Star Health Submission to the

Homes Victoria consultation on:

Establishing a 10-Year Strategy for Social and Affordable Housing

RE: Consultation on *Establishing a 10-Year Strategy for Social and Affordable Housing*

To Homes Victoria,

Thank you for the opportunity to provide a submission to the consultation on the consultation paper: *Establishing a 10-Year Strategy for Social and Affordable Housing*.

Star Health is a major provider of primary health and community services across the inner and middle south of Melbourne. We offer a variety of services including in the areas of homelessness, mental health, alcohol and other drugs, GP, dental, allied health, chronic disease management, Indigenous health, and family violence. We have a strong focus on social justice, and specialist expertise in engaging high risk and hard to reach cohorts that are marginalised and disadvantaged, including those experiencing homelessness and who lack of affordable housing.

We use community development and health promotion approaches as key tools to work with local communities to enhance their health and wellbeing. One of examples of this is the South Melbourne Community Capacity Building Initiative (SMCCBI), which uses a Social Landlord model to work collaboratively with local residents and services to build a socially, economically and environmentally sustainable neighbourhood at public housing sites in South Melbourne.

This consultation provides a unique opportunity to reimagine social and affordable housing in Victoria, so it better supports all Victorians, particularly the most vulnerable, to access safe, affordable and appropriate housing. Leveraging our learnings from the SMCCBI and the COVID-19 response, which highlighted the crucial role of community health in quickly and effectively engaging local communities, Star Health believes community health is best-placed to play a leading role in a reimagined future which envisages housing in the context of vibrant, healthy and inclusive communities.

Please find attached our submission to the consultation on establishing a 10-Year Strategy for Social and Affordable Housing, which has been developed in consultation with our staff, and provides what we hope is valuable input to inform the development of a 10-year Strategy that will significantly improve the lives of all Victorians. It includes three sections:

- **Part 1: A vision of vibrant, healthy and inclusive communities** – including how community health services like Star Health are best-placed to play a leading role in more systematic place or community-based approaches that transform social housing into vibrant, heathy and inclusive communities
- **Part 2**: **Stories from South Melbourne Community Capacity Building Initiative** – that provide examples of how communities can be empowered and supported to identify needs and actions to improve their communities
- **Part 3: Responses to questions in discussion paper.**

If we can provide further information or clarify any aspect of this submission, please contact me at the Star Health office on (03) 9525 1300.

Yours sincerely,

Damian Ferrie
Chief Executive Officer
Star Health

PART 1

Vision: Vibrant, healthy and inclusive communities

The State Government's landmark investment in social and affordable housing and proposed 10-year Strategy provides an unprecedented opportunity to reimagine housing in the context of vibrant, healthy and inclusive communities. This section outlines how the learnings from the COVID-19 response and the South Melbourne Community Capacity Building Initiative, which have both highlighted the critical role that community health can play as an anchor and a trusted, reliable and holistic source of support for disadvantaged communities, must be leveraged in the development of this Strategy. This work has built on Star Health's decades of experience and deep connections with our local communities, particularly in engaging and supporting those with the greatest needs, including people experiencing marginal housing homelessness.

Learnings from the COVID-19 response and the South Melbourne Community Capacity Building Initiative indicate that community health is best-placed to take a leading role in more systematic place or community-based approaches that transform communities into vibrant, heathy and inclusive communities – through using collective approaches to fully empower communities to identify needs, priorities and actions.

The COVID-19 pandemic has shone a light on the vulnerabilities facing more disadvantaged communities especially those who experience marginal housing and homelessness. Star Health's work on the response to the COVID-19 pandemic and its impacts has shown the vital **role that community health can play as an anchor and a trusted, reliable, holistic source of support for disadvantaged communities**. With the support of funding from the Victorian Government, this has included our COVID-19 prevention and early intervention work across public housing, rooming houses, supported residential services etc… throughout inner Southern Melbourne (i.e. the High Risk Accommodation Response program). More recently, this has also included the vaccine roll-out and supporting homeless people to move from emergency accommodation during the pandemic into long-term housing (i.e. From Homelessness to a Home program).

