T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Homelessness in Victoria

Melbourne—Wednesday, 20 May 2020

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Dr Samantha Ratnam

WITNESSES

Ms Jenny Smith, Chief Executive Officer, Council to Homeless Persons,

Mr Shane Austin, State Manager, Homelessness Victoria, the Salvation Army,

Ms Margaret Stewart, Executive Director Mission, St Vincent's Hospital, and

Mr Bevan Warner, Chief Executive Officer, Launch Housing *(all via videoconference).*

The CHAIR: Good morning, everyone. I would like to declare open the Standing Committee on Legal and Social Issues public hearing for the Inquiry into Homelessness in Victoria. Now, as I would normally say, please ensure that your mobile phones have been switched to silent and that background noises are minimised. Of course this means please ensure that your microphones are muted unless you are speaking, obviously.

I would like to begin this hearing by respectfully acknowledging the Aboriginal peoples, the traditional custodians of the various lands we are gathered on today, and pay my respects to their ancestors, elders and families. I particularly welcome any elders and community members who are watching the broadcast of these proceedings today.

I really welcome the members of the public who are watching via the broadcast. This is the very first digital public hearing that the Victorian Parliament has held, so I hope you may bear with us, but I am very pleased that we have been able to do it. I would like to firstly acknowledge the Committee members who are here today and also acknowledge the witnesses who are with us today. Thank you very much for making the time to join us. I will introduce you separately as it is your turn to speak.

Just for formalities, 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's standing orders. Therefore the information you provide during the hearing is protected by law. However, any comment repeated outside the hearing may not be protected. Any deliberately false evidence or misleading of the Committee may be considered a contempt of Parliament.

All evidence is being recorded, and as many of you are well versed in this, you know you will be provided with a proof version of the transcript following this hearing. The transcripts will ultimately be made public and posted on the Committee's website. That will not be the same for this video. You will be all given a copy of the video, but it probably will not be made public after this public hearing. We welcome opening comments, and we do ask that you do keep them to 10 minutes. We do not want to have to mute anyone. It just means that we can have plenty of time for discussions. I remind members and witnesses to mute their microphones when they are not speaking, to minimise that interference. Look, if you are having any technical difficulties at any stage, please disconnect and contact the Committee staff. I know that you have all been given contacts for that.

So let us get started. For the sake of the public who may be watching this, we are going to listen to all of the witnesses first and then we are going to open it up for the Committee discussion. I would like to welcome our first witness for this morning's digital broadcast, Ms Jenny Smith, the CEO of the Council to Homeless Persons.

Ms SMITH: Many thanks, Fiona, for that introduction, and many thanks to the Committee for the opportunity to meet with you today. We really appreciate the Committee's interest in this very important intersection between homelessness and the COVID-19 outbreak. I mean, a communicable disease like COVID-19 is a real concern for us all, but it is an insurmountable concern for people without a home. People experiencing homelessness are much more likely than the rest of us to be exposed to other people and to contaminated surfaces, and they are much more likely to find that the enhanced hygiene measures that we have all adopted—we have all gone to some trouble to adopt—are just impossible. Therefore they are unable to avoid contracting the disease in the way that so many of us can responsibly do.

Pre COVID-19, homelessness in Victoria was already a significant health risk, with people without a home with elevated rates of all the chronic diseases. People without homes are particularly susceptible to the worst outcomes of COVID-19, including death. So regardless of what the Chief Health Officer says, people without a home cannot stay at home, and people without private homes have to rely quite heavily on public facilities and

spaces. Even though so many of them are closed, shopping centres can provide warmth as we approach winter, and I think the importance of public rest rooms is apparent to us all. But these public facilities present risk. Every moment in public presents for us all the risk of coming into contact with contamination. We all have homes, and from the base of those homes we are all minimising our interactions with these public spaces, but for those of us without homes there are not any private spaces in which to be safe from COVID-19. People without homes are also less able to take the advice of the Chief Health Officer in relation to other protective measures, such as enhanced hygiene. Think of yourself out there in the world with only intermittent access to hot, soapy water—impossible to regularly wash used surfaces, and so you do not have the opportunity to wash the disease away and therefore are at much greater risk of being exposed to contaminated surfaces and people.

So the Council to Homeless Persons has very much welcomed the actions of the Victorian Government to protect people without a home as well as the broader community in the context of COVID-19. The immediate increase in the availability of brokerage funds to our services, our homelessness services, of around $6 million has helped many thousands. It has placed around 4500 Victorians who did not have a home into hotel and motel rooms, where they are far safer. This has been an incredibly important protective measure, and it has been successful. As far as we know, to date there has not been a COVID-19 cluster within the homeless population—and it could have been just so different. The United States city of Boston is finding that 30 per cent of people without a home are testing positive for coronavirus.

So it has been an incredible response from the Government and it has been an incredible response from our sector—getting so many people without a home into hotels and motels. Now we have the challenge of supporting these vulnerable people who are in these hotels, and with the support of Government we are working locally to reprioritise our services—but, gee, we need help. Our services were already turning away 105 people a day prior to the advent of COVID-19, and we are still flat out at the front door of our access points while simultaneously managing this herculean job of placing people in hotels. We need the flexible funding and resources that we currently have to continue until we have viable, affordable housing pathways in which to exit people. We also need more staff right now to support people in these hotels. We need the support to keep that front door open. We have also got to start to attend to the people at the back door who need our support.

We have seen also the vital work undertaken to ensure that Victoria is ready should a cluster emerge, and the $8.8 million allocated by Government for pop-up accommodation for people who are homeless or marginally housed who need to be isolated due to COVID-19 testing or diagnosis has been very welcome. My colleagues here with me this morning are delivering these services. But I would like to emphasise that while as yet there has not been a cluster amongst the homeless these facilities are there to ensure that if that does happen people can be isolated and the spread of the virus contained.

Our services are seeing people who we otherwise would not have seen pre COVID-19—people at risk of homelessness who have lost their incomes in this crisis. But do not underestimate how much greater the demand would be that we would be seeing without the doubling of JobSeeker, without the advent of JobKeeper and without the introduction of the range of protections and supports that we have seen in relation to tenancies. And do not underestimate how great this demand will be if JobSeeker is returned to its pre COVID-19 level, JobKeeper is turned off and the tenancy supports and protections that we have seen put into place are ended. But we can now plan for economic recovery, and it would seem very likely that Victoria will need economic stimulus to support that recovery.

We all know that for many years now Victoria has spent the least per head of population on social housing in Australia, and the result of that is a level of social housing stock that is far below what we need to house Victorians priced out of the private rental market. This dearth of social housing combined with the pre COVID-19 level of the JobSeeker payment and combined with reduced protection for renters means homelessness. That is the recipe for homelessness. So I think we are at a crossroads in our community. When this health crisis is over, or starts to taper off, are we going to turf these people back into our winter streets? We have a choice. Housing construction is a well-understood economic stimulus. We have seen the Government's announcement this week in relation to repairs and maintenance funding. That is a fabulous start, but as we begin to look at Victoria's economic recovery I urge every Victorian parliamentarian to act. Now is the time to renovate, now is the time to repurpose, now is the time to build the social housing stock that more than ever we so desperately need. Thank you.

The CHAIR: Thanks very much, Jenny. That was great timing as well. I would now like to welcome Shane Austin from the Salvation Army. If you would like to make some opening remarks, Shane.

Mr AUSTIN: Thank you, Committee, for the opportunity to come and speak with you again and share with you. I would first like to note that the pandemic has added additional complexity, uncertainty and stress to individuals and families who are experiencing homelessness or are at risk. There is also, as Jenny has pointed out, an emerging group who are now confronting the risk of homelessness, possibly for the first time. The anxiety, fear and frustration that we feel in the broader community is also reflected in our clients, and the Salvation Army is very conscious of the environment and engaging our resources to respond. Our concern for the clients is also matched by our concern for the health and wellbeing of our staff; it is important. Our teams in the homeless services and social services more broadly have been on the front line of addressing the client and in having to implement changes to service delivery, assessment and case management, and this has had to be done at a breakneck speed.

In terms of what I would like to share: in public I want to acknowledge that our staff, and in particular many of our staff who have families overseas—with the global nature of the pandemic they have had to face personal and profound impact in their own lives, and despite this they have continued to undertake their work professionally and lead others in doing so to end homelessness. I think that is what is unique about this pandemic; that it is impacting us as well as it is impacting our clients. So it is through this lens that I would like to highlight a number of challenges that we have encountered and positive outcomes that we have observed and then give a quick snapshot around some data if that is useful to the Committee as well.

First I would like to start with the positives. The COVID-19 and the special homeless services response to housing rough sleepers has presented the sector with quite an interesting opportunity to get something more than a single street count. The organisations represented here and our other peers in the sector have had an opportunity over six to eight weeks to really get detailed information regarding who we are housing and what the needs are in terms of short-, medium- and long-term accommodation, and I think that has been a positive in that.

That leads on to my second positive, which I would like the Committee to be aware of, and that is regarding service coordination. That has been quite positive. You could say it has been forced upon us in the short term, to very rapidly work closer together than we have ever done before, and I think that will be reflected in comments from others as well as it has been from Jenny. The coordination has created an expectation amongst the providers for us to be more agile and flexible. Also importantly I think that coordination piece ensures that there is greater accountability and the demonstration of our services working together and being people-centred and responsive. I think that also has been in part with collaboration with the department and Government as well. So the response from DHHS and the leadership in terms of assisting us in the coordination through doing public forums, webinars and looking at guidelines that we have been able to adapt cannot be underestimated. I think what is important is that within the department and within senior leadership there are people who have been practitioners in the field, so they bring that expertise along together with a public policy approach. So I would just like to highlight that as a positive.

