

Precarious housing and health inequalities: what are the links?



SUMMARY REPORT

Shelley Mallett
Rebecca Bentley
Emma Baker
Kate Mason

Deborah Keys
Violet Kolar
Lauren Krnjacki

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KEY FINDINGS OF THIS STUDY

- **Housing and health are clustered.** People in precarious housing had, on average, worse health than people who were not precariously housed. This relationship existed regardless of income, employment, education, occupation and other demographic factors.
- **The poorer people's housing, the poorer their mental health.** The more elements of precarious housing people experienced simultaneously, the more likely they were to experience poor mental health.
- **The relationship between health and precarious housing is graded.** As health (mental or physical) worsened, the likelihood of living in precarious housing increased.
- **Poor health can lead to precarious housing.** People with the worst mental or physical health were the most likely to be in precarious housing. People with the worst mental health were the most likely to be in unaffordable housing, the most likely to live in poor-quality dwellings, and the most likely to have experienced a forced move. Those with the worst physical health were the most likely to live in poor-quality dwellings and the most likely to experience overcrowding.
- **Multiple aspects of precarious housing affect health.** No single measured component of precarious housing (unaffordability, dwelling condition, overcrowding, forced moves, private rental) was clearly more important in its relationship with health.
- **Particular groups are more susceptible to precarious housing.**
 - *Lone parents and singles* were much more likely than other household types to experience precarious housing.
 - *Young people* were more likely than other age cohorts to be in precarious housing – more likely to be in unaffordable housing, private rental, overcrowded households, and to have experienced a forced move recently.
 - *Older private renters* (that is, people older than 65 years) were particularly vulnerable to unaffordable housing: half were experiencing housing affordability stress.
 - *Children living with a lone parent* were much more vulnerable to precarious housing than those living with two parents. They were nine times more likely to live in unaffordable housing, three times more likely to be in poor-quality dwellings, three times more likely to have experienced a forced move, 11 times more likely to be living in a rented house, and also more likely to have poorer access to services and transport.
 - *Employment and education* were strong predictors of precarious housing.



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- **People living in public rental can experience precarious housing.** While public rental provided security and stability for some, it still contributed to precariousness, with roughly a third of public tenants housed in poor-quality dwellings, many of which were overcrowded.
- **As lone parents, young women and their children are particularly vulnerable to precarious housing;** many reported ongoing health and wellbeing, economic and social effects of precarious housing on themselves and their children.
- **For lone young mothers, precarious housing creates or contributes to poor health,** particularly anxiety and depression, limiting their capacity to parent effectively and engage in paid work and study.

“If there are 10 or 15 people applying for a house, why are they going to pick a single mum on a sole parent pension...I've applied for many houses and I've never heard, ever.”

*Kate (research participant)**

* Pseudonyms have been used to ensure the privacy of participants.

EXECUTIVE SUMMARY

Questions posed by the study

This exploratory study asked two broad questions:

- Does poor health lead to precarious housing?
- Does precarious housing (including unaffordability, unsuitability and insecurity of tenure) affect people's health?

Why are these questions important?

- Together and separately, housing and health are key areas of government expenditure and service delivery, but comparatively little is known of their relationship and interaction, especially in Australia.
- They help to determine *priorities and accountabilities for intervention*. For example, if poor health leads to precarious housing then preventative health care strategies are crucial to addressing poor housing outcomes. If precarious housing leads to poor health then it is critical to formulate a housing response that promotes health and wellbeing.

What is precarious housing?

Following a synthesis of the literature (Foster et al. 2011) examining the relationship between housing and health (part 1 of this study) the study defined precarious housing as:

- unaffordable (high housing costs relative to income); and/or
- unsuitable (overcrowded and/or poor dwelling condition and/or unsafe and/or poorly located); and/or
- insecure (insecure tenure type and subject to forced moves).

Within this study an individual's housing is classified as being precarious if they have experienced more than one of these aspects concurrently.

How do we define health?

