted only to those on low incomes or who are otherwise disadvantaged?

- Housing is a right not a privilege. In the current housing climate in Victoria many people are struggling to access and or maintain private rental or home ownership even when receiving an average income. Public housing should be accessible and available to a broader range of people than it currently is. There should be more public and community housing available, that is flexible enough to meet the variety of needs of people potentially accessing housing.

  AHAG works with people who are living with HIV. This population has predominantly lived in the inner north and inner south of Melbourne. There are social and cultural connections in these areas for the gay community which makes up a large portion of people living with HIV. HIV health and support services are also predominately based in these areas. Private rent has increased significantly in these areas, for people on low incomes with health comorbidites maintaining connection to their community is important. Having to move to the outer suburbs to maintain private rental is a significant concern for many of the community we work with. Having public housing options or subsidies to maintain people in their communities is seen as very important by our agency.

Are current accommodation options open to individuals or to families on waiting lists suitable in the interim? What other options could be appropriate?

- No. Many people remain homeless while they wait for public housing or long term community housing to become available. The situation regarding private rooming houses in Victoria is sub standard and places clients we work with at risk. We have clients who report to us they are living in residences in which 5 – 10 people may share a room in a five bedroom house in which over 30 people live, and who are all paying around $200 a week in rent whilst usually receiving Centrelink incomes. This is not an acceptable housing situation and would not be classified by the individuals concerned as a sustainable short or medium term outcome. This is of particular concern where people have health issues in addition to their housing issues which is the case with our client population. It is not supportive of anyone's health and wellbeing to be living in an environment such as some of those that exist in particular people who may be vulnerable because of their health conditions such as living with HIV. People living with HIV require safe and secure and affordable accommodation in order to maximize the potential that they can live well with HIV and prevent HIV from being a terminal illness.. They require access to a personal kitchen and fridge and to not live in fear that people they may share a room with will discover they live with HIV. People with HIV want to choose who they disclose their HIV status to so personal space for health information and medication becomes vitally important and this is often not the case in private rooming houses.

- Transitional housing has become redundant. Although it does provide people with reasonable accommodation while they wait for a public housing offer, it is no longer short term as originally intended but usually has people waiting for years to access long term housing. AHAG supports a number of clients residing in transitional houses who have been there since 2007. This causes stress to individuals who may feel unsettled due to being on 'temporarily' housed in transitional housing, as well as having to experience receiving 'Notice to Vacate' from Transitional Housing Managers every three months and having to attend lease reviews at the same time. When transitional housing is not short term it means that our clients may face being disconnected from their current community at some point. Not knowing when they may be offered public housing, or exactly where it will be located can be extremely disruptive to people's lives. It also puts people in a situation of loss of control over the specific location of their long term housing.

- Increasingly AHAG has been working with men living in same sex relationships who experience domestic violence. Current accommodation options for partners of domestic violence are geared towards women as there are no specific options for men apart from emergency housing or private rooming houses. Our experience of this is that men who are victims of domestic violence will usually choose to return to the home in which they are in danger as the few emergency

options that are available are not necessarily safe or sensitive to the needs of these men. This is an urgent issue that needs addressing.

Is security of tenure an important aspect of public housing?

- Yes. People are entitled to be housed for the long term and know that their tenancy will not be threatened by changes in circumstances such as a person acquiring full time work. People living with HIV often will experience significant periods of illness and hospitalisation which may result in loss of job or at the very least, income, for periods of time. It is appropriate that people living with HIV should access long term and secure housing via the public housing system or an alternative long term option, such as community housing, as long as the tenancy is guaranteed for life. . Many people who experience periods of significant illness who live with HIV will have limited capacity to move back into the workplace and thus have the means to live in private rental. They should not have to experience housing instability or the threat of having their tenancy reviewed at point in the future.

Should public housing be made available on a short term to medium term basis so it can be accessible to a greater number of people?

