

# TRANSCRIPT

## FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

### Inquiry into the adequacy and future directions of public housing in Victoria

Melbourne — 16 February 2010

#### Members

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Mr B. Ilsley, policy adviser, and

Mr R. Davis, carer, Carers Victoria.

**The CHAIR** — Welcome and thank you for giving your time to appear before the committee. This is not a government inquiry but a bipartisan parliamentary inquiry. All evidence taken at this hearing is protected by parliamentary privilege as provided in the Constitution Act 1975 and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other states and territories. Any comments you make outside the hearing will not be afforded such privilege. We are recording the proceedings and you will be sent a copy of the transcript, to which you can make minor adjustments, if necessary.

This session will be for 45 minutes. I invite you to make a verbal presentation and to restrict it to less than 20 minutes if you can, so that it can be followed with questions within that time frame. Please start by introducing yourselves with your terms of reference, so that it can be recorded on the Hansard transcript.

**Mr ILSLEY** — My name is Ben Ilesley. I am a policy adviser at Carers Victoria.

**Mr DAVIS** — My name is Ray Davis. I am a carer and a member of the carers association.

**Mr ILSLEY** — Thanks to the committee for this opportunity to speak to this issue. Carers Victoria is the peak body for informal carers of people with a disability, mental health problem or chronic illness or people who are frail aged. It is a member-based organisation with between 5000 and 6000 members, but there are actually, according to the Australian Bureau of Statistics, 700 000 carers in Victoria. I will speak for about 10 minutes, just pulling out some of the main points from our written submission, and then Ray will speak from his own experience about public housing.

First I want to make a few points about the relationship between caring and housing. Housing, and the support that always needs to go with it for someone with a disability or mental illness, is a key issue for people who are caring. Some of you may have seen *Four Corners* last night. Certainly it was all about people with profound disabilities. For many carers the idea of accommodation is an anxiety that starts from the birth of the person who is their family member with a disability or similarly when someone acquires a disability through other means.

Public housing is a key issue for carers in their own right, and I will say a little bit more about that, but also because carers have interdependent needs with the people they care for, and I will say a little bit more about what I mean by that. Public housing has a crucial role within the more general issues around housing and support.

What do I mean by ‘interdependent needs’? This is very clear if you think of someone with a disability who is not receiving the formal support that they need from services. Clearly family are confronted with needing to provide more informal support or else make some very difficult decisions and that will affect the wellbeing of the whole family. We know that carers have much lower health and wellbeing than other population groups, lower income and lower workforce participation rates — because it is very difficult to mix caring responsibilities with paid employment and also because of the considerable cost of disability that occurs sometimes and that affects the whole family.

Interdependency refers also to housing choices and options and, to use a particular term, housing careers. Last year the Australian Housing and Urban Research Institute wrote a very important report on housing careers for people with disabilities, including mental health problems, and what that means for carers. What the researchers discovered was that the carers they studied prioritised housing over almost everything else. They really understood the value of home ownership because of the security and stability that it offers and also because of the flexibility it offers in the case of the need for home modification.

I have just mentioned that often carers are on lower incomes than average. That means that carers are more likely to be in housing stress in terms of their mortgages than other members of the population and also that they are less likely to have superannuation or other assets, because they are just not an option.

The AHURI report showed that carers have masked the problem of the shortage of housing for people with a disability, because they have prioritised home ownership. What we are saying in our submission, which is also a point made in the AHURI report, is that this masking of the problem actually cannot continue any more. There are a few reasons for that. One is demographics. Lots of people with disabilities are baby boomers, and there is

a bulge, so now demographically there are more people with disabilities. Plus the population is ageing and ageing goes hand in hand with increased disability.

People with disabilities of most types — not mental illness but intellectual and physical disabilities — actually live longer now than when people were in institutions. We now have the problem — a good problem to have — that people with disabilities outlive their parents. That never used to occur before. What that means is that now we have an increasing cohort of ageing parent carers that we did not have before who are incredibly anxious about what the future holds for their adult offspring with a disability.

The other factor that means that the problem is not going to be masked by home ownership of carers is that housing is so unaffordable now that it is just not possible. Lots of carers are single parents or if somebody is working, it is likely to be a sole income.