Following the World Health Organization definition, health in this context is understood in broad terms as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO 1946).

Two measures of health were used in this exploratory study: self-assessed mental and physical health. These were measured using two subscales derived from the Short Form (36) Health Survey: the Mental Health Component Score and the Physical Health Component Score.

Components of the study

This report presents summary research findings from the quantitative and qualitative components (parts 2 and 3) of the VicHealth funded project originally entitled *Mitigating negative health outcomes of precarious housing*. The study explored the relationship between precarious housing and health. Led by researchers at Hanover Welfare Services and the University of Melbourne, the project was conducted in partnership with researchers at the University of Adelaide, Melbourne Citymission and the AHURI Research Synthesis Unit in 2009–11.

The three-part project includes:

Part 1: A comprehensive research synthesis of existing studies that examine the relationship between housing and health. The synthesis establishes the breadth of the international evidence base and interrogates current ideas and assumptions underlying housing-related health interventions.

Part 2: New quantitative analysis of the Australian Bureau of Statistics General Social Survey and the HILDA surveys to determine who was living in precarious housing in Australia. It addresses two broad questions:

- Does poor health lead to precarious housing?
- Does precarious housing (including unaffordability, unsuitability and insecurity of tenure) affect people's health?

Part of this investigation identified those most likely to be in precarious housing.

Part 3: New qualitative research with lone mothers (aged up to 25 years), to provide an in-depth understanding of the experience of living in precarious housing. This research focuses on how precarious housing affects the health of these young women.

The **complete findings** from parts 2 and 3 are published together as a single report, entitled *Precarious housing and health inequalities: what are the links?* (Mallett et al. 2011). Part 1 is published as a report entitled *Precarious housing and health: research synthesis* (Foster et al. 2011). These reports are available on the websites of the participating organisations.

“I think my depression would come under control a lot if we were somewhere secure...I think mentally and physically, emotionally, everything would change...because it's permanent, it's stability.”

Kim (research participant)

QUANTITATIVE FINDINGS

PRECARIOUS HOUSING AND HEALTH

Findings in terms of an overall measure of precarious housing and its relationship with health:

- **Housing and health are clustered.** People in precarious housing had, on average, worse health than people who were not precariously housed. This relationship existed regardless of income, employment, education, occupation and other demographic factors.
- **The poorer people's housing, the poorer their mental health.** The more elements of precarious housing people experienced simultaneously, the more likely they were to experience poor mental health.
- **The relationship between health and precarious housing is graded.** As health (mental or physical) worsens, the likelihood of living in precarious housing increases.
- **Poor health can lead to precarious housing.** Those with the worst mental or physical health were the most likely to be in precarious housing. People with the worst mental health were the most likely to be in unaffordable housing, the most likely to live in poor-quality dwellings, and the most likely to have experienced a forced move. Those with the worst physical health were the most likely to live in poor condition dwellings and the most likely to experience overcrowding.
- **Multiple aspects of precarious housing affect health.** No single measured component of precarious housing (unaffordability, dwelling condition, overcrowding, forced moves, private rental) was clearly more important in its relationship with health.

DIMENSIONS OF PRECARIOUS HOUSING

In examining the relationships between the individual dimensions of precarious housing and health, the study considered how many people were affected, who they were, and the relationship of each of these dimensions with health.

Unaffordable housing

How many people were living in unaffordable housing?

- **Approximately 10% of Australian households were living in unaffordable housing.**
 - In 2006, between 5.8%¹ and 9.2%² of Australian households resided in unaffordable housing.³
 - Around 12% of people reported difficulties paying their rent/mortgage or bills.

Who was living in unaffordable housing?

