Housing and Disability: Forgotten issues in public health research and policy Workshop

Monday, 10 September, 2012 at 11.00am
PRESENTERS

• Professor Anne Kavanagh, University of Melbourne
• Dr Rebecca Bentley, University of Melbourne
• Professor Andrew Beer, University of Adelaide
• Ms Tricia Malowney, Women with Disability, Victoria
• Ms Kellie Horton, Victorian Health Promotion Foundation,
• Professor Sharon Friel, Australian National University
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SECTION 1

CURRENT RESEARCH AND POLICY
POPULATION HEALTH

CONGRESS 2012

Disability and Social Determinants of Health

Presented by Professor Anne Kavanagh
Director of Centre for Women’s Health, Gender and Society (CWHGS)
University of Melbourne
The inspirational, the heartbreaking, the everyday
Take home messages

• Much of the **poorer health** of people with disabilities can be attributed to the **socio-economic disadvantage** in which they live. For example, people with disabilities often face disadvantage in terms of their access to **accessible and affordable housing**

• Disability-related issues have been the remit of disability studies, disability-specific policies and disability-specific service sector
Take home messages

- People with disabilities have been missing from public health research, policy and practice in relation to health inequalities in Australia and internationally
  - No data collected in ‘mainstream’ research
  - Often excluded because ‘too hard’
  - Limited monitoring of the socio-economic conditions and health of people with disabilities
  - Lack of sensitivity to the issues specific to people with disabilities in the design of policies and interventions (e.g. built environment)
Take home messages

• People with disabilities should be a priority population group in public health policy, practice and research (as occurs on the basis of ethnicity, ATSI, gender)
What is disability?

Disability is the result of

“the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”

(United Nations General Assembly 2007).

“People are disabled by society, not just by their bodies”

(WHO 2011)
Social Model

Multiple discrimination, women, older, LBGT, younger, BME
Lack of financial independence
Segregated or poor education
Charity Model
Language
Attitudes
Fear
Lack of Inclusion
Charging for services
Lack of accessible transport
Lack of access loop, steps, BSL interpreters etc.
Over protective families
Access to information
Poor job prospects
Negative Media
Poverty
Labeling
Ignorance
Building Design
Prejudiced Attitudes
Charities’ offensive images of disabled people
Isolation
Housing
Disabling World
Classification of disability

In Australia disabilities are classified in terms of:

- **Type of impairment** (e.g. physical, psychological, intellectual and sensory)

- **Severity of disability** depending on degree of assistance needed in performing core activities (self-care, communication and mobility). If no limitations in core activities then in terms of whether or not school and employment restrictions.
Prevalence of disability (2009)

Type of impairment

<table>
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<tr>
<th>Type of impairment</th>
<th>Percentage</th>
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<tr>
<td>Sensory and Sight</td>
<td>6.0</td>
</tr>
<tr>
<td>Intellectual</td>
<td>2.0</td>
</tr>
<tr>
<td>Physical Restriction</td>
<td>14.0</td>
</tr>
<tr>
<td>Psychological</td>
<td>2.0</td>
</tr>
<tr>
<td>Head injury, stroke or brain damage</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>8.0</td>
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</table>
Prevalence of disability (2009)

Severity of disability (among those with disability)

Severity of Disability

- Profound
- Severe
- Moderate
- Mild
- Restricted in school or employ
- No specific restriction

Percentage

- 0
- 5
- 10
- 15
- 20
- 25
- 30
- 35
Health of people with disabilities in Australia
A snapshot

- Poorer mental health
- More chronic disease including diabetes, hypertension and diabetes
- More likely to have a poorer profile of risks factors for chronic disease such as smoking, obesity, physical activity and diet but less likely to consume alcohol and levels associated with harm
- Probably higher mortality
- Less likely to access preventative health services (e.g. Pap tests and mammograms)
A profile of the social determinants of health for Australians with disabilities

• **Low income and poverty:**
  – 70% relative income (worst in OECD) (Directorate for Employment, Labour and Social Affairs 2009)
  – Proportion on low income increased with level of severity and trends in low income persisted over time (Kavanagh et al. ARC Linkage team, unpublished data)
  – 45% live in poverty or near poverty (Directorate for Employment, Labour and Social Affairs 2009)
A profile of the social determinants of health for Australians with disabilities