We know that housing is so unaffordable that you need two incomes, plus there are the costs of disability that I mentioned before. Research has been done on that to show that you are six times more likely to be in poverty if there is a person with a disability living in your house. We already have data coming in that shows that the new generation of carers are much less likely to own a house than other people of their age in general in Australia. What does this mean for public housing? It means that carers are more likely to be applicants for public housing in their own right than in the past, but it also means that people with disabilities and mental health problems will be putting more and more pressure on public housing.

Private rental just is not an option for many of these people, and there are also some doubts about community housing, which has real potential, I think, for these groups. We have doubts about whether they will be able to provide housing for those on the very lowest incomes because of viability issues and Victorian policies that mean that Housing Associations are required to grow their stock and because of a lack of accountability around the selection of people with disabilities and the housing mix and that sort of thing.

There are many more people with a disability or mental illness who could live successfully in public housing if they were given support. You will hear from lots of other housing experts about public housing in Australia and the level that it is at and the scarcity and problems of supply, future projections and that sort of thing and what that means in terms of targeting policies and some of the problems that this committee is inquiring about in terms of the reality of life in public housing. What it means for many carers is that this system cannot cater for the normal life transitions of people with a disability and their families. They cannot cater for a person with a disability becoming an adult and wanting to leave home — it is not an option for them as it is for other people. They do not have the choice. If a carer becomes unwell or there is family breakdown or a carer dies, public housing does not specifically cater for any of those issues. Public housing is so scarce that the main criteria is acute housing need. That is very hard to argue with. If someone is homeless, then they need priority. But it means that — our submission goes into more detail with some recommendations around this — if, for example, you have a disability but are living at home, you are not seen as being in unsuitable housing so you are not eligible unless there are some other issues as well around the need for support being a criteria in terms of getting priority. Sometimes the support and housing are not joined up. You have a catch-22 where you cannot apply for housing because you do not have the support and you cannot get the support because you do not have the housing.

There are ways of improving the situation for people with disabilities. For example, the Disability Support Register is run by the Disability Services Branch, which is about support. Lots of carers think that this is the public housing waiting list. They have been on it for years but they do not realise that it is completely separate. Not only that but the Office of Housing actually has a different definition of 'disability' than the Disability Services Branch. There is clearly a need for better joint planning between departments.

The problems go much beyond this, though. A lot of these problems come back to the problems of supply and the need to advocate better for people with disabilities and housing need. An example of this is that the Nation Building program through the Federal Government's economic stimulus plan is providing 4500 dwellings in Victoria. Lots of people got excited about this even though we know it does not meet the shortfall caused by historical under funding. To date we know of 45 of those 4500 houses are actually targeted to people with disabilities specifically — that is, 1 per cent.

I am just going to make another couple of general points before handing over to Ray. It is possible to see these issues in the context of the deinstitutionalisation policies of the 80s and 90s. We believe the thinking around deinstitutionalisation is really sound, particularly the positive vision which is around community living policies, which is the idea that people with disabilities and mental health problems should be able to participate in the community fully and have real choices.

Carers are increasingly feeling as though they have been short-changed, that support and accommodation is not there, has never been planned for properly and has never been invested in. Those problems are set to grow. Public housing should have had a crucial role within that, but it still can.

The second point I wanted to make, and again following on from the *Four Corners* program last night where Bruce Bonyhady was interviewed about the National Disability Insurance Scheme, for which the federal government is providing money to the Productivity Commission to do a feasibility study. Potentially this could be an enormous policy development whereby there would be something akin to a Medicare levy to provide support for people with disabilities. Without pre-empting the feasibility study, it is extremely unlikely that housing will be included in the scheme, so we could end up with a much improved and better resourced support system. That is certainly what we hope, but we need to start thinking about where those people are going to live because we know that support without housing is just as bad as housing without support. Thank you.

**Mr DAVIS** — Just before I start, I am just going to read from a statement I prepared. I do not know if you would like these to be distributed now. I am sorry, I only finished this last night.

My name is Ray Davis. I am 61 years of age. I have a background in accounting. I was married in 1970. I have two daughters, aged 29 and 22. In 1975 my wife was diagnosed with chronic rheumatoid arthritis. She was just 25 years of age. In 1987 we took on a mortgage to buy a family home. Around 1994 I was forced to consider our needs and options. My wife was in need of attention 24 hours a day. We had no extended family available for support. During the day the children were at school and I was at work. We were concerned about hired care. The only course of action that suited us was for me to stop working, run the house and nurse my wife. We sold the family home and returned to private rental.

