T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Homelessness in Victoria

Morwell—Tuesday, 3 December 2019

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WITNESSES

Ms Courtney Eacott, Coordinator, Homelessness Services, Gippsland, and

Ms Aleisha Olivier, Brief Intervention Worker, Community Housing (Vic) Limited.

The CHAIR: Thanks so much for coming today. I appreciate that you have been here, so you have heard some of the information from Quantum as well, so that is great.

As you have heard, we are the Legal and Social Issues Committee, and we are doing our Inquiry into Homelessness in Victoria. Just a little bit of information: this is obviously being recorded for Hansard, and the evidence that you provide for us is protected by parliamentary privilege. That means that the evidence you give today is protected by law. However, any comments that you might repeat outside here may not have the same protection, and any deliberately false evidence or misleading of the Committee may be considered a contempt of Parliament. As I have said, it is being recorded, and we will certainly send you a transcript so you can make any corrections that you like to it. Ultimately it will obviously form part of the evidence that we deliberate over for our report, and it will also appear on our website.

If you would like to make some opening remarks, and then we could open it up to the Committee for questions. Thank you.

Ms EACOTT: Firstly, we would just like to acknowledge the traditional owners on whose land we are meeting on today, the Gunnai/Kurnai people, and pay our respects to elders past, present and emerging.

We are from Community Housing based here in Morwell, and we have got some handouts if anyone is interested.

The CHAIR: Brilliant, very helpful.

Ms EACOTT: Just basically with the information we are going to go through today—we are a little bit nervous.

Ms OLIVIER: Yes. So nervous.

Ms LOVELL: And this is really confronting, the way we all line up facing you.

The CHAIR: Maybe some of us should sit next to you.

Ms OLIVIER: That's okay.

Ms LOVELL: And just treat it like a conversation. That is all it is.

Ms EACOTT: The smiles definitely help. We have got our handout there, which will basically go through a lot of the information that we will be sharing today. We acknowledge that probably some of the information that we will be sharing is stuff that you will have heard earlier today and yesterday, but it just demonstrates that our region is really united in what and how we believe about homelessness and the issue that we face together as a group. Our understanding and our experience of homelessness in our region really comes down to a lack of affordable housing options for people, both short- and long-term, and the support to sustain those tenancies once we are able to secure people in long-term housing.

We have provided some analysis of clients that we work with. We are the entry point for homelessness for Latrobe Valley and for the Bairnsdale region, where you were yesterday. So we have provided some information about the clients that we work with just to give you a bit of an idea of those that we represent in our region. As an entry point we assisted nearly 2500 people last year, and you can see there that it is roughly a 50-50 split with male and female clients.

Ms OLIVIER: And it is worth noting that with those clients as well that does not include children; it is just adults.

Ms EACOTT: Yes, as an agency we do not count children because that is not our specialty. We are not trained for specialist analysis of children's needs. That is Child First and all those other partner agencies that we work with.

We can see that nearly 60 per cent of the people that we work with are in that 26 to 45 age range, and we also see that—it is on the next slide—about 60 per cent of the people that we assist are presenting on their own, so we have got single people in that 26 to 45 age range as well. Just building on one of the points made by Quantum in the last presentation is that 143 people of the clients that we assisted last year were from outside the area. So they had relocated to Latrobe Valley and needed housing assistance here.

Dr KIEU: Mostly from Melbourne?

Ms EACOTT: Yes, mostly Melbourne, but we get a lot of people from interstate as well.

Ms OLIVIER: Yes, Tasmania.

Ms EACOTT: Yes, a lot of people. We were surprised, actually, when we looked at the analysis to see how many were from Tasmania and Western Australia. So it seems like a bit of a random place to end up, but for some reason they end up here.

Mr BARTON: No, they heard you are having all the fun here.

Ms BATH: A wonderful place to end up.

Ms OLIVIER: Was there anything else to point out?

The CHAIR: I think your churn rate—that the returning customers is high.

Ms EACOTT: Yes, exactly. It is disappointing to see that over half the people that we assist have been through our service before, but it just goes to show—again, reiterating some of the points of Quantum—that we can get people into housing or provide a service, but there is nothing there to keep them there and people keep coming back through the system.

