



Submission to:

The Parliamentary Inquiry into the Allocation of
Social Housing in New South Wales

February 2006

1. ACON (AIDS COUNCIL OF NSW INC)

ACON was formed in 1984 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Since 2000 ACON has been a health promotion organisation based in the gay, lesbian, bisexual and transgender (GLBT) community, with a central focus on HIV/AIDS.

ACON provides education, health promotion, care, support, and advocacy services for members of the GLBT community, including drug users and Indigenous people, to sex workers, and all people living with HIV/AIDS (PLWHA).

ACON has offices in Sydney, Illawarra, Northern Rivers, Hunter and Mid North Coast with an extensive range of outreach services. ACON is also home to the Community Support Network (CSN), the Positive Living Centre (PLC), the Lesbian and Gay Anti-Violence Project (AVP) and the Sex Workers Outreach Project (SWOP).

2. GENERAL COMMENTS

ACON is pleased to provide a submission to the Parliamentary inquiry into the Allocation of Social Housing. The submission provides a brief overview of ACON's approach to housing, discusses the social housing needs of people living with HIV/AIDS (including the role of community housing in meeting the demand for social housing and the effectiveness and appropriateness of housing allocations) and outlines some of the emerging issues, particularly in regards to homelessness for the gay, lesbian, bisexual and transgender communities in NSW.

Shelter is a basic human need, and there is a strong correlation between housing, health status, and living standards. Since its inception ACON has recognised that there is a close relationship between a person's housing needs and their health.

ACON has been actively involved in a number of advocacy and policy initiatives around housing support to PLWHA for well over a decade. Over recent years ACON has seen an increase in requests from GLBT people seeking assistance and advice with their housing needs.

3. ACON'S APPROACH TO HOUSING

In 1990 ACON produced its first policy document on housing titled 'HIV/AIDS and Homelessness: A Policy Response'. The document recognised that many PLWHA faced the risk of homelessness and outlined ACON's commitment to addressing this issue. ACON also played an important role in the establishment of Special Rental Subsidy (SRS) for PLWH/A's in 1993 which now is called Special Assistance Subsidy/Special (SAS/S). ACON remains vigilant and, is in close collaboration with other related organisations, working to keep these benefits for all HIV positive people.

The ACON Housing Project is a SAAP-funded service providing advocacy and support to people living with HIV/AIDS who are homeless or at risk of homelessness. This includes:

- Short term accommodation in managed properties
- Department of Housing priority application advice
- Advocacy on issues of discrimination and harassment
- Transfer advice
- Coordinating respite care
- Brokerage of support to people escaping domestic violence, in need of financial counselling and clients with multiple needs.

The ACON Housing project provides direct support for people with HIV/AIDS who are homeless and at risk of homelessness to gain access to affordable safe, secure housing with the most appropriate information and advice. This includes advice and advocacy in respect of their health and social housing needs.

In 2004/05 the housing project assisted 392 HIV positive individuals and families to identify their housing needs and navigate the application process for Department of Housing, Community Housing, SAS/S or the private rental market. The project incorporates a new Housing Buddy program that utilises community volunteers to help clients with applications and moral support. ACON Housing staff also advocate on behalf of individuals who experience discrimination on the basis of their HIV sero-status.

Increasingly the ACON housing project has received requests for assistance from GLBT people who are not HIV positive. The barriers to safe and affordable housing for GLBT people are related to stigma, discrimination, violence, lack of public safety or acceptance or fear of discrimination. While these social determinants are not illness related, they nevertheless form an insurmountable hurdle to safe and affordable housing and services for some GLBT people. As an example, there are few long or short-term housing options appropriate for GLBT individuals who are at risk of homelessness.

The project is currently providing assistance to these people in the form of advice, advocacy and support in negotiating the social housing system. The project is also working on developing support agreements with other SAAP funded housing providers to ensure the development of appropriate service provision that is sensitive to the needs of GLBT people. However, it should be noted that funding for this has been limited and we are currently challenged to meet the growing demand for services within our existing resources.

