

26 May 2022

The Hon. Scott Barrett, MLC
Chair
Inquiry into homelessness amongst older people aged over 55 in New South Wales
Legislative Council
Standing Committee on Social Issues
Parliament House
Macquarie St
Sydney NSW 2000



Submitted online: <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/lodge-a-submission.aspx?pk=2865>

Dear Mr Barrett

Re: Inquiry into homelessness amongst older people aged over 55 in New South Wales

Thank you for the opportunity to provide a submission to the Inquiry into homelessness amongst older people aged over 55 in New South Wales. We would also welcome the opportunity to meet with you to discuss the content of this submission in more detail.

ACON is NSW's leading health organisation specialising in community health, inclusion, and HIV responses for people of diverse sexualities and genders (or lesbian, gay, bisexual, trans and queer people – LGBTQ+).

As highlighted in the *NSW LGBTIQ+ Strategy 2022-2027*, our communities experience health disparities when compared to the general population. These are exacerbated for people in our communities who experience homelessness. In recent months, our care coordination and counselling teams in Sydney, Newcastle, and Lismore have witnessed an increase in presentations involving homelessness and complex health issues, including mental health and alcohol dependency.

Members of our communities share their sexual and gender identity with other identities and experiences, including people who are Aboriginal and Torres Strait Islander; people from culturally, linguistically, and ethnically diverse, and migrant and refugee backgrounds; people who use drugs; mature aged people; and people with disability. These identities and experiences intersect and can create additional barriers and stressors, and this is particularly true in the context of homelessness.

In this submission, we will be discussing homelessness among older people in NSW with a particular focus on its health implications and the communities we serve – people of diverse sexualities and genders and PLHIV. From the limited research available, and through working closely with these communities, we know that homelessness disproportionately affects these groups in additional and unique ways.

Defining and measuring homelessness

A widely accepted approach to defining homelessness in Australia has been the concept of primary, secondary, and tertiary homelessness, which continues to inform the Australian Bureau of Statistics Census records. Within this framework, primary homelessness includes sleeping 'rough' in public places and squatting; secondary forms include moving between temporary accommodation, such as emergency or

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transitional accommodation and couch-surfing; while tertiary homelessness includes medium to long-term accommodation that falls below community expectations of adequate housing.¹

Since 2012, the ABS has extended this framework to incorporate other dimensions including the suitability/safety of the dwelling, security of the tenancy, and measures of overcrowding.² While our understanding and measurement of homelessness continue to evolve, there is consensus in Australia that homelessness is a broader concept than being without a house to live in and includes experiences where both access to and security of a dwelling is absent or vulnerable.

Importantly, however, there is a lack of adequate data collection on the prevalence of homelessness in LGBTQ+ people and PLHIV. LGBTQ+ people are neither included in the census, nor in NSW data sets that are relied upon when measuring homelessness. This is a critical issue – the scale and nature of homelessness in our communities is underestimated and kept invisible.

The homelessness system, including specialist homelessness service providers, must do more to identify and assess service outcomes for older LGBTQ+ and PLHIV. We recommend the use of the ABS Standards for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, available [here](#), to ensure that clients' and research participants' gender and sexuality is adequately captured. By collecting this data, we will have a richer understanding of our communities' experiences and needs.

Recommendation 1: The collection of sexual orientation and gender data, in line with the ABS Standards, should be required across NSW housing and homelessness agencies. Homelessness service funding agreements should contain provisions to ensure adequate client data collection and reporting.

Recommendation 2: Research focused on the experiences of older LGBTQ+ people and PLHIV experiencing homelessness should be prioritised. This research should take an intersectional approach and be led by, or in collaboration with, older LGBTQ+ people and older PLHIV with lived experience of homelessness.

Impact and drivers of homelessness among older people in NSW

Homelessness has significant impacts on people's health and wellbeing, which are compounded by intersecting experiences or identities such as sexuality and gender diversity, living with a chronic condition such as HIV, and age. Research has shown that older people experiencing homelessness are more likely to age prematurely, be living with a chronic health condition, be experiencing mental illness, and to be experiencing homelessness because of previous abuse, and continued high rates of abuse while homeless.³

The drivers of homelessness for older people are complex, encompassing a broad range of individual and social determinants⁴, including housing availability and affordability, a lack of economic and employment opportunities, domestic and family violence, and social and isolation.⁵ For LGBTQ+ people and people living with HIV, there are additional and unique drivers of homelessness and stressors, which will be discussed further on.

The primary drivers of homelessness for older people are the lack of affordable housing options and housing stress.⁶ This is a result of many factors, including a lack of investment in public housing over many years, a rental market that is expensive and insecure, insufficient pension and welfare payments, and the closure and sale of lower-cost public housing options. Increasing rates of high distress and domestic and family violence are other important drivers of homelessness which must be addressed.

