

# TRANSCRIPT

## LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

### **Inquiry into Homelessness in Victoria**

Melbourne—Monday, 13 July 2020

*(via videoconference)*

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## WITNESSES

Ms Kate Higgins, Regional Manager, Western Victoria, and

Ms Rosalie Frankish, Housing Programs Coordinator, Victoria, Wellways.

**The CHAIR:** Hello, and welcome back, everyone. The Standing Committee on Legal and Social Issues is now open, and we are having a public hearing into homelessness in Victoria. This has been a great program so far. I hope those of you who are watching in have enjoyed this regional tour of Geelong and the homelessness issues that have been raised and some of the solutions.

Today we are going to hear from Wellways, and we have Kate Higgins and Rosie Frankish joining us. I have just a little formal statement that is required for these hearings. To you both: all evidence taken at this hearing is protected by parliamentary privilege as provided by the *Constitution Act* and further subject to the provisions of the Legislative Council standing orders. Therefore any information that you provide to the hearing is protected by law. However, any comment repeated outside the hearing may not be protected. Any deliberately false or misleading of the committee may be considered a contempt of Parliament. As you can see, this is being broadcast, but it is also being recorded by our *Hansard* team and they will supply you with a transcript of this session. I encourage you to have a look at it, because ultimately it will be in our report and on our website.

Again, thank you for joining us in this hearing. If you would like to make some opening remarks, and then we will open it up for a committee discussion.

**Ms HIGGINS:** Great. Thank you so much, Chair. Before we begin I would like to acknowledge that I am sitting here in Warrnambool today, and I would like to acknowledge the traditional owners of the land on which I am sitting here in Warrnambool, the Gunditjmarra people, and pay my respects to their elders past, present and emerging and recognise anyone Aboriginal or Torres Strait Islander here today or watching. I would also like to pause and pay my respects to those who have experienced trauma and lost their lives whilst homeless. We hope this inquiry contributes to better outcomes for all, particularly for those who experience disadvantage, stigma and discrimination. We would also like to recognise the disproportionate rates of homelessness experienced by our Aboriginal and Torres Strait Islander people in this country.

Thank you for the opportunity to present to the committee. My role is the Regional Manager for Wellways for western Victoria, so that covers the Barwon region as well as stretching across to the Great South Coast, from Warrnambool down to Portland, and also the Grampians, West Wimmera and Ballarat regions as well.

So a little bit about Wellways: we are a not-for-profit organisation; we specialise in mental health, disability and carer services; our services stretch across the eastern seaboard of Australia, so from Queensland all the way down to Tasmania, and we provide support to thousands of people annually.

In western Victoria we have got a number of mental health and disability services, so we support up to 800 people in the region at any one point in time. We actually have two youth residential rehabilitation programs for 16 to 25-year-olds who are experiencing mental health issues and needing housing and mental health support. There is one in Geelong and one in Warrnambool. We also have a program with Barwon Health supporting young at-risk people who have drug and alcohol issues and mental health issues with their housing and homelessness support needs. We provide mental health supports to people of all ages from 16 to 65, and we do assertive outreach, peer support, group-based programs and family and carer support services. We also specialise in a number of LGBTIQ+ programs across the region, something that we are very proud of doing.

Wellways's vision is of an inclusive community where everyone can imagine and achieve their hopes and potential. That means in everything we do we advocate for and support people's rights to a stable home, not just housing. We focus on education, supporting people into employment and, importantly, connection with others in their community. We are an organisation formed by people with lived or living experience, and we continue to employ and engage people with this direct experience to shape who we are and what we do. This includes many people who have experienced trauma and homelessness still within our organisation working for us and helping guide the programs that we design, deliver and evaluate. We focus on providing services that are innovative and are proven to work. We believe addressing complex issues such as homelessness is not overly complex or expensive when you enable all of community to play a part. I was just listening to The Geelong

Project and I think that was a common theme as well that they were putting forward to you, and we strongly support that approach.

Within south-west Victoria access to housing is a major issue, forcing people into homelessness, including high levels of secondary homelessness, such as couch surfing, particularly for young people in our community. Without sufficient investment in housing programs, exit points for young people from our youth residential rehabilitation programs and other services can be really limited, with some people unfortunately returning to unsafe or unstable housing in family situations or social situations that do not promote their ongoing mental health and wellbeing. It is a highly competitive market, and we find stigma is actually one of the biggest barriers to securing stable housing for the young people we work with but also the adult population as well. We believe there are solutions to these issues locally and across Victoria, and we would like to share with you today our experience in engaging all of community in responding to this issue, so working with landlords, with neighbours, with school groups, with real estate agents, service providers and government. As I mentioned before, we believe this is really an all-of-community response that is required.

