Submission to the Victorian Parliament's **Inquiry into Public Housing in Victoria**

VAADA Vision

A Victorian community in which the harms associated with drug use are reduced and general health and well being is promoted.

VAADA Objectives

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

January 2010

The Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy, program development, and public discussion.

VAADA's consultation process

As the peak body on alcohol and other drug issues in Victoria, VAADA has undertaken targeted consultation with the Victorian AOD services providing accommodation and housing support to determine their views on priorities on the public housing needs of AOD clients.

We extend our thanks to those VAADA members who have generously given of their time and professional insight to contribute to the development of this submission.

While some comments may not reflect the individual opinions of all those who have provided input, there is powerful consensus on the key issues and priorities outlined in VAADA's submission. However, the final analysis represents the views of VAADA.

Introduction

> A paradigm shift is required that sees housing as a community responsibility (Latrobe Community Health Service, VAADA Consultation December 2009).

This Inquiry provides a vitally important opportunity to address a number of longstanding inadequacies in Victoria's public housing system. Safe, secure and appropriate housing is central to an equitable and socially just community. Yet currently many Victorians do not have access to safe and appropriate housing, leaving some of our most vulnerable individuals and families on waiting lists for years.

Many lower income Victorians, including people experiencing the harms associated with drug misuse, are being priced out of the housing market, and increasingly the private rental market, which places considerable pressure on Victoria's social and public housing systems. Research suggests that increasing numbers of Victorians are in housing stress with more than 250,000 Victorian households using over 30 per cent of their income to meet housing costs (VCOSS 2009, p.57). Victoria's population growth coupled with general supply shortages has driven rapid rental price rises, according to the Victorian Council of Social Services (VCOSS). These factors are contributing to high levels of demand for public housing.

The high demand for public housing has dire consequences for low-income, underemployed and unemployed Victorians. Often housing is simply not available, leaving people in crisis or forced into housing that is unsuitable and, in some instances, placing people at risk of further harm.

In 2006, the Victorian Government acknowledged:

> Demand for public housing remains high and there is a growing need to change public housing types to better match the household demand for social housing characterised by more singles and couples and fewer families with children.
>
> At less than 4 per cent of total housing stock, Victoria has the lowest level of social housing compared with other Australian States and overseas countries (excluding the United States). A key goal of state housing policy is therefore to improve the capacity of social housing as an important part of the wider strategy to provide affordable housing opportunities (Victorian Government 2006, p.15).

While we continue to await the release of the *Victorian Housing Strategy*, urgent action is needed to address the general public housing supply shortage; to deliver increases in safe and appropriate public housing; and to ensure a greater *diversity* of public housing stock that is better matched to people's needs.

As the peak body for alcohol and other drug (AOD) treatment services, VAADA's submission focuses on the public housing needs of people experiencing problematic alcohol and drug use. It is well recognised that housing provides the stable base from which people can engage in drug treatment services and be best placed to effect change in their lives. Without access to safe and appropriate

housing, the opportunity for recovery from drug dependence is reduced and people's health and wellbeing placed at continued risk.

VAADA contends that supporting drug users to access appropriate public housing will deliver positive returns for the individual user, drug treatment service providers, housing providers and the broader community.

Response to the Terms of Reference

We have made specific comment on the Terms of Reference below.

a. public housing waiting lists in Victoria

> Without secure housing, it is virtually impossible for heroin users to access services providing maintenance, withdrawal and detoxification treatments or family services aimed at assisting the children of drug users (AHURI, 2003, p.1).

It is not VAADA's intention to undertake a thorough analysis of wait times for Victorian public housing but rather to highlight some concerns relating to public housing waiting times for people in contact with alcohol and drug services.

A significant proportion of AOD clients are in housing stress. While some can be accommodated, at least temporarily, through AOD supported accommodation programs, not all will meet the criteria for entry into such programs. A Supported Accommodation service provider from Western Victorian explains:

> We have had 354 episodes of care in our accommodation program in the last 10 years, 256 males and 99 females. When you consider that a great number of the clients who triage for housing issues do not fit the criteria for the program *there is a great deal of unmet need in the community.* Sleeping rough, inadequate housing plus middle age people with addiction and psychiatric issues returning home to live with reluctant elderly parents all mask the true extent of the problem (Daryl Fitzgibbon, Western Regional Alcohol & Drug Centre, VAADA consultation December 2009) (emphasis added).