Mr BARTON: They need that continued support.

Ms OLIVIER: Yes, there is just a lack of support, and so they continue to re-present.

Ms EACOTT: So about 60 per cent of the people that we see are in short-term or emergency accommodation, so that is couch surfing—that sort of client group.

Ms OLIVIER: Boarding houses.

Ms EACOTT: Yes, it is only about 9 per cent of people that we assist that are sleeping rough, which is the client group that people think of when they think of homelessness. We have also got there just for you to see that the length of support that we are providing at the entry point has grown over the last four years. So in that little table: not only are more people presenting to service with more complex issues but they are being held for longer periods of time, which is putting additional stress on the resources that we have.

The CHAIR: When you say 'held', what do you mean?

Ms EACOTT: So as an entry point ideally we are to do an assessment and then provide either an immediate housing option or a short-term option and then refer on to more longer term supports, but we have seen a decline in the availability of those longer term supports—so a case management service or something like that—which, if they are not there, then we cannot just send people away. We have got to provide a service, even if it is not quite enough. So we are finding that we are working with people for longer periods of time. It is up around 40 days at the moment that they are being held at an entry point before they are either being closed or referred on. We are also seeing that there were 248 unassists in the last financial year. So those were people presenting to our service who we have not had either the capacity or the resources to provide an outcome for.

Ms OLIVIER: And they are the ones that we have recorded as well. We are starting to get better at recording them.

Ms EACOTT: Like we were saying, staff are very pressed for time, so unfortunately it does not become a high priority to record the people that we are not working with. You always prioritise the clients that you are working with, to make sure that their information is up to date. So, like Aleisha said, that number realistically is higher but we can only go off the numbers that we have got in the system.

We have also just got some information there on mental health. Nearly 50 per cent of the people that we see disclose a mental health diagnosis, and we would suspect that that would be significantly higher, given that a lot of people are not willing to disclose that sort of information,

Ms OLIVIER: And out of those 45 per cent of our clients that have identified a mental health diagnosis, only 35 per cent have identified that they are receiving support. So there are still a lot of clients that are not receiving any mental health support at all.

The CHAIR: Even though they have been diagnosed?

Ms OLIVIER: Yes. A lot of our clients are not medicated and engaging with psychologists or anything like that.

Ms EACOTT: And just in terms of housing affordability, we have listed income as well as a component to consider—that 30 per cent of our clients presenting that are on Newstart allowance, and of this 4 per cent of people that we see that are receiving an employee income, only 37 people were in full-time employment out of the nearly 2500 people that we are seeing, so it is a very, very small proportion of clients that we are working with.

We are sort of going on to a little bit about our short-term housing options. We are the transitional housing manager for Latrobe Valley, Wellington and East Gippsland shires, and of that there are only 130 properties available. So just like Quantum were saying, there is a shortage of properties, and from what we have seen there was a 22 per cent decrease in availability over the last three years. So we are seeing that people are staying in those properties because there is not the exit for them to go into, which means they are not turning over as quickly, which means we cannot get more people into them. So although we still have the same stock, we just cannot get the same number of tenancies through those doors.

Ms OLIVIER: And a lot that would come down to housing affordability and just lack of access into the private rental market. Especially looking at Newstart allowance, for example, most of our clients are on Newstart that come through the doors, and with rent assistance that is around $650 to $700 a fortnight. And then we are competing against people that work full-time, with kids, that have really good rental histories, as opposed to a lot of our clients that are blacklisted, drug and alcohol, mental health, get paid $600 a fortnight. We just cannot get them into a private rental as quickly as we used to. Then once they are in they are not maintaining the rental, so then they are coming back through the doors again.

Ms EACOTT: We also wanted to mention a little bit about the private rental market, just as Aleisha sort of alluded to a little. Obviously we rely heavily on private rental as our long term housing avenue for people. So of these we had 1462 single people presenting to our service and throughout Gippsland there are only 25 affordable one-bedroom properties. I do not need a calculator to figure that out.

Mr BARTON: I shouldn't laugh. It is just so frustrating.