My wife spends 95 per cent of her life housebound, being mostly confined to bed and mobility is via an electric wheelchair. The disease has brought on complications, including dislocated joints, unstable spine, osteoporosis, rheumatoid vasculitis, deafness, deterioration of the eyes, insomnia and depression. She has had to face many operations.

The reason we applied for public housing is that the private rental market gives us no permanency. Having to move on a regular basis is relatively expensive and traumatising for my wife. Against my wife's wishes I submitted an application for public housing in 1996. I envisaged it would give my wife some chance of independence and be more affordable.

There was a stigma. We were extremely unhappy about having to take a commission house, such is the reputation and the fear of being labelled a person of poor character. The housing office staff inferred that I was not the type of person that they were expected to help — people with a professional background just did not apply for public housing. I was flabbergasted, but there you go.

Despite our dire situation, we were told that it would take a while, and it took five years. We had an offer. We were first offered a three-bedroom house that backed onto a major thoroughfare carrying heavy traffic. The house would have measured about 9 squares — that is, 83 square metres.

At the viewing we struck several problems. We could not get my wife's wheelchair in the house as it could not fit through the front door. The traffic noise from the road was traumatising my wife through her hearing. The bedroom was far too small for the electric lift-up bed, lifting equipment, commode chair, wardrobe, dressing table and bedside tables. The room was about 9 square feet or something like that. The other rooms were much smaller with a narrow passage connecting. There was no way that my wife could manoeuvre a wheelchair within the house. The house was just totally unsuited to an invalid. Our occupational therapist made a submission to the housing office on our behalf for another offer, pointing out the building standards for invalid access.

We did get a second offer. This was a house bounded by three roads. It backed onto a busy thoroughfare and had another major road on one side and a residential street at the front. All the houses in the street had been built for the housing commission in the 1970s; they were all brick veneer. The house was poorly located for independence: there were no footpaths to the shops and a busy road to cross without a pedestrian crossing. It was potentially very dangerous. We had misgivings but it was only available on a take-it-or-nothing basis. This is it: you have got no choice.

The house, although small, presented quite well. It was relatively high off the ground, being situated on a sloping block. At the viewing there were design people from human services, our occupational therapist and us. It was agreed that quite a few alterations would need to be made to accommodate my wife. This took a further four months. The rooms were quite small, so there was a limit as to what could be achieved.

Once we were in the house we did make some alterations at our own expense. We had the windows double glazed to try to stop some of the horrific traffic noise, we added a specially designed glass shower recess, we put up fences and we laid out a landscaped garden specifically designed to reduce noise. I cashed in my superannuation to fund these projects. We were planning for the long term and our own comfort and pride. We had spent more than \$5000 of our own funds.

There were still many problems that had not been addressed. My wife could not manoeuvre the wheelchair between doorways and the passage without manhandling her chair, effectively stopping her from exiting in an emergency. There was only one wheelchair exit and that was on the opposite side of the house to the main bedroom. The house was too small for general wheelchair manoeuvrability. The open lounge-kitchen was just 9 feet wide; once furnished it was difficult for able-bodied people to move around furniture, so with a wheelchair it was just impossible. She could not even reach the doorhandles. The rest of the house was a compromise for the whole family — very small rooms and poor storage — but we managed.

Regarding the environment, the constant traffic noise and vibration was distressing for my wife with her hearing loss, resulting in severe depression. The environmental and cultural issues were a shock to us. We had to endure neighbourhood problems with a strong criminal element — street fights, beatings, torched and stolen cars, one of which was ours, several neighbour suicides, vandalism and general antisocial behaviour. I feared for my family's safety the whole time we lived there.

A number of houses in the street were occupied by two or three generations of the same family, all unemployed and quite openly stating that return to employment would destroy what they had built up over the years with cheap rent and government support. There was no incentive for them to change the situation.

Regarding our tenancy period in public housing, we stayed for less than two years. My wife's health was deteriorating with fear of the environment. In terms of the rent we were charged, as we had other income our rent was assessed at market value and we had lost rent assistance from Centrelink on commencing our tenancy in public housing. This was proven to be a bit of an anomaly as when we went back to private rental with rent assistance we were paying \$20 a week less for a four-bedroom, two-bathroom, two-living-area, double-garage house only 500 metres away from this other house. We lived in that house for seven years, and we would still be there today had it not been sold to an owner-occupier.