- No. We would only support a program in which people were given a choice to stay in public housing. If such a system is necessary we would only support it where it continued to be the individuals choice, that they were not disadvantaged financially or geographically and that is was underpinned by incentives for individuals to move back into private rental where they had the means ie through incentive systems:
- payment of removalist costs
- offers of no interest loans
- 1st 6 months in new accommodation provided with a subsidy allowing for rent/mortgage to be cheap for the first 6 months

We emphasise that we believe this should be a choice and for those who do not want to move, no pressure should be applied.

This is also not supported for people who have long term health conditions which prevent them from returning to the workplace.

Is the current system for ensuring that people are allocated appropriate public housing working? What changes could be made to the way in which adequately respond to the differing needs of people in Victoria?

- The current Segment 1 application process is intrusive and can be humiliating for people to have to complete and in fact, at AHAG the experience is that some people will choose not to complete one, despite being homeless, because of the

amount of extremely personal and often distressing information the client has to recall. The process of completing a Segment 1 application is practical, not therapeutic, so it can actually be harmful for the person who would be required to raise these issues simply to demonstrate they deserve housing which in fact they are entitled to access. Waits for Segment 1 applications that are successful are already years long, let alone the waits for Segment 3 housing applications.

- People living with HIV are diagnosed with a chronic and for some people it can be a terminal illness. Although contemporary treatments mean that people can potentially live for a long time with the illness, both it and the medications required to manage it take their toll and often means that people living with HIV may need periods of hospitalisation or respite. The complications of this can be increased where people are also living with mental illness, have been homeless for a long time or have experienced family breakdown, imprisonment or alcohol and other drug dependency. Some people living with HIV require accommodation in which there are two bedrooms, so that a carer can easily stay over when necessary. Today people living with HIV have a greater life expectancy however this requires people have the capacity to independently take medication for the rest of their life and people also experience a range of health comordibities associated with the disease and side effects of the medication. People living with HIV and complex health and psychosocial issues can experience prolonged hospitalisation which can lead to housing instability. Housing options for people who have complex health needs cannot be addressed in the current emergency housing system in Victoria. AHAG supports models which integrate holistic support packages that address health, housing and other requirements for independent living.

- Consideration to be given to subsidise peoples rents to retain rented or purchased homes, ongoing or for specific periods of time to ensure they maintain their existing housing and to prevent them from entering the homelessness services system

- More actual housing is required that is dedicated to those eligible for public housing. The housing should offer a variety of models, including extra bedrooms for those when their health and support needs warrant it and housing to which are attached levels of support for people who may benefit, such as those who have experienced long term homelessness or require support with activities of daily living or medication.

- Common Ground models of housing would meet the need of a portion of clients we work with who have chronic health issues in addition to their housing support issues. A large number of our client group in addition to their HIV status have comorbid health issues such as drug and alcohol and mental health, cognitive impairment and physical mobility issues. To adequately address these needs models which integrate housing, psychosocial and health needs are recommended.

- Where people with HIV have chronic health issues and their HIV disease progresses and they require palliative care, models of housing which are flexible to accommodate their needs are important. Often at these end stages in their

disease people require carers or support people to stay this is difficult in single room or bedsit type styles of accommodation. We would advocate for flexible models of housing in this instance where carers could be accommodated or changing needs accommodated within a facility to stop people needing to relocated based on their health needs.

Are the quality and standard of public housing in Victoria adequate? If not, what measures do you think would be appropriate to address the main concerns?

- Many of the public housing properties we have seen have been excellent. This is due largely to the huge amount of renovations and improvements made to existing properties and the purchasing of singly located properties that are not part of a high rise or area dedicated solely to public housing properties. We recognise that high rises and areas in which a number of public housing properties exist together, many people experience a sense of community. We would like to see that there are increases in range of types and location of public housing and some choice available to people being offered properties rather than having to take the first one they are shown. People have valid reasons for not wanting particular properties at times and the rest of the community usually gets some choice about the property they end up living through purchasing or renting privately. We also suggest that increased community development work taking place within the high rise complexes may help to increase harmony amongst tenants and reduce the experience of some people that the blocks can be experienced as problematic, even threatening or dangerous. There have been many issues experienced by people living with HIV in high rise environments. People have experienced stigma and discrimination and violence. The community development work and upgrades in these environments have assisted in reducing these issues for the clients we work with and we would encourage the ongoing development in these areas.

