



Beggars can't be choosers: The impact of the housing crisis



We are in the midst of a housing crisis that is disadvantaging people with disability and people on low incomes – some of the most vulnerable members in our community. With Covid, we have seen an influx of city dwellers, seeking a tree or sea change in regional-rural areas driving property and rental prices up, and decreasing vacancy rates¹. Alongside this, natural disasters spurred on by La Niña and bush fires have damaged numerous properties, adding to a shortage of housing. As a result, rental prices have increased substantially, making the private rental market virtually impenetrable for PWD who are on low incomes living in some regional, rural and remote areas.

Following the [Aussie Battlers](#) research, we took to the road, visiting each of our DA offices across regional, rural and remote NSW to speak to over 20 people including tenant advocacy services, social housing providers, community services and tenants. Here's what we found.

An inaccessible private market

There is a serious shortage of affordable and accessible housing. It is estimated that only 1% of the private rental market is affordable for people receiving income support², and people who rent are twice as likely to live in poverty^{1,3}. In the rare instances where housing is affordable in the private market, it is often poorly located in inaccessible built environments, with limited access to public transport, amenities, and employment opportunities. These physical barriers further compound disadvantage. Regional disability advocates reported that they are also seeing a surge in rental prices in areas that were once considered affordable which is driving people further away to the fringes of regional and metropolitan centres.

Emma from the Mid Coast Tenants Advice & Advocacy Service stated it is creating, 'desperate times for tenants'. She, alongside numerous tenancy advocacy services we spoke with, described tenants who are often anxious of losing their tenancy because they fear having to enter the rental market, where there is a short supply of affordable and accessible housing. Numerous housing support services reported that they have observed an increase in no grounds evictions in the past two

years alongside drastic rental increases. Previous reports indicate that [rents have spiked 30%](#) in regional areas since the pandemic. Emma described:

Pre COVID we didn't get a lot of rent increase inquiries, just some here and there, but most of the time, not very significant... if you had somebody getting like a \$50 a week increase, that would probably be kind of high. But over the last 12 months in particular, we've seen ones [rental increases] regularly, of a hundred, \$150 a week, some \$200 per week. We had one that was a doubling of the rent from \$350, a week to \$700 a week.

As Marie* from a disability support service in the state's west described, 'landlords don't do the right thing'. They see numerous instances where landlords increase rent or evict tenants to replace them with new tenants who can afford to pay more and will accept the property 'as is'. It means that landlords can get away with, 'keeping the money in their pocket' doing minimal or no maintenance or repairing of the property, as there are other willing tenants that will pay more'.

*name changed at participants' request to remain anonymous



In a housing environment like this, it is hard for people with disability to exercise their rights because of the lack of choice. It is not easy to pack up and find another affordable *and* accessible property in this climate. As one disability advocate, Lauren, described, 'it's not a renter's market if you're backed into a corner, where you have to put up with this sort of thing'.

With the threat of a no grounds eviction, or uncapped rental increases, tenants are reluctant to pursue maintenance or repair issues. Numerous tenant advocacy services reported that many renters will accept living in 'appalling and uninhabitable' conditions because as one Mid North Coast housing worker, Sarah*, described 'they don't want to rock the boat' and potentially lose their housing. It's even worse for people with disability who have accessibility requirements (e.g., ramps, handrails etc), because as Sarah describes, in relation to accessible housing, 'it just doesn't exist'.

In the 16 years that I did case work, there were a number of clients that needed accessible housing and I just couldn't facilitate that part because there just wasn't any.

Cheyanne, has a physical disability and is a recipient of the Disability Support Pension. She had difficulties finding an appropriate house that could adequately support her mobility requirements:

'Houses we [people with disability] have to rent have to have certain requirements, wider spaces, bigger bathrooms etc, and so we end up paying higher rents when we can find a place, and it's important we keep that rental for as long as we can'.

Suitable housing that met these requirements was out of her price range because rent in Dubbo, like many other regional areas, has seen significant increases over the last couple of years. Her partner, Cody, works as a full-time mechanic which means that they are not eligible for social and public housing.

Cheyanne is one of the many people with disability on low incomes living in regional towns who are among the most hard hit by the housing crisis – they can fall through the cracks of the housing system.