• **Employment:**
  – Half as likely to be employed (Directorate for Employment, Labour and Social Affairs 2009).
  – In 2009 72% of women and 71% of men with severe and profound disabilities were not in paid work compared with 27% and 15% of women and men respectively without disabilities (Kavanagh et al. ARC Linkage team, unpublished data).
  – In 2009, 52% of women and 44% of men with mild disabilities were not in paid work (Kavanagh et al. ARC Linkage team, unpublished data).
  – No improvements over time (Kavanagh et al. ARC Linkage team, unpublished data).
A profile of the social determinants of health for Australians with disabilities

• **Education:**
  
  – Less likely to have completed year 12 with likelihood decreasing with increasing severity (Kavanagh et al. ARC Linkage team, unpublished data)
  
  – Similar pattern for people with and without intellectual disabilities (Kavanagh et al. ARC Linkage team, unpublished data)
A profile of the social determinants of health for Australians with disabilities

- **Discrimination and violence:**
  - Beliefs inability of people with disabilities to have relationships (NPDCC, 2009)
  - Most common complaint to the Victorian Equal Opportunity and Human Rights Commission is discrimination related to disability (e.g. employment, housing, transport etc) (VEOHRC 2011)
  - More than 25% of people reporting sexual assault had a disability (Heena, 2006)
  - 90 per cent of women with intellectual disabilities have been sexually abused (Frohmader 2002).
  - The legacy of institutionalisation, the charity, the dependence
How are we tracking over time?
Prevalence of multiple disadvantage (women)
How are we tracking over time?
Relative to those with no disability (women)
How are we tracking over time?
Prevalence of multiple disadvantage (men)
How are we tracking over time?
Relative to those with no disability (men)
Disability is a cause and consequence of disadvantage

Based on longitudinal studies:

• Disability is dynamic not static over time
• Socio-economic disadvantage is a cause of impairment/disability
• Onset of impairment/disability is a cause of socio-economic disadvantage
• Disability predicts risk of non-impairment related health outcomes (Allerton 2012)
• A large proportion of the poorer health of people with disabilities can be attributed to the socio-economic circumstances in which they live (Honey et al. 2011; Emerson et al. 2012; Emerson, Vick et al. 2012)
• Socio-economic disadvantage predicts the course of disability in people who acquire impairment/disabilities (Ayes and Dieppe, 2009; Warner and Brown 2011)
Take home messages

• Much of the poorer health of people with disabilities can be attributed to the socio-economic disadvantage in which they live.

• People with disabilities should be a priority population group in public health policy, practice and research (as occurs on the basis of ethnicity, ATSI, gender).
Housing as a Determinant of Health

Dr Rebecca Bentley
Centre for Women’s Health, Gender and Society (CWHGS)
University of Melbourne

Based on my collaboration with
Dr Emma Baker (CHURP)
Ms Kate Mason (CWHGS)
Social model of health

Social and community networks

General socioeconomic, cultural and environmental conditions

Living and working conditions
- Work environment

Unemployment

Water & sanitation

Health care services

Housing

Agriculture and food production

Education

Individual lifestyle factors

Age, sex and constitutional factors

Social Model of Health – Dahlgren & Whitehead
Housing and Health

Sir,—Wing-Commander D. M. Fanning (18 November, p. 382) in his masterly analysis of the effect of flat-dwelling on health draws attention to the increasing incidence of neurotic illness in flat-dwellers.

Is it not possible to lay this lamentable consequence fairly and squarely at the doors of the architects? It appalls me, on visiting patients who live in flats, to find perhaps 100 people living in one building, all in separate rooms with absolutely no common meeting-ground apart from the entrance hall. The appalling loneliness of flat-dwellers is accentuated many times over by the enforced juxtaposition of others in the same condition.

The provision of a common dining/sitting/recreation-room where free-and-easy contacts could be encouraged would of course not solve the problem entirely. It would, however, be a step of the utmost importance from the point of view of psychological hygiene. It is time the medical profession insisted on such a provision in the construction of all future multi-storey flats.—I am, etc.,

Huddersfield, S. L. Henderson Smith.
Yorks.
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<th>Housing and health pathways</th>
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<td>Over crowding and high density housing</td>
<td>Communicable disease (e.g. TB), poorer mental health.</td>
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<tr>
<td>Residential exposure to toxins, allergens, radon, smoke</td>
<td>Cancers, respiratory diseases</td>
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<td>Poor dwelling condition</td>
<td>Injury and accidents</td>
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<tr>
<td>Damp, cold dwellings</td>
<td>Respiratory disease</td>
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<tr>
<td>Unaffordable and poorly located housing</td>
<td>Poor mental health and anxiety</td>
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<tr>
<td>Insulation and warmer houses</td>
<td>Improved self assessed health and fewer GP visits</td>
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The health/housing relationship in Australia