Ms EACOTT: That is a significant imbalance there. According to the DHHS quarterly rental report for September, there are 701 affordable private rental properties throughout the Latrobe Valley, Wellington and East Gippsland shires.

Ms LOVELL: Were they available properties or properties that are actually already meant to be—

Ms EACOTT: They are just considered to be affordable, so they are not necessarily available. Gippsland is often considered to be an affordable area to rent it, and for some client groups it is. Our three-bedroom stock

can be quite affordable for people, but unfortunately there are just so many people in the single bracket that you really just cannot get into that market. We also just wanted to mention Community Housing Limited is a housing association so we own and manage our own housing stock. We have 276 long-term properties in Gippsland, and that is all of Gippsland, down to the Bass Coast, South Gippsland, Baw Baw shires as well, so obviously that is a very limited stock as well.

Ms LOVELL: How many of those were stock transfers from the office of housing?

Ms EACOTT: I do not know, to be honest. I do not work in the long-term team, but I think we have had those properties for quite a few years, so I do not think there has been a significant increase for a while.

Ms LOVELL: Stock transfers have been going on since housing associations.

Ms EACOTT: Yes, I am not sure. Sorry. I do not know. Inner Gippsland has been a homelessness launch site for the last couple of years. I am not sure how much you would be aware of that, but there were three regions throughout the state that were identified as launch sites, so Inner Gippsland, Hume Moreland and Brimbank Melton were all identified. A couple of pilot programs were rolled out in the area, and we were lucky enough to secure two of those, one being the brief intervention program that Aleisha works in. We were really fortunate to have someone in the team already that is experienced and skilled and enthusiastic, and we have managed to keep her, which is great.

The CHAIR: She still looks enthusiastic as well. It is amazing.

Ms EACOTT: And that does not happen a lot, so we are very fortunate. I do not know if you wanted to talk a little bit about that.

Ms OLIVIER: Sure.

The CHAIR: Yes, enthusiastically.

Ms OLIVIER: The Brief Intervention program was developed to try and address the gap between IAP and case management. We run it as short-term—

The CHAIR: Can you just spell out what IAP is?

Ms OLIVIER: Yes. IAP is initial assessment and planning.

Mr BARTON: You didn't know that, Chair?

The CHAIR: I need a dictionary, seriously.

Ms OLIVIER: It was developed to address the gap between the initial intake and case management. We have kind of run it as a short-term case coordination, and I am working with clients that I guess just need that little extra help, so whether it something as simple as just going to the real estate with them because they are too anxious to go themselves or someone that has not rented before, so they are not blacklisted but they still do not have a rental history, which we find hard as well. But what we are finding as well is that the Brief Intervention program is taking on more clients that probably should be case managed, but the waitlist over at Quantum for case management is very, very, very long because, as they said, they are quite short-staffed as well, so we need more staff and I guess longer periods of support.

Ms EACOTT: Ideally when the brief intervention program was rolled out it was intended to be six to eight weeks support periods. We had a look this morning, and Aleisha's average length of support is 144 days, which is about 20 weeks.

Ms OLIVIER: That is awful timing.

Ms EACOTT: She is working with people for a lot longer than intended because of the—

Ms OLIVIER: There are lots of challenges.

Ms EACOTT: Yes—the shortages of housing options to get people into and also the shortages of additional places to refer people on to. Again, it is just holding people for that period of time that really need a little bit more support.

Ms OLIVIER: We also identified some advantages, being that it is a flexible support model and, as I touched on before, that it was developed to address the gap between the initial intake and case management. It is also good because I cover quite a big area—so it is Latrobe Valley, Bass Coast, Baw Baw and South Gippsland.

Ms EACOTT: And South Gippy, yes. The way that a lot of homelessness services are funded are by LGA, if you want to move from one LGA to another you cannot really access the service. There are kind of two agencies going, 'Oh, we're both really full; we can't help you'. So it has been ideal. It is only a small portion of people, but being able to help those people that want to move within the Inner Gippsland region and having the flexibility to do that has been really beneficial.