4. PEOPLE LIVING WITH HIV/AIDS IN NSW (PLWHA)

More effective treatment for HIV disease has reduced the mortality rate among people with HIV/AIDS. Yet HIV remains a serious health issue with grave and long-term treatment toxicities or illness complications. Living long-term with HIV/AIDS, which is certainly better than the alternative, has nevertheless resulted in increased presentation to ACON services by people with HIV who are dual diagnosed with depression, anxiety, drug and alcohol problems and/or developing psychotic disorders.

A significant minority of people with HIV/AIDS develop problems with independent living because of psychotic disorder or cognitive brain disorders. Long term poverty and social dislocation is an emerging health issue among people with HIV/AIDS in NSW.

Research undertaken by La Trobe University, Australian Research Centre in Sex, Health and Society found a staggering 18.2% of HIV positive respondents were living in public housing (government-owned accommodation) while 3.2% were living in community housing or housing cooperatives. 28.8% of PLWHA owned or were purchasing accommodation while 40.3% were in private rental – many of these receiving a subsidy from the Department of Housing. Whilst most respondent's found their current accommodation suitable for their needs, 21.3% said their accommodation was unsuitable and of this group 68.8% reported that they did not have any other accommodation options for the futureⁱ. Many respondents in the study sited harassment and discrimination as reasons why current accommodation was unsuitable. Concerns were also raised regarding the cost of housing, size and the condition of housing.

Diagnosis with HIV, or worse, with an AIDS-defining illness, places an individual at serious risk of homelessness due to illness and hospitalisation or traumatic psychological reaction. The report cited above noted that 41.6% of PLWHA in NSW had changed their accommodation as a result of having HIV/AIDS. The most common reasons given for relocating were the need for a quieter location, the imperative to find cheaper housing, proximity to essential health services and health (better health, planning for illness or actual illness). Significantly 20.2% of this group reported relocation in order to avoid harassmentⁱⁱ.

The main source of income for 56.4% of respondents was benefits/pension/social security with one quarter of NSW PLWHA living below the poverty lineⁱⁱⁱ. Many PLWHA do not have the disposable income to rent in the private rental market without assistance.

PLWHA are living with HIV for longer, living longer in poverty and isolation and increasing numbers of PLWHA are presenting to ACON homeless or at risk of homelessness.

Inner-city housing

Inner-city Sydney communities have borne much of the health and social impacts of the HIV epidemic in Australia. AIDS-related illness and death is particularly associated with inner-city Sydney where much of the community response to HIV has been centred. Particular places in the inner city, such as Sacred Heart Hospice, St Vincent's Hospital, Royal Prince Alfred, community organisations and venues, have a particularly powerful and emotional significance. Important organisations such as ACON, People Living With HIV/AIDS NSW and the Positive Living Centre are based in the inner-city.

To accommodate this unique need to reside in a specific location, many people living with HIV/AIDS living in private rental accommodation in NSW may receive the Special Assistance Subsidy/Special (SAS/S) which is administered by the NSW Department of Housing. HIV specialist hospitals and services are almost all based in the inner city of Sydney where public housing stock is at a premium. People with HIV/AIDS have important cultural and social connections in the inner city. The SAS/S scheme remains the only avenue which allows people with HIV/AIDS to stay close to these essential cultural, social and hospital networks and services.

PLWHA have location needs for housing related to maintaining optimal health and proximity to appropriate health services, community attachment and access to support, and protection from harassment and discrimination.

Appropriate and effective allocation of housing for this group recognises the importance of continuity of support and, in practice, means working with individuals to ensure that they have access to appropriate housing options in supportive geographical and social environments. An 'appropriate' housing offer is thus one that's definition recognises the need to feel safe and be close to social and support networks as well as hospital and medical services.

