

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Homelessness in Victoria

Morwell—Tuesday, 3 December 2019

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WITNESS

Ms Heidi Hunter, Practice Leader, Client Services, Uniting Gippsland.

The CHAIR: Heidi, thank you so much for making the time to see us today. As you are aware, we are the Legal and Social Issues Committee and we are looking into homelessness in Victoria. All of the evidence taken at this hearing is protected by parliamentary privilege. That is provided by our *Constitution Act* and the standing orders of our Legislative Council. Therefore any information that you provide today is protected by law; however, any comment that you might repeat outside may not have that same protection, and any deliberately false evidence or misleading of the Committee may be considered a contempt of Parliament—not that you need to worry about that at all.

Ms HUNTER: I have no intention of doing that.

The CHAIR: As you can see, we are recording, so you will receive a transcript of this. Ultimately that information, while it will be of great use to us in deliberating, will also appear on our Committee website. If you would like to provide some opening remarks, then we will have a conversation.

Ms HUNTER: I am Heidi. I am a Practice Leader at Uniting Gippsland. The program that I oversee is the Integrated Intake and Assessment Team. My team provides Child First assessments as well as being the Opening Doors entry point for homelessness housing services. I guess today I just wanted to give you an overview of the number of people that we are seeing in our service and what we have identified as our biggest concerns. In preparing for this I went back and had a look at the data. In the last financial year our service saw 512 individuals for homelessness services support. Of those 512, 280 were female, 232 were male, 130 of those were under the age of 17 and 74 identified as Aboriginal or Torres Strait Islander. Our largest presenting issues, I guess, are financial issues, including insufficient funds being received to afford housing; the housing crisis, so being evicted from their current property; inadequate or inappropriate dwellings, so overcrowding or housing that just was not suitable because of the nature of the property; family violence; mental health issues; and a lack of affordable rentals.

For us the biggest issues that we have come across I have broken into four main things. Our biggest one is the lack of affordable housing. Housing affordability in the Wellington area is near impossible for someone who is on any sort of payment. The average rental for a very rough two to three-bedroom house is between \$350 and \$400 a week, which is just not achievable for someone who is on Newstart or even some of the parenting payments, which in turn brings a lot of people into our service. The second issue is that the waitlist for public housing in our area just is not consistent with the programs that are funded. So the service that we are funded for is to provide a 12-week support service to achieve tenancy. It just does not happen. It is just not possible to achieve that goal in the 12-week period. There is just nowhere to put people, quite honestly. The third major issue is the lack of crisis accommodation. We have no refuges or appropriate boarding houses. We have some privately run ones, which are interesting at best. There are very limited caravan parks that will take homeless people and their families and very limited motels or backpackers. These become even more problematic during this time of the year when we have seasonal workers travel to our area to work on farms or tourists come through. So currently I do not know if we had someone come into our service this week where we would go because our usual places have already said, 'No, we're full'. They would have to go out of area.

We do have transitional properties, so there are 13 transitional properties in the Sale area. However, because of the issues in accessing long-term accommodation, these are, for want of a better term, bottlenecked. People stay in these houses for long periods of time. They are supposed to be three to six months and yet there are families that have been in them for years, because there is nowhere else to go. I personally worked with a mother of five children. She was in a THM with three bedrooms and she was in that property for four years, because there was no DHHS property that was a suitable size to provide for her. It was only once her children aged out and moved out of home that they were able to move her into a DHHS property. It was really, really difficult.

My last sort of big issue to raise is that there is no youth accommodation. If young people are to access a specific youth accommodation, they need to leave the area. They have to go to Bairnsdale or come here to the

Valley or head to Melbourne. There is nothing. And it is very hard work to get a real estate to agree to rent to someone under the age of 18.

I guess that has sort of given you a picture of the work that we have been doing. Look, it is difficult. I have a very strong team who have great relationships with the real estates and build really good relationships with accommodation providers and DHHS. They are working their guts out, but there is just nowhere to put these people. They keep coming, and there is nowhere for them to go.

