

EACH & EHL submission: Rooming Houses – Living Conditions and Regulation

April 2022

Background

EACH & EHL are pleased to provide the following short submission. We acknowledge the role that rooming houses play as an accommodation option for people that also use EACH's community health services, particularly for women, families, those living with disability, AOD addiction, or poor mental health.

Since 2020, and in response to the COVID-19 pandemic, EACH has been one of a number of agencies delivering the *High Risk Accommodation Response Program* (HRAR). HRAR was initially designed to provide outreach support to people living in specified accommodation settings where transmission of, and vulnerability to, the COVID-19 pandemic was considered to be relatively high. Rooming Houses have been key sites of support. The mission of the service has been to prevent further outbreaks in sensitive or high-risk settings and, when prevention fails, to respond early and effectively to reduce transmission and promote community recovery.

HRAR has:

- responded to the biopsychosocial and economic impacts of the pandemic
- focused on supporting at-risk people and communities who continue to experience inequitable impacts of the pandemic (such as women, people from culturally and linguistically diverse (CALD) backgrounds and lower socioeconomic groups)
- built on the community health sector's existing connections with these same people and communities
- delivered accessible, high-quality, flexible, and tailored place-based care
- provided practical support in the face of increasing 'shadow pandemics' (i.e., mental health, drug and alcohol, family violence, financial instability, chronic disease onset and progression, and delayed care).

Moving forward into the future, the program aims to support ongoing outbreaks, emergency COVID-19 variants and vaccine hesitancy, as well as those at the highest risk of adverse health outcomes and compounding social disadvantage. A proposal is currently before the Victorian government to continue the work of the HRAR program as part of a "resilient communities model", which will continue to focus on active linkages to social health and wellbeing supports, community engagement, community resilience building, prevention and preparedness (for health and wellbeing challenges), and capacity to be activated to provide outbreak and adverse event support. Under the model, rooming houses will continue to be a prioritised setting for support.

As a foundational service delivery partner of the HRAR program, EACH has had a recent and prolonged period working with residents of rooming houses, their proprietors, as well as observing living conditions. Moreover, EACH Housing Limited provides housing options for many individuals that have used rooming houses as part of their housing and support journey. The points made below are drawn from extensive operating experience in both contexts and have been structured around the proposed questions (10-15) for resident support services and others.

Common Reported Experiences and Problems

10. What do residents tell you about their experiences of living in rooming houses?

11. Are there common problems that are reported to you?

The experiences of residents can vary greatly across individual rooming houses as can the willingness of individuals to engage in discussion. For some residents, simply getting through the day safely is the priority. This may be the case for the significant numbers of residents that live in a rooming house where safety, privacy, hygiene, amenity, and facilities are not to a high standard. Overcrowding is common as are high levels of poor physical and mental health, as well as illicit substance use. Residents report to us concerns with all the above.

Some residents have had negative experiences with institutions, services, and systems in Australia (e.g., asylum seekers, Aboriginal Australians, people that have been homeless) and do not wish to risk further contact by complaining about their living conditions. Moreover, some residents that have had a history of insecure housing, are fearful of the positional authority of their proprietor and are concerned that complaints will lead to a loss of housing. Some proprietors actively or passively support this belief and actively discourage support services engaging with residents on site. The case details attached at addendum to this submission provide some descriptive detail to these themes.

A significant number of residents that EACH has supported pay a large percentage of their income to maintain their accommodation in a rooming house - far greater than what would normally be required under social housing arrangements. This, in turn, can entrench a cycle of poverty, poor health, and disadvantage for many residents. Necessities for healthy living may not be present. English as a second language and illiteracy (both in English and in the original language) can also reinforce this cycle. Notwithstanding the above, there are rooming houses that provide good quality, safe housing and that are operated by a responsible and responsive proprietor.

12. Has your service ever reported a problem? What happened?

EACH has provided and/or linked services to individuals with respect to their circumstances that they would define as problems in their life (e.g., material aid, referrals to mental health and physical health services, family violence, addiction recovery services etc.). The journey of receiving help is unique to that individual, however, those residents that have had good levels of engagement with the HRAR worker(s) are generally more open to receiving help for problems.

EACH has, on rare occasions, reported issues at rooming houses to responsible authorities. This includes situations where, in the worker's judgement, the risks of living (or providing services) in a particular rooming house (e.g., the structure of the building is such that it is not safely habitable, or the behaviour of other residents is highly unsafe) significantly outweigh the risks of not doing so (e.g., returning to an uncertain or homeless housing situation). In general, EACH adopts a non-judgemental attitude with respect to the choices and personal circumstances of residents. This is fundamental to establishing a relationship of trust that can be mobilised to improve health and wellbeing outcomes in the medium to long term.

13. Are there any impediments to effective oversight or regulation of rooming houses in Victoria?

Yes. As mentioned above, vulnerable residents may literally feel that they have “no-where else to go”, be reluctant to make complaints or be able to make complaints (e.g., language or literacy) and be in a disempowered position with respect to making complaints of their proprietor or to regulatory bodies. This may mean that the channels for complaint and feedback from residents cannot be assumed to be reliable or present an accurate picture of conditions within anyone rooming house.

Occasional visits or inspections by regulatory authorities may present a picture of living conditions or health issues that is different to one that is presented to services that have established an ongoing trusted helping relationship with residents. Many rooming houses that we have provided support to do not have a permanent site manager present. This limits the ability to respond with urgency to any crisis-related or time pressured issues. It also means that accessing the properties can be difficult.