Regarding returning to public housing, my wife and I may have to return to the public housing system in the future as my opportunity to supplement our income diminishes with age. We would do this with much reluctance, and it would have to be the choice of last resort.

**Mrs POWELL** — Thank you for that. I guess that is the face of what some people face in public housing and the insecurity of tenure of public housing. One of the issues that you raised in your submission was about the disability register being combined with the housing register. How do you see that working, given that the disability register does not just deal with housing waiting lists, it also deals with support?

**Mr ILSLEY** — It is an example of where support for people with disabilities and housing is separated, and in our submission we are looking for a more joined-up approach so that those departments actually get their ducks in a row, I suppose, about what people with disabilities actually need. That occurs on the ground in terms of local service planning and what things actually have to happen. It involves structures like the one that you have mentioned where the disability support register could be aligned or absorbed somehow into Segment 2,

which is really underutilised in public housing. Only 9 per cent of prioritised people do so through Segment 2, which is the one that should be the most applicable to people with disabilities.

It also needs to occur at a policy level. The Mental Health Reform Strategy and also the Disability State Plan talk about people with disabilities and mental health problems living in the community fully, but there is no housing attached. The latest state budget, from last year, provided several million dollars of support for people with mental health problems — high needs, forensic history, profound psychiatric disability — but there is no housing automatically attached to that group of people.

So the DSR and Segment 2 problem is probably one of the easier ones to fix. It is one of many examples of where the departments, but also branches within departments, need to do more planning together. We are actually lobbying for a comprehensive disability and mental health housing strategy so that there is long-term planning, proper data collection and planned investment for these issues.

**Mrs POWELL** — Because I wondered whether that was the sort of thing that could assist Ray, who has a wife with a disability, so that he is able to get the support services but also access to some sort of public housing with assistance.

**Mr DAVIS** — I see the problem as being massive. I just do not know where you would start. I have sympathy for the committee, because I just do not know where you would start. There is limited stock at the moment — that is just the reality. We understood that. Sometimes the properties are not bought with the idea of invalids living in them. They are modified to try to accommodate that need at a later date. The properties are bought first and they are not specifically built or specifically purchased with that in mind. I just do not know where to go.

**Mr ILSLEY** — I just want to add something else about the disability support register. The majority of people and their families who have disabilities are not on that register. It includes a very small number of people.

**Mr DAVIS** — We are not.

**Mr ILSLEY** — People do not know about it and it is seen as being a system of crisis, which it is. We need to do more. We — as in us and the government — need to do more work to find out about ageing parent carers, for example. Very few ageing parent carers of the kind that I mentioned, who may be in their 80s or 90s, would necessarily be on that register.

**Mr SCHEFFER** — I was thinking about something else when you were asking your question, so if I am repeating it I will move on. You talked about the disability support register in your presentation and you propose in your submission that it be put together with the housing waiting list. Have you been able to think through how that might work as a model?

**Mrs POWELL** — I sort of asked that question.

**Mr SCHEFFER** — It was kind of slightly related to it.

**Mr ILSLEY** — We have had some discussions with the Department about that, and I hope they are working on it, because that is their job, not ours.

**Mr SCHEFFER** — Fair enough.

**MR ILLSEY** — Of all the problems that were outlined, that is a very small one. That is about bureaucratic transparency and efficiency in communication to the people who might need it. Those issues are not found and, as it is, it is information that we do not have.

**Mr SCHEFFER** — But there is nothing you could draw from the experience of your members that would lead you to get a sense of what the components of such a new structure might be?

**Mr ILSLEY** — A start would be that when people sign up for the DSR they are informed that that is not actually a public housing waiting list. Some of it is about information. With regard to public housing pathways, because of the prioritisation system related to homelessness, the homeless sector is quite separate from the

disability sector. I know that the Office of Housing is looking at rejigging the prioritisation of the waiting list and is probably aware of this issue, but the cohort of people who have disability and are living with their families are likely to be quite separate from people who are homeless and accessing homeless services, and there are also likely to be skill and awareness issues around the workforce who work in homeless issues. For example, we know that people with disabilities are overrepresented in SAAP services. We also know that they are less likely to receive support services than people without disabilities.

**Mr FINN** — Ray, thank you very much for the story of the nightmare that you have lived. It is clearly a very sad reflection on the public housing system that we have in this state. Did you in the course of your years going through this come across anybody else in a similar situation? I really find it very hard to believe that you would be the only one.