- **While age was strongly associated with increased housing affordability, there was a concentration of younger and older people living in private rental and in housing affordability stress.**
 - Overall, the likelihood of being in affordable housing increased with age; however, this was largely due to higher home-ownership rates among the older population. Importantly though, older private renters were at very high risk of affordability problems.
 - Nearly 25% of people aged between 18 and 24 years and 50%⁴ of people older than 64 years who were in private rental were in housing affordability stress.
- **Singles and lone-parent households were more likely to be in housing affordability stress than other household types.**
 - Compared to couples with children, lone parents were nine times more likely to be in housing affordability stress and people living alone were seven times more likely to be in housing affordability stress.
- **Unlike that of suitability and security of tenure, the likelihood of experiencing housing affordability stress was different for men and women.**
 - Women were nearly 40% more likely to be in unaffordable housing than men.
- **People born in non-English-speaking countries were more likely than people born in Australia, including Indigenous Australians, to be in unaffordable housing.**
 - People born in a non-English-speaking country were more than twice as likely as people born in Australia to experience housing affordability stress.
- **People with low levels of education or unemployment were more likely to be in unaffordable housing.**
 - Compared to full-time employees, unemployed people were around 15 times more likely to be in unaffordable housing.
 - Individuals with a low level of education (i.e. their highest qualification was Year 11 or below) were five times more likely than highly educated individuals to be living in unaffordable housing.

¹ Estimated from the HILDA survey (2006).

² Estimated from the Survey of Income and Housing (2006).

³ Defined as low-income households in which rent or mortgage payments were more than, or equal to, 30% of the households gross income (income before tax).

⁴ Noting that only around 7% of people older than 64 years are privately renting compared with nearly 40% of people aged less than 25 years.

Relationship between housing affordability and health

- People with the worst mental health in preceding years were more likely to be in unaffordable housing.
 - Compared to those reporting the best (top 20%) mental health across the previous three years, those reporting the worst (bottom 20%) mental health were almost twice as likely to be in unaffordable housing.

Unsuitable housing

How many people were living in unsuitable housing?

- Only 4% of the Australian population reside in poor quality dwellings.
 - Across Australia, 22% of people reported difficulty accessing services from their place of residence.
 - Around 4% of the Australian population reported difficulty accessing transport services.
 - Around 4% of the Australian population resided in overcrowded dwellings.
- Public renters had the highest likelihood of living in poor-quality dwellings.
 - Older public renters were almost nine times more likely and young public renters were almost seven times more likely to dwell in housing rated as being in poor condition.

Who was living in unsuitable housing?

- Lone parents and singles were more likely to be living in unsuitable housing than were most other household types.
 - Compared to couples with children, lone parents were just over three times more likely to be in poor-quality dwellings; singles were nearly four times more likely to be in poor-quality dwellings.
 - Lone parents and singles were more likely to report difficulties accessing services and transport.
- Indigenous people and those born overseas were more likely than other people born in Australia to be in unsuitable housing.
 - Individuals identifying as Aboriginal and Torres Strait Islanders were eight times more likely than other individuals to experience overcrowding and 18 times more likely to be in poor-quality dwellings.
 - People born in a non-English-speaking country were at least five times more likely to experience overcrowding.

- People with low levels of education or unemployed were more likely to be living in unsuitable housing.
 - Unemployed people were around three times more likely to live in an overcrowded dwelling.
 - Education was a significant predictor of precariousness. Compared with those with high levels of education (i.e. people who had obtained a bachelor degree or higher), an individual with low levels of education (i.e. whose highest level of education was Year 11 or below) was three times more likely to live in an overcrowded dwelling and seven times more likely to live in a poor-quality dwelling.

Relationship between housing suitability and health

- People with the worst health (mental or physical) were more likely to be living in unsuitable housing.
 - Compared to those reporting the highest (top 20%) mental health scores across the previous three years, those reporting the lowest (bottom 20%) were twice as likely to live in a poor-quality dwelling.
 - Compared to those reporting the highest (top 20%) physical health scores across the previous three years, those reporting the lowest (bottom 20%) were more than twice as likely to live in a poor-quality dwelling, and more likely to live in an overcrowded dwelling.

Insecure tenure

How many people were living in insecure tenure?

