This submission to the Social Housing Regulation Review has been prepared by Banyule Community Health (BCH) to share reflections with the Panel based on our experience as a High Risk Accommodation Response Lead Provider in Banyule. We have also had an opportunity to review the submission prepared by the Victorian Healthcare Association and support the recommendations made therein.

Banyule Community Health is a non-for-profit organisation which provides care and welfare support services to local community across multiple locations. We have built a strong reputation as a trusted and accessible organisation over 44 years, providing quality services and working to improve health outcomes and health equity through positive partnerships.

In 2020, Banyule Community Health was nominated as the Lead Provider of the High Risk Accommodation Response (HRAR) in Banyule. The HRAR program is funded by the Department of Families, Fairness and Housing and aims to prevent, prepare for, and respond early to coronavirus (COVID-19) infection within public and community housing and other high-risk accommodation settings with shared facilities.

Since rolling out the program, the Banyule Community Health HRAR team has visited residents at 25 rooming houses, 229 community housing addresses and 282 low-rise public housing addresses to provide public health information about (COVID-19) safety, vaccines, support services and to deliver material aid including vouchers, toys and personal protective equipment.

Through its intensive engagement over many months, the Banyule Community Health HRAR team has obtained a unique insight into the delivery and regulation of social housing in Banyule and the experiences of community members residing in these settings.

Are there any areas that the Review Panel have not covered in their discussion paper that you would like to see addressed?

In Consultation Paper 2 (p.6) the Panel identifies that for 'those who need extra assistance, regulation should encourage social housing supports to be integrated with other human services, such as mental health and disability support.'

In response to corresponding consultation question 1, we believe that any proposals to "integrate housing with the support services tenants need" must be designed so that any approach is sensitive to existing power imbalances between housing managers, housing providers and residents.

It is important that the terms "social housing providers" and "social housing supports" aren't conflated. The role of support services is to assist and support tenants with health or social needs and/or to advocate for tenants and represent their needs to housing providers/landlords, without conflict of interest. Given this, it is important also to acknowledge that housing providers may not themselves be best placed to assist/communicate/represent tenants' needs because of their role in the provision of housing.

The experience of the Banyule Community Health HRAR team at one medium density community housing managed premises is illustrative. The following were observations made by HRAR team members in discussions about this submission.

- "*Residents seem nervous to speak about property issues and speak quietly in case the property manager overhears them."*
- Another suggested that an issue limiting residents' willingness to share concerns might be that, "*the office for the provider is at the bottom of the building*".
- Describing reports from residents, another said, "*it's difficult to get in touch with the property management, and when they do reach someone they are transferred and end up talking to a voice mail box.*"

Descriptions of feelings of apprehension, anxiety, and awareness of barriers to communication with their housing provider were commonly reported to HRAR team members. This was despite many residents, when ultimately connected with the HRAR team, sharing concerns about their property condition or other housing related issues.

A number of residents visited by the HRAR team identified mental health as a challenge in their lives, particularly during lockdowns. A key factor that the HRAR team reported in being able to identify and assist residents with their mental health concerns was building trust through friendly and pro-active outreach.

- "*HRAR has passion, we go back to check again and again.*"
- "*Building a relationship with the residents in this housing, so they feel comfortable talking to you.*"
- "*Some people were very surprised to see us at their door, and they would say, you're actually the first person who came to the door and asked how we are, it's a big thing to actually show up and speak to some people.*"

Access to social and health services is best facilitated by connecting social housing tenants to existing locally based services that are trusted and are experienced at supporting community members experiencing complex needs. The best outcomes will be achieved where such services are involved in the planning of new social housing developments and embedded at roll-out.

What are the key problems with service delivery by housing providers and how do these impact tenant experiences?

Unfortunately, of all the housing providers (including rooming house owners) that the HRAR team sought to engage with, it was a community housing provider that was least amenable to proactively facilitating engagement between the outreach team and residents. The reticence to engage has impeded the capacity of the BCH HRAR team to conduct its public health outreach work efficiently and effectively with residents of this provider.

