

20 September 2021

Social Housing Regulation Review Secretariat
info@shrr.vic.gov.au

Dear Secretariat

The Victorian Health Promotion Foundation (VicHealth) welcomes the opportunity to respond to the Social Housing Regulation Review.

VicHealth was established by the Victorian Parliament in 1987 as the world's first health promotion foundation. We are a pioneer in health promotion – the process of enabling people to increase control over and improve their health. Our primary focus is promoting good health and preventing chronic disease, including promoting physical activity, healthy eating and mental health and wellbeing, and preventing risky drinking and tobacco use.

The *Social Housing Regulation Review Background and Scoping Paper* and *Consultation Papers 2 and 3* focus on regulating the social housing sector to ensure tenant experience and wellbeing. While this focuses on tenant rights and participation in the regulatory and complaints process, VicHealth strongly recommends that the Review also consider regulatory frameworks that improve the health and wellbeing of tenants. This includes factors such as increasing open green space, promoting opportunities for active transport, creating smokefree environments and supporting healthy eating and social connection.

A detailed submission and background evidence are attached to this letter. We would welcome the opportunity to discuss our submission further. Should you wish to do so, please contact Jessica Stone, Policy Coordinator on 9667 9047.

Kind regards

Dr Sandro Demaio
Chief Executive Officer

Victorian Health Promotion Foundation

Level 2, 355 Spencer Street, West Melbourne VIC 3003
PO Box 13137, Law Courts VIC 8010
T +61 3 9667 1333 W vichealth.vic.gov.au
E vichealth@vichealth.vic.gov.au
ABN 20 734 406 352

Patrons

The Honourable Linda Dessau AC
Governor of Victoria (Patron-in-Chief)
Sir James Gobbo
Professor Emeritus
Sir Gustav Nossal AC CBE

VicHealth's submission to the Social Housing Regulation Review

Housing as a social determinant of health and setting for health promotion

VicHealth recognises that suitable, secure and affordable housing is a social determinant of physical and mental health. People in unsuitable, insecure or unaffordable housing have worse health outcomes than people in adequate housing, and the more elements of precarious housing experienced simultaneously, the greater the health impact.¹ Housing and the built environment are also settings for health promotion, in which action can be taken to improve health and wellbeing in terms of water and air quality, noise, temperature, access to open and green space, opportunities for physical activity and exercise, and opportunities for social connection.²

A home also provides a secure base for residents to develop their identity and role in the community. Comfortable, high-quality housing in well-built neighbourhoods helps tenants relax, enables social connection and strengthens social networks.³

There are rising incidence of food insecurity, unhealthy eating and low physical activity in Australia, with these trends more prevalent in disadvantaged communities. The contexts and places where tenants live, work and play can interact with factors impacting health and wellbeing – these health settings create opportunities for health promotion. The structures and governance that is unique to public and community housing (compared to private housing) provide a setting for health promotion to improve the health and wellbeing of these communities. VicHealth has provided recommendations below that aim to harness the potential of social housing as a determinant of health and wellbeing and as a setting for health promotion. We note that some of these sit outside the remit of social housing regulations but urge the review panel to consider these factors holistically and seek to make recommendations that support their implementation within related regulations, legislation and policies.

Recommendations

- The regulatory framework should consider the potential of social housing as both a determinant of health and a health promotion setting and seek to improve tenants' health and wellbeing through all aspects of the regulatory process. This includes action to improve healthy eating, promote social connection and mental wellbeing, increase physical activity, reduce tobacco use and create smokefree environments.
- Regulations related to land use, planning and building design should ensure new public and community housing stock is located within walking distance of open green space.
 - Urban renewal projects should prioritise areas around existing social housing stock with the aim of increasing open green space in communities.
- Regulations should also ensure that built environment surrounding social housing provides connected, convenient and safe street networks that encourage walking, cycling and active transport.
- Regulations should empower tenant voices and decisions around use of open and communal spaces in social and community housing.
 - Women must be represented in consultations around use of open and communal space, considering women's differential use of urban space and night-time safety concerns for women.
- Any changes to the physical environment should be integrated with community services and ensure that they are available and physically, economically and socially accessible to disadvantaged groups, including people with disability.