So Rosie is going to talk a little bit more about our Doorway program in particular and some of our other housing models and give a little bit more detail around the submission that we put forward to you. Over to you, Rosie.

**Ms FRANKISH:** Thank you so much, Kate, and thank you for the opportunity to speak. I am truly thrilled. So we acknowledge and echo the many messages that other services have made to date throughout this inquiry, and we would like to take this opportunity to acknowledge our fellow colleagues' good work throughout the sector. Wellways's submission to the parliamentary inquiry on homelessness pertains great detail on these important issues. However, for today's hearing we would like to focus on three key messages. First, as Kate mentioned, and it sounds like it has been echoed in other presentations, we believe the resolution to homelessness requires a whole-of-community response. Secondly, we believe alternative housing responses must be implemented to effectively resolve homelessness. Thirdly, tailored recovery and tenancy capacity building support is vital to housing tenure for people who have experienced homelessness.

Wellways argues that a whole-of-community response is required to effectively address homelessness in Victoria—and that is community as a consortium of public, private, health and housing sectors as well as community members. Throughout 2020 we have seen the strength that communities hold when we come together to affect change, and positive examples of this can be seen from the Australian bushfires. We believe the steps to resolving homelessness are strengthened when we collectively address these issues as a community.

Over the last decade the demand for housing and support services in Victoria has increased dramatically. This has resulted in additional pressure on housing and health-based services to source appropriate housing options for people experiencing homelessness. This issue is compounded by a lack of affordable housing for people on low incomes, particularly for those that are homeless. Quite simply, the demand for housing is exceeding availability for this population group. Therefore an alternative, rapid housing solution is desperately required, and in addition solutions that are tailored appropriately to people's needs.

Wellways advocates that subsidised housing models, delivered in conjunction with the private housing market, are one effective solution to providing housing for people experiencing homelessness, and thereby providing a faster housing outcome, which in turn reduces the reliance on the social housing system. A further advantage of this approach is that the person can live in a community of their choice. This is very important, as evidence suggests that choice is an imperative ingredient to housing success and tenure—that is, people living in a community where they feel safe, feel connected and where they have the opportunity to full citizenship, relationships and to gain employment.

A localised example of this approach can be seen in the Way Home, a housing and support program delivered in Geelong by Wellways. In this example a woman was referred to us through NDIS services who was homeless, of Aboriginal background, who had five children. She had limited housing options due to being blacklisted for tenancies in the past and issues accessing a property large enough to support her children. The Wellways housing worker worked alongside Wathaurong, the Aboriginal co-operative, the real estate agent, the mental health team and the homelessness entry point to support her to secure private rental in an area of her choice. This property was in close proximity to her healthcare services and her children's school, enabling her

to take her kids to school each day. This example evidences positive outcomes that can be achieved when communities work together to resolve homelessness.

We have seen further successes achieved through this tailored private rental housing and support model through the Doorway program. Doorway has worked alongside 70 real estate agents to house 143 people who were homeless with mental health issues in the private rental market across Victoria. It is not just positive housing outcomes that this program has evidenced, it is also economically viable. An economic evaluation of Doorway indicated governmental cost savings of \$133 per person, per day for people engaged in private rental through the Doorway program when compared to surface utilisation costs of others experiencing homelessness in the community. This type of model evidences faster housing outcomes for people experiencing secondary homelessness, improved health and cost-effectiveness for government.

Wellways acknowledge that further investment into social housing is required in Victoria. However, in addition to increases to social housing, we advocate that alternative models are additionally required to effectively respond to the demand for affordable housing. Therefore we urge the committee to recommend funding community and homelessness agencies to deliver ongoing subsidised housing models in collaboration with the private sector to provide an alternative solution to addressing homelessness in Victoria.