- Insecurity of tenure was concentrated in the private rental sector.
 - Nearly 7% of people aged 18–64 and 4% of people 65 years or older who were in private rental experienced a forced move (in the past 12 months).
 - Around 20% of the population lived in private rental, and 33% of these had low income.⁵ This equates to nearly 7% of the population having low income and living in private rental.⁶
 - Nearly 16% of the Australian population had moved three or more times in the last five years.

“I was finding it harder before, but now [with a rent increase] I can’t survive on the little I get from Centrelink. It’s just getting harder and harder.”

Kim (research participant)

⁵ Defined as being in the lowest 40% of the income distribution.

⁶ Other sources have reported figures that allow calculation of equivalent proportions of the population who are in low income *and* private rental, producing similar estimates to the 7% reported here. For example, the National Housing Supply Council (2009) reports that 20% of households are in private rental and 24% of these are low income (this equates to 5% of all households). Randolph & Holloway (2007) reported that 21% of the households in the lowest ~40% of income were in private rental (equating to ~8% of all households).



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Who was living in insecure tenure?

- Lone parents and single people were more likely to be in insecure tenure (private rental and to have undergone forced moves) than other household types.
 - People younger than 65 years were more likely to have experienced a forced move than people aged 65 years or older.
 - Compared to couples with children:
 - lone parents were three times more likely to have experienced a forced move and 11 times more likely to be privately renting.
 - single people were three times more likely to have experienced a forced move and more than 20 times more likely to be privately renting.
- Indigenous people and those born in a non-English-speaking country were more likely to be in private rental.
 - Indigenous people were eight times more likely than others to be living in private rental.
 - People born in a non-English-speaking country were around 1.7 times more likely to be living in private rental.

- People who were unemployed or with low levels of education were more likely to be living in insecure tenure (specifically private rental and experiencing forced moves).
 - Unemployed people were just under three times more likely to be in private rental and nearly twice as likely to have experienced a forced move.
 - People with the lowest level of education (Year 11 or below) were twice as likely to be privately renting and to have experienced forced moves as people with the highest level of education (bachelor degree or higher).

Relationship between security of tenure and health

- People with the worst health (mental or physical) were more likely to experience forced moves.
 - Compared to those reporting the highest (top 20%) mental health scores across the preceding three years, those reporting the lowest (bottom 20%) mental health were 1.9 times more likely to have experienced a forced move.
- Type of tenure was associated with health, and this is likely to be a consequence of who is in particular tenure types. For example, people in public rental had worse physical and mental health than people in other tenure types. This, to a large extent, reflects the welfare role of public housing, where individuals with poor physical health are favoured in the allocation system.

QUALITATIVE FINDINGS – YOUNG LONE MOTHERS

- **Results from the qualitative study found precarious housing impacted negatively on mental health.**
 - Young lone mothers reported that precarious housing led to generalised stress; in particular, they reported heightened levels of anxiety and depression.
 - Young lone mothers indicated that lack of affordability, insecurity and unsuitability impacted, singly and in combination, on their health and wellbeing and to a lesser extent on the health and wellbeing of their children.
 - Participants reported that their mental health and wellbeing, rather than their physical health, was affected by precarious housing. They reported that precarious housing was more likely to affect their children’s physical health and overall sense of wellbeing.
 - Parental stress and declines in mental health associated with precarious housing had a flow-on effect to children in the short and possibly long term.
 - Precarious housing had a greater effect on the mental health of those young women who were predisposed to poor mental health.
 - Only three of the fourteen young women in the study thought that their health had impacted on their capacity to access and sustain housing.
- **Problems of unsuitability outweighed the benefits of security of tenure.**

Unaffordable housing

- **Affordability had been the major obstacle to obtaining and maintaining housing in the past for the lone young mothers in the study.**
 - Three had experienced eviction and several others had left housing due to lack of adequate income to pay the rent.
- **The lone young mothers in the study struggled to enter the private rental market.**
 - Most had made numerous unsuccessful applications for private rental properties that they could barely afford – their main sources of income were Parenting Payment and Family Tax Benefit.
 - Only two were living in private rental and they were both in tenuous positions: one was paying 48% of her income on rent; the other was receiving the baby bonus, which was used to help cover the rent, but that was due to end soon.
- **Current rent was only manageable for the lone young mothers in subsidised housing.**
 - Twelve were living in public, transitional or community housing where they were paying a maximum of 25% of their income on rent.