- Regulations should ensure that housing is of a high quality with adequate space for in-home activities, that it is located near public transport options that reduce the reliance on private car ownership, and that enables access to quality social support and health services.
- Regulations should require housing providers to promote and support healthy eating that is accessible and culturally appropriate, such as when engaging with food relief or the creation of community gardens.
- Regulations should require housing providers to promote and support mental health and wellbeing and create environments that foster social connection, such as providing support for tenant-led community programs.
- Preference should be given to new housing provider applications that include initiatives or approaches that aim to promote the health and wellbeing of tenants, and build on Social Landlord responsibilities. Existing providers should be assessed on their progress to support the health and wellbeing of tenants, with regular assessments of their impact on health and wellbeing outcomes.
- While VicHealth agrees with a housing first approach, it is important that the regulations are framed in such a way that smoking cessation is considered a priority in terms of the services available to social housing residents once housing has been provided. This should be included and where possible integrated with the other services that residents receive. Residents should also be engaged in the design and delivery of programs that aim to benefit them, including smoking cessation support and creation of smokefree environments.
- Collection and dissemination of data on the social determinants of health, risk/protective factors, health behaviours and health outcomes of social housing tenants must be improved to measure the impact of the regulatory review and associated interventions, as well as identify additional areas of focus.

Background evidence supporting recommendations

Providing equitable access to open space and active transport options to promote physical activity and social connection

- The built environment provides spaces that promote physical activity and social connection.
- The COVID-19 pandemic has shown that essential services and opportunities for exercise within 5km of your home are important for public health measures and community wellbeing.
- Open green space encourages exercise and increases wellbeing.⁴
- Active transport options encourage physical activity and improve access to essential services. When integrated within housing developments, this creates a culture and an environment that normalises active travel, particularly among children and families who walk, ride or scoot to and from school.
- Urban design, transportation patterns, proximity of facilities, neighbourhood density, street connectivity, perceived safety and the availability of cyclist and pedestrian-friendly amenities (including sidewalks and pedestrian crossings), as well as many other aspects of the physical environment, can all affect leisure time and physical activity levels.⁵
- Public open spaces in neighbourhoods with high socioeconomic advantage tend to be of higher quality than those in more disadvantaged neighbourhoods in terms of amenities and aesthetics (such as picnic areas, availability of shade, water features and walking and cycling paths). In addition, more disadvantaged areas are less likely to have well-maintained sports facilities or a volunteer base to run or support sports programs or clubs.⁶
- Situating housing near public transport can optimise active transport options and reduce costs associated with car ownership, as well as reduce pollution from cars and promote air quality.

- Improving built design (e.g. through better street lighting and redesigning stairs and ramps) can improve safety and access for a range of social groups, including people with mobility requirements, and promote physical activity.

Empowering tenants to engage in healthy eating

- A healthy diet has many components, but fruit and vegetable consumption is an internationally accepted indicator of a healthy diet.⁷ Victorians with lower levels of education, those who are unemployed, on low incomes, living in areas of social and economic disadvantage or who are culturally and linguistically diverse, on average consume less vegetables than the average Victorian.⁸ This means that there is a 'social gradient' associated with healthy eating and diet-related health outcomes.
- The physical environment influences diet at both the community and household levels.
- At the community level, the number and mix of food retail and food service outlets, their walkability or proximity to public transport options, and the range, cost and quality of foods available all play a critical role in shaping eating behaviours and their social distribution.
- An 'obesogenic' local food environment is one that combines an overabundance of unhealthy food outlets and products and a relative lack of affordable healthy food options. Australia currently has an obesogenic environment that discourages physical activity and healthy eating and promotes sedentary behaviour and consumption of unhealthy food and drinks.⁹
- Inside the home, a wide range of environmental influences can affect food shopping, meal preparation and eating habits. These include space and equipment for food preparation; cooking and storage; layout of the home and kitchen more broadly; thermal comfort and the ability to afford heating/cooling and fuel bills; and the sense of privacy, security and personal safety.
- In addition to improving the availability of healthy food options in disadvantaged neighbourhoods, addressing the social gradient in healthy eating behaviours requires improvements in housing quality, space and location (including adequate food storage and preparation space), transport options, the quality of the built environment, and access to quality social support and health services for disadvantaged groups.¹⁰
- In addition to improving food access, community gardens and kitchens can promote physical activity and mental health, as well as foster social connection, community cohesion and wellbeing. These can be developed as an integrated part of urban planning or urban renewal or can be built into the design of public housing.¹¹