The other thing that my team do that I did want to touch on is that we do a lot of community awareness, raising awareness of the issue but also raising compassion for the homelessness issue. One of the ways that we do that is through our activities during the Homelessness Prevention Week. I wanted to provide you with some information around that. We specifically run a homelessness exhibition where we invite people with lived experience of homelessness that we have supported to tell their story through photographs, and then we hold an exhibition at our local gallery to present this information to the community. It has been really well received and it has increased definitely community awareness—we are getting more referrals, but we are also getting more donations and that sort of thing in terms of acceptance for people to support. So that has been a really positive thing, and I wanted to share that whilst there are lots of negatives around this, we are still positive and working towards things.

Dr KIEU: For lack of a better term, a homelessness exhibition does not sound very—

Ms HUNTER: No, it does not. I did bring, which I will leave with you guys, a copy of all our exhibition and the photos that we did. I have got a bag full of them here.

The CHAIR: Thanks very much, Heidi. We are hearing you loud and clear, and you are certainly amplifying a lot of what we have heard from other services. I just have a quick question. You said, ‘We get 12 weeks funding to support someone, and that just isn’t enough’. What do you do at the end of that 12 weeks?

Ms HUNTER: Honestly, quite often we close and reopen them again, which is not what the service is designed to do.

The CHAIR: No, but you have no choice.

Ms HUNTER: No. I cannot in good conscience continue to leave someone sleeping rough or living in inappropriate accommodation, particularly when there are children in that situation. That has definitely been the consensus. That is how we work at Uniting Gippsland. We do not just provide the bare minimum and then be like, ‘Oh, well, they’ve received their service. Off they go’. We are going to do whatever it is that we can do to get them that support. But it is difficult. We are not funded to provide for rough sleepers, but we do because who else is going to do it? We are not funded to provide a youth service, but we have to because where else are they going to go? They are going to have to go out an area to access that. So whilst it is not technically what we are funded to provide, we do it because these people are vulnerable and need our support.

The CHAIR: When you say ‘not funded’, you mean not funded by government agencies.

Ms HUNTER: Yes, to provide that service, like there has been previously. We have previously received funding in relation to rough sleepers. However, that was taken in the last financial year.

Ms MAXWELL: Heidi, I think some of the things that we will take away with us are there is certainly such a high sense of urgency. The people who work in this industry are human beings with an enormous amount of empathy; however, it is sometimes I think to your own detriment because what we see is that the extra work that you do, that you go above and beyond being funded for, you cannot shout that from the rooftops, so the Government does not get the clear message. So they see that, ‘Oh, okay, we’re finding these programs and this is all working beautifully’. But what they do not understand is that a lot of you get burnt out. You are working way above what you should be and your capacity. I think that this is a very strong message that we need to take back and have in this report—that most homelessness organisations that I am aware of all do that, but they cannot articulate that to people. They cannot articulate that to the Government because you run the risk of then not being given the funding, and then what happens?

Ms HUNTER: And it is hard to articulate in our data, to show what it is that we are doing.

Ms MAXWELL: Exactly, and I think that is a very big focal point that we need to be aware of.

The CHAIR: I will take that as a comment.

Ms MAXWELL: No. So would you agree, Heidi?

Ms HUNTER: Yes, I would.

Mr BARTON: I will finish it off: who is looking after you, Heidi?

Ms HUNTER: As in me personally—my personal mental health and wellbeing? I actually am really fortunate that we have some really good managers, so I have received some very good supervision. It is definitely something that is inbuilt in the culture of our organisation. I am actually fairly new to this role. I am only six months in. I have been in the organisation before that. But whilst it is difficult work, I do not feel like I am being dragged down by it at the moment.

Mr BARTON: Not overwhelming.

Ms HUNTER: Not yet.

Mr BARTON: Not yet.

Ms VAGHELA: Thanks, Heidi. You spoke about the 13 properties which are for the transitional accommodation.

Ms HUNTER: Yes.

Ms VAGHELA: In that, you mentioned that some of them are being used for the long term because they have got nowhere to go. What I would like to know is: if they are there for two, three, four or five years, how often do you go back and check whether their situations have changed or not, because what we heard in the previous submission as well—out of the 60 residents, if we think that now some of them will be able to move on because they might be able to get a job or something, how often do we check to make sure that these people are the people who should be having these properties? I am not saying that all of them may not be able to get a job somewhere, but their situation would have improved over two, three, four, five, six, seven years or not?

