

## Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

### Your Personal Details

*This information will be used only for contacting you in relation to this submission*

<b>Title</b>	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
<b>Organisation</b>	Shelter WA
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### Publication of Submissions

*Please note all Public Submissions will be published unless otherwise selected below*

- I do not want my submission published
- I would like my submission to be published but remain anonymous

### Submission Guidance

**You are encouraged to address the following question:**

**In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?**

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

## Submissions Response Field

*Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).*

### About Shelter WA

#### Our vision

*Accessible, affordable, appropriate and secure housing and working towards the elimination of homelessness in Western Australia.*

Shelter WA was founded in 1979 as an independent, community based peak body committed to accessible, affordable and secure housing for Western Australians, and to working towards the elimination of homelessness in WA. Shelter WA believes housing is a basic human right. Safe, secure and affordable housing is a fundamental determinant of health and a key requirement for people to engage in work, maintain healthy relationships and fully contribute to society.

Shelter WA advocates for policy settings and responses that facilitate appropriate affordable housing options for low to moderate income earners, for those who are otherwise disadvantaged in the housing market or experiencing homelessness. This is done by strong collaboration with the not-for-profit housing and social services sector, government, industry bodies, business, the community and research institutions.

Shelter WA is a member of the National Shelter Council and a member of the Council to Homeless Persons Australia and has a seat on the Board of Homelessness Australia. This national membership strengthens Shelter WA's capacity to represent Western Australia's interests through participation in research, policy advocacy and engagement in national debate.

Shelter WA is predominantly funded by the Western Australian Housing Authority and is appreciative of this support.

#### How we can assist

Shelter WA is in the position to act as a conduit for consultation with the non-government sector in relation to affordable and social housing and homelessness issues.

#### Contact

For further information regarding this submission please contact [REDACTED]

### Definitions used in this submission

*Social housing includes public housing properties managed by the State Government and community housing properties either owned by the Community Housing Provider, or, by the State and managed by a Provider. 'Housing stress' refers to housing that costs more than 30% of a household's income, specifically for households in the lowest 40% of income distribution. This is known as the 30/40 rule. 'Affordable housing' refers to housing which is affordable for low income households and for which they are paying less than 30% of their income.*

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- **Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;**

We encourage the Sustainable Health Review to consider the overall investment in health not as an isolated investment in health, but as an investment in a person's life in the community. Patient centred service delivery, pathways and transition must be connected to living one's life in the broader community.

The notion of housing as a public health issue is not new. In 2002 James Krieger wrote:

*Poor housing conditions are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries, and mental health. Addressing housing issues offers public health practitioners an opportunity to address an important social determinant of health. Public health has long been involved in housing issues. In the 19th century, health officials targeted poor sanitation, crowding, and inadequate ventilation to reduce infectious diseases as well as fire hazards to decrease injuries. Today, public health departments can employ multiple strategies to improve housing, such as developing and enforcing housing guidelines and codes, implementing "Healthy Homes" programs to improve indoor environmental quality, assessing housing conditions, and advocating for healthy, affordable housing. Now is the time for public health to create healthier homes by confronting substandard housing.<sup>1</sup> Housing and Health: Time Again for Public Health Action, James Krieger*  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447157/>

Shelter WA submits that:

- Housing is a major social determinant of health, and has major relevance for Close the Gap priorities in Indigenous health
- Housing and health in non-remote areas, such as urban, rural and regional settings is under developed in 'Close the Gap' policy and priority setting
- housing has the potential and capacity to be a key driver to major cross portfolio reform and potential savings for the Western Australian government;
- the housing portfolio and WA government 'land bank' is a multi-billion-dollar asset that could be better optimised in the whole of government approach to housing, human services and health;
- the housing system is ready for major reform;
- there is an opportunity to facilitate private and institutional investment into affordable and social housing;
- there is an opportunity for significant savings to government through co-ordination and investment by agencies in implementing up-front solutions, rather than focusing on managing problems; and
- this will require strong leadership to implement reforms across some major systems of government.