The ability to quickly and effectively engage with local communities and people in the midst of a pandemic, particularly those who are most disadvantaged, built on Star Health's decades of delivering locally-based and driven services as well as deep community engagement with social housing tenants, people who are in marginal housing or homeless and the South Melbourne Community Capacity Building Initiative at Park Towers.

The State Government's landmark investment in social and affordable housing and proposed 10-year Strategy provides an unprecedented opportunity. It enables us to **draw on our collective learnings about what works best and lever the building blocks we already have in place to reshape a more effective social and affordable housing system within vibrant, healthy and inclusive communities**. To achieve the vision outlined in the discussion paper, the proposed 10-year Strategy enables us to embed a strong social and affordable housing system and scale up collaboration across programs, sectors and levels of government to create meaningful and long-lasting improvements in health, housing and community outcomes. It can also ensure that the long term economic impact of COVID-

19 does not entrench health inequalities as well as more proactively mitigate the adverse impacts of climate change on disadvantaged communities. As we know, these communities are also more likely to experience the negative impacts of climate change at an accelerated pace over the coming decades.

The development of a 10-year strategy is an exciting opportunity to **establish more systematic approaches at a 'place' or 'community' level that go beyond small-scale initiatives and transform the community** from service-users to local people driving the design of localised approaches that work best for their community. This is a once-off opportunity for us to potentially test a small number of flagship projects that harnesses our existing service footprint with these communities and builds on the learnings from successful activities (such as the High Risk Accommodation Response and the South Melbourne Community Capacity Building Initiative). **An enhanced 'place' or 'community-based' approach to social and affordable housing could potentially include a population of up to 1,500 people in living in public housing high rise estates and neighbouring social housing residents in a distinct geographical area**. It potentially ensures that we can support people more effectively in social housing but also deliver joined up local services that can improve health, housing outcomes and potentially address the wider determinants of health.

Levering the Victorian Government's additional investment of $5.3 billion in social and affordable housing, a community-based approach could potentially mobilise, grow and reshape our existing infrastructure to enable vulnerable communities to make a significant shift from 'surviving' to really 'thriving'. This could be achieved through key elements outlined below in Figure 1, potentially scaling up these elements across a local community – particularly in geographical areas where health inequalities and disadvantage may be more highly concentrated.
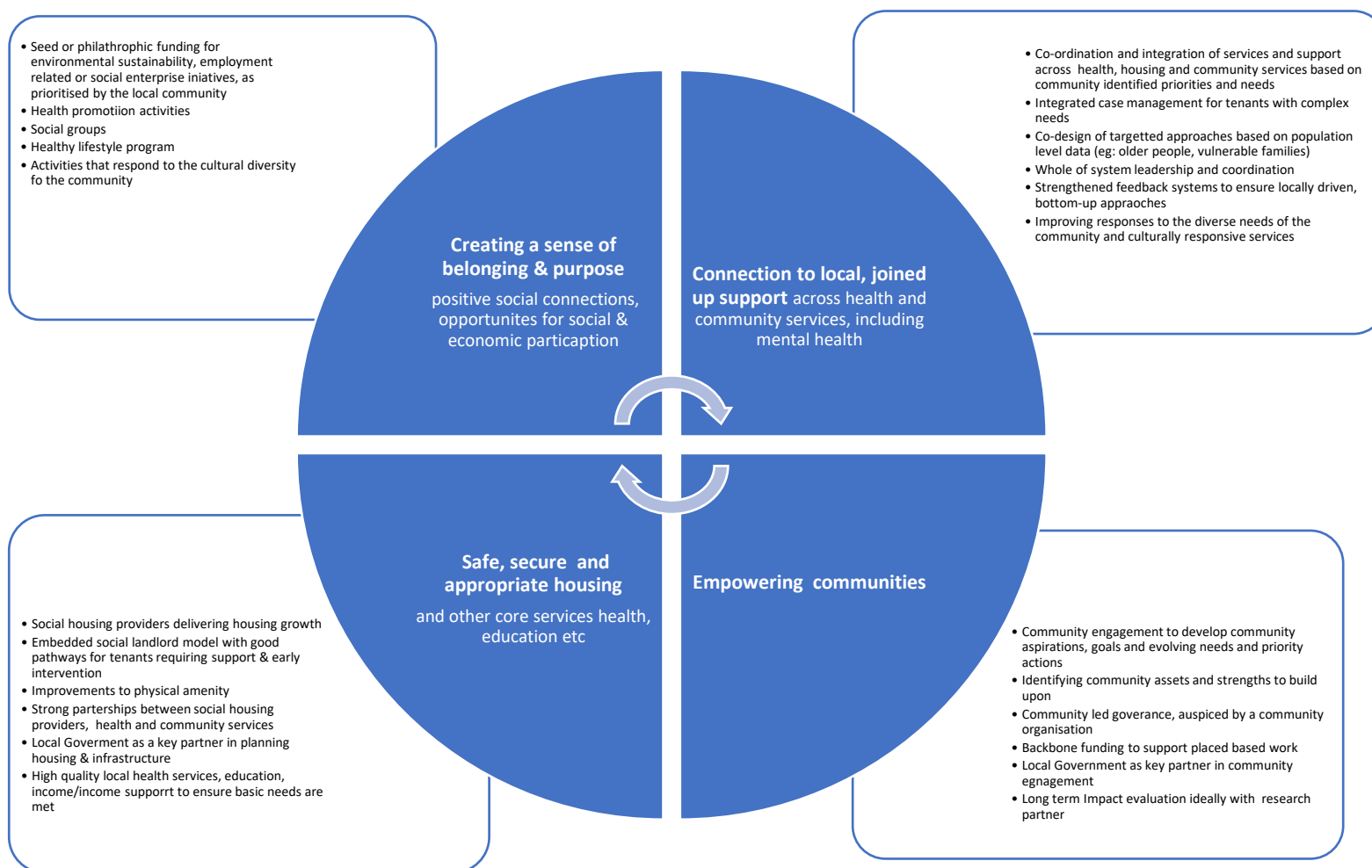
It is noted that this work **should also link into the implementation of the Mental Health Royal Commission recommendations for a more community-based model of care** with more services being delivery in community settings. As we know, poor mental health is too often linked to housing instability so strengthened approaches and pathways are vital to better link access to housing and mental health support.