Ms HUNTER: Yes, potentially. I guess it is a different situation from the caravan park and the Miners Rest. These transitional properties are managed by CHL, and our service provides case management support whilst they are in a transitional property. So we are in regular—sometimes weekly or fortnightly—contact with the people residing in these properties to continue to support them to try and obtain long-term housing.

Ms VAGHELA: So you have that. So I wonder whether it was the same thing with the caravan park, because how often did they go and check? If this has happened with one caravan park, are there any other organisations where they have this sort of crisis accommodation that has been occupied for four, five, six, seven, eight or 10 years? I am not saying that all of them would be in a situation where their situations have improved, but I am sure that for some of them—I am just trying to understand, is this just a can of worms—

Ms HUNTER: I guess what I took from that is that sometimes when we place people in hotel or motel accommodation we might fund, say, a couple of nights and then this person would self-fund the rest. They might then disengage with the service and so it is then their choice that they continue to stay there. If they have continued to self-fund that over five years, then that is where they are choosing to stay, and we cannot say, 'Oh, no, but you have to work with us and we have to get you into a house'. So I imagine that some of the people there have done that. The other thing is, as I heard the previous person say, if people come from out of area into that, services are not going to travel several hours to try and engage someone when they can be like, 'Oh, they're accommodated there. We'll just leave them there'.

Ms VAGHELA: Yes, but then is there a real crisis in crisis accommodation? That is what we need to know. If this is just one example of residents living there for a very long time—this is a follow-on question from what

Tania was saying—and for people who are living there, how often are we assessing and making sure that they still need that crisis accommodation?

Ms HUNTER: So the specific THM crisis accommodation ones, they are fairly regularly monitored. It is a different situation from the caravans and the motels and that because these are managed properties that have a case management component to them. So we are still in regular contact and trying to support them into moving to tenancy, but when there is nowhere to move to they stay.

Dr KIEU: Thank you, Heidi, for your submission and also for your dedicated work above the call of your duty. I guess this is just one of the shortcomings of perhaps the present system that you sometimes have to close a case and then immediately open it again, but then on the other hand I think the government—the local or the State Government—already have some pilot studies, like the Brief Intervention and Enhanced Pathways. I would like to find out from you: homelessness is more than a roof over the head. We have been talking about crisis housing and some of the emergency and transitional housing. In Gippsland what is the situation with sleeping rough and what is the trend for that, in particular in the Gippsland area? Do you have any idea?

Ms HUNTER: Look, I must admit that I do not have any data on this. That is not something that I can evidence—in that term. But anecdotally I have seen an increase in our service of people sleeping rough. I work in Sale, which is halfway between here and Bairnsdale—you would have passed through it when you came through—and I am personally aware of at least three or four people that are sleeping rough in the CBD of Sale. I am sure that there are more, but unless I go hunting to look for them, I am not going to know. But to have, visibly, four people in a town like Sale—which is not that large; it is a country town—and to have that many that I am aware of and I have seen around is quite distressing really. We are getting lots of people who are telling us they are couch surfing or they are sleeping in a tent in a mate's backyard, or there is a local free camp that is just down the road, so lots of people go and camp down there, which they are allowed to, because that is a free camping area, but they are homeless—they do not have anywhere else to go. They are staying there because they can and it is safe, but it is not home.

Ms LOVELL: Heidi, we have heard from a lot of people that a 13-week episode of support is not what is needed to really address the problem, and we heard from you that you close and immediately reopen, so that is the revolving door.

Ms HUNTER: Yes.

Ms LOVELL: If you were to redesign the system, what would it look like?

Ms HUNTER: It would look like individualised, targeted support for each family or individual that accesses our service. Some people really do only require one or two weeks to assist them with filling out forms or apply for a certain amount of funding, and then they are able to manage it on their own. Some people need a couple of months to help them address issues, and some people need even longer than that, particularly people who have care experiences, particularly people who have been in and out of prison, particularly people who have significant mental health or substance use issues or other traumas, people who need that additional support in order to be able to access and sustain tenancy—because it is not just about obtaining tenancy. And I think for me one of the biggest issues of our current system is that we are so focused on 'We'll get them in and then we close' because 'Great, we've got them housed. We can move on to the next person'. But for a lot of these people who have not had a home for a long time, they do not have the skills to be able to sustain a tenancy and they need that additional support to ensure that that is what happens.