1. Majority in good quality housing
2. “health promoting resource accessed through income”
3. Some groups more vulnerable than others
Unaffordable housing definition and measurement

- 30/40 rule – housing costs exceed 30% of income, for households on/below the 4th decile of the income distribution.
- This definition is consistent with ABS published data, but other measures possible and probably better.
- Around 10% of working age population
Unaffordable housing

Who

- From our report - ‘Precarious housing and health inequalities: what are the links’ (Mallett, Bentley, Baker, Mason, Keys, Kolar, Krnjacki 2011):
  - Younger (18-24 years) and older people (65> years)
  - Singles and lone parents
  - Women
  - NESB
  - Low levels of education and employment
  - People with poor mental health
Family composition

% in Unaffordable Housing...

Source: General Social Survey, ABS data
Disability

% in Unaffordable Housing...

Source: General Social Survey, ABS data
Unaffordable housing within HAS

- From Baker, Mason, Bentley forthcoming.
- Used the most recent five years of the HILDA survey (2006 to 2010) years.
- ‘Slippers’ are defined as individuals who had made at least one transition into HAS and at least one transition out of HAS in a five-year period (n=622).
- ‘Stickers’ are defined as individuals who experienced HAS in all five years (n=64).
Unaffordable housing within HAS

• We compared their socio-demographic characteristics. Compared to Slippers, Stickers were more likely to:
  – Be older (average age = 60 years c/w 49 years).
  – Be female (¾ Stickers c/w ½ Slippers are female).
  – Live alone.
  – Have worse physical health.
  – Have a disability or long-term health condition.
  – Be the main carer for someone in their household.

• And less likely to have:
  – Been employed in past 5 years.
  – A uni degree.
Conclusions

• While the physical characteristics of housing are important to consider in relation to health, there is mounting evidence that the suitability, security and affordability of people’s housing is related to health.

• Vulnerable groups are more likely to experience unaffordable housing.

• Within the group of people who experience HAS, people with disabilities are more likely to experience long periods of unaffordable housing.
The Housing Careers of People with Disabilities

Professor Andrew Beer
Director of The Centre for Housing, Urban and Regional Planning (CHURP)
University of Adelaide
Understanding housing careers

• A housing career is the set of housing circumstances an individual progresses through during their lifetime.

• Housing careers are changing and contemporary housing careers are likely to include elements such as:
  – co-habitation with one or more partners prior to marriage; arrival of first child at a later age – say 30 or older;
  – extended period of education prior to entering the workforce;
  – a HECS debt;
  – the impact of divorce or separation;
  – movement through the housing market later in life as household’s anticipate retirement
  – Impact of disability
  – as well as life expectancy extended beyond 80 years of age.
Reconceptualising housing careers

Industrial Australia

Post Industrial Australia
Reconceptualising housing careers

The Housing Decision Framework
Developmental disability

\begin{figure}
\centering
\includegraphics[width=\textwidth]{developmental_disability.png}
\caption{Developmental disability over age and financial impact.}
\end{figure}
Mobility impairment through injury

- Few or no moves through the housing stock post mobility impairment
- Home modification through compensation
Mobility impair through birth

The diagram illustrates the impact of life events on mobility impairment from birth to age 80. Key events include:

- **Enter paid employment**
- **Enter full-time employment**
- **Loss of employment**
- **Death of parents**
- **Living in Parental Home**, **Private Rental**, **Living in Parental Home**, **Public Rental**
- **Income**, **Expenditure**, **Australian Average Earnings Over Lifetime**

The graph shows changes in mobility impairment over the lifespan, highlighting periods of increased and decreased mobility due to these life events.
Psychiatric disability

[Graph depicting various financial and living statuses across different age groups, with labels for income, expenditure, and Australian average earnings over lifetime.]
Conclusion

• In the latter part of the 20th Century, home was a place for the care of children. In the 21st Century it will be a place for the care of adults.
• On-going reliance on public housing (Tually 2007) in policy frameworks – but how appropriate is that stock and how well equipped?
• The housing careers of persons with a disability affected by
  – low income,
  – high housing costs,
  – limited options within the housing market
  – limited capacity to find paid work
  – costs associated with their disability.
Policy and Advocacy Perspectives on Disability and Housing

Ms Tricia Malowney
Women with Disabilities, Victoria
Our history has many examples of Australians struggling for equality of opportunity and equal rights for the disadvantaged among us, however, people living with a disability are, too often, left behind, even though their skills and experience are of great value.