In terms of challenges, I think what was interesting in the early phase was that because of the rapid change and us being unaware of what we were heading into, looking at international movement and the spread of the virus, we had to work out how we were delivering services. So a number of our entry points in the first instance restricted their face-to-face consultation with clients until we could work out what would be the appropriate new norm. In the midst of doing that and working out that we were doing a lot more on-phone and online consultations and assessments with our clients we did discover that there are a number of groups which find that very difficult. People from CALD communities, people with complex needs, have a lot more difficulty in terms of that form of engagement and the face to face is what is needed. So what we found obviously were some challenges in our ability to do assessment and case management in that regard. I think we are in a different phase now in terms of being able to modulate face to face, and we have continued to do that throughout the pandemic. But I think it is important to identify that the methods with which we work and our ways of working have been impacted and have been a challenge.

What is interesting too for us is that people experiencing homelessness with complex presentations during this time—it has been quite challenging when a number of those clients have had COVID-like symptoms. So in terms of how to engage with health, not in terms of the health providers themselves being willing to provide the

health, but the individual client's experiences, their willingness or their ability to engage with the health service through testing and isolation, I think also has been a challenge. I think Jenny has pointed out quite clearly that we have been fortunate to date that we have not seen an outbreak within that population, and I think we have been very fortunate that that has not taken place. But there has been a difficulty working with clients with complex needs.

Another challenge for us, really I think, as a sector and as an organisation—and these challenges have been statewide not just concentrated in the city—has been, despite the support and significant increase in brokerage funding, we have had difficulty in being able to move some of that funding around, and I think that particularly the rapid response has been a challenge for us. So, happy to speak about that.

Then obviously the final issue is around the lack of long-term accommodation and options for rough sleepers, and that will be discussed, I am sure, at some length. So we have placed a lot of people in accommodation—emergency accommodation, short-term accommodation—but what happens next I think will be part of the conversation.

Just briefly, Chair, just in regard to the data to share with you. Since the beginning of March we have been tracking obviously the changes in presentations and what we have been able to produce. What has been very interesting for us is that we have seen a 90 per cent increase in assisting clients with emergency accommodation over that period. So what has happened—this is our data; I am sure the department has other data. But our data is that we have continued to see the same number of people that we would normally see, and an additional nearly 50 per cent—another 90 per cent more people presenting for emergency accommodation. In terms of our private rental brokerage, we have had a 15 per cent increase with the Salvation Army across the state. What has been very interesting, and I have mentioned this in a number of forums, is that we have had very good outcomes in private rental during this period, and even with young people. So our youth stream that is homelessness-funded has some very good outcomes getting young people, who are adults, obviously, into private rental. And finally, we have done a lot of work in the city, like the other agencies. In terms of working in town, we engaged 161 rough sleepers that were fairly central and accommodated those; 77 of those 161 have full case management and have [inaudible] as well, so in terms of a full suite of case management ongoing.

My final word is around vigilance. We will talk more about what happens next, but I think it is really important for us to realise that we are not at the end of something yet and that we need to remain vigilant, and we are doing that within our services. So thank you very much, Chair and Committee.

The CHAIR: Thank you so much, Shane. That was a really great overall picture. Now I would like to welcome Margaret Stewart from St Vincent's Hospital, the Executive Director, Mission.

Ms STEWART: Thank you, Chair. Good morning, members of the Committee and colleagues. I too would like to acknowledge the traditional owners of the land on which we meet today and pay my respects, and also acknowledge people of the Aboriginal and Torres Strait Islander community in the care of our health service today.

Who would have thought that when this Inquiry was called some months ago we would face a global pandemic of a magnitude unseen in our lifetime, and this hot on the heels of a bushfire season of mega proportions over summer? Thank you so much for inviting St Vincent's public hospital to be part of today's dialogue and part of the solution-focused direction of the committee of inquiry into homelessness across our state. At St Vincent's we have been serving the community of Melbourne for almost 127 years. Many call us the people's hospital for that very reason. Today we operate 18 key sites across the City of Melbourne, numerous regional services and a number of statewide services.

Since day one in 1893 we have attended to the health and wellbeing needs of the sickest, most vulnerable and marginalised in the community. It is in St Vincent's DNA. It is what the Sisters of Charity, who established us, were founded to do 76 years earlier in Dublin in 1817. The Sisters' first work was in the Irish prisons. St Vincent's still serves the correctional health system today. It remains a service uninterrupted from that foundation to this day. Persons released from prison are some of the most marginalised and at risk of homelessness here in Victoria. I dedicate my opening remarks to them and to those whose homelessness is contextualised by their addiction to alcohol or other drugs, their mental ill health, their culture or gender marginalisation or their socio-economic vulnerability—so many intersecting complexities.

All general services across St Vincent's public hospital are available to homeless people. Often the only front door known to a homeless person is our emergency department—not ideal for them and very expensive for the healthcare system. St Vincent's also offers several specialist services for people experiencing or at risk of homelessness. I will name four today. ALERT, the assessment, liaison and early referral team, is a multidisciplinary team of clinical and allied health staff who coordinate the care of vulnerable patients from presentation in our ED through to their discharge; ALERT has been going for 21 years. CHOPS, the Clarendon Homeless Outreach Psychiatric Service, has been going for 26 years. A specialist homeless outreach service, CHOPS, works with people with mental illness who are homeless or in tenuous housing. The Sister Francesca Healy Cottage was established in 1995 as Australia's first medical respite centre for homeless patients. And 44 years ago Prague House was opened as a specialised supportive residential aged-care facility housing people living with a mental health diagnosis or an acquired brain injury. Many of Prague's residents have a history of homelessness and others would be at risk of homelessness without the dignity that living at Prague House affords them.

So in short, like everyone in this virtual room, we at St Vincent's recognise the causes of homelessness are complex and diverse. Our experience has taught us that adequately addressing the needs of rough sleepers, couch surfers, those sleeping in cars, those escaping family violence, those with no home and no supports or those in tenuous housing will not end homelessness on its own. Equally, we know that simply building more housing stock will not end homelessness.

Jigsaw puzzles have been a popular distraction and talking point during COVID-19. Completing a jigsaw puzzle serves well as a measure for St Vincent's vision to address and overcome the intersecting complexities of homelessness in a way that makes it economically beneficial to the healthcare system, to the housing sector, to the state of Victoria as a whole. But the jigsaw remains incomplete if the pieces that address systems, sectors and states do not have at their heart a commitment to the restoration of the health, wellbeing, dignity and self-determination of a person who seeks to be more than a stereotype of the desperate situation in which they find themselves.

Homeless people are disproportionately higher users of acute health services compared to the non-homeless people—more frequent ED visits, more inpatient hospital admissions, longer hospital stays and regular re-presentations. Certainly for Melbourne's homeless population a stay at St Vincent's provides an opportunity to address health and housing issues—not ideal, and very expensive in an acute inpatient setting. A 2016 survey of rough sleepers in Melbourne's CBD found that nearly three-quarters of them identified a hospital as their primary healthcare provider. Many homeless people do not access health services at all, or if they do, it is only when their health issue has reached a crisis point, and the longer access to health care for a homeless person is delayed the greater their need for acute care, longer hospital admission and, by extension, greater treatment costs—not ideal for the economy now or post-COVID-19.

In respect of health care for homeless persons, few mainstream health services in Australia are configured to meet the needs of the homeless. The complexities that contribute to their ill health are often not picked up through siloed screening and admission processes within and between Melbourne's acute public hospitals. Last year's visit of Dr Jim O'Connell, street GP, founder and president of Boston Health Care for the Homeless Program, showed us what is possible: very different healthcare systems, but patient centredness and collaborative multidisciplinary partnerships established over 35 years have broken down traditional access and service delivery silos.

It is estimated over 500 people each year in Victoria are discharged from acute mental health care into rooming houses, motels and other tertiary homeless situations. The issue of hospitals discharging people into homelessness or into unsafe housing continues despite all of our best efforts. All of these present a massive challenge for the traditional health system response. The beauty, for want of a better term, of COVID-19 from a systems point of view is that the urgency for us to be responsive so as to stop the spread, reduce infection rates and save lives—all of this—has empowered our partnerships in a housing-led healthcare response.

Sustainable housing is the key to human flourishing. It is the springboard to health and wellbeing. For us at St Vincent's housing security is a key component of the health and wellbeing, self-determination and community connection of our patients. As Jenny, Bevan and Shane can attest, any improvements in their clients' experience in hospital quickly unravel when they are discharged into homelessness or substandard

accommodation. Frequently they find themselves re-presenting—back in hospital again. It is an appalling cycle. We must do better; we can do better.

For St Vincent's to deliver our mission effectively, we—all of us—need to think and do differently: new models of care, new partnerships, new approaches to care navigation, new funding models. Our response to COVID-19 for homeless persons has revealed that we can deliver personalised care and support collaboratively and efficiently. We can create creative and agile approaches to funding that promote strong, purposeful partnerships, and a multidisciplinary workforce committed to supportive and navigated care where the patient or client's voice is heard is the pathway to change.

I cannot deny that in Melbourne and throughout Victoria there is a clear and desperate need for more dedicated housing. That comes at a hefty cost. It is our view and vision here at St Vincent's that that hefty cost becomes an investment in people and the wellbeing of the entire community when people receive health care, wellbeing and support services close to their home and where they feel safe; when our patients or clients, our partners in decision-making around their own care pathways, are active participants in the services that will eventually lead to their recovery, rehabilitation and capacity for self-determination; and when we break the cycle of hospital or psychiatric readmission and through accompaniment and support return stability and wellbeing to people's lives.