Quite simply, demand for public housing outstrips supply. Indeed, AOD service providers have reported to VAADA that priority listing does not guarantee housing within a reasonable timeframe. Without a commitment to building new properties, long waiting lists will continue to thwart attempts to address drug and alcohol problems.

For AOD treatment clients, public housing wait times are prohibitive to recovery. Many in need of housing are unable to access properties due to excessively long waiting lists and the lack of diverse housing stock. In particular, AOD service providers with whom VAADA consulted on this issue stressed the serious lack of one and two bedroom houses for singles and small families.

Experiential evidence from AOD service providers suggests that particular groups of AOD clients, namely young men, singles and people exiting correctional settings, or those with a history of offending, face disproportionately lengthy wait times - if they are able to be housed at all.

AOD service providers report that single people can expect to wait up to seven years for a public housing property. The manager of forensic services at an AOD agency in Melbourne's north states that 'the Seg 1 waiting list is now so long in urban areas that it becomes irrelevant' (Rob Testro, Moreland Hall, VAADA consultation December 2009). Furthermore, Seg 1 paperwork is ungainly and labor intensive as well as being incredibly stressful for applicants. This serves only to exacerbate stress and anxiety for people attempting to engage with treatment and other support services.

Waiting times have an enormous impact on an individuals' ability to move from transitional housing and accommodation into longer-term housing options. In particular, AOD supported accommodation services face enormous challenges accessing public housing for clients, impacting on their ability to move clients from transitional supports into longer-term sustainable housing options. It also impedes services' capacity to intake new clients and to move people to longer-term, stable housing options and out of more resource-intensive specialist support services.

b. the impact on individuals and families of waiting times to access public housing and how this varies by each segment

> Clients who are waiting years to receive an allocation – the possibility of which is tenuous at best – are exposed to AOD and homeless subculture which becomes further entrenched and may undermine future 'recovery' undertakings. During this time, clients may be exposed to many different negative lifestyle harms including anti-social behaviours that may be a significant cost to the community (Windana AOD Supported Accommodation Team, VAADA consultation December 2009).

The above comment illustrates the impact of waiting times on AOD clients for whom the cycle of homelessness and drug use can so easily continue in the absence of stable and appropriate housing. Without access to stable housing options, people are 'forced into unsafe and unsustainable living arrangements that often undermine their capacity for recovery' (Rob Testro, Moreland Hall, VAADA consultation December 2009).

The impact of waiting times on AOD clients is considerable. VAADA believes that overly lengthy wait times are prohibitive to engagement in treatment and undermine an individual's capacity to address their alcohol and drug use. Housing instability makes it very difficult to sustain change post-treatment. People can remain trapped in a state of anxiety and uncertainty thereby increasing the risk of relapse. Conversely, housing stability has been shown to be a significant factor in successful treatment and recovery.

AOD clients are particularly vulnerable during important life transitions such as exiting residential drug treatment. Experiential evidence suggests that housing options for those exiting residential services, particularly single men, are almost non-existent and make it exceedingly difficult to build on a person's recovery.

As noted earlier, the burden of waiting times appears to rest disproportionately on singles generally but young single men in particular, as well as people who have been in correctional settings and those with a history of offending behaviour. VAADA believes there are also particular transitions, as above, during which people require better accommodation support than is currently available.

In VAADA's 2008 consultations for the development of a national homelessness strategy, we noted:

> 'Too often', writes a practitioner from a Victorian residential rehabilitation service, 'the only option is to contact an over-extended crisis accommodation service. As there are no prescribed pathways for this section of the community the most likely outcome is a referral to a boarding house where the inevitable cycle of dependence will recommence'. He continues, 'recovery is a journey and many completing the programme [the residential rehabilitation programme] are also forced to face the prospect of homelessness'.

Another AOD treatment service provider reiterates that point: 'Many [of our] clients experience difficulty due to inadequate housing – returning to pre-treatment accommodation is often the client's only option which may undermine their treatment outcomes (for example rooming houses, domestic violence situations or other situations contributing to 'toxic stress' that may lead to relapse into substance use'. AOD service providers express frustration with what many see as an over-stretched, under-resourced and grossly inadequate public housing system.

c. the adequacy, quality and standards of Victorian public housing

> ...adequacy, quality and standards are features not associated with public housing stock (AOD service provider, eastern Victoria).