Quentin Bryce
Governor General of the Commonwealth of Australia

Exclusion from society

Done to not with

Voiceless

Limited work choices

Institutionalisation

Segregated schooling

Medical model

Disability milestones

1970’s and 80’s – the rise of the disability rights movement in Australia

1981 – International Year of People with Disabilities

1986 Disability Services Act 1986 - to assist persons with disabilities to receive services necessary to enable them to work towards full participation as members of the community

1992 Disability Discrimination Act 1992 - to eliminate, as far as possible, discrimination against persons on the ground of disability

2008 Australia Ratifies UN Convention on Rights of Persons with Disabilities

2009 – Shut Out: the experience of People with Disabilities and their Families in Australia Published

2011 – National Disability Strategy Launched

2011 – Productivity Commission Inquiry Report into Disability Care and Support

2 National Disability Strategy Consultation Report prepared by the National People with Disabilities and Carer Council, 2009
Policy framework

Internationally
UN Convention on Rights of Persons with Disabilities

Nationally
Disability Services Act 1986
Disability Discrimination Act 1992
National Disability Strategy
National Disability Insurance Scheme
Productivity Commission Inquiry into Disability Care and Support

In Victoria
Disability Act 2006
Human Rights and Responsibilities Act 2006
Disability Action Plan evaluations
Draft State Disability Plan
The situation today

Not Much has Changed

*It is not uncommon to hear people express the view that people with a disability would be better off in institutions with people of their own kind*³

People with disabilities, and their families, friends and carers, reported daily instances of being segregated, excluded and ignored⁴

The gap between the principles enshrined in the legislation and the lived experience of many people with disabilities⁵ ...(is evident)

Currently almost one in two people with a disability in Australia live in or near poverty (45%). Globally, Australia is at the bottom of the heap, it is ranked 27th out of 27 OECD countries, with a relative poverty risk of 2.7. Australia ranks 21st out of 29 OECD countries in the provision of employment opportunities for those with a disability⁶.

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³ National Disability Strategy Consultation Report prepared by the National People with Disabilities and Carer Council, 2009
⁴ ibid
⁵ ibid
Social housing remains inaccessible to some people with disabilities because of assumptions made about capacity, i.e. refusal to install strengthened ceilings because if people need equipment such as hoists they should be institutionalised.

The lack of affordable housing close to services such as transport and employment which further marginalises people with disabilities.

The lack of suitable housing available to people with disabilities escaping violence, and the lack of brokerage to provide services where the perpetrator is the carer.

The lack of funding to assist with home alterations ($4,500 for a lifetime in Victoria)

The requirement to return rental accommodation to original condition on leaving.

The reluctance of owners and agents to rent to people with intellectual disabilities.
Within a decade, people with a disability will be viewed and engaged with as fellow contributing citizens, afforded the same rights and opportunities as all other Australians.\textsuperscript{7}

\textsuperscript{7} Price Waterhouse Cooper. \textit{Disability Expectations, Investing in a Better Life, a Stronger Australia, 2011}
SECTION 2

POLICY, HEALTH PROMOTION
AND ADVOCACY RESPONSES
Based on compilation of real people’s experiences

Claire is 52, with 3 children, and has cerebral palsy and a mild intellectual disability. Her partner of 15 years isolated her from family, threatened removal of her children and kept her financially incapacitated as a form of control. Under Victorian legislation, this amounts to family violence.

Her partner eventually excluded her from the family home, and although advised to seek assistance from the family violence sector, they were unwilling to accept her into a refuge due to a lack of access, and a lack of funding to provide support. She is now isolated from her children.
Claire is on a workstart allowance, as she has been deemed ineligible for a disability support pension because she has been assessed as able to work 15 hours per week, despite no suitable positions being available. She is now residing in a rooming house, where she has limited support and difficulty accessing the bathroom. She has been harassed and abused by other residents. Although she has been assessed as being a priority, she faces a two year wait for Department of Health funding and a 10 year wait for accessible government housing. She is now in contact with a disability support service who has put her on their wait list, assisting her in accessing suitable housing and focusing on building her health and wellbeing and reconnection with her children and wider family.
DISCUSSANTS

Ms Kellie Horton, Victorian Health Promotion Foundation
Ms Tricia Malowney, Women with Disability, Victoria
Professor Andrew Beer, University of Adelaide
SECTION 3

SMALL GROUP DISCUSSIONS

FACILITATED BY
PROFESSOR SHARON FRIEL
Discussion point

• How would you incorporate the insights gained from the presentations, vignette and discussion into:
  – Future research?
  – Policy and practice?