

# Boarding House Roundtable (Virtual)

22/09/2021

Attending:

Liz Yeo (*Chair*); Paul Adabie (*BHOS*); Paul Clenaghan (*SLHD*); Anna Wade (*Customer Services NSW [Formerly Department of Trading]*); Kira Weiss (*Department of Community and Justice*); Thomas Chailloux (*Public Interest Advocacy Center*); Kate Lennard (*SLHD*); Peter Dormia (*Property Owners Association*); Sarah Steen (*BHOS*); Grace Dawson (*BHOS*); Kiri Simon (*minutes*); Jeremy (*Customer Services NSW*); Sunlil Lal (*PWDA*); Karen Kobier (*PWDA*); Chris Martin (*UNSW*); Steven Petrohilos; Jeanette Cortiana, Margaret Snood; Rodney Tabone; Georgia Macintosh; Monique Burns; Bruno Silva; Michael Azzam; Alicia Tindall; Rowan; Angus; Terry.

**Welcome**

**Acknowledgement of Country**

## COVID in Boarding Houses SLHD Response

Paul Clenaghan & Kate Lennard (SLHD)

There are five areas in working towards COVID prevention in boarding houses:

- vaccination rates
- Swabbing
- education for residents
- COVID outbreak plan (which many larger boarding houses have)
- confirmation of the presence of the manager/caretaker role, and understanding that role in the other 4 areas.

*What happens if a person in a BH becomes COVID-positive?*

The Public Health Unit is alerted. When Health is notified of BH case, that person is allocated as a Priority interview, with senior official, as quickly as possible. Health will try to get the person into special health accommodation (if suitable and they agree) to help protect the other residents.

and they will contact the person, and the boarding house manager (if known). Risk assessment of contacts (close/casual/low risk) are performed using a risk matrix (considering factors: was patient wearing a mask, before/during infection, time of exposure, length of exposure, etc).

After risk assessment have been conducted, the unit creates a 12–15-day plan for the boarding house. This plan will start at closest date to that of when the case was identified (rather than when infection may have started). The plan is reviewed throughout the 15-day period.

During this period, it is assessed whether swabbing is to be done in-house, by experienced nurses, or by directing contacts to appropriate swabbing sites.

When cases are identified, the Public Health Unit searches for all available records. There isn't any one comprehensive central list of BH properties, just the Fair-Trading Boarding House register (which is due to be discontinued as part of new Act).

Health would like access full lists of residents and contact numbers (when a positive case is identified), to quickly follow up with advice and organise risk assessments. It is difficult to get numbers for everyone, so letter drops are also helping to fill that gap. Managers of boarding houses are being asked to assist with the letter distribution.

Also asking about social and medical issues, to understand possible complexities and issues with suitability and compliance with isolation. There have been difficulties finding the initial contact point, especially in BHs with no caretakers. Non-compliance from residents has also made things tricky. But managers and owners have responded very well, and only a minority of cases have presented trickily. 5-6 cases at any point in time on a daily basis, being handled by Health.

*Question: Is there any difference between how to treat vaccinated and non-vaccinated residents? What power do managers have to ensure the plan is implemented? (Margaret Sood)*

*Answer: when positive cases pose a risk to themselves and others, there are public health measures that can enforce compliance. The health unit response opts for the least aggressive, but most risk-mitigating position possible. Isolating in a health-monitored facility is the best. But before identification of a person's infection, powers/responses are as stated by public health orders.*

*Question: Do you have data on the number of boarding house buildings that have had covid cases/breakouts since the pandemic started? (Peter Dormia)*

*Answer: there have been 5-6 identified cases at any point in time, on a weekly basis over the last three weeks, being handled by Health.*

## **Health NSW-BHOS Vaccination Drive**

### **Paul Adabie (BHOS)**

Health NSW and BHOS have partnered for a vaccination drive for getting as many boarding house residents vaccinated as possible. The vaccination is Pfizer, and the shots will be administered 4 weeks apart. A team of 2 nurses, one First Aid nurse, and Sarah Steen (BHOS case manager) will be going to boarding houses to deliver the vaccinations on-site, and in areas of known clusters.

The start date is October 4<sup>th</sup>. The first phase will be directed at boarding houses with 15+ residents.

*Question: Is there a mobile vaccination program for any other areas? (Angus)*

*Answer: Just Inner Sydney, in SLHD, this might change after first few weeks.*

## **Shared Accommodation Act**

### **Anna Wade & Jake Owens (Customer Services NSW)**

There have been key changes to boarding house legislation recommended through the statutory review of the 2012 Boarding House Act. This was tabled in Parliament at the end of 2020. Yet

modern forms of BHs are emerging (new gen, share housing, etc), which are not covered by existing legislation. So, the Shared Accommodation Act's coverage is expanded from the traditional areas.

Providers are required to ensure bonds lodged with Fair Trading, accommodation is fit for habitation, fire safety, etc. Dept. Cust Servies leading the bill, and enacted by DCJ.

Timeline :

- Currently: the bill is being drafted ahead of consultation, while working with DCJ to finalise the policy position and provisions for persons with additional needs (and further policy refinement). This delay is not affecting other areas of the Act drafting.
- Public consultation is expected to be early 2022.
- Then, after incorporating feedback, the bill will be taken back to Parliament late 2022.

Scope of Act :

- Rights and obligations - requirements surrounding fire safety and overcrowding standards, developed in conjunction with Department of Planning, local government, and fire department. For these there is the need to distinguishing between this Act and the Residential Tenancies Act. "Is the accommodation shared?" - is the distinguishing feature.
- Standards – the Roundtable greatly helped in the past by describing their standards.
- Security deposits – to be held by Fair Trading
- Tribunal Powers – around compliance and enforcement powers surrounding terminations, regulation, etc.
- How to support transition from BH Act to SA Act.

*Question: Has the experience of COVID changed the decision to move away from the BH register? (Chris Martin)*

*Answer: There have been no changes to policy decision from Parliament.*

## National Redress Program

### [Karen Kobier \(People with Disabilities Australia\)](#)

People With Disability Australia is a non-profit, non-governmental organisation

National Redress program. How might It benefit people in boarding houses?

The National Redress Program arose out of a royal commission looking at institutional childhood sexual abuse. It is designed to be less traumatic than taking civil action through the courts. The definition of "institution" in the operation of the program is quite broad. Churches, schools, medical, out of home care, juvenile detention centre, sporting groups, scouts, etc.

PWDA works with people with all manners of disability (including psycho-social). If a person with disability wants to engage with the NRP, there are lengthy forms to fill out, and the PWDA can help with that. It is probable that people living in BHs might be eligible for this scheme, but know nothing about it.

Eligibility and outcomes: people must now be over 18, but must have been under 18 when the abuse occurred. Monetary payment is capped at \$150,000. The program also offers counselling through Victims Services (unlimited sessions). And offers DBR, which is an acknowledgement from the institution that the abuse happened (this can take different forms, a letter a meeting, a plaque). You need to be an Australian citizen now, but don't have to have been when the abuse occurred.

PWDA is not an advocacy service, but can connect people with those. If they are approached for the National Redress Program by a person who does not have a disability, they will refer them on to other suitable organisations. There are information packs that can be sent out. Karen can be contacted through her details that she will supply after the meeting.

[End of Meeting](#)

[Break, then start of Operator's Forum](#)