Our long-term vision for providing care for homeless persons beyond the hospital walls centres on holistic support over a sustained period. Our preferred model for health care of homeless persons was outlined in our submission offered pre-COVID-19: a specialist homeless persons outpatient clinic operating in the community around our hospital and staffed by experienced clinicians to ensure those with complex needs have access to the clinical allied health and ancillary support they need; expanded medical respite and recovery facilities with a focus on homeless people with the most complex needs with a length of stay of up to eight weeks, where they can recuperate, receive support across a range of health, housing and reconnection services; and the ready supply of supported longer term accommodation, where the client becomes a resident and an active contributor to and participant in their care, where they shed failure and embrace a holistic suite of enablers, restorative and supportive, that enable them to function and then to flourish.

Colleagues, COVID-19 has given us a once-in-a-lifetime opportunity to re-evaluate our past, to respond to homelessness and health care in an interconnected way and to strike out in a new direction. We are already planning what is next. Health care at St Vincent's will never be the same; it cannot be. We have got too much to lose by retreating into our silos and so much to gain by evolving and building on the strengths and successes of our collaborations. The state's COVID-19 response has put into play services and support that, if removed from homeless persons on some random calendar date, will be detrimental and potentially life threatening for this priority population. That is unworthy of our community and costly to the state, so we have to start talking about how our services evolve, stop thinking about health and housing differently. They are completely intertwined; one influencing the other. They reside in the one government department. It should not be hard. Let us start talking about three-way partnerships between individuals, not stereotypes, and their housing and healthcare partners. Jenny, Shane, Bevan and I are privileged to participate in an exceptional level of cooperation and engagement between housing and health during COVID-19. We cannot afford not to make this investment.

The CHAIR: Thank you very much, Marg. That was an excellent response. I would now like to welcome Bevan Warner, who is the CEO of Launch Housing. Thank you, Bevan.

Mr WARNER: Thank you. I would just like to begin by acknowledging that I am sitting on Wurundjeri land, land that was never ceded or freely given, and pay my respects to all First Nations peoples. I also want to acknowledge the speed of the Government's initial response in dealing with the pandemic. The virus has shown us that our own health is intimately connected to the health of the person next to us and that everyone needs shelter. That has been reflected in the stay-at-home and social distancing measures designed to protect us all. They have also provided us with a wonderful opportunity to work with people experiencing homelessness now in a very concentrated and concerted way.

So the question is: what is next? It is a truism that you cannot end homelessness without more homes. It is also clear from the research that I am happy to supply that it is cheaper to end homelessness than it is to bear the cost of simply treating it. There is other very credible research that confirms a degree of cynicism in the community

that I think is represented in the political class about whether in fact homelessness can be ended. Well, it can be. It requires more homes and more support. That same research also tells us that the community is increasingly concerned about a rising rate of homelessness and believe it is the responsibility of government to solve it.

So what I want to do is to share with the Committee what is practically happening on the ground. I will not cover the same ground that my colleagues have covered. Launch Housing continued with a seven-days-a-week mobile outreach service through the height of the pandemic and had a lot of contacts with people who were rough sleeping and through our three entry points, and as a consequence we had last night 965 people in emergency accommodation that we are endeavouring to care for. The characteristics of those people I think I want to share with the Committee. We are completing assessments about vulnerability, housing and support needs. We run two types of assessment tools: one vulnerability index, which has a health lens and a range of other tools that look specifically at housing and support needs.

So in summary, our vulnerability index tool tells us that there are 318 clients of those 965—so about 30-odd per cent—that will need some form of permanent supportive housing. We should recognise that that is a Launch Housing-only figure. Jenny Smith mentioned that there are 4500 people throughout Victoria in emergency accommodation, and the Government's announcement yesterday or the day before about a $500 million package, much needed and welcome, will deliver 168 new homes and support with a very vigorous repair and maintenance program and refurbishments to 23 000 others.

It is unclear, of those 23 000 that will be renovated, how many are currently unoccupied because of the state of disrepair, and therefore it is difficult to get an accurate figure on what the total increase in new dwellings will be as a consequence of the Government's $500 million package. But if we step through our numbers—318 clients will need permanent supportive housing, 521 will need social housing with flexible outreach support—we are coming up with 898 units of some form of social housing. We have seen only 67 of the people that we are supporting as possibly transitioning to private rental and not requiring some level of ongoing support; 482 requiring quite intensive multidisciplinary support, so from other service sectors; 869 requiring at least one form of support; 443 highly vulnerable to immediate harm; and 386 likely to decline in their ability to cope without immediate intervention.

So we have essentially got a system here where we have collected a dispersed population, often hidden, into a concentrated population where we are coming into direct contact with their personal vulnerabilities and needs. We know who they are, we know where they are and we need to work with them to help them to get their lives back on track. Helping them to get their lives back on track inevitably requires some form of multidisciplinary in-reach support to the locations where they are currently living to engage them in services that they have previously given up on or may never have accessed before. It is particularly difficult to engage people in tackling life's challenges if you do not know what you are working towards, and we think the offer of a home is a very important solidifying piece of that work that we would do with people to pull them straight from the streets, cars, squats and precarious couch-surfing scenarios where they have come from through to a position of stability where at less cost to the taxpayer they can live a dignified and productive life.

So we think there is a question now about what the support will look like and what the plan for exiting people from emergency accommodation into some form of permanent supportive accommodation would look like, and that will involve or necessitate an increase in permanent supportive housing stock or social housing stock beyond that which the Government has already announced. So we commend the Government for its swift initial and very thoughtful response—grounded, as it was, in a duty of care to the public and to the people we work with — but we have collected another happy problem, which is a group of people that we have always wanted to gather into a position of safety and to work with intensively. Well, we now have those people within our grasp, but we need to work with a similar level of cooperation and a similar sense of purpose to grasp this opportunity and to put all the people that we have currently got in a safe place into a safe and secure setting into the long term.

I think that is an appropriate point of scrutiny for this particular committee to take. The retrospective is interesting, and we can pat ourselves on the back about standing up in a crisis, but the real challenge is: what do we do now to convert this opportunity into something that is truly a remarkable result where we make a permanent dent in rough sleeping in the city of Melbourne and turn the tide? Just as we have flattened the COVID curve, so then we should be aiming to flatten the curve of homelessness. Melbourne has an inglorious track record of a rising rate of homelessness set against a long period of underinvestment in social housing.

As we move towards stimulus we should be ensuring our building-led economic recovery produces enduring social outcomes, and we should be aiming for an increase in permanent supportive housing stock now and supports into the places where people are currently living to make sure that they get the support they need and their circumstances do not deteriorate and that they do not slip back to where they came from. Thank you.

The CHAIR: Thank you very much, Bevan. That was very inspiring, and thank you to everyone and thank you to the viewers who are with us today for this very first of our fully digital public hearings. I think you could not really have picked a more important subject to kick off this. All of you have really shown to us in your brief presentations how you have been able to stand up in this crisis in a way that I do not think any of us could have fully imagined. Also the points that you were just making, Bevan, about making this permanent—how can we make this a permanent dent? As we have heard, not only today but in the previous submissions, sometimes it is costing us more to treat rough sleeping than it is to fix it—and the way that you have been able to stand up to this.

In opening it up to questions and in opening up and looking at those costs—and I note that all of you were commending some of the Government's very swift responses, and we noted the Government's announcements this week about their move to repairs on housing and to initiatives in building more social housing. Jenny, I note that you have brought out what you have called a SHARP response, which seemed to look quite similar to what the Government had announced this week. I am wondering if you could tell me if what is being announced is actually really going to make those dents. Is it going to meet nationally that 30 000 target of social housing that you have asked us to meet?

Jenny, I am not sure if you want to turn to Bevan on this, but I am conscious that we have given each of us 5 minutes on these questions. So maybe if you could talk about the Government's announcement and how that matches what you are calling for.

Ms SMITH: Yes, thank you, Fiona. I am sure I can be brief. At a state level the housing peaks—interested peaks—have asked for 6000 new additional properties a year for the next decade to bring Victoria from the bottom of the league table at around a 3.2 per cent proportion of social housing to general housing up to 4.5 per cent. We do not want to dwell on how we got here, but we think that that represents a pathway out.

Nationally Homelessness Australia, with CHIA, the community housing national organisation, National Shelter, and a big list of supporters, have asked the Federal Government to produce at least 30 000 properties, 75 per cent of them in the next three years, and we would like to see the Federal Government go beyond that and match any efforts from the states and territories. The SHARP proposal basically says to start with the sort of thing that the Victorian Government announced this week in terms of maintenance and renovations. If we have got 3.5 per cent of Victoria's social housing properties offline, that is a lot, so let us get them back online. Let us prevent the next inevitable ones going offline and assist our construction industry and tradespeople into work.

But the four waves of the SHARP proposal then also speak to some quick renting—I think Shane may have alluded to opportunities opening up in the rental market due to the suppression of price there—but we have to have ways of supporting people not just to go there for a short time but to stay there over a longer time. We are talking about homes. So I think there are opportunities there longer term—private rental assistance, head leasing by our services—to potentiate the opportunity for people with significant challenges in their lives to get into the private rental market where they have got some hope of sustaining it, and not everybody is going to be able to produce that level of income.