A 'place' or 'community-based' approach for social and affordable housing could extend the effective communication and community engagement in response to COVID-19 in Victoria. **The community engagement strategies we deployed in the pandemic have been such a 'watershed moment' in how we support and build trust with vulnerable and diverse communities.** It aligns with the principles and vision in the discussion paper whereby people and families are *'empowered to make decisions that affect their communities."* We need to trust that local people themselves can best shape their own communities and determine their aspirations for a good and healthy life with outcomes that are meaningful for them.

Figure 1 proposes that we test some flagship initiatives for a more mature community-centred approach for social and affordable housing, where we **more fully empower communities through collective approaches to identify community needs, aspirations, priorities and actions using community-led and driven governance.**

Figure 1. Elements of a community-centred approach for a social and affordable housing within healthy, thriving and inclusive communities*

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- Seed or philathrophic funding for environmental sustainability, employment related or social enterprise iniatives, as prioritised by the local community
- Health promotiion activities
- Social groups
- Healthy lifestyle program
- Activities that respond to the cultural diversity fo the community

- Co-ordination and integration of services and support across health, housing and community services based on community identified priorities and needs
- Integrated case management for tenants with complex needs
- Co-design of targetted approaches based on population level data (eg: older people, vulnerable families)
- Whole of system leadership and coordination
- Strengthened feedback systems to ensure locally driven, bottom-up appraoches
- Improving responses to the diverse needs of the community and culturally responsive services

Creating a sense of belonging & purpose
positive social connections, opportunites for social & economic particaption

Connection to local, joined up support across health and community services, including mental health

Safe, secure and appropriate housing
and other core services health, education etc

Empowering communities

- Social housing providers delivering housing growth
- Embedded social landlord model with good pathways for tenants requiring support & early intervention
- Improvements to physical amenity
- Strong parterships between social housing providers, health and community services
- Local Goverment as a key partner in planning housing & infrastructure
- High quality local health services, education, income/income supporrt to ensure basic needs are met

- Community engagement to develop community aspirations, goals and evolving needs and priority actions
- Identifying community assets and strengths to build upon
- Community led goverance, auspiced by a community organisation
- Backbone funding to support placed based work
- Local Government as key partner in community egnagement
- Long term Impact evaluation ideally with research partner

*This builds on the learnings from the South Melbourne Community Capacity Building Initiative

PART 2

Stories from South Melbourne Community Capacity Building Initiative

The below stories from the South Melbourne Community Capacity Building Initiative provide examples of ways that communities can be more fully empowered through collective approaches to identify community needs, aspirations, priorities and actions using community-led and driven governance. By leveraging the assets of community health to engage local communities, these approaches can be harnessed to drive the development of more vibrant, healthy and inclusive communities on a larger scale.

