

14 September 2021

## Consultation response: Social Housing Regulation Review

### Background

The Victorian Government has commissioned an independent [Social Housing Regulation Review \(SHRR\)](#). The Review aims to identify future regulatory arrangements that will best support the long-term interests of social housing residents and their communities. It also aims to best position social (and affordable) housing for growth and transformation over the coming decades.

In August 2021, the Victorian Healthcare Association (VHA) sought feedback on the Review from members of the High Risk Accommodation Response (HRAR) Community of Practice (CoP). The HRAR program aims to prevent, prepare for, and respond early to coronavirus (COVID-19) infection within public housing and other high-risk accommodation settings with shared facilities. The CoP brings together the 25 community health services that are HRAR Lead Providers.

Members were asked to provide feedback on the current state of, and ideas for improvements to, social housing, particularly in relation to health care supports and services. Representatives from Social Exchange Projects also attended the meeting to present on the Review, stimulate discussion and field questions from CoP members.

Following the meeting, the VHA collated feedback to inform this collective consultation response. This response focuses on the key points the CoP members conveyed in order to best guide the reform of social housing in Victoria, with particular emphasis on its relationship with the health care sector.

The response will be shared with the HRAR CoP meeting attendees, Social Exchange Projects and submitted to Engage Victoria as part of the public consultation. HRAR Lead Providers may also submit an independent response via Engage Victoria.

### About the Victorian Healthcare Association

The VHA is the peak body supporting Victoria's public health services to deliver high-quality care. Established in 1938, the VHA represents Victoria's diverse public healthcare sector, including public hospitals, aged care and community health services.

As well as providing a unified voice for the sector, the VHA delivers value for its members by offering tailored professional development programs, networking opportunities, and informative events. The VHA advocates on behalf of its members on sector-critical issues by engaging and influencing key decision-makers involved in policy development and system reform.

### Member consultation

The VHA gathered feedback for this consultation response at the 25 August HRAR CoP meeting. There were 44 members in attendance. An outline of the of the SHRR with links to the consultation papers was sent to HRAR members, and four questions about social housing needs in the community health sector were flagged for discussion at the meeting. During the meeting, community health services provided an initial prepared response to assigned questions, followed by a group discussion.

The following consultation questions (CQ) were considered for discussion (from the SHRR [Consultation Paper 2 – Service delivery and the tenant experience](#)) at the HRAR forum when seeking feedback from the members. These

were selected because of the unique perspective the HRAR membership can offer as providers of health care and social support services to vulnerable Victorians living in social housing.

**CQ 1:** What are the key problems with the current system for regulating social housing relating to the tenant experience and service delivery? What should be the priorities for reform?

**CQ 41:** Is the existing range of support services available to tenants in public, community and private rental housing effective? If not where are the limitations?

**CQ 42:** What additional support do tenants need that is not currently being provided?

**CQ 43:** How could regulation assist in the integrated provision of support services with housing assistance?

HRAR CoP members were asked to provide feedback on the following specific questions to align with their areas of expertise, noting the overarching alignment with the consultation questions:

1. What are the most important changes needed to ensure better access and security for people who require social housing supports? (Relates to CQ 1)
2. What are the health and other supports needed for tenants to establish and maintain stable tenancy in social housing? (Relates to CQ 41 and 42)
3. What is the best way to connect social housing tenants in low- and medium-density social housing with health services? (Relates to CQ 42 and 43)

## Summary

The opportunity to contribute to the Social Housing Regulation Review was received with enthusiasm and elicited robust discussion from the HRAR members following a presentation from Angelina Yannucelli from Social Exchange Projects. Themes that surfaced and repeated across the discussion overwhelmingly related to barriers with tenants gaining access to social housing in the current system, which was both financially and systems driven.

There was general consensus that significant policy review is needed to review access issues, and that work towards the development of improved connections and pathways – in particular between the social housing sector, the health sector and tenants – was required for effective change. There was agreement that future work from the health sector to strengthen engagement with social housing tenants should consider direct ‘on the ground’ work following successes with the recent work this sector has done to engage high-risk community housing members in the COVID response.

Member feedback is presented below as three themes, with consideration given to the four questions presented at the HRAR CoP meeting.

### Theme 1: What are the most important changes needed to ensure better access and security for people who require social housing supports?

*‘Improved policies in community housing settings allowing great security of tenure.’*

*‘Increased regulation of housing standards, especially in community housing.’*

*‘Transparency between the residents and the agencies supporting them.’*

HRAR CoP members

Participant feedback has been divided into two sections in line with discussion. This includes recommended system changes such as policy and regulation reform, and participant input on how to improve connectivity and service partnerships to better serve tenants.

### System changes

- Improve information transparency between residents and support agencies
- Improve connectivity between agency records

- Develop and improve policies in community housing settings to allow greater security of tenure, ensuring clear and accessible tenancy rights
- Consider opportunities for refreshed and integrated staff training options across the housing and local health service sectors
- Increase regulation of community housing standards, to address significant variation in both housing quality and Housing Officer engagement with residents across the sector

#### Improved connectivity and service partnerships

- Identify, develop and explore the need for a community ambassador role in social housing (social housing liaison) to engage residents with the social housing network at the local level to facilitate ongoing connection and support with housing
- Facilitate regular network meetings, including all key stakeholders with the aim to breakdown the current silo barriers. This should include representation from housing department, social support services, residents and local health service stakeholders in the region
- Increase proactive access and outreach activities from community health centres to tenants and increase the capacity to follow up with referrals (further details of this are outlined in Theme 3 discussion)
- Provide tenants with clear information about accessing pathways into health services

#### Theme 2: What are the health and other supports needed for tenants to establish and maintain stable tenancy in social housing?