But we have also got the opportunity. We will see distressed stock. There will be opportunity for government to make acquisitions that they would not otherwise have been able to of property suitable for social housing. And then what we really want is: let us just not keep coming back to this like it is a new problem. Let us put a structure in place that will provide the sustainable pipeline of social housing inevitably, even though Australia's settings may change in coming back. But they may not. However it is, we are in a disgraceful situation in terms of the level of social housing as a proportion, and now is the time to actually put something structural in place to build us back to not have people falling into homelessness. Inevitably young people leaving state care—how can they not become homeless within a couple of years with that level of income? People leaving prison—what hope do they have? As Marg said, we know people being discharged from general medical wards, from

psychiatric wards, are going back into homelessness. We can stop that. We actually know who they are. We have just got to identify it and deal with it.

The CHAIR: Thanks, Jenny. I think as you have all very eloquently put today, we have proven that we can do that during this time. I think, particularly Marg, you made some really good points there.

Ms SMITH: And very quickly—very quickly.

The CHAIR: Yes. It really is remarkable. I certainly know a lot of my constituents have commented on the response and how quickly and fluently you have been able to do that.

Dr KIEU: Thank you all for your submissions and also for your ongoing work, which has particularly been highlighted by the high demand during this COVID-19 crisis. I would like to put some questions for all of you about a few things. First, as Shane mentioned, most of the consultation or contact is now being done either online or on the phone, but those people, particularly those who are sleeping rough, would not have access to those IT technologies. So would that be a problem? Also, to follow on from that, it is about the infection rate among the homeless people. The number is very encouraging compared, say, to Boston, but how accurate is it, the test, particularly for those people who have no addresses or who are moving from place to place? Could they be accurately accessed or be tested?

The third part of my question is—sorry, I just want to put everything up-front because we do not have much time—in any crisis there is an opportunity, and the Government has recognised that and acted accordingly with the announcement of nearly $500 million, but that funding will be taking some time to filter through the system, in terms of months if not longer. Now, with the hotel accommodation it may not be very long that that can be afforded or can be sustained. Secondly, in a few months time, around September, the moratorium on evictions will be lifted—it may or may not be; I mean, that was the initial announcement anyway. So those are very much shorter term, and they will be very pressing problems. So what are your opinions on how we can deal with that?

Also, in order to understand, Shane also mentioned a 90 per cent increase in the emergency accommodation. What is the major cause of that? Is it family violence? Is it due to the loss of income? We need to understand some of the things so that we can deal with them more effectively and then categorise people—like, we can help in the shorter term or maybe we need more permanent measures. I am sorry it is a bit long, but I just wanted to put everything up-front. Thank you.

Mr AUSTIN: I am happy to speak to that, Chair, in the first instance. In terms of your question around online, by phone and in person consultation, we very rapidly moved back into face to face. What we have done is that we have just staged the way in which we are meeting with people. In the past you may have had people coming into your service and lining up or congregating in one place. In the same way that you see at the dentist or the doctors now for everyone, you are working out a staging process. So we rapidly were able to not revert back to what it was before, but to make some adaptations. It was just very early on because we did not know what the outlook was going to be in terms of the pandemic and the rate of infection in Victoria. But I think we have come to a point, and I am sure Bevan as well would attest, around us being able to do a lot more face to face, so I think you will see there is some resolution there. I hope that is satisfactory.

In terms of your second question, which was around the infection rate, I think we have actually had a number of people tested within our accommodation services with negative tests. From my perspective, and I can only speak from the Salvation Army's perspective, we think when there has been a necessity for testing that has been able to take place and we have come back and we have put people in isolation with their consent, working with them in terms of giving them that opportunity before the test came back. I think that the numbers, from what we have seen with our own clients, are representative.

The third piece that you raised around going forward and the spend in terms of length of distribution of funding in terms of the build, I will just talk about one of the challenges that we have faced: that we have had to do this increase in work with clients and the increase in terms of accommodation whilst we were also doing planning in terms of what it would look like post-COVID. We have been looking at where partnerships could exist for construction or with build or with repurposing a property or head leasing properties. We have been doing that at the same time. Our intent is that, when there is an opportunity for expressions of interest, all of us will be getting on board and getting into that space.

I will just get to the third question. In terms of the increase in rate within emergency accommodation, I think it is related to the rapid response of getting most people who are sleeping rough into some accommodation as well. That was one relationship with the increase. And also funding, in terms of having increased funding that enables you to place more people into emergency accommodation. There are just a couple of things to think about.

You did raise the issue of family violence. We did do some research and looked at our stats regarding that and what we are seeing in terms of presentation. At the moment we have not seen a significant increase in presentations at our services to date, but our expectation is, based on research and experience in other similar environments, that there will be an increase of between 30 per cent and 100 per cent of presentations once the social distancing is reduced. When women and children particularly have an opportunity to get out of the home and then be able to access, we are expecting there to be an increase at that point. Our current presentations into the accommodation is not reflective of a massive increase in presentations of family violence at the moment. Is that clear?

Ms STEWART: Chair, I could speak to some of the numbers, if you like, from the hospital's perspective.

The CHAIR: Thank you, Marg. Yes, thank you.

Ms STEWART: I will go to the family violence issue first, because I asked for those numbers to be extracted specifically, and I will speak to March, April and up to 19 May and compare this year with last year. The number of family violence risk identifications, so that is FVRI, received in March this year doubled compared to March last year as a percentage of all admissions, not just in the homeless sector, and I will come to homelessness in a minute. The number of risk identifications for family violence received in April increased by 30 per cent compared to April last year, despite a decrease in the number of overall admissions to our hospital because of the reduction of service due to COVID-19. Importantly, the notifications from all areas of the organisation include acute, subacute, emergency, mental health and community-based teams.

What I can tell you is that in March of last year, of the homeless population 3 per cent presented in a family violence risk notification, and of the homeless population in March this year, 11 per cent—so almost fourfold. In April 2019, 9 per cent, and in April 2020, 16 per cent of the homeless presentations alluded to family violence. In May last year there were zero up to 19 May, and this year 3 per cent.

Some of the triggers in the homeless population: multiple relationships where there is conflict or abuse. The primary type of abuse appears to be physical, sometimes with a weapon. IVOs are often in place but not always. Homelessness is often directly related to not being able to return to a property due to a person of concern living in that property. Mostly the person of concern is a partner or a male relative.

Earlier in my presentation I referred to our ALERT team in ED—our assessment liaison and early referral team. Anecdotally, when we were exploring this yesterday, pre-COVID-19, 40 per cent of referrals to ALERT were family violence related. That has escalated. In terms of referrals to ALERT, that has escalated, and significantly in March of this year. Particularly of note is that the profile of family violence that we might stereotype in a way we stereotype lots of things changed to be more representative of what was described to me as 'middle Australia'.

The CHAIR: Jenny or Bevan, did you have any quick comments on Tien's question before I go to Wendy Lovell?

Mr WARNER: Just very quickly, the telephone issue is interesting. We continued to do street outreach work through the height of the pandemic, and yes, we were working with people face to face and have continued to do so. But one of the positive things that we have seen in relation to the move towards telehealth, for instance, and now reflected in the Government's guidelines around how we can use money, is that we can provide cheap smartphones to people, and we think that is a really important breakthrough in a way. It is not a luxury; it is an essential to be able to participate in your own primary health care in engaging with GPs, for instance; it is a way to contact people; and it is a way to get information to people about public health alerts. So engaging with people through smartphone technology I think has to be part of our future. We need to see that as an investment, not as an expense. That said, some people do not have phones or do not want to answer them. We are in touch with 70 per cent of our clients by phone—we are confident we can reach 70 per cent of them. With the other 30 per cent we need to physically go where they are and to manage that opportunistic contact to

engage with them and pull them into services. We are progressively doing that with the support of the alcohol and other drugs sector, the psych teams that Marg mentioned and community mental health teams, so with people who were visible on the streets but are now in a sense hidden in a motel, even though we know where they are, we need to actually physically go to them. So it is a combination of face to face and telephone or smartphone technology. We will always have to do face-to-face work, and it never stopped.

Ms SMITH: Just quickly I wanted to go back to Tien's comment about the rental protections and say that all of those have been implemented with the best of intentions, and there are some issues to be ironed out while they are in place in terms of some debts that were incurred prior to them coming into being. But just to reprise my comments in my opening remarks, we cannot underestimate doubling JobSeeker, the impact of JobKeeper and the rental protections. It is an overused phrase now, but we are likely to be in a tsunami of additional homelessness circumstances if they are all pulled off together.

Ms LOVELL: Welcome, everybody. It is great to have you all, and thank you for your presentations. There has been a lot of talk about the success of getting the rough sleepers off the street and the reasons for that and increasing brokerage funding et cetera, but also a large part of getting those rough sleepers off the street has been that we have had accommodation that have never before been willing to take the rough sleepers taking them because they just wanted to get some people through the door and fill some of their rooms. We are now seeing other states opening up to tourism again, and Victoria will not be too far off. In fact we probably can expect it for the long weekend in June. So what work is being done to ensure that these people who have been temporarily rehomed in some of these hotels will not be then turfed out of these hotels and be back sleeping under bridges on the causeway between Shepparton and Mooroopna here locally, sleeping in parks and in Bourke Street in Melbourne and all around the state?

Mr AUSTIN: I am happy to respond. Is that all right, Wendy?

Ms LOVELL: Yes, sure.