As one HRAR team member described:

- "*Community housing makes it very difficult to facilitate access to health/social support as they are very closed off, and not very keen in allowing external support … the barriers created are in the form of the locked off residents as we don't have access to enter certain community housing making it difficult to engage effectively.*"

The impact of the challenges experienced in reaching residents of this provider extend beyond limiting the timely communication of COVID-19 preventative public health messages to a priority audience. It has the potential to make a rapid response engagement necessitated by any future emerging community clusters more difficult with this cohort. If Banyule Community Health staff were called in to provide supplies and support to residents in the case of COVID positive cases emerging in the medium density building operated by this provider, the effectiveness of the response in connecting with residents will be influenced by the absence of systemic preliminary engagement and trust-building. Under the relevant HRAR risk assessment ratings system, this building would need to be categorised as "high risk".

The HRAR team has responded to the challenges posed by the approach of the community housing provider by developing alternative engagement strategies including mail outs, displaying posters out the front of the building and setting up a pop-up stall. However, there is potential that these methods will not connect with the most vulnerable residents in this building. It also means that the HRAR team have not been able to systematically deliver the available material aid to all residents of this building (vouchers, face masks, hand sanitiser, etc).

A recommendation for improvement that emerges from this experience is to allow external community and support services to be located within medium and high-density social housing developments so that residents have more autonomy in accessing available supports. This could look like, for example, an office space run by an external community service with a rotation of health and social support services for tenants. By facilitating access to a more holistic service such as this, housing providers could better support residents experiencing complex social and health issues, as highlighted in Consultation Paper 2.

How could housing providers be encouraged to give greater attention to their tenants' preferences and experience of social housing?

An important distinction to make regarding the way housing providers listen to and act on tenants' experiences is the difference between tenants' 'preferences' and 'needs and rights'. Often, the conflation of the two leads to the dismissal of tenants' needs and rights as optional to either address in a timely manner, or at all. In the experience of the BCH HRAR team, tenants' needs often went unacknowledged.

Consultation paper 2 (p.11) suggests '[a] systematic approach to tenant empowerment, such as tenant involvement in reviewing provider policies and performance, participation on boards in some cases and the provision of training and development for tenants to take on these roles.' Feedback from the BCH HRAR team, while emphasising the need for resident empowerment, highlights some important factors to consider in the goal to amplify residents' voices.

One of the considerations identified by a bi-cultural HRAR worker was possible cultural apprehension to reporting issues and the burden on residents:

"*I feel like people in my culture, we are always so grateful that they sometimes don't like enforce their own rights… they accept a lot of things that are wrong all for the simple fact that they're appreciative of being here.*"

The cultural barriers for tenants to report complaints to housing providers is also reinforced by the power imbalance between housing providers and residents (i.e. the reluctance of residents to complain after receiving housing.)

The lack of response to tenants' complaints either through delay or inaction, may not support a culture where tenants complaints are given a serious platform to be heard as rights and needs rather than preferences.

Question 9 in Discussion paper 2 (p.11) asks, 'What information would be useful for tenants to be able to assess the performance of social housing providers?' Having access to services and information that helps tenants identify their rights and having access to transparent information on housing provider performance as regulated and reported externally would begin to address the disempowerment of residents in some situations. An example of a concerns mentioned by some HRAR workers was the apparent discrepancy between the number of complaints recorded by Housing Registrar, and complaints reported to the HRAR workers themselves. HRAR workers were notified of more complaints by residents to a housing provider within just a few months than what was listed for the same housing provider for a year on the Housing Registrar.

To support tenants navigating the barriers to having their complaints heard, HRAR workers have highlighted the need for advocates, "*to stick up for the people, the tenants who don't have the confidence for a voice*." This advocacy work could support possible initiatives such as 'tenant involvement in reviewing provider policies and performance [and] participation on boards' as outlined in Consultation Paper 2 (p.11). Practical suggestions offered that respond to potential power imbalances were, conducting board meetings at a location external to the housing provider's address; having an external regulator present at meetings with residents and housing provider representatives; allowing a period of discussion without a housing provider representative present and ensuring third-party regulatory oversight.