**Mr DAVIS** — I do not believe I am the only one — not for a moment. I really do not. I have to admit I was lucky. I have a professional background. I was able to say, ‘Okay, this is going from bad to worse. This is just not happening’. My wife’s health was deteriorating before my eyes. She was literally dying in front of me, and I just said, ‘I can’t stand by. I have to do something’. At that stage I was working as a cleaner from 4 o’clock in the morning till 6 o’clock in the morning and then going home and running the children to school and doing all those things. That was the only time I could manage. At that time in my life that was all I could think of doing. There were too many things to deal with. Once we bit the bullet and we left that house I then thought, ‘What resources have I got? I have got an accounting background. I should be doing something in that line’. We had a four-bedroom house; we had a spare room. I set up an accounting practice in the spare room and worked from home. I had enough contacts from years back to be able to give myself 10 hours a week. That is all I can do. I literally refused any more work. You can only do so much. But that was enough to pay our private rent — that is, the gap between public rent and private rent was what I earned. It was about \$6000 or \$7000 a year. That is how I managed. I do not know how many more people are in this situation.

Once you move into those commission houses you sort of say, ‘At least I’ve got a roof over my head’. If I did not have any other choices, I might have had to say, ‘Bad luck. This is where we stay until we die’. My wife will be first and then the kids will leave home anyway so that is not going to be a problem, and then the housing commission will kick me out anyway because I will be a sole occupant in a three-bedroom house, which they desperately need.

If I was still there, I know my wife would have died probably within 12 months to 2 years — I am totally convinced of that. When I got her out of there she then went into hospital and they were totally freaked out with the state of her health. She had worried herself into that situation but I could not control that because that is the environment we were in. I am sure there are lots of people around, though I do not know how you find them — through carers probably.

I have to be honest: this is the first time I have really done anything for the carers association, apart from be a member and given the odd donation — when I have got \$20 to throw away, I throw it their way. Most carers are so preoccupied with their own immediate problems and they are just struggling from moment to moment. It is literally a struggle from moment to moment. You just do not know what will be happening in an hour’s time — I still do not. I plan to do things during the day and it is all chaos. It is a ‘I’ll finish this off at 3 o’clock in the morning’ sort of thing. That is when I get my time — at 2 and 3 in the morning.

**Mr FINN** — You referred to this attitude of the Office of Housing staff which inferred that, ‘I’m not the type of person they were expected to help’. Could you go into a little bit more detail?

**Mr DAVIS** — I turned up in a suit for a start, thinking I would present myself very nicely. I go up to the counter and sort of say, ‘Can I have a house?’, and they said, ‘What are you doing here?’.

**Mr FINN** — Was that obvious? Was that blatant?

**Mr DAVIS** — It was sort of that blatant, yes, and I was a bit offended. I said, ‘Look, I’ve paid taxes for years. I am here to get some back’. That was my attitude. I started to get a bit angry, a bit defensive. I understand their attitude. I mean, they were sort of saying, ‘You’re a bit of a fish out of water here’. Maybe they were trying to say to me, ‘You’re not going to be very happy with what we’ve got’. It did not come across like that at the time, but probably in hindsight they were probably trying to say, ‘You are beating your head against a wall’.

brick wall'. I do not think they were being deliberately nasty. They were just a bit shocked that anybody would walk in off the street with a suit on and ask them for a house.

**Mr ILLSEY** — I think it is a very concrete example of the residualisation of public housing. That is the sort of policy word that has been used around public housing becoming more and more scarce, more and more for extremely marginalised people.

**Mr DAVIS** — I am sorry about the comment, but I left it in because it was pertinent.

**Mr FINN** — Yes, I will put this away, believe me.

**Mr NOONAN** — Can I thank you also for your submission? I will just make a comment in relation to the Nation Building investments and the number of properties coming on line — 4500 new dwellings. I am not in a position to determine whether your figure of 45 new dwellings is right or wrong, but what I would say is that in my own electorate there is a new development with 44 dwellings, of which I think 12 — off the top of my head — are being designed specifically for people who have a disability.

I would be interested — and we would have to do the follow-up work with our committee and you might also as an organisation — in determining whether that figure is in fact right or whether you have not received the amount of information needed to clarify the point there. If that 45 figure is right, up to 12 of them might be just in one construct in my electorate. It does seem a little low at this point, but that is just an observation.