Mr AUSTIN: So in terms of a response from us, we are taking a little bit different angle in terms of thinking that not only will these properties come offline—we will use that language—but it is a very expensive exercise right now, so how can you sustain it over the long term? So what we are actually doing is we are using this as an opportunity as a—I do not want to overuse the word, but—pathway, as an opportunity to look at what the needs are for those individuals and get them out of the hotels as fast as we can. We do not want to sit there and wait. So what we have seen in eastern Victoria and our hopes in the north, up Shepparton way, in terms of looking at other opportunities for housing, is to be able to get people assessed and work with them in terms of what their needs are and start to move people. So we are doing that as we are case managing them now, so we are not focusing on that accommodation and sitting on our hands and hoping for the best. So we are taking it from that angle as opposed to those things becoming offline. It is a very expensive exercise.

Mr WARNER: So I might also reply, if that is okay, Chair. I would say that the Government should be acting now to directly headlease or to support community housing organisations like Launch Housing to directly headlease the many hundreds of rooms in vacant student accommodation that will not be utilised in the foreseeable future. We could headlease those premises for an extended period of time, perhaps two years, whilst new social housing is built and whilst we go into the market for distressed developer assets, unsold units in development projects. So we need to add quickly to the social housing estate. Whether it is owned by the director of public housing or whether it is owned by community housing organisations, I do not particularly care, but without more homes we cannot end homelessness and without more homes we cannot move the people we have got in our grasp through to a more secure and sustainable future where we are spending less of the taxpayers resources on health care in the criminal justice system, in the homelessness service system. So if you followed the evidence and everyone was exclusively rational, we would be doing that yesterday.

Ms STEWART: Speaking of exclusively rational, Chair, I wonder if I might respond in a totally irrational way, but simply to say that Bevan, in your earlier comments you spoke about a particularly clearly identified group of 300-plus people. There are currently a number of facilities that are sitting ready and waiting for COVID-positive patients to be isolated and recover. There is also another facility that we are standing up for a COVID built on the scenarios that we saw overseas. It is unlikely, if we keep responsible and practising all of the great behaviours that we are practising now, that we will have to stand up that 80-bed facility exclusively for COVID. So what do we do with this huge investment of public funds if we do not think about—and we

have already been crafting—scenarios whereby we could take that special group that Bevan speaks about with complex mental health needs perhaps and put them into a supported environment as a transitional way until such time as those options are explored by the Government? We cannot let people back out onto the street now when we have got spaces where already there is a partnership between health and housing that we can actually really engage.

The CHAIR: Thank you all.

Ms VAGHELA: Thanks, Shane, Marg, Bevan and Jenny for your submission to the Inquiry into Homelessness in Victoria and also your presentation today. Since the COVID-19 pandemic we all have had to make adjustments and changes, and today's meeting is a practical example of that change. We would have been meeting face to face but instead we are having a virtual meeting. This has shown how quickly things have changed and how we are trying to exist due to the COVID-19 pandemic. I have to say that charity organisations like yours and also our healthcare workers and essential services workers have done an excellent job. But what I heard from what Shane was saying is that they had to make a few changes not only so that are they able to service the clients but also so that the staff are able to cope. So I just want to know, Shane—and maybe if other people want to answer after that, it is fine, but my question is specifically to Shane—as to what sort of modifications you have had to make to cater for the needs of not only just the clients but for the staff as well, and out of those modifications which ones you want them to continue post COVID-19. Some of them you would have wanted to practice but maybe there were not enough resources, so the question would be: what are those modifications? In terms of strategies, what are the three strategies you would recommend to the Victorian Government post-COVID-19 in terms of homelessness and housing policy? Of course we want to renovate and repurpose and build more social housing, but what will be the three strategies as for you?

Mr AUSTIN: I will do my best in terms of my response without notice. The first thing is that we had to put some plans in place in terms of business continuity planning and strategies around it in the event of either client or staff becoming contagious or having the virus. So we needed to look in terms of how we managed our staff. If you look at staff in terms of accommodation services, we have emergency accommodation, 24-hour-a-day accommodation services that we staff, plus we have outreach and case management. So if you look at staff in those sort of two ways of working, one was around ensuring that the staff rostering was in such a way that we would be able to continue our service in the event that one shift or a number of people—but fortunately we have not been in that situation to date. So that was in terms of continuity of service provision.

In terms of the outreach side, it was around looking at what ways of working we could put in. I mentioned already in terms of that we have had a not dissimilar approach to what is happening at the doctors surgery—so being able to provide social distancing for clients, being able to work as in who do we need to meet with face to face? Who can we engage with in a different way? Then, for our staff, thinking about who is vulnerable, so looking at vulnerable cohorts within our staff in terms of whether it is age related or folks that have chronic diseases. So we looked at moving folks around in terms of being able to provide a workplace that was safe for them and secure, so a lot of focus in that regard.

What I think is interesting going forward in terms of what our recommendation would be is something that others have already mentioned and Bevan has also mentioned around the telehealth and being able to do some consultations. If you look at the regions, if you were to look at the north—teams working out of Shepparton or Wodonga and a lot of outreach out that way—or you were to look at our team that are down in Leongatha and go out to Morwell and down to Wonthaggi, being able to do more online consultations, so setting up partnerships with other organisations when maybe our teams would normally drive hours to a location to do consultations and case management. To be able to partner up with someone who is local, to set up a facility like this so that it was enabled—we just did not expect someone to have a phone and be able to do a videoconference and have their case managed, but to provide satellite sites that enabled the use of technology. I think we want to be able to take that forward. It gives us an opportunity, particularly in the regional areas where people are on the road a lot. I think that is one way that we are exploring how we could improve.

In terms of how we manage client flow and in terms of case management for an individual as an individual client as opposed to lining up in queues, a way in which we can triage, if I can use that language, appropriately, how we can triage folks in terms of having assessment I think this is a way of looking at that.

I do not think we have ever had any difficulty in terms of working together across organisations on the ground, and our teams are often working hand in glove together, but ways in which we can further enable the service coordination. That extends beyond our organisation, but I think that service coordination piece more broadly beyond the City of Melbourne or beyond other municipalities to a more broadbased statewide service coordination approach we have had to grab a hold of and try our best. I think we can make a recommendation to ensure that is done in conjunction with the department and funders and other parties, I think, and cross-sector which is obviously extremely important. We have had a lot of conversations within our coordination meetings across the state around AOD and drug and alcohol, and mental health-related services, how we can work better. It has been clearly articulated that it is one department, so let us be able to work together. I hope that answers your question.

Ms VAGHELA: Yes, it did. I just want to know if Marg or anyone else has any other recommendations, in case they want to add something.

Ms STEWART: Thank you certainly for the question, and I would like to back up exactly what Shane said in two ways. It is really important for us in terms of being an agile workforce and protecting our staff. In the same way we had to put huge mechanisms in place—we have nearly 7000 staff so to identify the vulnerabilities, work out what that meant in terms of our ability to still deliver all of our care and our back-end services and then to manage the tsunami of goodwill that has come from the community to us. It took a couple of weeks to think all the processes through, but now we have a new way of working and it is a way that we are never going back from. For example, something that might have taken us three years to do in the advancement of telehealth we were able to set up in two weeks. It has been phenomenal.

I want to also reinforce, Shane, what you just said about service coordination and provision on the ground. We have been partners with the Salvos now for a long time. I believe that St Vincent's Hospital Melbourne should not have to find the funding for that service partnership and service delivery with the Salvos from its own funds, because if we can continue in a sustainable and ongoing way to deliver that service, it is going to be cost beneficial on the ground. We should not have to do that as an extra. It is so critical that that is part of our absolute core business on the ground. Thanks.

The CHAIR: Thank you, and thank you, Kaushaliya, for the great question. Fantastic responses.

Dr RATNAM: Thanks so much, everyone, for the presentations today, especially all the work that your organisations represent on the front line. I can imagine only that it has been a very, very challenging time, and we really appreciate you bringing the feedback from the front lines to us today so we can think about responses as well. I am certainly hearing the concern about what happens next. We have had the emergency response, so essentially that is that $6 million that went into homelessness responses, but there have been the other packages for the isolation et cetera, the health and the housing responses as well. So we have had the emergency response. We know there is going to be the intermediate phase and then there is the long-term solution phase as well. We are certainly hearing from the sector as well that what happens in the next phase is worrying people in terms of needing to hear from the Government in terms of what is planned but then also thinking about what kinds of solutions can be on the table.

I have a general question. Jenny, you spoke a little bit about this as well, but happy to open it up to everyone. What do you think the time frame is that we have to act? So, for example, we have had this emergency funding. We are hearing about, for example, the HEF funding and the private rental brokerage; we have been able to offer a month's worth of accommodation as opposed to a couple of weeks, which might happen in ordinary circumstances. Have we got that month to act or is there a bit more cushioning with that funding, that there are probably a couple more rounds? So we have got two to three months for that intermediate response. I am just interested to hear your feedback on what time frame we have to act for the next stages of the response.

Ms SMITH: Thanks, Sam, and I am sure Bevan and Shane will have something to say about this as well. Look, we have an immediate crisis with people in hotels. We all enjoy a stay in a hotel, but hotels are not designed for a long period of time. I think all of us would struggle to be in a hotel for a long period of time without the additional challenges in our lives that psychiatric disability, brain injury, addiction, intellectual disability bring with that circumstance, and also the difficulties of connecting upon release from prison. So we have got an immediate problem in that we are doing the best that we can to turn our services around from that front door and try and find some way to look at that back door of supporting people to survive in that hotel

accommodation. But as my colleagues have expressed very well, there is not a future in that. Everyone knows they are not going to be making a home in this hotel room. So we do not know what is going to happen next and they do not know what is going to happen next, and for people with fragilities this is extremely difficult.