Ms OLIVIER: One of the disadvantages, I guess, is that there was no brokerage that was attached to the program. We know that another program that we will touch on soon, the Enhanced Housing Pathways, that had brokerage attached to it. So we are just accessing PRAP and HEF, and we will touch on PRAP as well. There is also no investment in new housing options and it is restricted by private rental access, so unfortunately I cannot do a homelessness support application through DHHS, which is the highest level. Even though I am supporting clients for, as we can see, an average of six months, I am still unable to do that application, which would get people houses a bit quicker. I also cannot nominate into our transitional housing properties.

The CHAIR: Why?

Ms OLIVIER: I can do crisis; we got permission off DHHS to do that. But again, then I put clients in crisis properties, they are only meant to be for 60 days and then next thing you know it has been 18 months and I still cannot get them out, which happened recently. Some of them are good. Some I can move on within four weeks, so we have got some pretty good stats there, but unfortunately sometimes they are stuck in there for a little bit longer, and then I cannot refer to Quantum because they have got a big waitlist as well. So you just go around in circles and you are working with clients a lot longer than what you probably should be, or used to, I guess.

Ms EACOTT: Yes. And we just noted down some reasons why we have had to close files as well, just for interest's sake—just the reasons why tenancies are breaking down or support periods are closing. We have seen a few non-engagements, a few rent arrears and those sorts of things; also things like we had a client that has gone into psychiatric care, we have had two go into rehab as well. But having this program available means that when they do return back to the area we can open up their file again and continue to support them. So we will have that flexibility, which is really great.

Mr BARTON: Sorry, can I just understand that? If they have gone into psychiatric care for a period of time, are you holding their property for them?

Ms EACOTT: No. I mean, it is a private rental program, so we cannot. It is really up to the landlord and the real estate agent.

Ms OLIVIER: I know there is one in particular where four were evicted for rental arrears in the last financial year, and I know one in particular went into psychiatric care, so then he fell into rental arrears because he was in hospital. He was not paying his rent. The real estate will not hold properties. The landlord has a mortgage to pay; they are not going to hold their properties.

Mr BARTON: But perhaps if we paid the rent while he was there for a couple of months.

Ms EACOTT: It depends on how long they are going to be away for. We have got the Private Rental Assistance Program, which you may have heard a bit about earlier today and yesterday. We have the funding for that in Outer Gippsland, the Bairnsdale area, so that would be something that we would look at. If they were already in a private rental, we would absolutely look at, 'Can we hold this property for them?', but these clients also may have disengaged from the service before securing the property as well. In that case we would just reopen their file when they come back through.

Mr BARTON: What is the main trigger? Once we get them into private rental, what is the main trigger for them to fall over? Like rent arrears, but obviously there are other drivers behind that—whether they have an alcohol problem or drug problem or something.

Ms OLIVIER: Yes, like substance abuse and stuff.

Ms EACOTT: Usually if they are in rent arrears, like when we have clients break down for rent arrears, with the clients that we are working with their budgets are really marginal, so something as little as their rego on their car can throw out everything. So it is about being aware of those sorts of things and the things that they can access—you know, utility relief grants through DHHS, all those other avenues—to try to help people alleviate that issue, but also being aware of it before it escalates to that sort of stage.

Mr BARTON: If we could have supported them more while they were in there, from the Government's point of view it would be a lot cheaper.

Ms EACOTT: This program in particular, Brief Intervention, and the next one that we are going onto, once we close their files—so once they are housed—we do three-monthly follow-ups with that client. Every three months, if we have not heard from them, we will give them a call and we will give the real estate a call and say, 'How's your tenancy going? Are you experiencing any issues? What's going on there?'. We have found that that has helped to sort of catch a few things before they have escalated. It has also improved our relationship with the real estate to get in touch with us when things start to deteriorate with tenancies. Particularly with the Private Rental Assistance Program we have a significant number of referrals directly from the real estate agents. Tenants have presented and said, 'I've got to go into hospital for two weeks', or we had an instance where someone was renting in Bairnsdale and her child had to be in hospital in Melbourne for a few weeks, so she was travelling up and down. She was not working, so she could not afford her rent. We got a referral directly from the real estate. As soon as she had spoken to her real estate about it, they called us and we processed and paid the rent for that period of time so it did not deteriorate. That is what has been fantastic about that program. Once we get someone in a house, or once they secure the housing themselves, we need to keep them there.