*'Tenants should receive a comprehensive assessment and review of their social and support needs on a case-by-case basis. Needs as identified by tenants may include employment security, food and essential supply issues, financial counselling for budgeting skills, support to reduce isolation and increased social supports, mental health services and chronic health care needs.'*

HRAR CoP member

There was strong participant support for providing social housing tenants with health and other supports that would help maintain stable tenancy. Feedback has been listed as 'support needs'. Due to crossover of the information discussed under the three themes, feedback relating to connecting social housing tenants to health services has been listed in Theme 3.

#### Support needs

- There needs to be refreshed development of priority access pathways for those in need of social housing
- Improved partnerships and robust connections between residents, health, social and legal services must be developed and should be underpinned by clear and accessible tenancy rights. Development of partnerships should include:
  - provision of routine 'check ins' with residents
  - improved transparency of information between all parties, including local supports such as public transport options, financial counselling, alcohol and other drug services, as well as emergency services
  - development and employment of a social housing liaison officer role to support the connection between the tenant and health and housing services
  - community outreach support that offers holistic mental health services to tenants
- There should be collaboration between community health services and local government public health practitioners to support housing communities with health and social issues that critically impact home environments (e.g. family violence, alcohol and other drugs, and mental health)
- Consideration should be given to structural and planning changes as well as flexible housing options, such as:

- planning and development of 20-minute neighbourhoods
- ‘salt and pepper’ tenancy developments, where social housing and private housing co-exist in blended communities
- inclusion of culturally diverse housing
- consideration of flexible ‘ageing in place’ options, which enable social housing tenants to remain living in the same accommodation across their lifespan
- implementation of accessible information hubs for the social housing sector that work towards increasing tenants’ capacity to navigate the service systems to support stable tenancy, including information regarding housing and health supports

### Theme 3: What is the best way to connect social housing tenants in low- and medium-density social housing with health services?

*‘On-the-ground networking – this has worked best with HRAR. Having the funds to enable on-the-ground engagement with social housing. Better connection between local health services and the housing department so we can help educate housing officers on local health service offerings to better support referrals and access for tenants.’*

HRAR CoP member

Participants strongly supported initiatives to better connect social housing tenants with health services and agreed that there is no ‘one-size-fits-all’ approach. Recommendations discussed below reference how to best engage social housing tenants with healthcare services and include ways to facilitate access improvements for tenants to health services.

#### Mode of engagement

The way in which health services engage with social housing tenants was recognised as highly important and the following recommendations were discussed to improve future engagement.

- There is a need for improved transparency of information between all parties including local supports such as public transport options, financial counselling, alcohol and drug services and emergency services
- Recommendations were made for the development and employment of a social housing liaison officer role to support the connection between the tenant and health and housing services
- There must be the provision of flexible, place-based supports and health service access for tenants with multiple, complex needs. Included in feedback was the suggestion of the development of a community information hub accessible to all tenants to help build capacity to navigate service systems
- It was widely recognised that there is not ‘one best way to connect’. Any engagement between health services and social housing tenants must be tailored with varied approaches trialled to optimally engage the community

#### Access

Group feedback and discussion highlighted the importance of understanding tenants’ social and support needs, including consideration of employment security, food and essential supply issues, social supports, mental health status and chronic care needs.

The following suggestions were made to facilitate improved access for tenants to appropriate health services.

#### Assertive in-reach

- Provide tenants with transportation support to access health appointments
- Offer of free annual health checks to provide support for the health of the community and strengthen links between health services and the housing sector
- Provide priority access to health services for vulnerable groups

- Review or introduce (as required), priority access for health services such as dental services
- Provision of care packs, which can impact on residents feeling included and considered in their local community

#### **Assertive outreach**

- Introduce or increase face-to-face door engagement – there was consensus that door knocking has had a major impact in community connection to health services during the pandemic and that this strategy should be employed going forward. On-the-ground engagement with social housing and assertive outreach from community health services was a successful element of the HRAR Lead Providers' COVID-19 response, however it was recognised that this approach must be supported with appropriate funding
- Community outreach support that offers holistic mental health services to tenants
- Improved access to health services through use of mobile health units

#### **Health service changes**

Suggestions were made to improve local health services response to the health care needs of social housing tenants, including:

- Improve referral processes and pathways to increase tenants' access to required health services in their local area
- Ensure health services have the capacity to follow up with referrals and appointments to sustain connections and build trust in service provision
- Consider the ability to provide a single case management session from health services for social housing tenants in need

#### **Next steps**

The independent Social Housing Regulation Review Panel will be consulting widely throughout 2021. Submissions and contributions will be documented and processed with the outcomes of other consultations. The Review Panel will provide its preliminary recommendations to the Victorian Government based on the results of the consultation later in the year. The Panel will then seek stakeholder feedback on the preliminary recommendations before providing a final report to the Victorian Government in early 2022.

The VHA will continue to engage with HRAR Lead Providers as this work progresses.

The VHA would like to acknowledge contributions from: Eliza Mead (IPC Health), Trinity Lonel (Gateway Health) and Phillipa Cane (Ballarat Community Health).