Supporting the mental health and wellbeing of tenants

- High quality and accessible housing, built environments, transport and services are protective of mental health.
- Adults and children living in communities with high levels of community networks have better mental health compared to those who live in socially disorganised, isolated or disadvantaged or neighbourhoods.¹²
- Social connections improve levels of social support, decrease levels of stress and increase the amount of collective resources available to people.
- Social connection can be fostered through community gardens and arts programs to build self-esteem and self-confidence by empowering tenants to share stories about their lives and build relationships with those in their communities.¹³
- Physical activity opportunities, such as access to open green space, can have beneficial effects on anxiety, depression and self-esteem. Group-based physical activity programs can also foster social connection.¹⁴

Supporting tenant smoking cessation

- Many population groups who rely on social housing, such as lone parents, people experiencing homelessness or people living with mental illness have a far greater likelihood of smoking, smoking for longer periods and smoking more intensely.^{15,16,17}
- Children and non-smoking adults are more likely to be exposed to secondhand smoke if residing in a disadvantaged community. This means that people experiencing disadvantage are not only more likely to smoke and suffer poor health as a result, but those around them are as well.¹⁸
- Two in three people who smoke currently are likely to die from a tobacco-related illness if they continue over the longer term.¹⁹
- While people from population groups with a high prevalence of smoking have more difficulty quitting, research has shown that their willingness to quit is the same as other people who smoke.^{20,21}
- Providing smoking cessation that is tailored to the experiences and needs of the person wanting to quit is vital to reducing the overall burden of smoking related disease and death among residents of social housing.
- Working with residents to co-design programs supporting smokefree environments can prevent uptake among young people and support people to quit, particularly those from disadvantaged groups.²²

References

- ¹ VicHealth 2011, *Housing and health: Research summary*, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Housing_and_Health_Research-Summary_web.pdf?la=en&hash=42ABE51F99703B698663E4368306FA4B34652DA8
- ² Phibbs, P & Thompson, S 2011, 'The health impacts of housing: Toward a policy-relevant research agenda', *Australian Housing and Urban Research Institute*, AHURI Final Report No. 173, https://www.ahuri.edu.au/_data/assets/pdf_file/0012/2253/AHURI_Final_Report_No173_The_health_impacts_of_housing_toward_a_policy-relevant_research_agenda.pdf
- ³ Rolfe, S, Garnham, L, Godwin, J et al. 2020, 'Housing as a social determinant of health and wellbeing: Developing an empirically-informed realist theoretical framework', *BMC Public Health*, vol. 20, no. 1138, <https://doi.org/10.1186/s12889-020-09224-0>
- ⁴ Wang, H, Dai, X, Wu, J et al. 2019, 'Influence of urban green open space on residents' physical activity in China', *BMC Public Health*, vol. 19, no. 1093, <https://doi.org/10.1186/s12889-019-7416-7>
- ⁵ VicHealth 2015, *Evidence review: Addressing the social determinants of inequities in physical activity and related health outcomes*, <https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Fair-Foundations/Full-reviews/HealthEquity-Physical-activity-review.pdf?la=en&hash=7AA1A15641A227B3E5AA94EE093C4D0B012AF05A>
- ⁶ VicHealth 2015, *Promoting equity in physical activity: An evidence summary*, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Fair-Foundations/Summary/Health-Equity_Summary_PhysicalActivity.pdf?la=en&hash=253342CE2532365EC0F3425694AA0D6C8837199B
- ⁷ Australian Institute of Health and Welfare 2007, *Australian diet quality index project*, AIHW cat. no. PHE 85, AIHW, Canberra.
- ⁸ VicHealth 2016, *VicHealth Indicators Survey 2015: Selected findings*, Victorian Health Promotion Foundation, Melbourne. <https://www.vichealth.vic.gov.au/-/media/VHIndicators/VicHealth-Indicators-2015-report.pdf?la=en&hash=9A303CC624C431FF5321649495E773DEA9C5A69F>
- ⁹ Obesity Policy Coalition n.d., 'What we do', <https://www.opc.org.au/what-we-do>