Mr BARTON: We have got to keep them in there.

The CHAIR: And that is the cheapest approach.

Ms EACOTT: Yes, absolutely.

Ms OLIVIER: Yes, definitely.

Ms EACOTT: It is that stability for people as well. I could not imagine having to move every couple of months or something like that.

The CHAIR: Particularly with children and school.

Ms OLIVIER: So many of our clients do. So many of them do.

Ms EACOTT: We have got some information there about the Enhanced Housing Pathways program. Yesterday you would have heard a little bit from our colleague Robert, who does our Fulham program. He has been doing it for a long time and he is very, very knowledgeable and very passionate about the program. This program is a little deceptively titled: Enhanced Housing Pathways. Essentially it is a prison exit support program. It ties in really well with the work that we do at Fulham and a lot of the other agencies do at other prisons to assist people once they are released. Again, there are only three in the state—one in Inner Gippsland, one at SASHS and then one at VincentCare in Glenroy. They obviously cannot cover the whole state, but what we have found is that it has been really good, for the people who have wanted to engage with the program, to be able to offer support to a client group that otherwise would not be prioritised for support. A lot of the people coming into that program are single males, and when you have support agencies that are at capacity single males are not prioritised for support.

Dr KIEU: Is it a good thing or is it alarming that Gippsland has received two pilot fundings? Is it an underlying problem in Gippsland?

Ms EACOTT: I do not know the reasoning behind why Inner Gippsland was chosen as the launch site. I am not sure; that is above my pay grade. But these two programs were both rolled out in the other two launch sites as well. Brimbank Melton and Hume Moreland also received the same two pilot programs. We do know that we have a significant number of people released to this area from prison because we have some large rooming houses in the Latrobe Valley. When someone is released from custody they can secure up to four weeks rent in advance from Corrections to enter a registered rooming house. For a lot of people that is their exit from prison. Obviously it is not the ideal exit to enter into a property with 20 other people who could potentially have other significant support issues and also may have been incarcerated.

The CHAIR: AOD.

Ms BATH: Social behaviours et cetera.

Ms EACOTT: It is disappointing. I have worked in the Fulham program alongside Robert as well. I have only worked at Fulham, obviously, but when the guys are being released they are really motivated to change their situation. It is at that point exactly when they are being released that they are at their most motivated and wanting to engage and wanting to turn their life around, and so many of these guys are being released to substandard accommodation where they are just so incredibly likely to re-engage with the behaviours that got them in prison in the first place.

Mr BARTON: They can fall over.

Ms BATH: Prison looked glamorous by comparison; is that what you are saying?

Ms EACOTT: Yes, absolutely. And it is unfortunate as well. I have seen a lot of local guys that are our clients here as well, and when I see them in prison they are kind of at their best, to be honest.

The CHAIR: Yes. Robert was saying they are coping very well in prison.

Mr BARTON: Yes, the structure.

Ms EACOTT: Yes, they are medicated, they are getting meals, they have structure, they have got a bed and they know what is coming, and it is unfortunate that that is the best service that we have for that client group at this point.

Ms OLIVIER: I do not know how many times we have heard clients say that they will just go back to prison because it is easier—you have got a roof over your head, you have got three meals a day, you have got structure.

The CHAIR: And that would be about the most expensive way to house a single person.

Ms EACOTT: Yes, absolutely.

Ms OLIVIER: You do not have to pay.

Ms EACOTT: Prisons are being built and expanded on across the state to cope with the increased numbers.

The CHAIR: Yes, but per person they are a very expensive way to put someone—

Ms EACOTT: Yes, absolutely. I am not sure if you just want to touch on a little bit of that with the substandard accommodation.

Ms OLIVIER: Yes, if you want to. Paula and Robert probably spoke about the boarding houses yesterday. Between Sale and Moe I think there are about 18 boarding houses. There are quite a few, and the cheapest is $199 a week, so when we have clients on Newstart getting, say, $600 a fortnight, their rent alone is $400. So they are getting evicted as well, we are finding. What else can we say about them? There are a lot of people that

are exiting prison into the boarding houses, so there are lots of drugs and alcohol and people with mental health issues. Unfortunately they are just not really nice places. You see people in prison that are so motivated to change, and when we are just placing them back in these boarding houses where the person in the room next to them is using drugs they just go straight back to that, and then they just end up back in prison again. There was a report that was done recently about the substandard accommodation, and it was saying that in 2017 DHHS—it was the HEF funding, wasn't it?