Once a person secures housing, Wellways argues that tailored recovery and tenancy capacity-building support is required to ensure sustainability of this tenancy and their wellbeing. It is essential the service requirements are self-directed by the person and that these are implemented immediately once the person is housed. I use the term capacity-building deliberately, Chair and fellow committee members, as this speaks to the importance of honouring the agency of people who are homeless to manage their own home and wellbeing whilst also operating from a sustainable housing and health-based framework. Wellways believes we must be providing people with the skills to manage their own tenancy and wellbeing; thereby our goal is for people who have experienced homelessness to tell us they can self-manage their tenancy and their health without us. It is our job to do ourselves out of a job.

Wellways advocates that sector collaboration and education are vitally important to reduce the barriers for people who are homeless to access services that they require. Wellways recommends two approaches for this: first, sector integration to respond to intersectional issues of homelessness—this is vitally important to improve service responses to the individual but also to ensure data accurately captures the journey of the person's service—and subsequently, resourcing the health sector to deliver tailored housing and homelessness responses within their role.

Wellways proposes that the broader health sector should be resourced to identify early warning signs and interventions for homelessness. If homelessness can be prevented in the first instance, this is a much better outcome for individuals. We know that the issue of homelessness and tenure risk extends beyond homelessness services—highly prevalent in mental health, drug and alcohol and family violence services. Therefore we must resource the broader health sector to deliver interventions that will ensure early intervention for homelessness, thereby reducing the risk of people entering the homelessness system. It is clear that a whole-of-community response is required to overcome this expansive social issue. In doing so we must work to create welcoming communities whereby people experiencing homelessness are not seen as other or lesser. Homelessness can happen to anybody. It does not discriminate. We—the service sector—government and community members must be prepared to trial alternative housing solutions to effect positive change in this growing social issue. This may require a collective expansion to our thinking and extending our anxieties a little—to be brave and try something new.

We have a plethora of evidence supporting best practice models and the cost benefits to address homelessness in Victoria. However, we must hold in our minds that the greatest cost of homelessness is for the person experiencing it and the impact that has on their lives. The need for rapid housing solutions is more salient now than ever, so as a community let us be bold and create effective change. We can do more and we must, because addressing homelessness is everybody's business. Thank you so much for listening. I invite the committee to share discussion and questions with us.

**The CHAIR:** Thanks, Rosie, and thanks, Kate. You have certainly laid down a challenge for us, but I think it is a challenge that the community is ready to accept. Certainly I think looking at the interest in this inquiry from the general community, it really shows that there is that desire to address this and recognise that

preventing homelessness is probably one of the most important parts of this—and we have just come off the high of The Geelong Project in the last session, which really encapsulated that.

Just in the brief time that we have all got to ask questions I just thought I would like to focus in on the capacity building and skills, because we know that once someone is homeless, their ability to maintain tenure even in public housing can sometimes be fraught. Given that you have got a peer-based program there where you are talking to people with lived experience, can you tell me what some of that capacity building looks like?

**Ms FRANKISH:** Yes, of course. So when we talk to capacity building, a lot of it is broken into two parts. One will be capacity building around their mental health and emotional wellbeing. So that is to be able to identify if they are going to become unwell, for example, and what they need to do in those circumstances. But the other thing is about mitigating tenancy risks. So let us just say if somebody is moving into a tenancy, what are the rights that that person has as the tenant, for example? And what are the consequences if you do not meet the obligations of your lease? What will happen if you are playing loud music at 2 o'clock in the morning and your neighbours do not like it? What would be the consequence of that? And there is also capacity building around people being able to manage money and budget. A lot of people that have experienced homelessness may not have had to do that for some time. Just being able to capacity build in that way can support them to manage a home independently of services.

**Ms HIGGINS:** Just to add to that, there is a real focus in our organisation about challenging stigma, and that involves capacity building with the wider community. That involves us talking to agents, talking to landlords and engaging the broader community—the people that are our neighbours, that are natural supports around the person and that are so important to us maintaining our health and wellbeing and stable housing. So capacity building in that sense, particularly with the use of our lived experience, involves us training and supporting people who have had their own experience of homelessness or who have experienced trauma or who have had their own mental health issues or concerns to share their stories to be part of the process of educating the wider community.

There are a lot of assumptions in the community that people do not have the capacity or the reliability because of their history, or the community may even become aware that someone has some type of lived experience of mental health issues. We have seen, and unfortunately too often, stigma and discrimination relating to that person and their access to housing—not just the broader community but also actually the service system itself and other services. It also involves capacity building with other services to understand that some type of mental health issue, concern, experience or trauma does not necessarily mean at all—in fact our evidence shows the opposite—that people can successfully maintain stable housing and can actually move into employment and education alongside that to be able to successfully sustain housing in the long term as well.