Whilst there are many proprietors of rooming houses that do care about their residents and provide quality accommodation as part of this care, it may be fair to say that for others, running a rooming house exists more as a business venture to maximise financial return. Given the vulnerable nature of many residents, we would argue that appropriate regulation includes ensuring more than the compliance with the current basic prescribed minimum standards. A better framework would oversee that basic standards of personal wellbeing or human rights are able to be maintained at a given rooming house, which may, in the short term, reduce the cash flow of a business. This conflict of interest is a challenge to appropriate regulation. In our experience, in many cases it does not appear that regulatory standards (for basic repairs, pest control etc.) are being enforced. We are unclear as to what barriers prevent this from occurring. We have more questions, rather than concrete observations, on this point. Are regulators sufficiently resourced to the task? Does the will to enforce regulation exist? Are the standards clear enough to be enforced or strong enough to ensure compliance, in the face of issues such as difficult access to a site? Are the different parties involved in regulation (councils, consumer affairs etc) working together or at cross-purposes? Are some proprietors willingly or unwillingly exploiting any of the above as part of business operations?

14. Have you noticed any changes in living conditions in rooming houses?

EACH has engaged with rooming houses as a HRAR service provider since 2020. Over this period we have witnessed the impact of the ongoing COVID-19 pandemic on residents. Conditions in rooming houses are conducive to the spread of COVID-19 and other airborne infections. The mental health of residents, many of whom has pre-existing conditions, has been significantly deleteriously impacted through COVID-19 and residents report lesser levels of wellbeing than before. Although EACH does not have a reference point prior to 2020, it is noticeable to us that very few children have been present at the rooming houses we have visited. We have also noticed that many residents are transient, on a pay per night or per week basis, which further restricts the ability of residents to pursue change on their own behalf at a given rooming house.

More positively, we have witnessed some proprietors and residents that were initially reluctant to allow the program on site change their attitude towards the HRAR program. Over time they became more welcoming to the workers and more positively disposed to the health and wellbeing outcomes that the program was able to advance for their residents. In our opinion, this partnership approach represents a genuine opportunity to work effectively towards positive living conditions and wellbeing outcomes for residents.

15. What would improve living conditions in rooming houses?

Enhancing regulation is one way to progress improved living conditions for residents of rooming houses. Another, equally complementary way, is to pursue ongoing assertive outreach programs and partnerships with the Community Health sector that have been shown to work. These programs can deliver improved health outcomes. In addition, they provide an alternate perspective as part of building a comprehensive picture of the living conditions in rooming houses, and their associated health outcomes costs for Victorians.

In summary, we would assert that community desire to “not forget” about people in rooming houses is essential to improve conditions. Other key areas for improvement that have emerged from our experience of providing support are the need for stronger & coordinated partnerships; the provision of assertive on-site support to rooming houses; improved focus on safety; and mechanisms for lessening the power imbalance between residents and proprietors. The case detail provided below provides some real-life examples supporting these themes for improvement.

If there is any further way that EACH and EHL can support the *Rooming Houses Lived-Experience Project*, please do not hesitate to get in contact.



Natalie Sullivan
EACH and EHL CEO

Addendum A: HRAR– Descriptive Case Detail

*please note identifying details have been changed

Crowding / Too High Rent

- Team visited a particular Rooming House and met a mother of two young children (2 years & 8 years old) living in a one-bedroom rooming house. She has lived in Australia for 18 years; however, her partner remains in Africa, and she has been unable to visit him the last couple of years. This tenant works full time to support her children and maintain her housing and was very thankful for the financial support (Coles vouchers), personal hygiene and cleaning packs, and kids' packs provided by the HRAR team. When asked if she was wanting any additional support, she was quick to identify that her main concern is her public housing waitlist status, as the property she is living in is unsuitable both for young children, and for the number of people, and asked for support from HRAR intake to follow this up.
- This was a rooming house with multiple people in some rooms. All residents were being charged the same amount of rent regardless of sharing a room. Afraid to complain as the proprietor will penalise them.

Property Damaged/ Uninhabitable/Unsafe

- While undertaking cold knock welfare checks and with our roving nursing vaccination team, we came across a gentleman laying in his bed, malnourished, weak, and slow to respond. His door was wide open and could not be locked. His window had been smashed and he only had a thin blanket on his bed. He does not have family, friends or supports in place and stated he gets out of bed once a day to go to the toilet but when he does, he is dizzy, and his legs give way. He has no phone and is not on the Disability Support Pension so he is required to apply for jobs to receive any Centrelink. He was hiding anything of value under his pillow as he is regularly robbed and showed signs of being abused.
- HRAR team arrived at a property with broken windows, graffiti, and unkept outside. The property was in disrepair, and the window at the front of the house was broken. Taps in the bathroom were leaking. All doors were in need of repair and deep clean. Informed by resident that a resident died in the property and her possessions are outside under carport and in the back garden. Complaint received by LGA with regard to poor living conditions. Assessment carried out with council. Property was deemed uninhabitable. EACH to follow up with complainant to link in with local crisis housing support services. No further action. Council have issued Improvement Notices to remove exposed live wires, repair electrical issues and to involve Building Surveyor or builder to repair bathroom, kitchen, and shower wall.
- Attempted visit needs to be conducted with security as property looks dangerous: junk everywhere, windows boarded up, "do not enter beware" sign and no answer when calling out. Team did not feel safe so left the property. Advisable to only attend with Vic Pol escort.

Unauthorised Surveillance

- Engagement made with a further 4 residents. Observed the presence of multiple cameras both inside and outside of property, with no signage informing cameras' operation. This property is a purpose-built rooming housing. This property has a CCTV camera with no signage.