So we immediately need assistance to be able to afford to have more staff to support those people, and then we need a vision for how we are going to work our way through. My colleagues have demonstrated we have the creativity to think of the immediate short-term next steps. We have the creativity to work with government to develop the medium-term steps as we must see that pipeline of housing that is affordable to people on our lowest income—social housing—emerge. But we need to have all of those in sight. I think we all know that we are not using resources to the fullest when we are engaged with short-term responses. Medium-term responses, again, are not resource-efficient, but that is what we have got to do. But we need the line of sight to a vision for the future.

The CHAIR: Bevan, did you want to respond to that as well?

Mr WARNER: Yes. I agree with what Jenny said. I would be surprised if the $6 million amount of money for emergency accommodation had not already been exhausted across the sector. So there is an acute pressure on individual organisations about managing their own financial risk and their cash flow risks or their fiduciary obligations to be a sound organisation. But assuming that the Government follows through and says, 'Well, we'll reimburse you for those costs that you're incurring. We want you to keep people safe and off the streets', assuming we get past that sort of financial risk that agencies are carrying, there is a big service delivery risk, a big ethical obligation around the duty of care to clients and to staff that we cannot solve or treat properly without the vision or the plan that Jenny mentions.

We have to be able to say what we are planning towards, and if it is not planning towards social housing, then it must be, 'We'll let you slip back to wherever you came from'. So I cannot see what the alternative is. It is not a palatable alternative, so I cannot see why the Government just does not bring forward that announcement and then work with the sector to figure out: is the medium term going to be headleasing student accommodation? Is it going to include spot purchasing? Is it going to include making better use of public housing properties that were not occupied because they needed repair? We know how many people we have got. We know who they are. We just need to meet match them to an increase in social housing stock. The quicker we get to that point, the less human suffering, the fewer the risks—or the risks are controlled—and there is the least cost to the taxpayer. We need a plan that includes more social housing and then matching these people to that stock. It is not complicated. You cannot end homelessness without more homes, but you can end homelessness.

The CHAIR: Thanks very much, Bevan, and thank you, Samantha. I think that was really great, and you are absolutely right about this uncertainty that we are left with at the moment, when we have just realised what we can do and what we can achieve and that now is that time to really act. We will have to—

Dr RATNAM: Could I have one more question? I can come back if time is running out.

The CHAIR: No, ask away.

Dr RATNAM: Thank you so much, Chair. Thank you so much for those responses as well. Following up from that: Bevan, you were talking about some of the numbers that Launch is seeing as well. I just want to get some clarification. You were talking about 965 people in emergency accommodation that Launch is supporting at the moment. I was wondering whether that is a normal figure for this kind of period for your agency, or does that represent an increase in the numbers you are supporting?

Mr WARNER: Look, it is probably 10 times. So we have assisted 1400 people into emergency accommodation. Some have left as their circumstances have changed. Last night it was closer to 965. Seventy-two per cent of those people, on our assessments, are what you would call rough sleeping in the sense that they had been sleeping on the streets or in a car or in a squat. The balance are people coming out of couch-surfing situations—very tenuous, precarious housing circumstances—where the temperature in that shared accommodation has changed and people are no longer welcome. So we are seeing a lot of first-time users.

We are also seeing, we think, a significant under-reporting of official figures about street homelessness. Street homelessness is often talked about as around 400 people in the CBD. We think is closer to five times that, closer to 2000 people. Often it is the methodology of the street count and where you catch people on the night,

or on that particular night they might have had one or two nights in a boarding house, but in truth we think there are 2000 individuals who are regularly cycling in and out of street homelessness. But we also know that if we had the housing stock, we would do a much better job of stabilising their life in a secure place rather than trying to sort of stand up the homelessness service system to recycle them in and out of homelessness.

Dr RATNAM: Just following up from that—

The CHAIR: Sam, we will come back around, if you do not mind—

Dr RATNAM: No problem. Thanks very much.

The CHAIR: just to let everybody have an opportunity now.

Dr BACH: I would also like to thank our witnesses today. I certainly learnt a lot from your presentations. Marg and Shane, I was really interested that in your presentations you both spoke about the fact that we are seeing greater connectedness of services right now. We know, and we have received significant submissions to this effect, that people experiencing homelessness in Victoria are also oftentimes experiencing a whole range of other complex challenges. I know of course that this was a great focus for Wendy when she was the Minister for Housing.

You expanded a little bit on your comments under questioning from Kaushaliya, so I might actually address this question initially to you, Jenny and Bevan: is it also your understanding of what we are seeing right now that we are getting greater connectedness in support of people who are experiencing homelessness? And if that is the case, I wonder if you both could talk a little bit about exactly what it is about the response to COVID-19 that has led to that greater connectedness and what we might do to bottle that, because certainly my view is that that is just so vital.

Ms SMITH: I am happy to start, if you like. Thanks, Matthew. Look, I think we have already had support from government, both state and local government, if I can talk particularly about the CBD, to establish really good service coordination mechanisms over the last three years. There is a bit to be gotten from service coordination, but personally I would not overstate it. We have had the opportunity in the CBD to support the coordination with structures that are a partnership between the State Government and the City of Melbourne, and they function very well. They are probably missing two things: the sort of dataset integrated with the rest of our system that we would like to have but also the supply of housing for when rough sleepers are engaged and encouraged to accept services and then we are not allowed to deliver on the housing which underpins that.

In a crisis I think we all rise to the occasion and work collaboratively, and in a way that level of going the extra hundred yards is not sustainable, I think, without the sorts of structures that embed it over time. We can always do better with coordination. We can always do better with integration. Human services systems in my view will always be a challenge, because you have got to draw the silo boundaries somewhere, but it is not a solution. Really it is the low levels of income and the absence of adequate social housing that make it inevitable that far too many Victorians will be homeless.

Mr WARNER: I agree with Jenny that there has always been an appetite for collaboration. I think what is different is that when the service system is stretched, as it is in normal times, clients find their way to different services and services do their best with outreach. Whether that is alcohol and drug, psychiatric care, community mental health or family violence, people have to find a service, and services spend a lot of time cross-referring the same client to each other and sharing information and paperwork around. There is an ideation towards collaboration because people bring a sort of moral imperative to doing a good job in trying to work with the whole person rather than just their bit.

But what has changed now is we have got this concentration of people in one place, and as the service sector realises that we have to avert a possible disaster here, where this concentration of people in one place without support could create different sorts of problems as people come out of the telephone-only phase thinking, 'Actually, we need to increase our face-to-face', there has been a sort of groundswell of, 'Okay, how do we all walk into the same place together?', or, 'How do we base some people in these hotels where there might be 70 clients residing and do our work together?', because it is more efficient and effective to do it that way. And there has been no increase in total staffing to cope with this total increase in workload. It is not that the people were not there, it is just that they were all dispersed and hidden and maybe they were bumping into a service or

not, whereas now we actually have to maintain individual health and wellbeing but we also have to maintain good order in these places.

So it is imperative that organisations come together and in-reach their services where people are, and that is the best way of doing the work and getting the best possible result. In the last few weeks we have seen the department up the coordination across the alcohol and drug, family violence, mental health sectors; hospitals are forming teams to join with us and going into accommodation settings to work with people or discover our common clients. But it is very early stages, there has not been additional total staffing and the situation could best be described as tense and tenuous. So we have not solved the problem; we have warehoused the problem and created a different one.

But it is a fantastic opportunity to have because people who have worked in the sector for a long time have always wanted to get people safe first in order to work with them towards a housing outcome. What we have got is the initial safety, the opportunity to work with people because we know who they are and where they are. There are multidisciplinary teams forming to in-reach to these locations to support individuals and the good order of these places, but we are missing a housing outcome and therefore that planning, optimising the opportunities at risk, the longer we lack the vision or the plan or the end game for people.

The CHAIR: Yes. Thanks very much, both of you. I think that is great. It is that uncertainty but we have also got this opportunity for that wraparound service and to be able to bring all those services to people because, as you say, they are in that one place. Catherine, thanks for your patience.

Dr CUMMING: Thank you, Fiona, and thank you to the presenters, very thought-provoking, and I have got questions for everyone. I represent the west of Melbourne and I would like to know what is lacking and what is needed in the west of Melbourne, in western metropolitan Melbourne.

Jenny, I must concur it would be great if the JobSeeker—as well as the pension—was actually brought up to the poverty line, rather than the $350, to be something around the $500 mark. With your SHARP initiatives, do you have actually any shovel-ready projects that you have been mooting? And Bevan, I have had dealings with Launch Housing in the past when I was on Maribyrnong City Council and I remember your projects around getting and using VicRoads land, and I am wondering if you have identified any more VicRoads land or VicTrack land to be able to do your portable housing, as well as, Jenny again, around the public housing stock?

I must note the poor public housing stock that I have in the west, in Braybrook and Maidstone, and the need for that to be uplifted. We especially have a lot of fibro houses, and I think Launch Housing could actually look at maybe some of those sites—the derelict, the empty—that we have in those particular areas that we could actually use and approve.

I would also like to just acknowledge, Shane, the wonderful work that the Salvation Army has been doing in Wyndham city with SecondBite and the need for that outreach, as well as the work that you have been doing in Laverton with Hobsons Bay City Council with the soup van on the Friday nights there, notwithstanding St Vincent's soup van that has always been a constant in the western suburbs and around West Footscray.

I would also too, Bevan, just with some of the contributions that you made just earlier, like to caution you around your looking at student accommodation and wanting to be the head lease and just pick up on some of the things that Jenny has said just earlier around knowing that a lot of that student accommodation is temporary. It is designed for students who are doing diplomas or degrees for a year. It is no better than a hotel room. I caution the want or the possibility that somehow people are put in there and they are stuck there for longer terms than they should be. But, Bevan, I do like the idea that you might be able to tackle youth homelessness in student accommodation, and maybe that is something that you could possibly do seeing that there is a lot. They are not designed for the elderly or complex needs but maybe for youth homelessness in student accommodation.