Story – 'Park Towers Community Advisory Group' (the 'Group')

Despite the challenges of COVID-19, the Group continued their commitment to advise the Initiative and were able to provide a vital connection to the estate community throughout the pandemic. The Initiative provided Group members iPads and support over the telephone to connect with the Initiative online. With great persistence and determination, Group members learnt new digital skills and were able to continue to meet monthly throughout the pandemic.

Group members participated in the Department's COVID-19 Resident Information Online Forums and provided valuable insights to support the response in high-rise environments. For example, the Group advocated for more prompt and clear messaging to residents about the restrictions and how to be COVID-Safe within the building.

The 'Welcome to Park Towers' project group continued preparation for creating a resident run welcoming service for new residents and are now ready to begin the peer-based resident volunteer service once re-tenanting resumes in the estate.

Story – 'Emerald Hill Court Resident Association' (the 'Association')

In 2019, the Initiative worked closely with the Emerald Hill Court Resident Association (the 'Association') to engage with residents to create a Community Action Plan for the estate in the first year of the Initiative. A key action was a mural art project to encourage community pride and mitigate tagging at the estate. In 2020, work progressed on the mural.

Despite the COVID-19 pandemic, the Association was central to the artist selection process. Going online due to the pandemic posed challenges due to lack of data and technology to access artist applications and graphics online. The Initiative helped to print the applications and the Housing Services Officer helped deliver the packs during the height of restrictions.

The Association engaged and worked through the challenges to make a shortlist of artists. A selection panel was formed in November to interview selected artists in person. The Initiative guided the process, but the decision making was ultimately led by the Association. The artist selected has the full confidence of the Association and all parties are looking forward to working together to complete the murals in 2021.

PART 3
Responses to questions in discussion paper

People at the centre

Question 1: We want your input on what actions we should take to ensure we seek, hear and respond to people who need and use social and affordable housing, so that people are at the centre of a future social and affordable housing system *[see p.15 of discussion paper]*

Who to speak to
- People experiencing homelessness or living in insecure housing, people at risk of homelessness (including those with complex needs such as disability), people escaping family violence, younger individuals exiting state care and recently arrived refugees.
- It is vital to engage the people who will be housed under this program to capture the diversity of needs – suggest engaging people who are currently waiting for housing on the Victorian Housing Register.
- Note that ensuring people are at the centre is much more than 'seeking, hearing and responding'. People with lived experience need to be equal partners in a co-design process at every point. For example, the tender process needs to include a codesign process as a requirement and the additional cost and time involved must be factored in to ensure the outcome meets the diverse needs.
- People also must be appropriately recompensed for their contribution at every phase of the projects and this must be factored into funding provisions.

How to reach these cohorts
- Those waiting on the Victorian Housing Register
- Launch Housing residents
- Other programs targeting people who are homeless or insecurely housed – e.g. Star Health's Community Connections Program and other programs providing assertive outreach, and local government housing programs (including those targeting Indigenous people).

Barriers to participation for key cohorts if a survey is used as the key consultation mechanism (see p.15 of discussion paper)
- People who are homeless or insecurely housed are an exceedingly diverse group. A survey will miss this diversity and it is likely to return the views of people who are well supported and highly educated (further marginalising the most vulnerable if their needs are not considered).
- Cohorts a survey would likely miss include: people who have cognitive deficits, people with AOD and/or mental health challenges, people with no mobile device or internet access, people experiencing family violence (where completion of such a survey could be unsafe), people with literacy challenges and/or from a CALD background. The best way to obtain the views of these cohorts will be directly via a worker they trust, who has specific skills in engaging these cohorts. So, consideration must to be given to ensuring a representative stratified sample, determining the number of respondents required in each strata and then specifically targeting service providers to assist with obtaining these responses.

