



# FACSIMILE TRANSMISSION

Company: Public Bodies Review Committee  
 Attention: Committee Manager and /or Catherine Watson  
 Fax No.: 9230 3309  
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 From: Eastern Area Tenants Service  
 Ref: Inquiry into the Allocation of Social Housing

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**Message:**

Dear Sir/Madam,

Please find attached submissions from Eastern Area Tenants Service on the Inquiry into the Allocation of Social Housing.

Regards

*JK*  
 Jo Kwan  
 Co-ordinator/Tenants' Advocate

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**EASTERN AREA TENANTS SERVICE**  
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24 February 2006

The Committee Manager  
Public Bodies Review Committee  
Parliament House, Macquarie Street,  
Sydney NSW 2000

Fax: (02) 9230 3309  
Email: catherine.watson@parliament.nsw.gov.au

Dear Sir/Madam,

**Re: Inquiry into the Allocation of Social Housing**

The Eastern Area Tenants Service is a not-for-profit community organisation funded by the Tenants Advice and Advocacy Program of the Office of Fair Trading. Our service provides free tenancy advice and advocacy service to both private and public housing tenants who live in Randwick, Waverley and Woollahra local government areas.

Our service would like to make the following submissions in relation to 2 of the terms of reference of the inquiry:

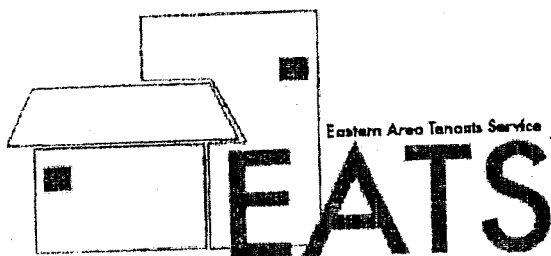
1. **"The effectiveness and appropriateness of housing allocation"**

***Transfer allocation:***

Our service has encountered a number of issues with the Department of Housing ("DOH") allocation after a transfer application has been approved.

One example is that a tenant was housed in a second floor unit with her 2 children when she escaped domestic violence a few years ago. The tenant has chronic back pain requiring surgery that severely impaired her ability to go up and down the stairs. Her doctors have provided a number of reports stating her condition and her ability to climb stairs as a result of her medical condition. Her young child is hyperactive requiring more space for her to expand her energy. This is also supported by her medical assessment. She also suspects her ex-husband, the domestic violence perpetrator, was in breach of the AVO by loitering around her premises.

This tenant was approved for transfer on the ground of her medical conditions to access her home a few years ago.



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The DOH has made a few offers of premises to our client throughout the years since the transfer approval. However the premises were found to be unreasonable. It either contains internal stairs or it requires access via too many steps. Our client rejected the offers. DOH considered the offers to be reasonable. They were subsequently found to be unreasonable offers based on the tenant's medical conditions on internal appeal and appeals to Housing Appeals Committee.

It has been a number of years since the approval of her transfer, and the tenant is still living at the same premises while her back conditions deteriorate making it very difficult for her to access her home now.

We note that the above example is not an exception. We have encountered many tenants in similar circumstances. This causes grave frustration to many successful priority transfer applicants who after have been given the promise that their urgent medical or other priority needs have been recognised but this recognition is not reflected in the DOH allocation.

The inappropriate allocation strategies also act as additional sources of conflict between the DOH and its clients.

Our submissions are that we understand the DOH has legitimate difficulties in specifying a time for allocation of alternative premises, it is possible for the DOH to properly consider the applicant/tenant's medical condition in allocating appropriate social housing. Hence the allocation process could be more effective in terms of both human and asset resources management of the DOH as well as the maintenance of staff/client relationship.

***Administration error and the need for implementation of remedial procedure:***

We submit that the DOH should implement fair and practical remedial procedure when an administration error occurs and it especially had a detrimental effect on a tenant.

We assisted a tenant who applied for Priority Transfer on medical grounds. The tenant regularly contacted the DOH to find out whether an offer has been made. After 5 years of waiting, one of the DOH officer discovered that the tenant had been incorrectly listed in wait-turn transfer instead of priority transfer list. The DOH acknowledged its mistake. However, the tenant did not receive a formal apology from the DOH nor was her application processed as an urgent priority transfer. The tenants had to wait further one and a half years until an offer was made.

At present, DOH does not have any equitable remedial procedure to compensate the tenant in case of administrative errors.

In case of the above tenant, we believe that DOH should have provided a formal apology to the tenant. Further, in order to compensate her for the excessive waiting period which would have been unlikely, had she been listed correctly, by prioritising her application with shorter target timeframe than other priority housing tenants to provide her with a suitable offer. If DOH is unable to find premises owned by DOH, should have exercised the option of headleasing privately owned premises.