I will leave it at that, Fiona, because I could go on and on, and I am glad that you left me for last.

Mr WARNER: I might just quickly respond to where you left it. I agree that head leasing student accommodation is not ideal, but if the tourism market does come back before we have got the social housing stock on the ground it is easier to secure and preserve something for 18 months or two years with a headlease to

a single company to provide that medium-term option because at the moment we are also a little bit beholden to the goodwill of some of these hotel establishments who may have alternatives in months to come.

Dr CUMMING: I think it would be great for youth homelessness.

Mr WARNER: Yes. We do have shovel-ready projects that are ready to go, and I think the Government has again made a good start with the Building Victoria's Recovery Taskforce to fast-track either planning approvals and/or to give advice on social housing projects that could be supported.

Dr CUMMING: Anything in the west, Bevan? Because all I have seen from the State Government has been announcements in the east.

Mr WARNER: Yes, the Government does have a team inside its department of environment, land and water, I think, looking at vacant government land across the board. So it would have information about sites that could be suitable for permanent transportable housing of the sort that we have put into the City of Maribyrnong as one of the options for increasing social housing stock, but at the very beginning the Chair mentioned the SHARP proposal, which came out of the housing peaks.

One of those elements is spend money quick on repairs and maintenance. The other element, which I think is really important, is the subsidy or the tax break idea. There are plenty of shovel-ready projects that the community housing sector has. What they do not have is the tax break or subsidy stream resolved to top up the required rate of return on private or institutional capital to contribute to the building costs or the subsidy to make up the difference between 30 per cent of someone's Centrelink income, the social rent, and the cost of borrowing to build and to maintain the property.

So the Government does not have to spend entirely out of its own money, if you like, out of the budget, all of this extra investment in social housing. Just as governments create policies around research and development tax breaks or renewable energy subsidies, they need to resolve the tax credit for private capital to get their required rate of return to the minimum level needed to invest in social housing and the subsidy to make up the difference between what we can legitimately collect as a social rent and the costs of maintaining a property or taking debt and servicing debt to contribute our share towards the cost of building this extra stock.

What I am really wanting the Committee to understand is that the sector has offered a lot of good advice and practical mechanisms based upon overseas and proven models about stimulating social housing growth which does not damage the state budget, and the Government has been playing around with these mechanisms through its Social Housing Growth Fund and it has made a number of deals. What they need to do is turbocharge that effort and resolve and make much bigger the draw in of private capital and debt financing to social housing construction. These are policy choices that the Government just has to land on.

Dr CUMMING: Having that public and private mix—

Ms STEWART: Chair, a matter for the record, please, when I can.

The CHAIR: Yes. Catherine, if you could just mute yourself. If we have got time, you can have some follow-up, but I would let Marg just answer that question. Then there are a few more questions.

Ms STEWART: Thank you, just very quickly. St Vincent's health service is a public hospital; it is VincentCare that runs soup vans. I would not want it on the record that we are doing something that we are not.

The CHAIR: Thank you for that clarification. Jenny, you just wanted to make a couple of comments?

Ms SMITH: Just a couple of quick responses. I thank Bevan for talking about how important it is that the financing is right for community housing. It is an international truism that when not-for---profit community housing providers have to service debt, that they are drawn towards the land of affordable housing and away from responding to the social housing needs of the most disadvantaged in our community. We have had our own local lessons about that, and whatever recipe we come up with, we must not go back to putting in 80 per cent of market rent where we are really talking about 30 per cent of low incomes. I would like to thank Catherine for raising the issue about: what is the minimum quality and permanency that we are looking for here? I think that is an important discussion for us to have hopefully as we are rolling out projects—and also to

reassure you that I know CHIA Vic here in Victoria has got a long list of shovel-ready projects ready to go, as have some of its members, my colleagues here in this room.

The CHAIR: Thank you, Catherine. We still have got a little bit of time to ask more questions, so I will enable Committee members to have some follow-up questions. I just wanted to touch on some of the changing demographics that you have all talked about with some of the first-time contacts that you are starting to have. Bevan, you were touching on things like group housing. Now, we know that the unemployment coming out of COVID is going to affect younger people probably more sharply than other people. Are you expecting a change in our homelessness demographics coming out of COVID? Any of you can start.

Mr WARNER: So I think it is difficult to really tell, but clearly there are two big things happening. One is, private rentals in a sense are getting easier to access, and people on a secure Centrelink income are now looking more attractive to a landlord than someone who might experience fluctuating fortunes in the private employment market. Anecdotally, some Airbnb negatively geared investors are thinking, 'Do we really want to hold our property available for the tourism market or do we put it back into additional supply for the private rental market?'. So on the private rental side there are more opportunities, but those opportunities are really limited to particularly women with children or families who are receiving some form of Centrelink support that is sufficient for them to be able to make that sort of contribution to private rent, even though it is a reduced private rent from what they might have had to pay six months ago. So it does not cater for everybody, an improvement in the private rental market. We are also seeing people who I think will never get back to that sort of couch-surfing situation. I think the circumstances in which people have been living will change. We are certainly seeing clients for the first time that we have never seen before, and the age profile of our clients is really still centred in the middle, in the sort of 35 to 50 age group, with a big group of youth homelessness and a big group in the middle and quite a long tail into quite elderly people.

The CHAIR: Great. Thank you. I suppose what might come out of this as well for younger people is the job opportunities that may come from this in rolling out services, hopefully with the certainty of some medium- to long-term rentals as we build that social housing. I will turn to the Deputy Chair, Tien Kieu. I know you have some follow-up questions.

Dr KIEU: Before, Shane was wanting to say something. Shane?

Mr AUSTIN: Thank you. I just wanted to respond around what the future looks like in terms of the client demographic. It is difficult to tell, but there has been a trend if we look at emergency relief. Thank you, Catherine, for your recognition of the emergency relief. It often happens outside the context of a Salvation Army corps. We have seen a trend of an increase in newly presenting people wanting support, particularly around assistance with food parcels or food vouchers, and as a percentage of the clients that would normally come to that service. So if you use this as an indicator of people who have been impacted that we would not have seen before, it peaked around the week of 29 March, which was around 20 per cent of the people presenting were first-time folks. If we were to look at that in terms of people being in financial distress or in terms of requiring support in terms of food security, we may see what happens in terms of the knock-on effect down the track. But that may or may not be indicative.

I just wanted to highlight that, particularly in response to Catherine's earlier question in terms of the west. You would know that we do a lot of work in Sunshine. It is a significant entry point in terms of people coming in for emergency accommodation, housing establishment and private rental. We have had an increase and are having to manage that case load. We have had some very good outcomes in the private rental, as Bevan and others have identified, which has been quite interesting in this time. We have had some improvement in terms of our private rental outcome. Thank you for letting me speak.

The CHAIR: Thank you, Shane. Back to you, Tien.

Dr KIEU: May I move to a different angle, about data, which given my background I have a lot of interest in. We need to have really accurate as much as possible data so that we can coordinate and we can provide services, particularly given that we have many different organisations and also different departments getting involved like housing and the department of mental health and various different groups there. Is there any sharing of data among yourselves or among the wider community of service providers for housing the homeless? I know there are a lot of problems there with the methodology—how to collect data, how to share it,

privacy and how not to overcount. because you may help 100 people and the other person helps 100 people but 20 of them overlap and you do not want to count 200, for example. In order to be more responsive and to be more effective data is very important so we can make the data-based decision, so we need to share those resources maybe among yourselves or maybe with the department. Is there any thought or any progress on that front?

Ms STEWART: Chair, I can speak slightly to that too from the position of a project that we undertook with Launch last year on sharing data around their frequent service users and those that we notice are frequent flyers through our ED to see if there was any matching. It was enormously difficult to set up the protocols, Deputy Chair, to get the data that we needed in the categories that we needed, de-identify them in the way that we needed and respecting the legislative parameters in which we operate. So any opportunity that could be given to connect that at a bureaucratic level, feed it into similar systems et cetera would be of great value and a great investment to enable us to be able to work with our partners. We all keep strong data, we all keep robust data, but for those data sets to speak to one another—if there was some way that that could be enabled with the benefit to the client outcome but ease of communication between us as partners, we would value the opportunity to be involved in that.

Ms SMITH: Chair, I think the difficulty we have is anything like that sort of data sharing at the moment in the sector, not so much perhaps in government, requires double, triple handling and collection by staff who understandably like to privilege spending time helping people rather than doing their data. So I think as a sector we are totally up for improvement and streamlining, and we get data, we get the power of data, but we need some help to do that in a way that actually reduces the data load or at worst does not increase it. I think everyone around this meeting at the moment would have been on the receiving end of the next person's good idea about what we should collect that just adds to the burden and inevitably reduces the quality of the data that is actually collected by people with big case loads trying to do the best they can on the ground.

The CHAIR: Thanks, Jenny. I think that is a very good point made, and given the limited resources that you have, you want to be on the front line rather than tallying things up. But I think it is probably something that this Inquiry should consider because it will be so crucial going forward, how governments can assist in doing that. Wendy Lovell, I know you have got some follow-up questions.