Older people facing homelessness are a diverse group of people with diverse experiences of homelessness. Therefore, solutions must be multifaceted, with a suite of homelessness, housing, and complementary

supports in place to effectively work towards ending homelessness for this cohort, including specific services and support programs for older LGBTQ+ people and people living with HIV.

Homelessness and older LGBTQ+ people

Over one fifth (22%) of people surveyed by the Private Lives 3 study, the largest survey of LGBTIQ+ people in Australia, reported having ever experienced homelessness, with trans and gender diverse participants reporting particularly high rates of homelessness. Over one third (34.3%) of trans men, 33.8% of non-binary participants, 31.9% of trans women, 19.8% of cisgender women and 16.8% of cisgender men in Private Lives 3 reported ever experiencing homelessness.⁷ This is compared to 13.4% of the general Australian population.

Research from Australia and overseas shows that older sexuality and gender diverse people experience a range of unique issues that make them particularly vulnerable to homelessness. For older LGBTQ+ people these additional and unique drivers of homelessness including rejection from family and friends because of one's sexuality and/or gender, homophobia, biphobia and transphobia, higher rates of depression and anxiety and experiences of stigma, discrimination, and marginalisation. In 2017, a Pride Foundation Australia report on LGBTQ+ homelessness⁸ contributed to growing evidence in Australia that:

- Compared to the general population, LGBTQ+ people are more likely to experience homelessness.
- Stigma and discrimination are major drivers of homelessness for LGBTQ+ people.
- The pathways and barriers within the homelessness system are more complex for LGBTQ+ people due to the impacts of stigma, discrimination, and family rejection.
- LGBTQ+ people experience specific safety risks within mainstream homelessness services.
- There are significant gaps in knowledge and inclusive practice among mainstream service providers.
- There is inadequate data collection in the homelessness system.

A 2020 report⁹ by the Housing for the Aged Action Group found that specific interpersonal challenges faced by older LGBTQ+ people in relation to housing and homelessness include:

- Family rejection, contributing to less support from their families-of-origin in times of need.
- Discrimination by landlords, agents and others in the real estate market.
- Historical discrimination in housing, employment and superannuation, with adverse effects on lifetime income and housing resulting and fewer opportunities to save for retirement.
- Lower rates of parenting and obstacles to having children, limiting family support.
- Higher rates of depression and anxiety.

Poorer mental health outcomes experienced by LGBTQ+ communities compared to the general population contribute to elevated risks of homelessness. Research on the health of sexuality and gender diverse populations in Australia reveals higher rates of substance use and poorer mental health, especially depression, anxiety, and suicidality than the general population, with experiences of discrimination and harassment being a key factor.^{10,11,12,13} The degree of psychological distress tends to be more acute among transgender and bisexual people. Homelessness risk is elevated for people living with a mental illness because of the impact of low income/higher rates of poverty, but also a range of other issues associated with gaining and keeping a home during times of mental ill health.¹⁴

An estimated 29% of sexuality and gender diverse people live in regional and remote areas and for this cohort there are additional stressors.¹⁵ A lack of services outside metropolitan areas leads to poorer health outcomes. LGBTQ+ people from rural, regional and outer suburban areas are more likely to rate their health as poor or fair than LGBTQ+ people from inner suburban areas,¹⁶ and this can be further exacerbated by natural disaster events. We saw this play out acutely with the recent floods in the Northern Rivers, where

ACON has an office in Lismore, resulting in an increase of demand from our communities in relation to housing and homelessness and the need to attend to additional crisis support service provision, given the vulnerability of this population was significant to begin with.

Experiences of prolonged or intermittent unemployment is also associated with housing stress and homelessness risk. Compared to the general population, LGBTQ+ people are far more likely to be unable to work or to be unemployed. Participants in Private Lives 3 report an unemployment rate of 16.1%, which is 2-3 times higher than the national rate.¹⁷ For trans and gender diverse people, particularly trans women, this is even more pronounced, with trans women reporting unemployment rates of 31.2%, which is around 5 times more than the general population.¹⁸

The *NSW Homelessness Strategy 2018-2023* identifies that LGBTIQ people are at higher risk of homelessness than the general population and states that experiences of family rejection and discrimination add to the complexity of their experiences, leading to an increased risk of chronic homelessness.¹⁹ Despite this acknowledgement, the Strategy does nothing to specifically address the unique challenges that sexuality and gender diverse people experiencing or at risk of homelessness in NSW.

Recommendation 3: Ensure LGBTQ+ communities are meaningfully involved in homelessness policy development so that the issues affecting us are properly articulated and addressed.

Recommendation 4: LGBTQ+ people should be identified as a priority group in strategic documents connected to homelessness and housing in NSW.

Barriers to service access for older LGBTQ+ people

Barriers for LGBTQ+ people accessing homelessness services include beliefs and assumptions that services are inclusive of LGBTQ+ people and fears of, and actual negative experiences within, services.