Ms LOVELL: So if working in that individualised package space meant working with a smaller cohort of people but actually producing outcomes, that would be an acceptable outcome?

Ms HUNTER: Potentially, yes. I also think that we need early intervention into lots of other sectors, which would then reduce the amount of people that are coming into the homelessness sector. I quite often feel like the homelessness sector is the one that picks up everyone that fell through the cracks of all the other sectors.

Dr KIEU: And sometimes too late.

Ms LOVELL: It is.

Ms HUNTER: Like if they—

Ms LOVELL: Public housing is the new mental health institution.

Ms HUNTER: Yes, it is.

The CHAIR: Second only to prison.

Ms HUNTER: Yes, and then they come back to housing services when they exit and then back to prison—so early intervention into providing supports for families so that we do not get this intergenerational trauma and early intervention into providing mental health services and substance abuse treatments so that we do not get these issues that prolong people's experience of homelessness.

Dr KIEU: May I add on to that? The individualised packaging, that would be necessary because some of the underlying reason, our issues, lie in substance abuse or trauma. It would take longer to remedy that and also require many different services coordinating together, so that is why it takes a much longer time, not just have a house and then lose that one soon afterwards.

Ms HUNTER: Yes, because homelessness is not just a lack of a home or house; there are all these other experiences that lead to it.

Ms LOVELL: There is a lot more complexity than just putting a roof over someone's head.

Ms HUNTER: Absolutely.

Ms LOVELL: You have got to deal with the underlying issues.

The CHAIR: This is a segue. A number of people today have talked about establishing some tiny house, tiny home villages or setting up some systems where you can quickly add some stock into the market, but homelessness is more than just that roof. I am wondering if you have any thoughts on this notion of creating these quick tiny homes?

Ms HUNTER: I do not really—

Ms LOVELL: They are not a home.

Ms HUNTER: Yes, it is not a home and it is—I do not know. I am really torn about it because, again, it is providing an immediate safe space—

The CHAIR: It is more about transitional.

Ms HUNTER: but it is not somewhere that you can experience life in. It is—

Ms LOVELL: And live long-term.

Ms HUNTER: No. It is kind of like a step up from a swag or a tent. It is a tiny little space that you can sleep in and then—

Dr KIEU: But then in the longer term they run the risk of being a ghetto.

Ms LOVELL: Yes, and it is making us feel good about ourselves because they are not sleeping on the street—

Ms HUNTER: The other thing is—

The CHAIR: No, I think it moves more into that transitional, where you have got people living at Miners Rest in a caravan, and we do not think that is suitable but we accept that.

Ms LOVELL: So we should go and look at Common Ground. Common Ground is supported housing, a bit like a Foyer but not for kids. It is in Elizabeth Street. It is like a motel room, and you cannot live there long-term. It has got the supports around it to give people stabilisation, and then they move on—

The CHAIR: But people are living there long-term, Wendy.

Ms LOVELL: I know.

The CHAIR: And a lot of the people there—

Ms LOVELL: You and I could not live there long-term; put it that way.

The CHAIR: No, and a lot of them have got an ABI or they have got an intellectual disability. It keeps them warm but not much else.

Ms LOVELL: No.

Ms VAGHELA: Last one. Heidi, are any particular communities more at risk of experiencing homelessness or housing support in the region where you work?

Ms HUNTER: Young people in general. We get a lot of young people, and we really struggle to do anything because it is really hard, particularly in Sale. It is really hard to get any sort of accommodation that is safe and suitable for them. The other thing as well is we have had a significant increase of women fleeing family violence, and finding appropriate accommodation for them and their children is really difficult.

The CHAIR: Yes, community housing says that their biggest cohort is people between 26 and 45.

Ms LOVELL: So they are people with children.