Ms EACOTT: Yes.

Ms OLIVIER: They spent $2.5 million in public funds to accommodate 9000 households in temporary accommodation, most of which is substandard and lacking the facilities to enable residents to cook and clean for themselves. There was a hotel in particular that we have used where they make about $500 000 a year, so 20 per cent of that $2.5 million. There are a couple towards Melbourne that we have used as well. Most of these people have reported that there are bedbugs, stabbings, assaults and all sorts of horrible things that go on in these places, but we really do not have any other options.

The CHAIR: What report is that?

Ms EACOTT: It is called *A Crisis in Crisis*.

Ms OLIVIER: Yes, *A Crisis in Crisis*, prepared by the Northern and Western Homelessness Networks, which you would be aware of.

The CHAIR: We will source that and circulate it.

Ms EACOTT: Absolutely. Although the property has been fantastic in the sense that, like I said, it provides support for people who otherwise would not receive it, there are obviously shortcomings as well. Again the short-term housing options for people exiting custody—there is no increase in that space, and there has been no investment or increase in affordable long-term housing, in particular the singles units, and particularly for those under 55. We do see that there are a lot of over-55 singles units, but the under 55s are lacking in that space as well. So for us what we see as meaningful and what we would like to see as a solution is obviously a significant increase in affordable housing. That is both the Government's responsibility and our responsibility as a housing association. We would also like to see an increase in suitable short-term accommodation—and it might sound trivial—inclusive of people's pets. Those that come through our doors have been through significant amounts of trauma, and it might not be a registered support dog, but it is.

Mr BARTON: I get it. Don't worry, I get it.

Ms BATH: They are all support dogs.

Ms EACOTT: Yes, absolutely.

Ms OLIVIER: And we hear it every day that people would rather just sleep in their car than give up their pets, and we do get that all the time. People will sleep in their car with their dog as opposed to—well, there is nothing else, because the boarding houses do not accept pets anymore. The caravan parks will not, the ones that actually take our clients, as well. We find that out of a lot of the caravan parks there is only one that will take our clients, so that is where we struggle as well.

Ms EACOTT: We would also like to see—again, like Quantum had mentioned—an increased capacity for services to provide longer term support. I know that is kind of on the State Government's radar. Along with the outcomes, measures and things like that, it is something that they are looking at. It is just a matter of how it is interpreted, I suppose, and then how it is going to be rolled out across the state.

Dr KIEU: What do you mean by capacity? Is it staff levels?

Ms EACOTT: Yes, staffing capacity and just making it a priority to be able to provide the support that people need rather than looking at the numbers coming through the door. We would like to see an integration with allied services—mental health, drug and alcohol—having a combined purpose, I suppose, of all of the

funded agencies, not just in our own sector, looking at people holistically and having all funded services have that same vision. That would be ideal. I think that would work towards an increased accountability for agencies to work together and to provide a better outcome for their clients. With some of the programs that have been funded—the pilot programs, the Enhanced Housing Pathways, Brief Intervention and the Private Rental Assistance Program—they have all been fantastic and they are all filling a gap, but obviously the private rental market is not going to solve homelessness; there are just not enough houses in that space.

We thought it might be interesting also just to mention that with the Private Rental Assistance Program there is the ability to use the funding more flexibly than HEF, so more flexibly than the traditional funding that we have had.

The CHAIR: Yes, we have heard this.

Ms EACOTT: We have done a little bit of analysis and found that tenancies were more likely to be sustained when the brokerage was used outside of the HEF guidelines, which is interesting. There was an 8.25 per cent failure rate compared to 5.47 per cent, and that is over the three years that we have run it in Outer Gippsland.

Ms LOVELL: Did you say that SHASP no longer exists?

Ms EACOTT: That was a Quantum-funded program, so SHASP I think has been rebranded slightly, but that was in the advocacy and support space.