Pathways

Question 2: What actions will enable people to access social housing, sustain their tenancies, and move between different housing options as their needs change? *[p.18 of discussion paper]*

Providing better support to access Social Housing

- Firstly, the variety of housing stock that is required to meet the need must be available – currently this is not the case and this is the main barrier to access – many people who are homeless have simply given up on permanent housing ever being offered and only those at highest risk can access Launch Housing.
- If the first objective is ever met then the person's needs must be assessed by a service(s) with the skills to engage with and develop the trust of the person and determine the best fit housing to meet that need now and in the future.

Better supporting people to sustain tenancies

- While providing shelter is core to housing provision, providing social housing should not be viewed through the lens of asset management. Social housing tenants often require a myriad of psycho-social supports which enable tenancies to be sustainable.
- Support services to those in housing should be from a comprehensive health perspective such as community health services rather than just a tenancy or homelessness support agency. This housing support must be provided by or link to funded services in mental health support, alcohol and drug support and wrap around health care. By using skilled, professional workers in these housing support roles the broad variety of needs can be accurately assesses and the right referrals and interventions applied.
- The system must include funding for services to support people to sustain housing. The cost of the cycle of eviction, temporary housing and rehousing is enormous for the affected individuals and the community. Many people who are long-term homeless require assistance to develop the skills they require to maintain tenancy. These include domestic skills (such as managing a household budget, cooking and cleaning). They may also need support to build skills to manage relationships with neighbours. They may also be managing mental health issues and/or using alcohol and /or other drugs.
- Housing for this cohort must be close to services which can support tenants in a rehabilitation/ recovery model, including step up and step down. Regarding housing people who use drugs, some housing will need to be 'dry' and other housing will need to be 'wet' to suit individual needs. Hoarding is a major cause of eviction and specialist services must be funded to assist – this includes mental health services and practical supports such as specialised cleaners.
- The housing itself must also support people to maintain independence over the long term, including when mobility becomes compromised (whether acute or chronic). Reduced mobility can result in housing becoming unsuitable (sometimes quite rapidly) and even a risk to live in (falls are a major cause of premature placement in residential care and death).
- Housing must be accessible (meet or exceed AS1428.1) or able to be rapidly adapted (unlike the old high-rise stock where stepless showers cannot be installed). Sufficient funding must be available to act quickly to modify the dwelling where there is a safety issue (this is not currently the case with office of housing requests). There must be a large percentage of ground floor dwellings (lift access is not appropriate for people with mobility problems as this does not cater for emergency egress). Housing should also cater for an overnight carer if this is required for a person with disability.

Better enabling people to move between housing options – as needs change

- Local community connection is vital for health and well-being, but people will not invest in establishing this unless they have security of remaining in the same vicinity at minimum and security of tenure ideally. The system must recognise that moving house is also exceedingly stressful and many in this cohort will require support from services to assist – so the process is also costly. It should be avoided unless absolutely necessary.

- Having said that a step-up step-down model will be required for some people (particularly those with mental health issues or dual diagnosis), a rehabilitation and skills development approach will be needed for people who are long-term homeless (less support over time) and for people who are aging more support may be needed over time. For people where this change in needs is most likely housing with more / less support would need to be available within close proximity to allow for this, e.g. a community house with live in support close to independent housing (note we are not advocating all on one big site – ideally the housing would be spread out while still within a locality).

- It is also important to set expectations from the start. It is not a good use of resources to maintain people in a family-size home after children have moved out and this should not be expected (this is currently expected and permitted resulting in families not being appropriately housed).

Question 3: What are the most important features of affordable housing? (e.g. price, location, design, quality of housing, security of tenure, access to transport or daily amenities, access to health services, access to support services etc.) *[p.18 of discussion paper]*

All features suggested in the question are important in different ways – a co-design process will be essential to unpack what is required by people with lived experience.

- **Price**: The housing mix should include a mix of community housing and government funded stock with a range of rental options to suit the varied needs of the cohort – consideration should also be given to providing the dignity of the potential to purchase property over time.

