

**Submission
No 63**

**INQUIRY INTO SOCIAL, PUBLIC AND AFFORDABLE
HOUSING**

Organisation: NSW Nurses and Midwives' Association

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Submission – Inquiry into Social, Public and Affordable Housing



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Executive Summary

This submission focuses on the need for affordable housing for certain groups of members of the New South Wales Nurses and Midwives' Association (NSWNMA) and provides comment as to why and how affordable housing should be created for them. NSWNMA has approximately 58,000 members who are registered nurses (RNs), registered midwives (RMs), enrolled nurses (ENs) and assistants in nursing (AiNs).

The Association considers that it is in society's best interests to ensure nurses and midwives are available to provide nursing and midwifery care for future health service delivery to the public. Within our membership we have two groups of nurses who need affordable housing or rental assistance.



Low Paid Nursing Classification: AiN, EN, Beginning Practitioners and Part time Employees

The first group consists of those younger members such as, AiNs who primarily work in nursing homes, and ENs, and new RN and RM Graduates who are beginning practitioners, many of whom work in large, city hospitals, undertaking shift work.

It needs to be recognised that nursing and midwifery is a female dominated profession as the gender divide between men and women in nursing is in the ratio of 0.2 to 0.88 respectively (Nursing & Midwifery in New South Wales, NSWNMA). These nurses and midwives work unsociable hours, often have an unhealthy life style and would benefit from having accommodation close by their workplaces, instead of having to travel one to two hours or longer for each shift. As this classification of workers are low paid and include single parents who are predominantly part time workers they are in need of affordable housing.

The Older/Aged Workforce

The second group of nurses and midwives are older or a part of the ageing sector. An increase in older nurses and midwives in the future does mean that we need to accommodate them in other ways such as providing support programs, introducing flexible working practices which may help them with their caring responsibilities and their rotating shifts and physical limitations, as well as putting affordable housing or rental housing in place in close proximity to their work places.



Retention Issues for the Nursing & Midwifery Workforce

A further compelling reason for providing affordable housing or rental properties close to workplaces for these two groups are retention and recruitment issues for nursing (Armstrong, 2009), so that the nursing and midwifery workforce can attract and retain staff.

A position statement on Affordable Housing has been drafted by the NSWNMA due to high rents and housing affordability being a growing concern for the groups of nurses and midwives identified, throughout Sydney and parts of NSW; which articulates : the problem impacting on quality of life for families and consideration needing to be given to those nurses and midwives who work shift work and have caring responsibilities, inadequate transport, family breakdown and reduced income because they are not working full time. The NSWNMA believes that public policy should focus on the need for affordable housing for these groups of nurses and midwives so that they can rent or purchase secure housing within reasonable proximity of their centres for health care delivery, and then retention figures can be offset.

The Association further addresses urban renewal through a diverse range of accommodation including houses, apartments, and units with different types of ownership, and especially clusters for seniors, which should be provided close to hospital locations in Sydney and in regional and rural centres identified, either for affordable housing or rental accommodation. Another option is building further from health care delivery centres, involving fast trains (please see examples), similar to the polycentric approach described in Williams & Macken (2012). Their 40 point plan, which NSWNMA acknowledges is appropriate, refers to phasing out developmental levies, removing stamp duty and negative gearing and financing alternative models such as investment through superannuation funds.



Comments on Relevant Submission Areas

(a) Projections of future social, public and affordable housing supply and demand

The Association considers that it is in the interests of the Government and the public to assist various nursing and midwifery groups who will make up the future NSW Nursing and Midwifery workforce. Within their membership the Association has several groups of nurses who need affordable housing or rental assistance.

The first group that needs consideration are those low paid nursing classifications with members consisting of assistants in nursing (AiNs) who often work in Nursing Homes, and enrolled nurses (ENs) and new registered nurse (RN) and registered midwifery (RM) graduates who work in large city hospital settings, undertaking shift work. The majority are women who work odd hours, and need accommodation close by their workplaces instead of having to travel often at night in unsafe areas to get to railway stations, bus stops etc. to travel home. Whilst the annual, first year full time salaries of AiNs; ENs and RNs/RMs is only \$39,728.00; \$49,816.00; and \$55,276.00 respectively, there also needs to be consideration made for those health workers who may only work part time.

An increase in older nurses and midwives in the future does mean that we need to accommodate them in other ways such as providing support programs, introducing flexible working practices and, putting affordable housing or rental housing in place for these workers, close to their workplaces. They are shift workers (shift work has its own health risks), many with caring responsibilities, working rotating shifts and experiencing physical demands. A further compelling reason for providing affordable housing or rental properties for these two groups are retention and recruitment issues for nursing (Armstrong, 2009). This warrants affordable housing being close to hospital and workplaces so that the nursing and midwifery workforce can attract and retain staff.