RECOMMENDATIONS:

- People living with HIV/AIDS remain a vulnerable section of NSW society and providing for their housing needs should remain a priority for NSW Government in to the future.
- Housing allocations for PLWH/A should take in to account the highly stigmatised nature of HIV disease and the unique locational requirements of HIV positive people.
- The NSW Department of Housing's Special Access Scheme/Special (SAS/S) should remain an essential element in the NSW Government response to HIV-related housing need.
- Social housing assessment and review criteria to acknowledge the episodic nature of HIV disease and maintain flexibility in response to fluctuating and episodic functional impairment.
- Housing allocations for PLWHA need to take into account the importance of maintaining individual access to health and related community supports.
- Stigma and discrimination should be understood as important social determinants of health and housing wellbeing.

5. HOUSING ISSUES FOR GAY, LESBIAN, BISEXUAL AND TRANSGENDER PEOPLE

GLBT people request social housing assistance for many of the same reasons as any other NSW resident. However, ACON's experience is that, whilst many GLBT people live happily and functionally in NSW, life-disrupting crises are made worse because of social and service barriers related to discrimination. There are also a small minority who are vulnerable because of mental illness, drug and alcohol dependence, family violence, domestic and street-based violence. GLBT people may be more likely to have complex crises because they are unable to get the help they need, when they need it.

ACON's experience is that GLBTs present late with illness then requiring hospitalisation and often delay getting help until they are homeless or in serious financial distress. Referral to mainstream services can lead to abuse and discrimination. Building the service response so that GLBTs can easily access welfare, medical and support services without fear will have a direct impact on their risk of homelessness and their need for ongoing social housing support in the future.

The Human Rights and Equal Opportunity Commission reports that gay men, lesbians and transgender people face widespread discrimination on the basis of their sexual or gender identity.^{iv} Discrimination, and even violence, when accessing mainstream accommodation services points to a need for increased GLBT-specific training for social housing and homelessness service providers (including SAAP-funded services)^v. It should be noted that whilst some GLBT people prefer GLBT-specific accommodation and services others may not, for example if someone is not comfortable with their sexuality, they may be hesitant to approach a GLBT service. There is a need for community housing that is provided by GLBT service providers and culturally sensitive workers in mainstream service provision.

Heterosexism is the term commonly used to describe discrimination against GLBT people^{vi}. The assumption that all people are heterosexual and is accompanied by a construction of homosexual people as "alien" or "unacceptable". Heterosexism encompasses homophobia and is useful because it includes other manifestations of discrimination. The discrimination implicit in heterosexism can be both covert, enshrined in normative social structures and practices that do not acknowledge GLBT people, or overt, expressed through homophobic attitudes, verbal abuse and physical violence.

Fear of discrimination or homophobia may be a barrier for many GLBT people in accessing social services, including housing. It is imperative that all housing programs, including social housing, have clear policies on discrimination on the basis of sexual identity to facilitate equal access to social housing programs by GLBT people.

Inner-city housing

Social planning theory gives significant attention to the issue of cultural affinity assigned to 'place' in the urban environment and this explains the attachment that people with HIV/AIDS and GLBT people feel to the inner-city suburbs of Sydney. The movement for gay and lesbian equality in Australia, including milestones such as the first demonstrations for gay and lesbian equality, occurred in Darlinghurst and led to the formation of the Mardi Gras Parade as a 'claiming of space' in the inner city. GLBT community infrastructure has developed around Newtown and Oxford Street, further entrenching the sense of safety and community in the inner city. The inner city environment therefore acts as a 'safe place' for gays and lesbians and its services and community infrastructure are sensitised to the needs of people living with HIV/AIDS.

Causes of homelessness for GLBTs

In addition to the structural barriers of heterosexism faced by GLBT people in accessing services there are also particular populations within the community that are vulnerable to homelessness and that may come into contact with social housing.