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Social housing

For those who are eligible for social housing, the prospects are often bleak. The wait time for accommodation is longer than 10 years, and 15 years for an accessible property³. As of 2020, there were 52,752 applications on the NSW Housing Register. Of these, only 5770 (11%) were identified as 'priority' applications³. It contributes to a 'beggars can't be choosers' scenario where, similar to those in the private rental market, tenants are reluctant to relocate or pursue maintenance and repairs requests. We spoke to numerous tenants in social housing who reported that they lived in conditions that were harmful for their health and/or adversely impacted impairments relating to their disability.

Trish has lived in social housing in a regional town for 25 years. The home has significant dampness issues, contributing to mould and deterioration of the property:

I've had no work done, even though I have holes in the floor, and they've come in and put a band aid over it...

Trish explained that rather than address the dampness issues, the social housing provider nailed a piece of wood over holes in the floor. Trish has asthma and the living conditions are impacting on her health, and her family's health. She is reluctant to have her grandchildren visit.

I start crying thinking, you know, I don't even like having my grandkids here and I start crying because they can't go and play like they used to.

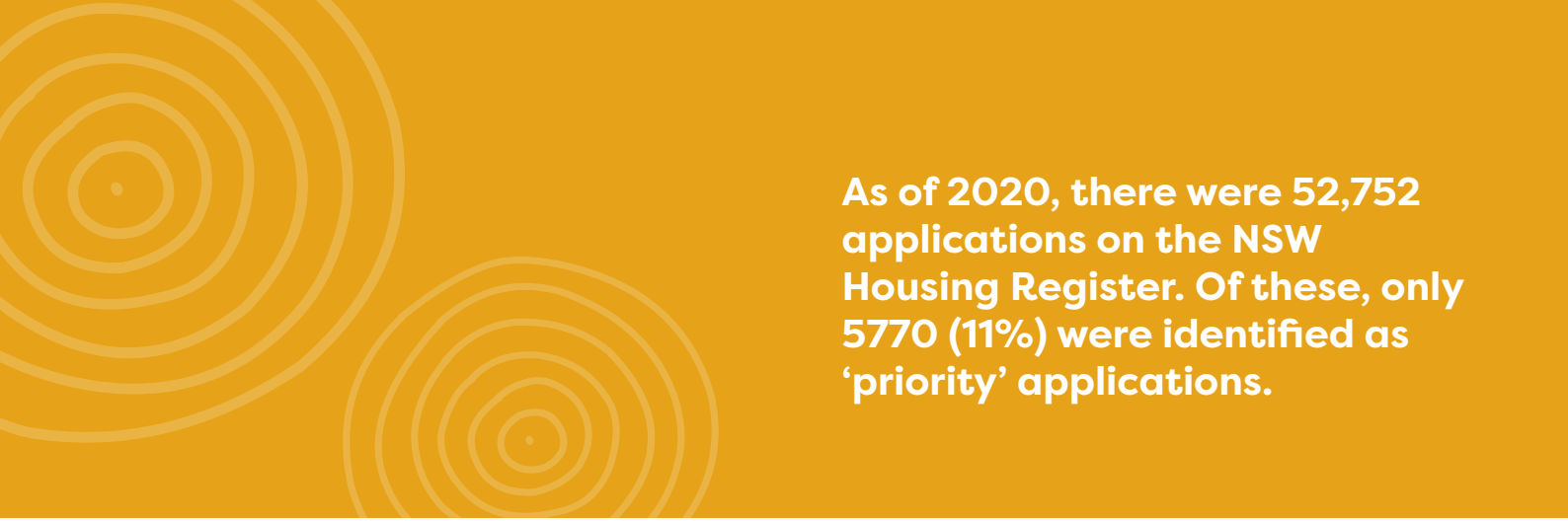
People like Trish are often caught in a bind, where they must choose between homelessness or accepting housing that does not meet their disability needs. This can take a significant toll on



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their well-being. Yet, tenants are hesitant to leave their properties. Like Trish, Jacq* similarly had mould issues and despite providing medical documentation clearly outlining that mould was detrimental to their health and disability, was not offered more suitable housing or had the mould addressed. As a result, they lived in a tent in their backyard because there were limited options to go elsewhere.

Gaining an accessible home through social housing can also prove difficult. Not only is accessible social housing stock in short supply, but social housing providers require evidence and or reports from specialists (e.g., an OT, physiotherapist, psychiatrists, etc) to confirm eligibility for the provision of suitable housing. However, getting these assessments involves a hefty cost – about \$1,000, one housing provider estimated – this is a cost that many people



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with disability on low incomes, or benefits cannot afford. This burden of evidence creates a barrier for individuals to access suitable housing (see [The Aussie Battlers](#) report for more information).