VAADA makes three main comments in relation to the adequacy, quality and standards of Victorian public housing:

- There is simply an inadequate supply of housing stock. As a matter of urgency, the Victorian Government must **significantly increase** public housing stock.
- Current and future housing stock must be **diversified** to better meet the needs of the Victorian community, including the needs of AOD users. At the present time, many AOD clients are placed in unsuitable housing that is situated in environments with high levels of drug use (this is discussed in further detail below).
- Public housing must be **integrated** with appropriate social supports and service provision. This is vitally important for people experiencing harm associated with alcohol and drug use. Central to this are services and programs that provide access to education and training, drug treatment and support, family services and social and community services such as public transport and health care.

d. the safety and location of Victorian public housing and public housing estates

> Clients often comment that the high rise flats are environments where maintaining abstinence is almost impossible. They are often environments where exposure to problematic substance use is an everyday event. These environments are also unsuitable for raising children. Drug use, offending and anti-social behaviour are magnified in these high rise environments' (Rob Testro, Moreland Hall, December 2009).

Serious commitment is required to enhance the safety and location of public housing for clients of AOD treatment services. Many people are housed inappropriately in locations that 'exacerbate rather than ameliorate drug related difficulties due to the presence of an active drug trade in the

community' (AHURI 2003, p.4). In these circumstances, staying 'clean' or 'sober' can be exceedingly difficult and living in such areas significantly increases a person's chances of relapse. Housing people in areas of high drug use and trade, particularly following a period of abstinence and/or treatment, also places individuals' health and wellbeing at risk – increasing the chance of overdose.

Specifically, the illicit drug trade on Melbourne's public housing high-rise estates has received much publicity and has been the subject of considerable community concern over the years. The housing estates in inner Melbourne (namely Collingwood, Fitzroy, Richmond and Carlton) constitute almost all of the affordable housing in a largely gentrified inner-city (Dalton & Rowe 2004). They are well-located in that they are close to public transport and a variety of community and health services, yet they also remain sites where drug dealing and use is a regular occurrence. Many people are reluctant to accept tenancies in these high-rises due to the drug use and trade that occurs.

For these reasons, many public housing estates are grossly inappropriate for people exiting treatment and recovering from drug or alcohol addiction. 'It's well known to everyone that some housing estates and high rise estates are known for their drug use or supply – it's a bit of a set-up to send clients back to these areas' (Peter Matthews, Odyssey, VAADA consultation December 2009). Clients, too, describe the difficulties of living in these estates. Those who have achieved abstinence report that public housing is unacceptable due to the high risk of relapse.

While VAADA's comments are specific to AOD clients, we acknowledge that this population is but one of many groups with specific public housing needs. Therefore, we argue that an overarching principle of public housing allocation should be to match housing to people's needs. This is no easy task but we need to improve the capacity of housing services to 'match' housing to need. As noted by the Windana AOD Supported Accommodation Team, 'AOD clients require housing that is in a healthy and situationally appropriate milieu' (Windana AOD Supported Accommodation Team, VAADA consultation December 2009).

Further and ongoing support for people living in public housing is also required. Some of these sites, particularly the high rise estates, are locations of entrenched social disadvantage. Capacity to provide outreach and follow-up support to AOD clients in public housing would assist people in adapting to their new home environment.

e. the impact of public housing need on specific groups

There is a great deal of unmet public housing need in the community. This submission has focused on the needs of AOD users and has highlighted housing as a major issue for many AOD clients. As one service provider commented to VAADA - 'it is the nature of our client group'.

This brief response has emphasised a number of particular issues for AOD clients:

- Urgent action is necessary to increase public housing stock for Victorians in need of housing support;
- Greater diversification of housing stock is required, including single bedroom houses;
- Housing must be better matched to people's needs;

- Public housing must be integrated with service infrastructure and linked in with a range of social and community services available to support people in addressing drug and alcohol issues;

- Most importantly, AOD clients need public housing options that support recovery from dependence, rather than destabilising efforts to reduce harm and to effect positive change in their lives.

References

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