Ms HUNTER: Yes, and that sort of rings true with us as well. We see a lot of families—a lot of families—and it is hard because there are not a lot of places to go. I have talked about the difficulty of caravans and motels and stuff, but it is a lot easier to get single or a couple into a caravan park than it is to get a family. And when we are talking about families, we do not want to disrupt children's educations and their connection to their peers and all their other social connections, so it is really important that we keep them in the community. But that is really hard to do.

Mr BARTON: Ms Lovell actually asked a few of the questions that I was going to ask there, but it is really about that it is a given that we need more stock and it is a given that we need more transitional. We need to do something now. Heidi, what are we going to do?

Ms HUNTER: Please give us more housing.

Mr BARTON: Okay, you are going to get more housing. I do not know how, but that is a given—

The CHAIR: But that is going to take some years.

Ms HUNTER: It is.

Mr BARTON: Yes, that is a long-term strategy, but we need to be doing stuff now.

Ms HUNTER: Yes. Uniting, the organisation I work for, has a position paper on homelessness and housing in Victoria, and they have called for several key things: an increase in public housing is key; a national strategy for low-cost rental to be able to meet the demand for affordable housing; issues around rent increases and evictions, so working with renters and landlords to be able to—

Mr BARTON: We have got to keep them in their homes, yes.

Ms HUNTER: Yes. Immediate financial relief through rent assistance as well as potentially increasing Centrelink payments like Newstart, which I am sure you have heard over and over again, but that is—

Ms LOVELL: Actually you are the first one who has said, 'Increase Newstart'. Everyone else talks about everything being unaffordable to someone on Newstart, but no solution has been to increase it. You are the first one who has done that.

Ms HUNTER: Please give them more money. I cannot put it more clearly.

Ms LOVELL: We cannot; we are State.

Ms HUNTER: I know, but—

Mr BARTON: Wendy, speak to the Prime Minister, will you?

Ms HUNTER: It is so unachievable to do anything on Newstart. I am constantly in awe of the families that manage to survive on it, because I do not get it.

The CHAIR: It is just extraordinary, isn't it?

Ms HUNTER: Yes.

Ms LOVELL: The difficulty being that it was never designed to be a long-term income stream; it is really designed to be short-term until you move into employment, but people are not moving into employment.

Ms HUNTER: And it is very similar in that there is nowhere for homeless people to go; there is nowhere for the unemployed to go because there is no employment for them to move into.

The CHAIR: That is exactly right.

Ms LOVELL: We need to create more jobs.

The CHAIR: Heidi, just a very small technical question: out of interest, you mentioned 512 clients in the last year. As you were saying, you get funded to provide a client with a 12- to 13-week service. If that client is not housed, you close and reopen—

Ms HUNTER: They are new clients.

The CHAIR: So that is not—

Ms HUNTER: That is not repeat—

The CHAIR: That is not 500 12-week services.

Ms HUNTER: No, that is 500 unique—

The CHAIR: Unique people.

Ms HUNTER: Yes.

The CHAIR: Thank you.

Ms HUNTER: So the number that we provided support to, if you included the repeat ones, would be significantly higher.

The CHAIR: Yes, if each intervention was counted. How do you count to your funding bodies?

Ms LOVELL: They close it and they reopen it.

The CHAIR: So does that count as two?

Ms HUNTER: Yes, that would.

Ms LOVELL: Yes, because they have gone through the revolving door that I talk about—out the back door and back in the front door.

Ms HUNTER: We try not to do that. If I think, ‘Oh, we can probably achieve this in 14, 15 weeks’, we will probably just leave it open and suck up the difference that we have not been funded for, but if it is going to be another hard slog, we do need to do that so that we can accurately reflect the work that we are doing.

Ms LOVELL: Absolutely.

The CHAIR: So when someone like Community Housing says 52 per cent of their clients are returning, that 52 could be those sort of circumstances where it is not that they are returning, it is that they have never left because there are problems have not been solved?

Ms HUNTER: Possibly. I must admit I do not have the data with me today, but I could check that out if you wanted me to.

Dr KIEU: Maybe there was an intervention gap. They got housing and they could not sustain it, and they came back.