- **Location**: Housing must be located close to services and if people are moved from one housing type to another then this must be in close proximity such that it enables people to continue accessing existing health and social services/supports. This is crucial in minimising additional stress, costs and disengagement from services for an already vulnerable cohort. Any required reintroduction of new services (e.g. GP, transport, community supports etc) in a new and unchartered area can be very challenging particularly for older, isolated or marginalised people. Very often their plan of restructuring supports fails altogether or is significantly delayed and can put them at risk of physical or mental decline.

- **Design**: Properties must be integrated into the local neighbourhood – spread out in a local vicinity so as to be part of the community rather than congregated on one site. The design should be attractive - something tenants can be proud to call home. Design should consider sustainable environmental standards and running costs – designed to be cool in summer and warm in winter, solar panels and batteries incorporated. Air conditioning must incorporate cooling as standard – type chosen should have the lowest running costs possible. Accessibility must be at the forefront of design (meet or exceed AS1428.1) or able to be rapidly adapted. Attractive, accessible outdoor spaces and an opportunity for gardening and growing food must be incorporated into the design for the health and wellbeing benefits this will bring and also to provide space for pets – it is very important that people be able to keep pets as part of their tenancy. This could also incorporate shared spaces such as a community garden to facilitate further social connection and reduce

isolation. Outdoor space is an essential requirement for Indigenous people – it is vital that a direct connection with nature is maintained.

- **Quality of Housing**: housing must initially be high quality and maintenance has a major impact on sustaining this – the experience of our clients in office of housing is that maintenance requests can be slow to be actioned and the quality of the workmanship is variable – this results in a gradual deterioration of the housing stock over time. Low quality housing also attracts vermin such as bedbugs which are virtually endemic in current office of housing high rises. Funding needs to be allocated for a rapid response to pest issues.
- **Security of Tenure**: This is absolutely vital – but can be nuanced as well. It must include security of remaining in the one vicinity, but an understanding that a person may need to move properties when necessary to ensure the property is the best fit for their needs, e.g. as part of an agreed recovery process (moving to more independent living) or as part of a lifecycle change (e.g. downsizing after children move away). The reasons why a person may be moved from one type of housing to another need to be well understood and agreed to as part of a tenancy agreement.
- **Access to transport or daily amenities**: properties must encourage incidental activity – close proximity to infrastructure such as walking trails, bike paths, local shops, parks and reserves will be important as will close proximity to public transport links. Housing must also be located in vibrant areas with significant local employment opportunities.
- **Access to health and support services**: Is critical for this cohort where developing trust in services can be challenging and time consuming – ensuring access to a variety of integrated health and wellbeing services locally over the long term. In the social landlord model this must include funded programs to inreach or connect residents with programs and services.

*Question 4: **What actions will support people to find and obtain an affordable home?*** *[p.18 of discussion paper]*
- Place management, as has been demonstrated through programs such as Neighbourhood Renewal have demonstrated that with relatively modest recurrent funding, communities of social housing can remain connected and safe.
- Engaging and funding experienced services to undertake assertive outreach – to identify, engage and support people experiencing homelessness or in insecure hosing to secure affordable housing
- Case management services for people who are on the Victorian Housing Register, including coordination of referral to appropriate services to obtain a comprehensive assessment of needs (current and likely future needs) and matching this to housing stock.
- Education, training and employment build economic independence – this combined with appropriate support services gives tenants economic independence and can break the cycle of poverty. Housing policy supported by successful models of economic development can provide pathways for people to engage with training and ultimately employment.
- Skilling up service providers to assist people who are at risk of homelessness to navigate the process of applying for housing – consider employment of navigator type roles to assist.

Communities

Question 5: What actions will strengthen social and affordable housing communities? *[p.20 of discussion paper]*

- Involve tenants in the ongoing operations (planning, delivery, evaluation) of the organisation which is providing the housing they live in – codesign does not stop with delivery of this housing strategy.
- Place-based initiatives in communities with large numbers of new community dwellings will be critical. Bypassing the usual community consultation process will expedite the build but could also result in a community backlash against the new affordable housing tenants. Sensitive work will need to be done to allay fears and bust myths become the new tenants move in and to build a welcoming and inclusive community.
- For Indigenous people communal living spaces with other Aboriginal and Torres Strait Islander people would be preferable for many, especially considering the issues of isolation that people have experienced during COVID lockdowns. Ideally this would be linked with an outdoor space where tenants can gather - ground floor or single storey buildings are preferred.
- As described in Part 1 above, learnings from the South Melbourne Community Capacity Building Initiative indicate that approaches which seek to more fully empower communities through collective approaches to identify community needs, aspirations, priorities and actions using community-led and driven governance are crucial. Community health is well-placed to take a leading role is such approaches.