- ¹⁰ VicHealth 2015, *Evidence review: Addressing the social determinants of inequities in healthy eating*, <https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Fair-Foundations/Full-reviews/HealthEquity-Healthy-eating-review.pdf?la=en&hash=70CC0C66E64269F1CBFCB493570D15915DAE82C0>
- ¹¹ VicHealth 2015, *Evidence review: Settings for addressing the social determinants of health inequities*, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Fair-Foundations/Full-reviews/HealthEquity_Settings-evidence-review.pdf?la=en&hash=A010F43C3ED329BE99C535A12BE535BCD6322532
- ¹² VicHealth 2015, *Promoting equity in child and adolescent mental wellbeing: An evidence summary*, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Fair-Foundations/Summary/Health-Equity-Summary-Report_MentalWellbeing.pdf?la=en&hash=A35248C44EBEC73DDA68E1B5BD53353D50B27813
- ¹³ Badham, M & Oliver, J 2013, 'Stories from HOME: An art research intervention at Bell Bardia Estate', in Duxbury, N (ed.), *Animation of public space through the arts: Towards more sustainable communities*, Almedina, Coimbra, Portugal.
- ¹⁴ VicHealth 2015, *Promoting equity in child and adolescent mental wellbeing: An evidence summary*, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Fair-Foundations/Summary/Health-Equity-Summary-Report_MentalWellbeing.pdf?la=en&hash=A35248C44EBEC73DDA68E1B5BD53353D50B27813
- ¹⁵ Greenhalgh, EM, Hanley-Jones, S, Jenkins, S, Stillman, S & Ford, C 2020, 7.19 *Interventions for particular groups*, in Greenhalgh, EM, Scollo, MM & Winstanley, MH (eds.) 2020, *Tobacco in Australia: Facts and issues*, <http://www.tobaccoaustralia.org.au/chapter-7-cessation/7-19-interventions-for-special-groups>
- ¹⁶ Greenhalgh, EM, Jenkins, S, Stillman, S & Ford, C 2018, 7.12 *Smoking and mental health*, in Greenhalgh, EM, Scollo, MM & Winstanley, MH (eds.), *Tobacco in Australia: Facts and issues*, <http://www.tobaccoaustralia.org.au/chapter-7-cessation/7-12-smoking-and-mental-health>
- ¹⁷ Greenhalgh, EM, Bayly, M, Hanley-Jones, S & Scollo, MS 2021, 1.10 *Prevalence of smoking in other high-risk sub-groups of the population*, in Greenhalgh, EM, Scollo, MM & Winstanley, MH (eds.) 2021, *Tobacco in Australia: Facts and issues*, <http://www.tobaccoaustralia.org.au/chapter-1-prevalence/1-10-prevalence-of-smoking-in-other-high-risk-sub->
- ¹⁸ Greenhalgh, EM, Scollo, MM, & Pearce, M 2019, 9.1 *Socio-economic position and disparities in tobacco exposure and use*, in Scollo, MM & Winstanley, MH (eds.) 2019, *Tobacco in Australia: Facts and issues*, <http://www.tobaccoaustralia.org.au/chapter-9-disadvantage/9-1-socioeconomic-position-and-disparities-in-toba>
- ¹⁹ Winstanley, MH & Greenhalgh, EM 2019, 3.0 *Introduction*, in Scollo, MM & Winstanley, MH (eds.) 2019, *Tobacco in Australia: Facts and issues*, <http://www.tobaccoaustralia.org.au/chapter-3-health-effects/3-0-background>
- ²⁰ Greenhalgh, EM, Hanley-Jones, S., Jenkins, S, Stillman, S.& Ford, C & 7.19 *Interventions for particular groups*. In Greenhalgh, EM, Scollo, MM & Winstanley, MH (eds.), 2020, *Tobacco in Australia: Facts and issues*, <http://www.tobaccoaustralia.org.au/chapter-7-cessation/7-19-interventions-for-special-groups>
- ²¹ Greenhalgh, EM, Jenkins, S, Stillman, S & Ford, C 2018, 7.12 *Smoking and mental health*, in Greenhalgh, EM, Scollo, MM & Winstanley, MH (eds.) 2018, *Tobacco in Australia: Facts and issues*, <http://www.tobaccoaustralia.org.au/chapter-7-cessation/7-12-smoking-and-mental-health>
- ²² VicHealth 2019, *Action Agenda for Health Promotion 2019–2023*, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Action-Agenda/Action-Agenda-2019_2023.pdf?la=en&hash=3D4EBE628C6952A6026592A97962A3058C7C3FDB