Ms LOVELL: SHASP was a statewide program.

Ms EACOTT: Yes. Quantum were running it locally.

Ms LOVELL: Oh, locally.

Ms EACOTT: Yes. But I believe it was discontinued and then brought out as something that was just called something else, essentially; that was my understanding. That is basically it. Is there anything that you wanted to add?

The CHAIR: Right at the bottom you have got 'Increased accountability'; I just wondered if you might tell us what you mean by that.

Ms EACOTT: Yes. That is sort of like what I was saying with the integration between services. The way things sit at the moment—it sounds terrible—there is a lot of handballing between services, so between housing, family violence, drug and alcohol and mental health. You know, you have got someone in mental health saying, 'I can't address their mental health until they've stopped using', and someone in drug and alcohol saying, 'Well, I can't address their drug and alcohol until they've got housing', and then housing saying—

The CHAIR: 'I can't give them a house until—

Ms EACOTT: 'I can't give them a house until …'—yes. Everyone is going around and around in circles and no-one is actually providing a service to that person. As a worker, we sort of sit there going, 'Well, who takes responsibility for that?'. You know, they are coming in asking for help and we are sending them around in circles. Sometimes for us as workers it is hard to navigate our sector, so—

The CHAIR: Let alone someone with an ABI.

Ms EACOTT: Yes. For someone who presents who might not be able to read and write, who is not from the area or who does not have support and is just being bounced around in circles, it would be infuriating. So we would like to see—and I am not really sure exactly how it would look—agencies take a little bit more responsibility for that, because we are here to help people; that is what we are paid to do.

The CHAIR: Yes, so let us do that. We have got a few minutes.

Dr KIEU: That is a very grim picture there. I am just wondering about some of the technicalities on page number 2. In the age range I could understand that 21 to 25 years is about 14 per cent, but what about the 46 to 55? It is also 15 per cent. Those are the two highest. The younger age is understandable because of the unaffordability of housing and having no history of rental, but why are the older cohort having that problem?

Ms EACOTT: They can be people who have been through our system multiple times. They could be people who have had a relationship breakdown, people who have lost their employment, people released from custody. There are so many reasons why it could be that particular age range. We are not funded to work with anyone under 16, and anyone basically 16 to about 21 will get a specialist youth referral. We in particular work with that sort of older adult age range. We see a lot of different reasons. It could be families who are presenting because of—

Dr KIEU: You group within the age range.

Ms EACOTT: Yes—housing affordability, those sorts of things. That can be why. We also had a little bit of a look at our HEF funding. We are the main HEF provider for this region and we get $196 000 in HEF. We assisted over 1000 people with that, which works out to be $194 per person, which does not even cover a week in a rooming house. So it is really hard to make a significant impact.

Ms OLIVIER: It is like 153 per cent of our target.

Ms EACOTT: Yes, it is 153 per cent of the target, so on a numbers basis it looks really good, but if you look at the people, it is really hard to make a significant impact.

The CHAIR: And I think that is what we are hearing loud and clear.

Ms MAXWELL: Something that we sort of hear about constantly is that administrative work, which takes workers away from their actual support for that person. You spoke about the accountability of other organisations, and I guess understanding that each organisation is funded to do a certain role with a certain number of allocated clients at a certain age et cetera, which is something that contributes to those barriers. Would you see it beneficial if along with the funding that was given to agencies there was more funding in a bucket for case coordinators who could do some of that administrative role but also be the one liaison person amongst all those agencies? That one person works continually with those clients, that number of clients, so that they are not bouncing from one to the other and somebody is helping them to navigate. Because I think a part of the barriers and causes of homelessness is that people get so lost in the system and it all becomes so overwhelming that, like you said, it is easier to just go back to prison.

Ms EACOTT: Yes, that would be incredible. It would be a significant investment in all of those people, but—

Ms MAXWELL: It is practical, though.