- It is essential that models where public housing is integrated into private housing is important so that people who require public housing are a part of the general community. We would like to see that there are increases in range of types and location of public housing and some choice available to people being offered properties rather than having to take the first one they are shown. People accessing our services often feel pressured to take the first offer as not doing so means that their wait extends. People have valid reasons for not wanting particular properties at times and the rest of the community usually gets some choice about the property they end up living through purchasing or renting privately.

Is there a need to set out more clearly minimum standards to be applied to public housing properties?

- Yes. All properties should be of equal standard in quality however there is some range in the quality of current public housing stock. Some people living with HIV

where their support and health needs warrant it should be entitled to a property with two bedrooms to allow for carers to stay over as required of people living with chronic and progressive illnesses.

Could current procedures for dealing with complaints be improved? If so, how?

- AHAG's experience of the Complaints Unit is that they are extremely responsive and helpful. Unfortunately the experience is not the same with the staff of the housing offices. The property managers often seem not to understand the issues facing homeless people and those living in public housing encountering difficulties. The public housing system is often overly bureaucratic and does not take into account individual unique stories.

How adequate are Office of Housing staffing levels and expertise?

- Often Office of Housing staff do not seem to understand the issues facing homeless people and the work undertaken by the homelessness services system. AHAG often experiences vast inconsistencies between individual staff or offices in how applications, appeals and issues are dealt with. An example is a woman who was on a Segment 1 wait list and was offered a property. She did not want the property and said she would not accept it. Both the AHAG Housing Support Worker and the OOH property manager told her if she did not accept the property she would be removed from the Segment 1 wait list and would be added to the general wait list which is huge. She persisted in refusing the property and after about a week was shown two additional properties and she ended up choosing one that she was very happy about living in. This was not consistent with the advice Office of Housing give in saying people are put on the general wait list if they refuse a property In other cases like this we have seen people lose their place on the Segment 1 wait list for refusing the first property they were offered. Inconsistencies like this make it hard for AHAG staff to know what to tell people, particularly as the community we work with often contains members who know each other and stories such as these are shared which then creates different expectations amongst applicants.

How responsive are Office of Housing staff to complaints about public housing tenants by neighbours?

- As stated above, AHAG's experience of the Complaints Unit has been excellent however the experience of dealing with OOH staff at individual offices has not been as good. Often staff do not seem to possess the skills, knowledge or strategies required to deal with neighbourhood disputes, which are potentially more at risk of occurring in areas where people live in crowded and close proximity to each other.

What are the most important factors that need to be taken into account in deciding where public housing should be located? How well are these needs being met currently.

- As the population we work with have coexisting health issues it is important that public housing should be near public transport, hospitals, community and health centres, schools, shopping facilities. Currently some places seem to be excellently located and others seem isolated.
- Buildings should also be built or refurbished to the highest environmental standards, both for environmental reasons and to provide economically viable options for tenants.
- Public housing also needs to be provided in a range of communities so that people are not dislocated from their community when they experience homelessness. This is the experience of people living with HIV as the wait times in inner north and southern suburbs are excessive.

Have there been measures to improve the safety of the public housing which have been particularly effective?

- Some of the newer properties have good security systems in place and tenants tell us that helps to feel secure in their homes. That relates to having to use passes to access the lifts, enter the building itself and so on.