We believe in an equitable approach to affordable housing to enable our identified members (groups identified above), and others of similar ages in similar circumstances (for example, teachers and essential workers such as police, fire fighters and paramedics) who fall within the low-middle income stream, to have the right to affordable housing which provides a range of quality housing options.

Affordable housing must be a key component in sustainable growth of cities and better functioning cities which enable greater productivity and more opportunities (Giles, 14 Jan, 2014). The [National Affordable Housing Agreement \(NAHA\)](#) aims to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. Within this submission the Association will demonstrate that our members, especially those younger, lower paid as well as ageing members, often working part time, who will be increasing in numbers, will need affordable housing with regard to future projections.

Between 2007 and 2011 average ages of employed nurses and midwives rose from 43.7 to 44.5 years and the proportion of employed nurses and midwives aged 50 years and over increased from 33.0% to 38.6% (AIHW, 2012a). We know that nurses have an ageing workforce and that the average age of nurses and midwives will only increase in the future (HWA, 2012). For men the pension age is currently 65 years. Women who will be eligible for retirement when they are 64½ or 65 years depending on what year they were born (Australian Government Department of Human Services, 14 January, 2014).

The retirement age is set to increase to 67 years in Australia. Some Australian nurses and midwives chose to remain in the workforce to 60 years and beyond (AHPRA, December 2013).



For example, for ages 60 to 64 there are currently 25,000 RNs and RMs in total, still practicing nursing and midwifery. After 64 years, there is a decline to approximately 10,000 when combining RNs and RMs for the 65 to 69 years age range, with approximately 500 combined RNs and RMs practicing for 70 to 74 years, and even 116 combined RNs and RMs still practicing at the age of 80 years and beyond.

This may be due to the Global Financial Crisis (GFC), continued enjoyment of work, those still in good health, financial constraints and the need to keep working, or a combination of these factors. Ageing nurses and midwives are a valuable resource for the future when there will be a decline in other employment groups (younger and middle-aged). Moreover these older workers are often more reliable, hard- working and take reduced sick days than other employees (European Parliament pilot project on health and safety of older workers. Dec, 2013).

However an increase in older nurses and midwives does mean that we need to accommodate them in other ways such as providing support programs, developing incentive schemes, looking at occupational health and safety issues, introducing flexible working practices and, last but not least, putting affordable housing in place for them.

Health Workforce Australia (HWA, 2012) state that Australia will continue to experience increasing demand for health care workers and at a rate that will challenge Australia's training and service delivery systems. The current and projected shortage in the Australian health workforce are driven by a complex interaction of demographic, socio-cultural, clinical and professional factors that exert influences on both the demand for health workers' services, and the supply of health workers.



With regard to midwifery figures there are sources that note there are no problems with obtaining midwifery staff, and there are those who disagree, while HWA states that there are problems with midwifery data sources. HWA estimates that by 2016 there will be a nationwide shortfall of approximately 13,000 registered nurses, with a high deficit occurring of 80,141 registered nurses by 2025.

(b) Data regarding the link between the lack of appropriate social, public and affordable housing in New South Wales and indicators of social disadvantage

The two groups of our affected members – both the younger and low pay classification as well as older nurses and midwives - live in metropolitan areas such as Sydney as well as rural and remote areas of NSW. Demographic details on nurses show that one third of the nursing workforce is 50 years of age (identified earlier); they have families; they usually work shift work; they experience stress and burn out in their workplaces due to increased patient acuity levels and reduced staff support (Duffield et al., 2010), and their salaries fall within the range of 'low to middle' income earners, if they are working full time.

This is not necessarily the case though, as some nurses and midwives may only be able to acquire part time or casual work; many have family responsibilities; they may be single parent shift workers with young children or carers for their elderly parents, or they are ageing and find that some part time work is all they can accommodate. In this situation households find it hard to meet other essential basic living expenses (Affordable Housing National Leading Practice Guide and Toolkit, 2008).



These nurses and midwives may have very low salaries which would even qualify them for public housing. The lack of housing opportunities for these nurses and midwives will present a problem for the future sustainability of the nursing and midwifery workforce.

Those nurses and midwives who reside in Sydney are faced with very steep rentals and the cost of housing can be exorbitant (Williams & Macken, 2012). 2012). Moreover those ENs and AiNs who live around Maitland and Cessnock in the mining areas of the State find that the cost of living and renting their accommodation leaves them with minimal cash flow.