**The CHAIR:** When we were down your way on our inquiry into spent convictions, and certainly in regard to other regional areas, even in just those small communities, the stigma within the community is more felt because it is more seen.

**Ms HIGGINS:** I think in some of the rural communities in south-west Victoria, the small community and the sense of community is both a challenge and also a strength for us to draw on. In many ways we have just been successful placing someone into a rental property who was being moved from motel to motel. People were openly saying, 'Because of appearance we don't trust having this person here, and there is a lack of rental history'. And we have been able to talk to a local real estate agent, with the good relationship that we have, who has knowledge of this person actually, as a young person. With the acknowledgement that we will provide ongoing support, this person has now been able to successfully secure a rental property and would otherwise be on the street, because there is no short-term accommodation that will actually fit that.

**The CHAIR:** Or further on from that, that very expensive HEF model and further being able to afford the expense of hotels.

**Ms HIGGINS:** Absolutely. A lot of the motels were not accepting this person either, we do not think. And that stigma, that experience of saying, 'Well, we think this might disturb other guests', and so forth.

**Ms FRANKISH:** And you have raised an important point too, Kate, which is about the ongoing support. That is one of the key advocacy points to real estate agents and community members—to be able to say that we are supporting this person and they are engaged in long-term support—and that often assists to be able to then

collaboratively work together. If you can do that—and quite often it is a success—that then makes it easier for the next person to engage with that real estate agent that may experience mental health issues and homelessness.

**Ms VAGHELA:** Thanks, Kate and Rosie, for your time. In your submission your organisation is Wellways and then there is mention about Doorway.

**Ms FRANKISH:** Yes.

**Ms VAGHELA:** There is also mention about one of the recommendations, which is talking about ‘the Way Home’. What is that?

**Ms FRANKISH:** The Way Home is a program that Wellways delivered as a part of an individual linkages and capacity-building grant. It was a 12-month grant. The focus of that was to support people who had an NDIS package and who were homeless to be able to obtain housing in the private rental market, but also to be able to—again this is this capacity-building part—capacity build and support coordinators in the NDIS environment to work with people who were homeless. There was a two-pronged approach, if you like. This was delivered throughout Geelong and in a couple of other regions as well: Melbourne and also Ballarat. The idea was to try to come from an early intervention perspective with the workers and to be able to first identify if a person is homeless and how as a support coordinator you need to work with them to mitigate those issues and also to house them within the private rental market.

**Ms VAGHELA:** And just a quick one, in terms of the package of COVID-19 measures and the resident moratorium that was announced, has there been any change since that was announced on residential tenancy evictions? Has that come into place?

**Ms FRANKISH:** It has been interesting—COVID has been a very interesting space full stop when it comes to homelessness. But we have seen some positive outcomes with people’s anxieties around evictions and those sorts of things lessening. However, we are concerned that there may be a spike of issues as we get closer to the time when that eviction point may come. It is about us intervening early with those individuals to be able to mitigate risk now, I think.

**Ms HIGGINS:** The impact of COVID-19 has been different across the south-west in some areas, which has been really interesting. Out of our youth residential rehabilitation program we have been quite successful in placing people into private rental. And accessibility to that has increased. In other areas you can see an impact of potentially people not leasing their houses out for short-term stay or short-term leases, which is quite common increasingly across this region. With the view that you were not allowed to have your Airbnb guests et cetera, some landlords chose to look more to the long-term rental market, so that has been a benefit. But also there are some concerns about increasing rent costs. That is also a risk.

**Mr GRIMLEY:** Thank you, Kate and Rosie, for your submissions here today. I have only got one question, for Kate in particular. You spoke about the Wellways program and the focus on education. Are you able to explain or elaborate on any early intervention strategies or programs or processes that you believe have proven to be successful and worthy of additional attention?