The impact of public housing need on specific groups:

- **Victims of domestic violence.** At AHAG we assist men and women who are the victims of domestic violence however the vast majority of clients are men in same sex relationships. There is usually nowhere for these people to go as there is no suitable and safe accommodation and public housing does not become available readily for people in that situation. Further, for those who share a public housing property and experience violence at the hands of their partner, they are unable to leave and go anywhere as there is nothing available and both parties need accommodating.

- **Older people.** It is imperative that there is an option for people aged over 55 years to be housed in appropriately fitted out housing. This may mean that they require space and a second bedroom to allow for carers/family members to stay over and assist where necessary. Not all people aged over 55 years will require this however at AHAG we support a responsive and flexible model that allows for this in cases where required.

- **People with chronic health and complex care needs.** This group require onsite psychosocial support services these are currently not being met within public housing. People with HIV who require twice daily medication support cannot achieve this within existing public housing and support models.

- **Refugees and Asylum Seekers.** There is a responsibility on the part of government to house refugees and asylum seekers regardless of whether their applications have been assessed and while they may still be on bridging visas. It is unacceptable that many refugees and asylum seekers must rely on living in

overcrowded conditions with family or friends while they wait for their applications to be assessed. The fact they do not receive an income or have a capacity to work should be remedied so they are able to have a sense of control over their lives and the dignity of having their own homes and space.

What are some of the other barriers for people with mental illness, substance abuse issues and/or disability in accessing appropriate public housing? How could these issues be better addressed?

- Increased support around accessing and maintaining housing. Often people with these issues may have a poor private rental, independent living and education/employment history. They require stable and affordable housing immediately to assist them in maximising their quality of life. People with mental health, substance abuse issues and/or disabilities should not end up homeless and living in private rooming houses or sleeping rough. They need decent and affordable accommodation. A lot of people living with HIV present to AHAG with numerous mental health issues. Safe and affordable accommodation can assist them to stabilise their mental health issues as well as physical health needs. The same can be said for substance abuse issues, people require stable housing to be able to challenge and change patterns of behaviour that has led to problematic alcohol and other drug use and misuse.

- The barriers are inadequate services to support housing stability and inadequate housing models to provide the support required to stabilise someone and maintain them in the medium and long term. Models such as Common Ground where services are integrated into the housing model would work well for a number of our clients with mental health issues. Often for this population access to HIV treatment is a particular issue as they can require support to access and maintain taking treatments, this requires a great deal of onsite support.

- A variety of public housing options are also required as not everyone we work with who live with mental health illnesses or substance abuse issues will be able to reach a level of living independently in the community without a great deal of support. Models where onsite 24 hour support is warranted for a small group of individuals with complex needs and challenging behaviours. We also require models for people who identify that they wish to address substance abuse issues in which they can be housed in a relatively short period and provided adequate support currently. Currently the only option is private rooming houses or SRS which are environments that do not support addressing substance abuse issues

- **Victorians with a disability.** AHAG clients live with the disability of living with a chronic illness. They may also present with mental health issues, other physical or intellectual disabilities and alcohol and other drug dependencies. Some people living with HIV will need properties with a second bedroom to enable them to have carers stay over at times or in an ongoing capacity. Flexibility in models to enable people who require increased health and psychosocial support to have a carer are warranted for a number of individuals.

- To enhance the capacity of people living with HIV to adhere to medical regimes, a kitchen and private fridge is required. Some HIV medication needs to be kept in the fridge and access to healthy fresh food is important to maximise health and wellbeing in a population in an impaired immune system. People living with HIV often still experience discrimination in the community as it is a disease that carries a lot of stigma. After diagnosis people may experience relationships breakdowns which can include intimate partners, friends, family. Lengthy periods of hospitalisation from the illness may lead to loss of employment or at the least, income which in turn may result in the loss of a home. The loss of social and family networks, and sometimes a sense of belonging with community often leads to depression and anxiety which then increases the challenges faced by some people living with HIV to overcome their situation. The feeling of discrimination and isolation can be increased if the person living with HIV identifies as gay, is an iv drug user, person from a CALD background, lives with a mental illness or has been in prison.