A representative from a Community Housing Provider in the Hunter explained that as a social housing provider they ‘need the right information, to find the right housing’. But there is a gap in evidence if a person does not have access to the NDIS or an Aged Care package. Even if a person is eligible for the NDIS or an Aged Care Package, they must first gain entry to these schemes – this is a process that can take time and there is no guarantee that they will access schemes. While waiting for access for NDIS or Aged Care Packages, social housing providers are not able to allocate accessible housing and cannot place people who require accessible housing in general housing because they cannot put someone in a property that is unsafe for their needs. Similarly, for current tenants in social housing, if they cannot afford an assessment, the social housing provider may be unable to modify their homes. Again, this means that some people are at risk of living in unsuitable housing.

Additionally, there are lengthy waitlists to access specialists in regional-rural areas to obtain reports. One housing provider in the Hunter said that there was an 8-month wait to access the one Occupational Therapist (OT) they had in their regional area, who was able to provide the type of report required. In other rural areas, such as beyond Broken Hill, there is a reliance on fly in, fly out (FIFO) specialists and clinicians. But these FIFO visits can be infrequent – sometimes a couple of times a year – so waitlists are still an issue, and engagement and rapport between clients and specialists can be difficult to establish, impacting on the quality of reports.

A further problem is the development of clusters of social housing which can create enclaves of disadvantage. As one housing worker in the Hunter region explained, situations can develop where there are a high density of people experiencing layers of different types of disadvantage in relation to poverty, literacy, access to education and employment. This is compounded by an unsafe living environment in areas where there is anti-social behaviour, such as neighbourhood disputes, and verbal confrontations, that can escalate to violence and intimidation. Professor Brikha Nasoraia, a scholar at the University of Sydney, described that people with disability can be placed in ‘tough’ areas, and can be afraid of leaving their homes. He explained these types of conditions can impact on people’s mental health to ‘create more disabilities among people who already have disabilities.’

Endemic social disadvantage can contribute to difficulties with sustaining tenancies. Consistently, [social housing](#) across the state advised that sustaining a tenancy can be difficult without ‘wraparound’ supports. This involves funding to provide support to attend to other areas of life that can impact on housing (e.g., employment, life skills, health), and importantly includes funding for assessments. The [Together Homes Program](#) is an example of this. It is a state-funded initiative that aims to halve homelessness through providing intensive wrap around supports. While it has seen high success rates, places on this program are significantly limited, leaving many people without wraparound supports or housing, potentially setting them up to fail in terms of sustaining a tenancy.

The NDIS and specialised accommodation

Specialised accommodation for people with disability is like an oasis in the desert. There is specialised disability accommodation (SDA) for high and/or complex needs and supported independent living (SIL) for people with disability who require daily support so they can live independently. To access these types of accommodation, a person must be a NDIS participant. To gain access to the NDIS – a process that does not automatically mean they will be successful or, if successful, guarantee access to housing supports. In fact, it can be difficult. Our data at DA indicates that a significant proportion of NDIS matters relate to difficulties accessing the NDIS ([see here, submission 81](#)). Yet, it is only when a person is a NDIS participant that they can apply for SDA or SIL funding. Getting home and living related supports in a ‘NDIS Participants Statement’ of Supports can also prove difficult. As one SDA provider in the state’s west described, ‘it’s like winning the lottery’, getting funded for SDA or SIL.

The amount of funding a participant receives for SDA or SIL is often an issue too. Participant’s NDIS plans are frequently underfunded, placing them in comprising situations or unsuitable housing. The NDIA frequently disagrees with assessments from participants’ specialists and/doctors where funding falls short of what is described in specialists’ recommendations, particularly in relation to the level of support and ratios of care provided.

Lauren, a NDIS participant, from Western Sydney, experienced hurdles and knockbacks when attempting to secure SDA. She applied for SDA funding, providing OT reports specifying that she needed a single occupancy SDA with wheelchair access. Sourcing an OT that specialised in SDA was

‘a bit of a process’ she describes, as there are only a few that have this level of expertise in her area. Lauren then waited six months after lodging her application with the NDIA only to hear that her application for single occupancy was knocked back. On the provision, that the proposed support was not ‘value for money’, the NDIA offered funding for her to share with two other people in a high care facility – despite Lauren not needing high care. As she put it:

Why should I be made to share with two other random people who I’ve never met – who I don’t get to choose who they are. What other situation – except for being disabled – would a person find themselves in this predicament?

As Lauren further described, there was ‘no choice or control’.