Research shows the opportunity for government to maximise investment in social housing and homelessness services driven by:

An approach that focuses on maintaining and sustaining tenancies, focusing on the individual needs of the person or family first;

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Aligned departmental policies and KPIs to provide housing and end homelessness;  
 Planning reform to support affordable and social housing growth;  
 Government working in partnership with the development industry;  
 Inter-departmental cooperation and alignment of policies and KPIs to end homelessness; and  
 Harnessing the expertise of the NGO sector through outsourcing and partnerships.

- **The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;**

The benefits of secure, safe and affordable housing chosen by the individual and augmented with suitable health and community supports as required are well documented. They include:

- Improved health status, maintenance of symptom stability and overall functioning reducing demand for treatment and care;
- Improved sense of belonging and self-worth;
- Improved social and economic participation;
- Reduced reliance on welfare support and reduced impact on homelessness services; and
- Cost savings in the areas of crisis, police and ambulance call outs, emergency departments and hospital admission.

A current example of how the health system and housing systems intersect in Perth is illustrated through the work of Dr Amanda Stafford, Emergency Specialist Homelessness Service, Royal Perth Hospital. Significant savings in Emergency Department and other Hospital Department time could be achieved by learning from her social approach to the delivery of health care at <https://www.youtube.com/watch?v=f00vDiAPtEQ>.

- **Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;**

Housing insecurity remains an issue for many Western Australians. With 18,530 people on the public housing wait list, only 3% of private rentals affordable to people on low incomes, and 9,600 people experiencing homelessness every night, housing affordability and homelessness remain a key public policy issue for two key reasons: the effects that housing unaffordability has on the economy, society and individuals; and the failure of the market to correct these issues in a timely and efficient manner.

Inefficient housing markets have widespread and lasting impact on economic productivity and the broader community. Access to appropriate, affordable housing is fundamental to economic growth and productivity and is a critical foundation for individual and community prosperity and wellbeing. Adequate housing is a fundamental determinant of health. Without shelter it becomes impossible for individuals and families to overcome broader social disadvantage by engaging in appropriate services. Investment in

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social and affordable housing leads to increased productivity, unlocks opportunity, and establishes a platform for efficient government service delivery. Whilst housing provides shelter, it influences a raft of non-shelter outcomes for individual households, such as workforce participation, access to jobs and services, family stability and educational attainment. The costs of poor housing choices are not just borne by the individual, but by society<sup>ii</sup>. AHURI research indicates that access to housing can affect health and education, and therefore labour market productivity<sup>iii</sup>.

Research points to preventable generational homelessness in that children who first experience homelessness at a young age are significantly more likely to experience persistent homelessness in adulthood<sup>iv</sup>. Early intervention can prevent the cost of an ongoing cycle of homelessness. This is true of other vulnerable groups for whom investment in housing and service supports makes economic and social sense. For example, research indicates that access to appropriate, stable and affordable accommodation with appropriate levels of support geared to individual needs is of critical importance to assist people with mental illness to maintain successful housing outcomes<sup>v</sup>.

Adequate and crisis and transitional accommodation for young people, adults and families and domestic violence accommodation is critical.

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#### *Savings to Health:*

*\$16M annual saving to the Western Australian health system by providing stable public housing for people experiencing, or at risk of homelessness:*

- \$13,273 saving per person per year for those supported on NPAH;*
  - \$84,135 saving per person per year saving for NPAH mental health program recipients;*
  - 19.5% decrease in the proportion of people accessing hospital emergency department;*
  - 24.7% decrease in overnight hospital stays;*
  - 6-day reduction in length of hospital stays;*
  - 57.8% decrease in proportion of people accessing psychiatric care; and*
  - 8.4-day reduction in average length of psychiatric care stay.*
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### Mental Health and Criminal Justice