**Mr ILSLEY** — Can I respond to that?

**Mr NOONAN** — Yes, please.

**Mr ILSLEY** — The figure of 45 came from discussions with the Department in response to a direct question. I really hope you are right, and I am sure you are, and that is great news if that is occurring in your electorate. What that suggests to me, though, is that there may be a bit of work needed for the government to communicate that they are providing housing for people with disabilities, because if we do not know about it, our members will not, and the anxiety and the expectations around the Nation Building program for the families that we represent is palpable.

**Mr NOONAN** — It is not our role as a committee to be taking messages back to government, other than through a formal report of the committee, and we will report in September. In the interim I just make that observation to you, and if it is a flaw of government in terms of communication, that is certainly worth following up as you put it. But I also put it to you in terms of the knowledge that I have around this that it may be worth having a look at from your own organisation's point of view because it could be quite valuable for your members as you step forward.

The question I had comes back to the access issue and the current segmentation of the waiting list and how that is done. According to the current structure those who have a disability who are trying to access public housing should be no greater than segment 2, yet the most recent statistics from the Office of Housing would indicate that perhaps only 9 per cent in that situation have made it to segment 2 or higher. Have you determined on behalf of your members why this might be happening?

**Mr ILSLEY** — Yes, we have. It is worth saying here that there would be an overrepresentation of people with mental health problems and disabilities in Segment 1 and Segment 3 as well. We have had discussions with the Office of Housing specifically about Segment 2 and their redesign of the list, and I believe that some of it may come down to language and definitions and quite finely detailed things which end up becoming unintentional barriers for people with disabilities. So it comes down to a definition of what 'unsuitable housing' means, for example.

To be eligible for segment 2 you need formal support but there is more work and clarity needed to explain what formal support actually is, such as government support or informal support. We have had discussions with the Office of Housing about segment 3, for example, and what 'urgent medical needs' means and whether that includes disability. We found out that it could, but that has been unclear up to now. So we are having fruitful discussions with the department along those lines. But it suggests to me that there have been grey areas which

have meant that — scarcity to one side — there may have been more families who would have been able to benefit from public housing than might have been the case.

**Mr NOONAN** — Bearing in mind that we have to make recommendations about the definition of ‘disability’ in terms of the way the definition fits for the DSR, would that situation be corrected if that same definition was carried over to and was adopted by the Office of Housing?

**Mr ILSLEY** — That would need further examination given that the difficulty is that if the supply of housing does not increase or is discrete, other people will have to lose out. So what that means is you may get prioritised the way you were not prioritised before but you still have to wait for years. I think the Office of Housing proposal that segment 1 be increased to be a larger proportion to include people who are victims of domestic violence means that in the absence of more housing, yes, they will be prioritised. But people are still going to have to wait very long periods, and I think there is a question about how to manage those expectations.

I am not suggesting any of these problems are easy; they are really difficult. There is very well intentioned work within the Office of Housing to try to manage with the resources that they have, but to some extent it sometimes feel like they are rearranging the deck chairs. We have been to talk to the Minister for Housing, for example, and the Office of Housing, and often their response when we talk about these issues is, ‘Which particular group would you like to not have housing so that your special interest group can have housing?’.

**The CHAIR** — Following on from Wade’s question, I want to clarify something. It says 45 dwellings have so far been specifically earmarked. When it says ‘earmarked’, are they specially designed so that you can accommodate people with disabilities or are they just 45 dwellings specially designed?

**Mr ILSLEY** — My understanding is that they are designed according to universal access principles. So they are designed for people with disabilities.

**The CHAIR** — So the people who have disabilities who do not require such arrangements can be accommodated in other, normal dwellings?

**Mr ILSLEY** — I am not sure whether that is the case, I am sorry.

**Mr NOONAN** — Can I just correct the record, because I have been trying to get the information? It is 4 rather than up to 12. So it is four in the development in my electorate. I think it is important that is reflected correctly in the transcript of the proceedings today.

**Mr ILSLEY** — I was about to apologise for the passion that we feel around this issue, but I probably should not. We do not know how many people with disabilities have a housing need because there is insufficient data, but we know anecdotally that the need is massive.

**The CHAIR** — Thank you very much for your presence here today.

**Witnesses withdrew.**