**Ms HIGGINS:** Yes. In terms of an education and employment perspective, we have over a long period of time been a supporter of the individual placement and support model, which is supported education and supported employment focused. And much like the principles of Housing First, that model basically suggests motivation to engage in education and employment is probably one of the most critical factors. Reducing stigma is also incredibly important, because unfortunately a lot of health services in the service system can create barriers to people re-engaging in education and employment, particularly people with mental health experiences or experiences of trauma, because people often flag education and employment as a potential stress in their life and can actively discourage people—or over time people may have been told that it is not a relevant or important part of their recovery when in fact what we know, and the evidence shows, particularly the individual placement support model, is that when you integrate services together, when you have a focus on education and employment being a rapid response if someone is disengaging from education or disengaged from employment and you combine that with mental health and broader support around them in the community and you build that capacity, you can achieve really significant outcomes in terms of sustaining people both in

education and employment. I noted in the previous presentation as well there was reference a lot to that education foyer model and really focusing on targeting and supporting education.

What I would highlight is that there are still significant barriers to some people suggesting that people with mental health conditions or concerns are not capable of studying or working, and we would like to very much challenge that proposition.

**Mr TARLAMIS:** Thanks, Kate and Rosie, for talking to us today. My question is around the Doorway program, and I was just interested: in terms of the lease agreements with the tenants, are they in Wellways name or in the individual's name?

**Ms FRANKISH:** The leases are in the individual's name, and the reason that we decided to do that is because it is around that principle of sustainability again. So for the individual it is their tenancy, so they have ownership over that. And also it assists them to build their rental history as well, because a lot of the people coming into the program have obviously been homeless so they have not had any backing of any rental history, so we advocate for them. And once they can get that, that provides them a stepping stone to being able to then obtain rentals into the future. So we deliberately moved away from that head leasing model. And we also found that people have more pride over their home when it is theirs. I have been with people when they have signed their lease and it is such an exciting time for them, and I would not want to take that away from someone.

**Mr TARLAMIS:** And am I right to assume that they would be 12-month leases?

**Ms FRANKISH:** Yes, they are 12-month leases. The full length of the program is an 18-month program, so the way in which we have operated that is that the lease would be for 12 months and then there is a six-month buffer period whereby we are still engaged as a service. So we can just ensure that that person is managing their tenancy appropriately and renewing their lease if they would like to, and then we safely transition out and that person graduates from the program.

**Mr TARLAMIS:** And you mentioned that you have housed 143. Is that because of the duration it has been going or have you—

**Ms FRANKISH:** Yes.

**Mr TARLAMIS:** Yes. Are you having issues finding additional properties or are you okay finding properties? Is that a barrier in terms of the program?

**Ms FRANKISH:** It is interesting. The program has been running since 2011, and I should preface that this program runs in three different regions across Victoria, one of which is in Gippsland, and it is delivered in partnership with clinical partners, so Latrobe Regional Hospital, Peninsula Health, St Vincent's and the Alfred hospital. In the city-based areas we support up to 12 people at any one time and 12 in the peninsula and 12 in Gippsland.

Interestingly, it is much easier to find housing stock in the regional areas, and the housing affordability is much better for individuals. In the city-based areas we adopt more of a share-house model so people can actually afford their rentals and to stay in them. On this point COVID has been really interesting, as Kate mentioned. We have had some greater outcomes with private rental, and there have been more private rental properties available. So that has worked to our favour and hence why I think this type of model is a really good one to consider, particularly at this point in time where we are at. I have heard the previous presentation and other presentations talking about the department's homelessness response with COVID-19. We have thousands of people who are in purchased accommodation in hotels and we are now getting to the point where we are all having to ask ourselves the question as to the exit points. Where will people go after they leave the motels? I think this is one really good consideration—this type of private rental model—for that safe transition for people into the community.

**Ms HIGGINS:** In a broader sense, whilst we have not had the funding specifically for Doorway in the Geelong region, we have adopted all the principles as much as we can. And where we have had any access to some type of brokerage funds through our mental health services, we have done whatever we can to apply this thinking and this model into practice. It is very transferable to other parts of the community as well. So whilst it has been based on providing mental health supports for other groups such as the LGBTIQ community example,

which experiences really high rates of homelessness, this kind of approach in terms of reducing stigma, breaking down stigma and working with the community is equally applicable to other groups.

**Ms FRANKISH:** Yes.

**Mr TARLAMIS:** Just finally, are there any incentives that you could think of or turn your mind to that could maybe encourage people to engage in this sort of program to make their property available, given that it would readily expand the stock available for housing quite quickly and given that we know that there are a lot of properties out there that are vacant and are not being utilised that are ready to go?