Unsuitable housing

- **All the young women in the study aspired to a reasonable community standard of housing.**
 - In addition to affordability and security of tenure, the following aspects of housing were highlighted as most important to the young women:
 - proximity to friends and family
 - proximity to public transport and shops
 - indoor and outdoor space for children to play
 - location in a safe, quiet neighbourhood
 - effective heating
 - good dwelling condition and prompt maintenance.
 - Many of the young women were struggling to achieve this goal. No matter what their housing circumstances they often battled with landlords and housing providers to get much-needed maintenance carried out on their accommodation. This impacted their capacity to provide basic care, such as being able to cook for their children and keep them safe and warm.

Insecurity of tenure

- **The young women in the study had rarely experienced secure housing since leaving home in their mid-teens.**
 - Most had experienced homelessness, the extreme of housing insecurity. One young woman spent an extended period of time living on the street; several others had ‘couch surfed’ among friends and family.
 - All but one of the women had turned to the homelessness service sector for accommodation assistance. For many this had meant short refuge stays and/or more extended periods in transitional accommodation.

“The people I was living with... we just weren’t getting along because nobody got their own space. I was desperate to get out but had nowhere to go.”

Courtney (research participant)



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Photo: ©Newspix/Nathan Edwards

- **Security of tenure enabled participation in the broader community.**

- Without security of tenure, the participants struggled to establish or maintain basic connection to family, community, education, employment and consistent health care.
- All stressed the importance of providing a secure, safe home for their children so they could thrive.
- Secure housing reduced children's stress, enabling them to feel like they had a home and allowed them to engage in education.
- For those in transitional accommodation who were yet to secure more long-term housing, the situation was far less certain and their engagement with community weaker – they found it difficult to make any sort of plans for themselves and their children, particularly when it came to planning where children would go to school.

- **Security of tenure was just one aspect facilitating stability.**

- The security of long-term tenure did not always equate with the young women wanting to stay in their current housing; only two of the six participants with secure tenure saw their current housing as long-term.
- Although public housing was seen to offer secure tenure, fear of breaching the tenancy agreement and being evicted made some feel less secure in this form of housing.

Aspirations

- **The young women's housing aspirations matched aspirations common to the Australian community.**
 - They reported a strong preference to own their own home over the long term; most would prefer to live in houses rather than units.
 - In the short term, the participants preferred to live in affordable private rental as they believed this provided maximum flexibility and choice about the size, type and quality of their housing and its location.

CONCLUSION AND RECOMMENDATIONS

Housing is health's business and health is housing's business.

Evidence presented in the report underlines the fundamental bi-directional relationship between housing and health. Good housing and good health are not merely associated or 'go together'. To attain and maintain sustainable housing, people need adequate, coordinated and timely support for their health. Equally, to maintain good health, people need to be in affordable, adequate, secure dwellings.

This is especially the case for highly disadvantaged people – those with the poorest health and/or living in the worst housing. Housing and health policies and programs targeted at disadvantaged populations that selectively rather than routinely or systematically acknowledge this important relationship are highly likely to jeopardise good housing and health outcomes.

The clear interaction of health and housing underlines a need for integrated rather than parallel housing and health policy and services. A radical re-think of housing and health policy and programs is required, especially for disadvantaged populations, who have been shown in this analysis to be especially vulnerable to the health effects of precarious housing. One example of this is the public rental sector, which provides housing-based welfare to many of our most vulnerable citizens. In the context of this analysis this group should receive additional focus. Although provided with (limited) security of tenure and more affordable housing, many people in this population live in housing that is likely to exacerbate their already poor health, such as poor-quality and overcrowded dwellings. Moving beyond the current parallel structure of health and housing policy, the integration of health and housing services would maximise both health and housing outcomes for disadvantaged groups, and potentially minimise the overall cost burden.