- The cost of accommodating people with a mental illness in Graylands is approximately \$265,000 per annum (or 3 people per million dollars). It is understood a Mental Health Commission (MHC) paper identified the cost for 112 inpatients over 4 years is approximately \$120 million.
- Aboriginal and Torres Strait Islander peoples with mental and cognitive disabilities are significantly over-represented in Australian criminal justice systems<sup>vi</sup>.
- Lifecourse institutional costs of homelessness for vulnerable groups are massive. A 2012 Study from a cohort of 2,731 people who have been in prison in NSW and whose MHDCD diagnoses are known. The Lifecourse institutional costs for 11 case studies, aged between 23 and 55, range from around \$900,000 to \$5.5 million each.<sup>vii</sup>
- There are significant savings to be made by a carefully developing housing and accommodation strategy that is linked to the implementation of the Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025.<sup>viii</sup>

### Aboriginal Housing and Health

Poor housing is widely cited as an important determinant of the poor health status of Aboriginal Australians, as for indigenous peoples in other wealthy nations with histories of colonisation such as Canada, the United States of America and New Zealand. While the majority of Aboriginal Australians live in urban areas, most research into housing and its relationship with health has been conducted with those living in remote communities.

Poor housing can affect health directly and indirectly and can have both short and long term health impacts<sup>ix</sup>. Housing is often named as a key determinant of the health and life expectancy gap between Aboriginal and Torres Strait Islander Australians (hereafter Aboriginal) and non-Aboriginal Australians. 'Healthy Homes' are one of seven action areas in the Coalition of Australian Governments' 'Closing the Gap' Campaign, a recognition both of Aboriginal housing disadvantage and of the growing body of international evidence about the associations between housing conditions and human health<sup>xi</sup>.

Academic Nicholas Biddle warns that the closing the gap campaign will not be successful unless the issues facing city-dwelling Aboriginal people are specifically addressed:

“To close the gaps, all levels of government will have to have one eye on remote Australia with the other on indigenous gaps in the cities”<sup>xii</sup>

As is the case with Aboriginal health research in Australia<sup>xiii</sup>, the majority of Aboriginal housing research and policy has focussed on Aboriginal people in remote communities<sup>xiv xv</sup>. However, over 70 % of Aboriginal Australians live in urban areas or major regional centres<sup>xvi</sup> and 60 % of the burden of illness amongst Aboriginal people is accounted for by those living outside remote areas<sup>xvii</sup>. The data available suggests urban Aboriginal households also experience significant housing disadvantage and they are more likely to live in unaffordable housing than those in remote areas. A qualitative study with Aboriginal people in Perth and regional Western Australia described housing careers characterised by poverty, difficulty accessing affordable housing, racism, insufficient social housing, and difficulty navigating the social housing system, overcrowding, forced evictions and insecure tenure<sup>xviii</sup>. Aboriginal leaders have called for greater recognition of the housing needs of urban Aboriginal people, yet direct research and policy activity in this space remains limited.

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Studies in remote Aboriginal communities in Australia have found major problems with housing quality and availability. Associations have been demonstrated between poor remote housing and specific health problems, e.g. poor overall functional condition of housing and respiratory infection. Studies of the health of Aboriginal children living across urban, regional and remote areas have found associations between reported housing problems and ear, skin and chest infections<sup>xix</sup>.

If Australia is serious about 'closing the gap', more investment in Aboriginal housing, including urban public housing, is required. While federal and state governments have established a National Partnership Agreement on Remote Indigenous Housing and committed billions of dollars to improve remote housing<sup>xx</sup>, there is no comparable agreement on urban Indigenous housing. Instead the housing needs of urban Aboriginal people are addressed under mainstream social housing and homelessness agreements<sup>xxi</sup>.

While housing may seem beyond the scope of the health sector, there is a long-standing relationship between public health and housing. Public health professionals have an obvious role to play in describing the scale and health impacts of housing problems. Public health can also engage in a range of other activities to improve housing conditions, including advocacy and awareness raising, cross government collaboration with the housing sector, the provision of direct services and evaluation of the effectiveness of housing improvement programs.

A full bibliography of source material for the above and overall commentary provided by Shelter WA to the recently held Services Priority Review in Western Australia can be made available to the Sustainable Health Review if required. Footnotes referred to in the above text are part of a larger bibliography from which the references below have been taken.

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