**Ms FRANKISH:** One approach that we use is we speak with landlords about providing landlord insurance, and we also provide a surety fund incentive to landlords as well. The other thing that we offer is education on understanding mental health. Some of the time—and Kate has spoken to this eloquently—there is stigma when it comes to housing people in private rental at certain times. But the one thing that I have learned from my experience working alongside this program, which is now eight years, is that real estate agents do really want to help. It is just that sometimes they do not understand how to help or know how to best support people. I remember when I worked in direct service, I had a real estate agent who had housed somebody and I was thanking her profusely on the phone, and she just responded by saying, ‘Well, Rosie, real estate agents are people too’. And it made me think, ‘Well, of course you are’. Again this comes to the point about communities working together to come to the greater good of the community.

**Mr BARTON:** Rosie, politicians are people too, you know.

**Ms FRANKISH:** Absolutely! I know. That is why you are here, and we are so grateful that you are.

**Mr BARTON:** Mr Tarlamis went down the track where I was going to go. But I just want to ask about something which is a little bit confusing for me that we hear time and time again: that there are no properties available and that is the big hurdle. Why are you finding this? Are there no properties available, or are there no properties available to people who have got issues?

**Ms FRANKISH:** So my view is that there are properties available but there are not enough affordable housing properties. That is the key. If we think about the numbers of properties that are available throughout Melbourne, you only need to go into the CBD to see the amount of vacant properties, apartments with nobody living in them. And of course this is about a greater issue of negative gearing and investment and these sorts of things. But the issue is that there are properties there but people who are on a low income cannot obtain them. They cannot afford them on the income that they have. And also sometimes there are barriers for individuals with mental health issues, as Kate said, to be able to actually access those properties, and those barriers are things that we have mentioned—like they have been homeless and they have no rental history, for example; they have not had a job, so they have got no employment history; they have got no references. So having support services who are able to lift the barriers to people actually being able to obtain housing, pay a rental subsidy for them for a period of time and support them to get back on their feet is, I argue and we argue, a much more cost-effective approach than the person being homeless.

**Ms HIGGINS:** You know, in this wider Geelong area and across this there is really significant development occurring at the moment, and I think with that comes a lot of opportunity if we incentivise new homeowners, people who are buying investment properties, to actually think differently about what they do with that property.

**Ms FRANKISH:** Absolutely.

**Ms LOVELL:** Thanks, girls, for your presentation—fantastic, really good—and great to hear you talk about the importance of education and training and employment, because it really is the answer to breaking cycles of poverty. The younger we can get people engaged with that, so through the youth foyers, is fantastic. Kate, I would, just to be quick, be really interested to know about some of the additional challenges that you face in Warrnambool just being so far from Melbourne when some of the specialist services are only delivered in Melbourne. I am a regional MP based in Shepparton. That is 2½ hours. That is bad enough, but you would be about 5 hours, is it, Warrnambool?

**Ms HIGGINS:** From Melbourne? Yes.

**Ms LOVELL:** So what are some of the additional challenges that you face being so far away?

**Ms HIGGINS:** I think I mentioned before, being in the rural communities there are both challenges and strengths. And you are absolutely right: the challenges can be significant. People often talk about Warrnambool, but the real question is when you live in Portland or you live in Hamilton or you live in Terang and you live on the outskirts of Warrnambool. That is the community that struggles to access the health services, often, and one of the biggest barriers is transport. You may not be that far from actual health services, coming into Warrnambool from Terang or from Portland and so forth, but you do need services that can outreach to those areas and you do need better transport for those quite specialist services who in reality are never going to base themselves fully in the tiny rural communities. So it is important for us to look at our transport issues, our infrastructure, so people can get to the specialist services and to increase the ongoing investments in specialist support in growing areas such as Warrnambool, Horsham and those really booming regional centres. But as I mentioned with strength, this community is very connected. The service system often meets in network meetings et cetera. There are strong grassroots community groups that exist that are all very committed to addressing disadvantage in the community.

**The CHAIR:** Great. Thank you both very much. Again this has been a really enlightening day. It is wonderful to see all of the really innovative programs that are coming out of, as you call it, mighty Geelong—I am a Swans supporter.

**Ms FRANKISH:** Very good.

**The CHAIR:** Thank you so much. You will receive a transcript from our brilliant Hansard people soon, and I would encourage you to have a look at it just to make sure we have not made any errors. That will be up on our website after that. Thank you, everyone.

**Witnesses withdrew.**