The CHAIR: Yes. That is what I am wondering—if some of them are that or it is actually that they did not find housing and they were closed and reopened.

Ms HUNTER: I am not sure. I would have to—

The CHAIR: Any other solutions for us? I know, ‘more housing’—we have got that.

Ms HUNTER: More housing, more funding to provide those longer term services, increasing the money that these families can access. Everything I say costs money, but it really is—

The CHAIR: Do you think services are overlapping?

Ms HUNTER: In some areas, potentially, but I am finding—because we are in at that regional, rural area—there is not much overlap. In fact we are sort of stretching to get to our boundaries.

Ms LOVELL: One of the things that we probably should do is a statewide mapping of the services so we see where there might be overlaps but where there are gaps as well.

The CHAIR: Yes. That would be interesting.

Ms LOVELL: We cannot do it as a Committee, but we can have it as a finding or a recommendation.

Ms MAXWELL: Heidi, I have got a question. With our youth—and nearly everybody that we have spoken to has talked about how difficult it is to get housing for young people—the concern I see in this is: what is the work that you see being done in that intervention space to have those young people reconnected with their families, given that there are certainly times when young kids just will not live at home?

Ms HUNTER: It really depends on why they are not at home, I think.

Ms MAXWELL: Absolutely, and I know that we have family violence et cetera, et cetera, but the difficult thing then—and we are creating a couple of issues there—is that then leads on to that intergenerational trauma and risk of homelessness, and the cycle continues. Often if it is family violence, I would prefer to see the child back in the home and the perpetrator removed. I know that we have still got to house that perpetrator, but then they could have that intense support that they need to be changing those behaviours. I feel like in the homelessness sector it is always that catch-up.

Ms HUNTER: Potentially. You saying that—talking about the child in the home and the perpetrator out—made me think of particularly one case that we are working at the moment where it is a single-parent family and the parent is the perpetrator. So what choice does this 16-year-old have but to not be at home? Housing her has been incredibly difficult because child protection have not really provided that much intervention.

Ms MAXWELL: At that age, no.

Ms HUNTER: She is 16. She is making a choice not to be at home. Real estate agents—

The CHAIR: But she does not have a choice.

Ms HUNTER: No. Not if she wants to be safe—no, she does not.

Ms LOVELL: But this is the problem so often. I had a case like this with some parents in Shepparton where they were good parents but the daughter was running away. She was in the house with them with drugs.

Ms HUNTER: But in this case the parent is the perpetrator of violence.

Ms LOVELL: Oh, okay.

Ms HUNTER: She is the perpetrator of violence. There are police reports and all sorts of stuff, but because of the age it is seen as this young person is choosing to live outside of the home.

Ms MAXWELL: So, Heidi, given that and the fantastic community work that you are doing—and I am looking forward to having a look at the book and the artwork that is done—do you actually have many people in the community who are becoming aware of homelessness who actually open their home with a bedroom for a period of time?

Ms HUNTER: Nothing formalised that I am aware of. There probably are people in the community that do that, particularly through local church groups and that sort of stuff. I am sure that that happens. Quite often young people tend to stay with friends, and they sort of move from friend to friend until we can find something.

The CHAIR: Banyule council has done a really nice booklet for parents who are housing kids that are not their own and how to set rules within the home for when they welcome a child.

Ms MAXWELL: They say it takes a village to raise a child, and I think we have moved away from that—society has potentially moved away from that a lot. It is something that could be a consideration, particularly for young people.

Ms HUNTER: Absolutely.

The CHAIR: Heidi, thank you so much. It has been a very nice, free-flowing conversation.

Ms HUNTER: It has.

The CHAIR: As I said, you will receive a transcript of this, and feel free to make any changes. Any other information you would like to send through to us, or strikes you at 12 o'clock in the middle of the night when you wake up and go, 'I wish I had said that'—

Ms LOVELL: Ring Fiona right away.

Dr KIEU: At 2 in the morning.

The CHAIR: I am at my best at that time, as you know, Tien.

Ms HUNTER: I do have a party bag here. It has got the position paper.

The CHAIR: Fantastic, thank you—and your exhibition piece. Thanks, Heidi.

Witness withdrew.