Ms EACOTT: Yes, exactly. Particularly for those clients that need that longer term support, like I was saying, we are aware that the State Government is looking at longer periods of support for the people that need it. For those client groups in particular it would be a fantastic thing to have that continuity and know for them as well that they have got one primary contact, for example, and know that they can assist them to navigate, because a lot of our clients come in and they cannot remember all of their appointments because they have got Centrelink appointments, they have got jobseeker appointments, they have got to come in and see us, they are also seeing Child First, they have got a worker at Latrobe Community Health maybe in drug and alcohol and they are trying to keep up with everybody. That would be difficult for me to navigate as well, so having that personal system to guide them through that process would be incredible.

Ms BATH: Thanks very much. Interesting in your submission or your little synopsis on community housing were comments about disabilities—persons with disabilities, clients with disabilities. I am wondering if you could paint a picture in a reasonably short space of time of the needs there, which I am assuming are quite high. What is happening there? What are the shortfalls? What is your experience dealing with people and their success or otherwise in getting public homes for disability?

The CHAIR: Could I just put NDIS into that question as well?

Ms EACOTT: Yes, absolutely. With our experience—it varies obviously as well, whether we are talking about physical disabilities or intellectual disabilities and things like that—it is about having the increase in capacity, like Aleisha's program, for example, to work with someone with an intellectual disability who we still believe could sustain housing, because ultimately we have to look at: can this person sustain independent living? That is a big component of how we operate. So Aleisha would be able to support them to access a private rental, go to viewings, understand how to complete paperwork, attend a real estate—those sorts of things. When we are looking at physical disabilities it can become a lot more difficult just because of the region which we are working in—suitability of properties. I am not sure how much of Morwell you got to see, but—

Ms BATH: My office is in Traralgon.

Ms EACOTT: Oh, there you go. So obviously a lot of the private rental stock is right up on the hill, up on Morwell. It is like they have all got 15 stairs at the front and at the back. Even a lot of our transitional properties are not suitable for someone with a physical disability because of the amount of stairs. We do not have accessible bathrooms for people in a wheelchair—those sorts of things. It is really difficult. We do manage the Indigenous family violence refuge [redacted] One of those units is modified for someone in a wheelchair. So we have that capacity, but obviously that is limited. It is someone who is Indigenous experiencing family violence.

The CHAIR: And with a disability.

Ms EACOTT: Yes, with a disability. So although it is needed it is a very specialised group. But if we are particularly looking at long-term housing, whether it be private rental or public housing or even our long-term stock, it is limited by the area in which we are working.

Ms BATH: So anything new needs to encompass and have that lens over that disability—a lens over it.

Ms OLIVIER: And I would say that is similar with the short-term options too, with the boarding houses. I think there is only one. I can only think of McMillan Street that you could get into the rooms with a wheelchair because that was an old nursing home. So that is the only one I can think of out of 18.

Ms EACOTT: And you could not put someone in a wheelchair in there because they would just be too vulnerable being in a property with 20 other people. They would just be too vulnerable to put in there. We could not do that.

The CHAIR: We have run out of time, but I am going to give the Deputy Chair the last question.

Dr KIEU: This is I think important because we have heard about the frustration with the silo mentality and the frustrations with the targeted focus rather than the outcome focus. What do you think about this model: a single case manager taking care of one particular person with the funding wrapped around that person? And in order to get around the bowl passing around the different services and different departments, those services only get the money or the funding for that particular person decided by that case worker.

Ms EACOTT: Kind of like an NDIS funding model?

Dr KIEU: Yes.

Ms EACOTT: I mean, it would be interesting to look at. I think there has been an impact regionally with the NDIS rollout, with agencies closing down and things like that—they cannot sustain their overheads because of the instability of funding—so there would have to be considerations there. But I think that would increase accountability, in particular if someone is not satisfied with the service that they are receiving. I think we need to maintain that people have a need and we need to meet that, and it is not as simple as just marking them down and recording their names and then closing their file.

The CHAIR: That is right, and I think when you focus on the client the outcomes are so much better.

Ms EACOTT: Yes.

The CHAIR: Courtney and Aleisha, thank you so much. This has been really informative and I hope it was not too scary.

Ms EACOTT: All good. Thank you.

The CHAIR: You will get a transcript in the next few days, so please have a look at it and if there are any corrections you would like to make, send them through. Thank you for the work that you do and thank you for coming today.

Ms OLIVIER: Thanks for having us.

Witnesses withdrew.