The mid North Coast is also an area where it is becoming much more difficult for low income earners to find affordable housing. Places such as Port Macquarie, Coffs Harbour and Kempsey in NSW have low housing vacancy rates and rents are high. A lot of people on the public housing waiting list are paying more than 50% of their salary in rent, and living in overcrowded conditions. Like NSWNMA, Community Housing Ltd, is also making a submission to the NSW Upper House affordable housing inquiry (Long waiting lists for public housing in parts of the Mid North Coast, 31 Jan, 2014).

A resolution was put up at our NSWNMA Annual Conference in 2013 about Affordable Housing. The draft position statement on Affordable Housing read:

Nurses and midwives should be able to purchase or rent housing that is suitable for their needs and that is affordable, secure and reasonably priced so they can meet other living expenses. As a much needed recruitment strategy, access to affordable housing that is within reasonable proximity to centres of health care (hospitals) needs to be obtained for nurses and midwives. Retention of the nursing and midwifery workforce is currently a



key workforce agenda issue. Finally as nurses and midwives are essential service workers, planning and public policy must address the need for affordable housing.

The arguments surrounding the resolution were firstly that Australian housing affordability was a growing concern due to steeply increased house prices over the last 10 years (Phillips, 2011), as well as with rents increasing at twice the rate of inflation (National Housing Supply Council, State of Supply Report, 2010). Secondly housing affordability is a major concern for many nurses and midwives living in metropolitan, and rural and regional NSW areas. The third and final argument for supporting nurses and midwives in affordable housing was that factors such as under-employment (i.e. casual or part time work), caring responsibilities, inadequate public transport and family breakdown were compounding difficulties associated with lack of access to affordable housing.

As a result of this resolution, an examination of options for affordable housing for nursing and midwifery members of NSWNMA was made. It was decided that the best way to proceed was to contact the NSW Federation of Housing Associations who informed us that we could make a submission through the National Rental Affordability Scheme (NRAS) funded by grants through the government. However eligibility for the NRAS was problematic for the Association members as income eligibility limits for NRAS tenants were very low.



(c) Housing design approaches and social service integration necessary to support tenant livelihoods and wellbeing, including (f) the role of residential parks

The Association is very supportive of the stance taken in 'Homes for All' which identifies 40 priorities that can be undertaken to improve supply and affordability of housing in Sydney. We believe the urban renewal (priority 7) may be necessary for ensuring that housing options are available for hospital areas such as Royal Prince Alfred (RPA) in the inner city and Westmead Hospitals in the Parramatta region. As our members will be working in existing hospitals or in buildings in the community nearby, we will need to rethink where we can place affordable housing. We need to review hospital sites like RPA to see if existing facilities may be appropriate and can be renegotiated and what was previously meant to be in these facilities, relocated else-where.

A diverse range of accommodation would be required including houses, apartments, units for single people as well as families, for both young and middle-aged, so there are different options (B. (a) p. 43 'Homes for All'). When addressing different types of ownership, housing would take the structure of co-operatives, shared equity arrangements, as well as that of clusters for older people. Design should include single level clusters for older workers with handicapped access and safety features like rails in bathrooms and raised toilet seats. In the future, physical limitations and declining mobility and flexibility will need to impact on housing design for these health workers (Webb, 23 Dec, 2013).



In such inner city Sydney hospital areas as RPA or at Westmead, close to the city of Parramatta, there are restaurants and cafes and local parks which nurses and midwives will be able to access themselves or with their families. Transport is also well located. These are important areas for eating and relaxation, already in existence and close by, which have residential parks and facilities such as grassed areas, child play equipment and seats for sitting and observing the park environment.

NSWNMA also needs to take regional and rural impacts, either social, economic, or environmental aspects, into consideration. For example our members also live in regional and rural areas and care needs to be taken to place accommodation away from pollution, also giving consideration to the proximity of accommodation to transport, and park areas. This is relevant to Cessnock and Maitland where coal mining occurs and pollution results. Page 45 ('Homes for All') notes the importance of good housing design guidelines like the terrace or small subdivisions within walking distance of a railway station or around transport nodes.

(d) Criteria for selecting and prioritising residential areas for affordable and social housing development

There is one important criteria, about the selection and the prioritising of residential areas for affordable housing for nurses and midwives. This is about the need for affordable housing for those groups of nurses and midwives identified to be close to their workplaces. This follows the 1. COAG Reform Council's (e) connectivity of people and jobs and businesses to markets ('Homes for All').