- Young GLBT people experience homelessness at significantly higher rates than their peers. A number of these young people experience harassment and violence in crisis accommodation, including sexual assault and homophobic harassment.
- Transgender people face increased risk of homelessness, due to lack of employment, high rates of violence and discrimination, and estrangement from family of origin. Access to mainstream services remains a serious barrier for pre-operative transgender people limiting their capacity to solve life-disrupting crises and utilise the range of services that should be available to all NSW citizens.
- ACON Housing Project clients present with experiences of domestic or street-based violence. An increasing number are disclosing experiences of same sex domestic violence (SSDV) with few or no options for referral to mainstream housing services.

- Ageing people are often vulnerable due to ill health and are at risk of social isolation. The social realities of living as a gay or lesbian person make ageing GLBTs particularly vulnerable as many live alone and do not seek out mainstream services for fear of discrimination.
- GLBT Aboriginal and Torres Strait Islander people face a complex web of discrimination issues that are a mix of racial and homophobic discrimination. They may be unable to approach Aboriginal Housing or Aboriginal Medical Services because of fear of confidentiality breaches. Access to the range of mainstream and aboriginal services remains a serious barrier for GLBT aboriginal, Torres Strait Islanders and Sistagirls. This limits their capacity to solve life-disrupting crises and utilise the range of services that should be available to all NSW citizens.

Recommendations:

- Social housing allocation policy and procedures should take in to account the stigmatised nature of sex/gender identity (eg when allocating and when considering transfers).
- Social housing organisations (including the Department of Housing and Office of Community Housing) should include specific training to staff on GLBT sensitivity and needs.
- Considering the unique locational housing needs of GLBT people should be an essential element of allocations that aim to maintain connection to GLBT communities and networks.
- Social housing for PLWHA needs to take into account the episodic nature of HIV and be flexible in response to changing health needs.
- Housing allocations for PLWHA need to take into account the importance of maintaining individual access to health and related community supports.

6. SUMMARY OF RECOMMENDATIONS

1. People living with HIV/AIDS remain a vulnerable section of NSW society and providing for their housing needs should remain a priority for NSW Government in to the future.
2. Housing allocations for PLWH/A should take in to account the highly stigmatised nature of HIV disease and the unique locational requirements of HIV positive people.
3. The NSW Department of Housing's Special Access Scheme/Special (SAS/S) should remain an essential element in the NSW Government response to HIV-related housing need.
4. Social housing assessment and review criteria to acknowledge the episodic nature of HIV disease and maintain flexibility in response to fluctuating and episodic functional impairment.
5. Housing allocations for PLWHA need to take into account the importance of maintaining individual access to health and related community supports.
6. Stigma and discrimination should be understood as important social determinants of health and housing wellbeing.
7. Social housing allocations policy and procedure should take in to account the stigmatised nature of sex/gender identity (eg. when allocating and when considering transfers).
8. Social housing organisations (including the Department of Housing and Office of Community Housing) should include specific training to staff on GLBT sensitivity and needs.
9. Considering the unique locational housing needs of GLBT people should be an essential element of allocations that aims to maintain connection to GLBT communities and networks.
10. Social housing for PLWHA needs to take into account the episodic nature of HIV and be flexible in response to changing health needs.

11. Housing allocations for PLWHA need to take into account the importance of maintaining individual access to health and related community supports.

7. REFERENCES

ⁱ J Grierson and R Thorpe (2005) *HIV Futures 4 Regional Reports: New South Wales*, Monograph series number 56, The Australian Research Centre in Sex, Health and Society, Latrobe University, Melbourne Australia.p.16

ⁱⁱ P.17

ⁱⁱⁱ P.21

^{iv} Human Rights and Equal Opportunity Commission, *Human rights for Australia's gays and lesbians* http://www.hreoc.gov.au/human_rights/gay_lesbian/index.html

^v Irwin, J., Winter, B., Gregoric, M., and Watts, S. (1995) *As Long As I've Got My Doona: A*

report on lesbian and gay youth homelessness Twenty-Ten Association, Glebe

^{vi} Dodds C, Keogh P, Hickson F. It makes me sick heterosexism, homophobia and the health of gay men and Bisexual men. Sigma Research Briefing Paper 2005