Precarious housing affects mental health, which in turn impacts on people's participation in work, education and the community. It also affects their parenting, and social and familial relationships.

Precarious housing (particularly unaffordability, poor dwelling condition and insecure tenure) leads to poor mental health. The young single mothers in this study clearly identified a causal link between precarious housing and generalised stress, which they reported often resulted in heightened levels of anxiety and depression. This in turn affected their parenting capacity as well as their ability to participate in employment, education and training and the general community. The young women also reported that lack of affordability, insecurity, and unsuitability impacted, singly and in combination, on the health and wellbeing of their children.

Any policy integration requires an acknowledgement of the wider social and economic burden of the housing and health relationship. There is a cost burden of poor housing on health care that is currently not fully acknowledged in either housing or mental health policy. This burden also has important cost and social implications for other areas of government service provision (such as income support, employment, education and training). Further, there are substantial costs of precarious housing and interrelated health outcomes borne by individuals and families. This study points to the recommendation that when families (especially those with multiple health issues) are supported to find housing in the private sector they must be provided with ongoing, coordinated health care through mainstream (general practitioners, hospitals, maternal and child health community health centres) and specialist (mental health, drug and alcohol) providers to support their health and their tenancy.

Location is a vital component of the housing and health relationship.

There was some evidence that access to services, connection to social networks, proximity to education and work were more important than other aspects of housing, including suitability and even affordability. This was particularly clear from the interviews with young lone mothers. Many reported that proximity to family and friends, known services and public transport, and being located in a safe and secure setting, outweighed affordability and size and quality of dwelling in their aspirations and decisions about housing for themselves and their families. Housing is more complex than mere dwelling – the access and security it provides is key to maximising physical and mental health outcomes for individuals and their families.

It is clear that affordability alone should not be seen as the definitive measure of precarious housing. Housing policy should consider multiple aspects of precarious housing, such as its quality, security and location.

Many groups experience precarious housing, but singles and lone parent households are particularly likely to be in precarious housing.

Of all the household types, lone parent households are arguably the most vulnerable to precarious housing. Not only are they, along with single households, more likely to be in precarious housing, but this experience of precariousness impacts directly and indirectly on their children. Many of these children live in poor-quality dwellings and experience forced moves. As this and other qualitative studies of homeless children (Kirkman et al. 2009) suggest, the children who experience precarious housing are highly likely to have limited or disrupted participation with the community, for example playgroups, child care, kindergarten and school.

Key recommendations

This analysis reinforces the well-accepted view that social determinants such as housing and health are integrated. Therefore a recommendation of this report is that responses to housing and health problems should also be integrated. To reduce the cost burden to the Australian Government and state and territory governments, and to improve the life chances of disadvantaged populations, this report recommends two strategies for more efficiently linking housing and health policy and responses:

- state-level ministerial roundtable(s) with those responsible for health, mental health, drug and alcohol, and housing and homelessness policy to discuss and interpret the findings of this research and identify policy intersections between health, especially mental health and housing



Photo: courtesy Royal District Nursing Service

“I know every area has their good and bad but there are some areas that are just completely off the rails. I don’t want my daughter around stuff like that.”

Courtney (research participant)

- an audit of Victorian and national housing-related policy to identify policy and service delivery overlaps, and to make recommendations on more cost-effective integrated solutions.

This study has highlighted a number of key groups for whom housing and health problems are more closely integrated. These groups are obvious targets for programs to address or prevent poor health outcomes. This report therefore recommends that key demographic and socioeconomic groups be targeted for interventions that address the affordability, suitability and tenure security of their housing. These should include:

- lone parents and especially young (mainly female) lone parents
- low-income single-person households
- young people
- older private renters.

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