Our members identified the need to be close to the hospitals in which they work “all hours”, through shift work, as essential service workers. Some of them are carers of young children with child care considerations, or carers of elderly parents and need to be close at hand. Another reason argued previously for affordable housing close to work places is that it will assist retention and encourage nurses and midwives to stay in the workforce. The final reason is that as essential service workers nurses and midwives undertaking shift work may be at risk of ill health.

Much research has demonstrated that nurses who undertake shift work, which is a part of most nursing roles, are more at risk of disrupted circadian rhythms, which in turn have been linked to obesity, mental health issues, gastrointestinal complaints, reproductive problems and such conditions as cardiovascular disorders, breast cancer and prostate cancer (Gordon & Marshall, 2012).

In the situation where by it is not possible for nurses and midwives to move close to their workplaces the second preference would be for those groups of younger and older nurses and midwives to be relocated to areas where houses can be built.

This position probably covers both aspects 1. COAG reform Council's (e) connectivity of people to jobs and businesses to markets because it would be used in conjunction with priority 8, the polycentric approach whereby the use of fast trains in Sydney and surrounds would be appropriate for transporting our members to jobs as well as assisting businesses to find markets.

In the case of RPA nurses and midwives they would be transported to a new affordable housing estate area in outer Liverpool and returned to RPA by a 24-hour fast train service.



Of course security would have to be provided on trains for women at night as they are the majority of workers in nursing and midwifery. This would also be the case for Westmead Hospitals' nurses and midwives who would be relocated to outer Penrith in the same way. Diversity is similarly an important concept in housing and attempts should be made to accommodate people with different skills required to support communities, such as shop assistants, bus drivers, nurses, teachers, and construction workers (Local Government Affordable Housing Strategy, Family & Community services, Housing NSW).

(e) Recommendation on State reform options that may increase social, public, affordable housing supply, improve social service integration and encourage more effective management of existing stock

We applaud the initiatives suggested in 'Homes for All' (Williams & Macken, 2012) within the Sydney area, although we make the point that the rural sector is also important for the groups of low classification, younger and older nurses and midwives to which we are referring. It is noted that on the 40 point plan important aspects are political leadership. In line with this, it makes sense to make housing a top priority for all political parties as well as the community, acknowledging the importance of housing, its growth and a new approach to planning, and through dialogue between the State government, developing a creative and diverse approach to planning reform (see Priority 3 and 2. Committee of Sydney).

Priority 3 also addresses new criteria for assessing planning applications ('Homes for All,' p. 43). Within the planning reform, consideration needs to be given to the large and complex homes that are being built now and the time that it takes to build them in Sydney. They are holding up the building of affordable housing for many needy Australians (Power, 2014).



There are three remaining priority options that also need to be emphasised. They are:

- ▶ priorities 4, phasing out development levies;
- ▶ priority 5, removing stamp duty and introducing yearly land tax instead; and
- ▶ priority 6, which addresses phasing out negative gearing (which will increase the housing supply) which will go a long way to improving and making the affordable housing situation more sustainable for low-middle income earners like these two groups of nurses and midwives.

The financing of models also needs to be addressed, for example the financing of alternative models which could be through superannuation funds investing in seniors housing and other kinds of housing, offering tax concessions to those who invest.

Another way to involve private investors is to provide up-front funding to service providers to deliver social outcomes through social benefit bonds (Social Benefit Bonds, 2014).

Not all of our members will be able to afford to own their own homes, so

- ▶ priority 9 is applicable to this submission
It is important that nurses and midwives who rent accommodation can be integrated into affordable housing complexes that do not have the stigma associated with large blocks of Public Housing units. Appropriate community housing needs to include the building of new leasehold structures with national standards with assistance funding so that Community Housing Properties (CHPs) can redevelop their stock.



Conclusion

Thank you for the opportunity to take part in this submission which focuses on the need for affordable housing for two 'at risk' groups of Australian nurses and midwives and provides comment as to why and how affordable housing should be created for these nurses and midwives.

It is in the interests of the public that our submission is made as there is a need to ensure sustainable levels of nurses and midwives in NSW in the future. The low paid classification workers such as AiNs, ENs and new RNs/RMs at the beginning of their employment are especially vulnerable in Sydney with its high rental and housing costs due to lower salaries, part time employment, shift work and its bad health effects, and travel restrictions.

Australian nurses and midwives are on average already increasing in age to 50 years. In the future they will continue to work way beyond 67 years. The life style issues of these ageing essential workers include part time employment, shift work combined with possible illness deficits, caring responsibilities, family breakdown and poor transport options.

Finally both of these groups of nurses and midwives are predominantly women travelling at night, often in unsafe conditions, and this warrant a priority approach to their affordable housing needs in metropolitan areas like Sydney and the regional/rural sector of New South Wales.



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