Lauren requested a review of the decision. A process that she described as having to ‘fight’ with the NDIA at the Administrative Appeals Tribunal (AAT). Though she explained that she is often unwell, she wanted to fight, ‘while [she] had the fight in [her]’, because it might help people down the track. She acknowledged that many people may not have the capacity to fight:

[T]here’s a lot of people that aren’t able to and, don’t have don’t have the resources or the cognitive ability – I mean, not that I’m any bloody genius either – but I just know that I’m lucky in a lot of ways that I’m in the position that I’m in and that’s why I did wanna fight for it (SDA).

The entire process took 18 months for Lauren to secure SDA housing.

Nowhere else to go

Unfortunately, some people with disability face the prospects of having only a few options while waiting on accommodation. Some end up sleeping rough or stuck in hospital for extended periods. Sally*, a hospital worker, described instances where people with disability are unable to return to their homes because their health worsens, and their homes become unsuitable for their health needs. Hospitals end up becoming ‘holding bays’, while waiting on finding accommodation for people with disability. Sally reported that the longest stay they had was 14 months.

Home modifications to existing dwellings, is often not a viable option. For those who are not a NDIS participant, the expense may be too costly, and if a person lives in rental property, it is up to the landlords’ discretion to approve modifications. As Sarah*, a housing worker on the mid north coast described, ‘we’re at the mercy of private landlords, so it’s often not possible’. For NDIS participants, accessing funding for modifications in NDIS plans for rental accommodation can also be tricky as the NDIA considers it a temporary solution. Some landlords may agree to modifications, but the NDIA may indicate that the modifications should

be removed when a tenant leaves and there is a dispute as to how this is funded, or the landlord may request restoration. The NDIA is reluctant to benefit a private landlord or pay for modifications and their removal. Again, this is an issue with rentals – the NDIA appears reluctant to fund modifications if a person is likely to move. The other issue is if a person is in state-funded social housing. The onus of responsibility between state-funded housing and federally-funded NDIS for funding modifications is debatable. As one housing worker in the state’s west described:

I don’t think our government departments work well. Because everyone’s protecting their own little thing and all the other issues are because some are federal and some state.

If home modifications are not an option, then SDA or SIL funding in NDIS may be another avenue. However, much like Lauren’s experience, this process can be lengthy. Our data at DA suggest that SIL/SDA matters take on average four times longer (16 months) than our standard turnover rate (four months), illustrating lengthy delays. This can prolong some people’s stays in hospital, when they are medically fit for discharge.



While the [NDIA has recently committed to faster hospital discharges](#) for NDIS participants, there are still issues with housing shortages.

This can leave some people with no other option but to sleep rough or couch surf for extended periods. For those that are sleeping rough, the struggle of surviving from day to day can make it extremely challenging to remain engaged with services that can assist them with housing.

With very little accessible and affordable housing in rental market stock, finding a home that meets a person's requirements can be like looking for a needle in a haystack. Crisis accommodation or temporary accommodation services are also on the brink of capacity, often with no beds available or with lengthy waitlists. Many services have very little capacity to accommodate accessibility requirements. Josephine, a community service manager in the Hunter explained if there are no beds available, sometimes all they can offer is a train ticket so that they aren't sleeping on the streets:

**'It's a day plus that's my go-to for housing.
My go-to is an Opal ticket.'**

There is no dignity when there is no choice. With social housing under severe pressure, and a dire shortage of affordable accessible homes, many people with disability are finding themselves stuck without a choice and forced to face the dim prospect of emergency accommodation or the threat of homelessness.

The housing situation for people with disability needs to change.

- The NDIA improves access to SIL and SDA and adequately funds people's plans.
- NSW to sign up to silver standards. Sign up to the [Building Better Homes Campaign](#)
- End no grounds eviction and cap rental increases. Support [Renters Rights Campaign](#)
- NSW government to provide additional funding for more places on 'The Together Homes Program'





References

1. Pawson, H., et al., *COVID-19: Housing market impacts and housing policy responses - an international review*. 2022, ACOSS/UNSW Sydney Poverty and Inequality Partnership Report No. 16: Sydney.
2. Hartley, C., T. Writer, and E. Barnes, *Moving beyond crisis management: The need for investment in new social housing in New South Wales*. Parity, 2021. **34**: p. 22 - 23.
3. Howard, A., et al., *'I'm not really sure but I hope it's better': early thoughts of parents and carers in a regional trial site for the Australian National Disability Insurance Scheme*. Disability & Society, 2015. **30**(9): p. 1365-1381.



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