Growth

Question 6: What actions will enable and deliver growth in social housing? *[p.22 of discussion paper]*

- We need a growth plan for years 4-10 as funded though the "Big Build" needs to be the beginning of a pipeline of sustainable funding so that we avoid a famine and feast approach and instead have sufficient housing funded each year to meet demand into the future.

Question 7: What do we need to do to ensure housing supply meets the needs of people with specific support and housing needs? *[p.22 of discussion paper]*

- In principle, housing should be designed to meet the needs of as many people as possible and to reduce the requirement to move if a person's needs change.
- In order for people with specific needs to maintain tenancy, the housing chosen needs to meet their needs (e.g. accessibility) and tailored supports will also be required. These may include assistance to access the NDIS.
- Codesign needs to include a broad range of people with lived experience many of whom have specific needs – if the initial needs assessment is correct then new housing stock can be designed to meet the need.
- A tiered design approach that allows for the changing needs of people as they age would be beneficial.

Question 8: What do we need to do to enable a well-functioning affordable housing system that provides rental and home ownership opportunities for those that need them? *[p.22 of discussion paper]*

- The housing mix should include a mix of community housing and government funded stock with a range of rental options to suit the varied needs of the cohort – consideration should also be given to providing the dignity of the potential to purchase property over time.
- An agile approach is vital – where resources allow needs are reassessed at regular intervals, new models with positive outcomes can be identified and incorporated and unsuccessful models phased out.
- Consideration should be given to low interest mortgages and loans and any applicability to a type of first home owners Grant for this cohort.

Partnerships

Question 9: How do we strengthen our partnership approach to build a stronger and more effective social and affordable housing system? *[p.25 of discussion paper]*

- An affordable housing system is much more than bricks and mortar. It requires a collaboration between community and government housing providers and health and support services to ensure best fit housing for current and future need, tenancy maintenance and community integration. Examples are provided below. The 10-year Strategy must include resources to build and sustain practical working partnerships across the housing, health and wellbeing sectors.
- One example of this is the South Melbourne Community Capacity Building Initiative where, through the use of a social landlord model, collaborative partnerships between Star Health, the Office of Housing and many other local organisations play a crucial role in building a vibrant, healthy and inclusive communities.
- Another example of a model that works well is Older Persons' High rise – where community health hubs are on site and there is strong collaboration between Office of Housing, Community Health and tenants. Siting health services in temporary accommodation (such as the partnership between Star Health and Launch Housing Southbank) can also begin to rebuild the trust and connection between tenants and health services.
- Neighbourhood Renewal established an outstanding model which brought a whole of government approach in collaboration with local service providers to provide sophisticated place management which built capacity within the community as a whole. Careful consideration should be given to re-establishing some of this ground-breaking work.
- A forum or network of the above key stakeholders would enable cross integration of coordination and enabling housing options.

Engagement

Question 10: How can we engage with you as we develop new initiatives over the course of this strategy? *[p.25 of discussion paper]*

- Community health should be leveraged as a key partner in engaging with the community in the development and implementation of the Strategy. The value that community health can add in these ways has been demonstrated by the ability of community health to quickly and effectively engage with local communities and people in the midst of a pandemic, particularly those who are most disadvantaged. This has been built on Star Health's decades of delivering locally-based and driven services as well as deep community engagement with social housing tenants, people who are in marginal housing or homeless and for Star Health the South Melbourne Community Capacity Building Initiative at Park Towers.

- Consider breaking the strategy up into themes with associated evidence reviews and recommendations for comment. Forums could be organised around each topic and service providers could assist to engage people with lived experience to contribute. Working groups may then follow to codesign the elements of the strategy with people with lived experience and service providers. These groups may form the pre-cursor of partnerships that would continue into implementation and operationalise, evaluate and progress the strategy.