## 2. "Any other related matters":

### *Client/staff communication:*

Our service has encountered a number of complaints from DOH tenants regarding the reluctance of the DOH staff to communicate. The communication issues at times have incensed many tenants as a result of the frustration in getting no answer or evasive answers.

One example is when a number of public housing tenants attempted to verify with the DOH about the presence of any asbestos at their premises. Despite repeated attempts to communicate with DOH staff for an inspection report to verify the above, DOH staff did not provide clear answers in relation to the verification process and the safety measures or action plan if the presence of asbestos is confirmed.

We note that the DOH has to bear in mind that a landlord, the DOH has legal obligations to provide premises that is fit for habitation and is liable for compensation for any breach of its obligation to repair and maintain as well as breach of its duty of care. Given the potential serious health consequences of asbestos, DOH should formulate appropriate safety procedures as well as allocation or relocation strategies to deal with the issues accordingly.

The communications difficulties cause tenants' grave frustration and generate unnecessary tension between DOH staff and tenants.

Further, it also insinuates the tenants' perception that their legitimate safety concerns are ignored because they are public housing tenants. Hence the relationship between staff and tenants breaks down.

A number of tenants have contacted our service to facilitate safety inspection. Our service has encountered similar communication issues. The communications problems have on many occasions escalated simple issues to lengthy Consumer, Trader and Tenancy Tribunal (CTTT) actions, which is resource intensive for the DOH, our service as well as the tenants. The CTTT actions can be avoided if prompt communication and action plan is forthcoming.

We understand that the DOH engages contractors to perform repair and maintenance work, hence the DOH also faces communication and quality control constraints with their contractors. We also understand that the DOH has limited resources to deal with a range of serious repair and maintenance issues including serious sewerage spillage problems in a couple of major estates within our catchment area.

Given the serious consequences of many of the repair and maintenance issues, our submissions are that it would be more resource efficient if the DOH staff can communicate with their clients more effectively and promptly to prepare plans to deal with the issues concerned. More importantly, the plans have to be able to be carried out promptly and at a quality standard. Much of the DOH staff's and tenants' frustration can then be reduced. Hence, human and financial resources can be utilised more effectively and efficiently.

***Necessity of full and complete knowledge of and strict adherence to its own DOH policies:***

We submit that DOH must ensure that its workers have thorough knowledge of its policy and strictly follow the procedure as written in the policy. We believe that internal policies have been created to provide the most fair and practical methods of dealing with numerous issues in the organization. Hence, acquiring the full knowledge and closely following its policy would work to test the true effectiveness of the policies. If not, this policy could be reviewed which would likely lead to improvements.

We are currently assisting tenants who were offered a unit after a long waiting period. Due to the condition of one of the tenant, they requested modifications to the bathroom. Initially, DOH advised them to obtain a letter from their doctor detailing the need for modification which they did. They were then asked to obtain a letter from their specialist which they also did. Finally, they were asked to provide a report from an Occupational Therapist which they went and saw. The Therapist then contacted DOH for an access to the offered unit to carry out assessment. DOH failed to return her calls. The therapist was later notified that the tenant's offer had been withdrawn because they have decided that it was unsuitable. The above case illustrates non-compliance to its own Modification policy (EST0017E) which expressly states as follows:

*Modifications will be in response to a tenant's need. An Occupational Therapist will need to visit the tenant's home and provide a report. We will review the therapist's recommendations and consider how much work is involved in making the modifications.*

*If only minor modifications are required, we will authorise the work. Minor modifications involve non-structural changes. For example:*

- \* *Adding grip rails*
- \* *Installing a hand held shower set, and*
- \* *Changing to lever style taps.*

*Major modifications involve structural changes, for example:*

- \* *Widening door ways*
- \* *Providing ramp access, and*
- \* *Modifying the kitchen, bathroom or laundry.*

*If major modifications are needed we will meet with the tenant in their home. The Occupational Therapist, a Senior Client Service Officer (Technical) and the client will discuss the needs and the options available.*

The Department failed to arrange an appointment with the Occupational Therapist for an onsite visit hence failed to follow its own procedure of reviewing the Therapist's report prior to making the decision to withdraw the offer. Further, if DOH had decided that the requested modifications were major, they had also failed to visit the

tenants in accordance with their policy and "*discuss the needs and the options available.*"

Application of correct procedure by the Department would have produced a different outcome for the tenants. By reviewing the Occupations Therapist's report and discussing other options, the tenants would have been given the opportunity to make an informed decision knowing all the available options and in accordance with their priority.

Please do not hesitate to contact our service if further information is required.

Yours sincerely,



Jo Kwan  
Co-ordinator/Tenants' Advocate