Participants surveyed for the Pride Foundation report highlighted key expectations from homelessness services including legitimising and understanding their diverse sexualities and genders, safety from negative attitudes and behaviours, and facilitation of disclosure of LGBTQ+ identity.²⁰ It is therefore vital that homelessness services create an environment that enables disclosure, if clients wish, while also respecting non-disclosure. Participants also reported the importance of tailoring care to suit the range of diverse experiences and needs, with the need to learn to ask questions in a way that is not pathologising.²¹

While ACON acknowledges the important work that faith-based organisations do to support older people experiencing homelessness, real and perceived negative experiences with these types of organisations is a barrier to help-seeking for members of our communities and real and perceived beliefs about the way they will be treated by these services need to be addressed so that our communities feel safe accessing them.²²

Mainstream services, including faith-based services, need to continue to build trust with communities that have been and continue to be stigmatised and discriminated against. For LGBTQ+ people to feel safe to access services, services must go further than just displaying LGBTQ+ information and promotional materials in their spaces. They need to enshrine and enforce affirmative, LGBTQ-inclusive values and procedures in their policies and provide more culturally appropriate and specific support options for LGBTQ+ clients.

Recommendation 5: Government-funded services should have mandatory policies against discrimination and ensure inclusive service delivery, including through the provision of LGBTQ+ competency training. Gender-specific services must be inclusive and welcoming of trans and gender diverse people.

Recommendation 6: Funding for the development of LGBTQ+ inclusive practice guidelines for the homeless and housing sector should be provided and the guidelines disseminated to all housing and homelessness service providers in NSW.

Homelessness among people living with HIV

Data on the lives of older people experiencing homelessness who are living with HIV in Australia is limited. However, data from HIV Futures 9, the largest survey of PLHIV in Australia, provides some insights. It shows that HIV positive people experience rates of homelessness and financial stress at significantly higher rates than the general population.

In HIV Futures 9, 1.7% of participants reported that they were homeless at the time of completing the survey, including those living in boarding houses or crisis accommodation.²³ This is more than three times the proportion within the general population. In the last Australian census, over 116,000 people reported they were experiencing homelessness on census night (approximately 0.49% of the population). This included people living in a boarding house or crisis accommodation, as well as other forms of homelessness such as couch surfing, inadequate accommodation, or no accommodation.²⁴

Private rental was the most common form of housing among HIV Futures 9 participants. 42.7% indicated they lived in private rental, 17.0% owned their home with a mortgage, and 16.5% owned their home outright.²⁵ In the last Australian census, 30.9% reported living in rental accommodation, 34.5% owned their home with a mortgage, and 31.0% owned their home outright.²⁶ This shows that compared to the general Australian population, participants in HIV Futures 9 were substantially more likely to live in private rental accommodation and less likely to own their own home.

HIV Futures 9 participants in the 50-64 age bracket were significantly less likely than those aged 65+ to own a home outright, with two thirds in either private rental (31.2%) or other forms of accommodation (32.4%), most commonly public housing or community/social housing.²⁷ Private rental accommodation is considered an indicator of financial insecurity among older people whose long-term earning capacity will be limited by retirement. Precarious housing is also associated with lower levels of subjective wellbeing and quality of life as people feel more insecure and less stable.²⁸

Participants in HIV Futures 9 were also asked whether they had experienced financial challenges within the last 12 months, including not being able to pay bills, not being able to pay rent or mortgage on time, going without meals, or needing to ask for financial help from friends, families or services. Overall, 31.0% were classified as experiencing significant financial stress.²⁹ In the Household, Labour, Income Dynamics Australia survey, a representative survey of Australian households, an average of 11.5% of participants were classified as experiencing financial stress across all waves of the survey, using the same indicators for financial stress.³⁰

In NSW, specific housing services for people living with HIV have been established to support and advocate for PLHIV, which is a further indication that housing and homelessness are a significant concern for this population. These include a housing project at Positive Life NSW, and Adahps (formerly the AIDS Dementia and HIV Psychiatry Service). We know that PLHIV are an ageing cohort (around half of all people living with HIV in Australia are now over 50 and this is projected to rise), and as this cohort continues to age, their needs are likely to become more acute and services will need to ramp up to provide support.³¹

Older PLHIV with a long history of anti-retroviral use may have co-morbidities associated with older or experimental HIV medications used in the past.³² Neurocognitive conditions associated with HIV, including HIV-associated dementia and HIV-associated neurocognitive impairment, are of particular concern, especially given that people experiencing homelessness are more likely to have a cognitive impairment.

Recommendation 7: As the number of PLHIV ageing increases, additional funding to support those with co-morbidities that may put them at increased risk of homelessness is required, including through the provision of mental health and specialised housing support.

Thank you again for the opportunity to provide a submission on this important topic. We would greatly appreciate the opportunity to discuss it further with you in the near future.

Please do not hesitate to contact Nicolas Parkhill AM on [redacted] if you require any additional information about this submission or the issues it has covered.

Kind regards

Nicolas Parkhill AM
Chief Executive Officer

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