Ms LOVELL: Thanks very much, Fiona. We already know that in March there were 44 703 applications on the waiting list of which nearly 24 000 were priority housing, so the 168 houses that are being built are not going to go a long way to housing those people. I am interested to hear—and both probably Shane and Bevan would be actively involved with this—with having all of this access to the rough sleepers that we do not normally have, how many additional applications are being lodged for public housing? And also a lot of these people would have been engaged in the social housing processes before and would maybe have debts for damages done to property or back rent, which is a barrier to being rehoused, so what is being done to assist them with reducing those barriers to them being rehoused? Does Shane want to start off, or Bevan?

Mr WARNER: I am happy to. Look, I will probably take that on notice and provide a written response. I do know that in the pace we were working to get people into emergency accommodation we had shortened our assessment process of people and now we have been going back and completing more intensive vulnerability assessments of people. So that would have included taking public housing applications for people if they were not already on the waiting list for instance, but I do not know in what order that occurred or in what proportion that might be occurring.

In relation to resolving people's chequered history, again that would be something that would be part of our good practice but probably not something we have had time to do in this crisis phase response. I would have to get some advice about what the practical mechanisms are because in having things dealt with or written off there is a whole range of policy procedures there, back into if it is with us or with private landlords or the director of housing. If it involves criminal justice sanctions, then we deal with that with partner community legal centres. So I will provide a more considered response on the record after I have got a bit of advice if that is okay.

The CHAIR: Shane, did you want to add, or Jenny, did you want to add?

Mr AUSTIN: I will just say—a not dissimilar response to Bevan—Wendy, I will take that on notice in terms of the numbers. We attached a caseworker to people as we accommodated them, but in terms of the data and response to how many people additionally will be going on to the list or whether they were already on the list, people that we had already engaged with previously, being priority in terms of the current housing register, would already have been on the list as priority access, but I am happy to take that on notice and also I will provide a written response.

Mr WARNER: I agree with the central premise of the question that 168 new homes is a long way short of solving the problem, and it is less an 3 per cent of the 6000 that the sector has identified we need every year for the next 10 years. So there is still a lot of work to do, but also I am confident that people have seized the opportunity and are trying to figure this stuff out. But really we do not have that housing stock solution in sight yet.

Ms SMITH: If I could just add, I know from the work that the sector and the department are doing in concert on local area coordination that our sector is now turning its mind to that. I think there will now be a more systematic look at who is and is not on the social housing waiting list, so I guess we can anticipate what the numbers might be. And Wendy, also, I believe either there is mooted or there has just been a change which provides a pathway for resolution of those sins of the past in terms of people's current eligibility, so I think the department could clarify that.

The CHAIR: We will chase that up. Wendy, please, I know you have got a follow-up on that.

Ms LOVELL: That is really good to hear that there is something being done about those barriers to being rehoused. Even before it was not too difficult; a $5-a-week repayment would have got them back into the housing network opportunities. What I would be interested to know—probably this is one for you, Jenny—is: have we seen any good solutions coming out from overseas from areas where there are similar levels or higher levels of homelessness? Have we seen any good responses overseas that perhaps we could look at here in Victoria?

Ms SMITH: I have had the privilege, Wendy, in the last couple years to engage with the Housing First Europe Hub, and they are very well connected to the US and Canada—and the UK at the moment is still part of that but perhaps not forever. I have had the opportunity to have a good look, and you really cannot go past the Housing First response, whether that is rapid rehousing, where there is the initial support and then mum and the kids are fine once the housing is stable and the kids are back in school, or for people with complexities, of course, the housing with that support titrated up and down as they need it to sustain the housing.

I go back to Matthew's question before. We are not the only jurisdiction that looks to service coordination when it is very hard to secure a supply of housing. But, in the end, housing can be afforded, and Finland still stands out as the place that has just managed, between government and the sector and the community, to get on with building the provision of community housing so that it has got a place in the market that has stabilised, actually, the rest of the market at a reasonable level and where you can expect to be able to provide housing to disadvantaged people in a reasonable time. Their youth policy at the moment with prevention has young people who have financial problems, not discernible problems in life, with access to youth housing apartments, and funnily enough that has had a huge impact on youth homelessness. It is still not rocket science; it is still Housing First as the orienting approach. And we are not talking apartment blocks; we are talking scattered-site housing where people can live amongst a wide range of other people in the community, not communities of disadvantage. I think, if anything, this hotelling of people should really inform us that it is not usually a good idea to, as Bevan has put it, concentrate people with a lot of challenges in their lives in one building. We can all live well in a community with people with different strengths who can support each other.

Ms STEWART: I think that is so powerful, really powerful, and we cannot afford to let the opportunity be lost in terms of understanding that housing first is the way to unlocking the door for good health and wellbeing. If nothing else comes out of this Inquiry, that is the key message—that this is a housing-led economic recovery to the health and wellbeing in this community.

The CHAIR: Who would have thought that COVID might have provided us with an even stronger opportunity to lead in that way? Matthew Bach, I know you have got a follow-up question.

Dr BACH: I have got a specific question for you, Bevan. Bevan, I note that under your leadership Launch is operating one of the four pop-up facilities that the Minister announced—I think it was on the 10th of last month. Earlier this week we had conversations with departmental officials that were really interesting. They noted for us what we have noted together today, which is that it is a fantastic thing that so far—and we are not out of the woods yet, but so far—we have seen a relatively small number of people who are experiencing homelessness who have contracted COVID-19. Because of that, the officials we were speaking with noted that very few people are actually in those four facilities right now, which again first and foremost is a great thing. But we have got four facilities now. There is great need out there, and we have discussed that at length today. Again these officials were open with us that they are currently thinking through how we might be able to better utilise those facilities if it remains the case that there is not the need that perhaps we foresaw at the start of this crisis. So, Bevan, would you mind telling us exactly how many people—it is a 43-bed facility—are in that facility right now and whether you have put your mind to this question that I know the department is thinking about right now of whether or not we can utilise these facilities in a more flexible way, noting that we may of course need them—let us hope not, but we may of course need them—in the future for their original purpose.

Mr WARNER: Thank you for the question. A point of clarification—we are operating the service in partnership with St Vincent's Hospital in a building that we are leasing from the Brotherhood of St Laurence. So there is a partnership there, and St Vincent's are running the critical model of care, and we are running the housing support. But the short answer to your question is that there have been less than 10 people who have used the service—I do not have the precise number. I am not sure whether there was anyone domiciled there—

Ms STEWART: Yes, I have got the numbers when you are ready.

Mr WARNER: Yes, Marg can raise that. I think in general I am taking a safety-first approach. I think as the community social distancing relaxes we run the risk of a contagion or a significant outbreak in the people that we support. We have got 100 beds across these four pop-up stations. Maybe we will never need 100, but we certainly need those facilities; we do not want to be caught short. And repurposing this particular 43-bed facility to a different sort of model, perhaps, where we are focusing on people in very poor physical health who have a very long history of homelessness or a step-down facility particularly for adult males who are not well catered for in the system—that would be a logical outcome post COVID. Whether you pull that lever now or in two months whilst we are still in uncharted waters in relation to what could happen—well, I am glad I am not making that decision, because it would be a brave decision.

I think the Government has done a great thing in making four separate sites with 100 beds in total. If you said we did not need all of them, then you could repurpose perhaps one or two of those sites when you felt that 50 beds would suffice. But certainly I think in the long term, post COVID, we would want to use that facility for a different sort of cohort, and I think in close proximity with the partnership with St Vincent's there is a whole host of people we could help really effectively. Of course it is borrowed land; it is a borrowed facility from the Brotherhood of St Laurence, and they may have other plans for it down the track, so it is not a permanent addition to the service system. But the question you ask is very relevant. At the moment it is underutilised, and you could say that is a good thing, or you could say that it is a white elephant—it depends on your perspective.

The CHAIR: Yes. Please, Marg, I know you were going to follow up on that, and yes, it leads to some great opportunities.

Ms STEWART: It does, it does. Matthew, I am happy to talk any time about what the future looks like, because in the dialogue around what it looks like St Vincent's actually has not been included in the discussions with the department around 'If not for a COVID isolation and recovery facility, then what?'. So we would value, given my presentation today, the opportunity to do that. Specifically, there have been nine patients who have utilised the facility at Sumner House—nine admissions with an average length of stay of two days while they wait for the swabs to come back. So far all swabs have been negative. Now those swabs have been taken initially from our fever clinic or one of the other fever clinics as far away as Frankston. The patients have been transported in a fit-for-purpose motor vehicle rather than regular patient transport, and we have managed the infection control for the vehicle, the driver and the patient.

On the 8th of the month our mobile fever clinic commenced. So now it travels the city, going to St Mary's House of Welcome, Access in St Kilda, the Salvation Army Bourke Street hub, the Living Room, Flagstaff,

Ozanam House. They test and swab for people who are exhibiting symptoms. They provide hep A and flu vaccines as well. We have done 69 tests to close of business on Monday of this week. There has been no positive result to date.

The CHAIR: That is great. Thank you. I am conscious of time at the moment. I know Kaushaliya has a follow-up question.

Ms VAGHELA: What I am understanding from all the presenters today is that they are really pleased with the recent announcements that have been made for the social housing project and other announcements for homeless people. My question is general. I think Jenny mentioned, if I heard it correctly, that it was about a 30 per cent infection rate in the USA amongst homeless people. I do not know whether I have heard that correctly or not, but the presentation was very high. When this pandemic started globally and over here I want to know what your thought process was at that time. You were seeing 30 per cent or a really high per cent over there and globally. What was going through your mind as to if that happens over here, how are we going to cope? So I just wanted to know what you guys were thinking.

Of course the Government was very quick in taking action and the homeless people were housed very quickly. So the second question that follows is that we did not have big clusters or an outbreak amongst homeless people, but how has the COVID-19 pandemic affected your clients and what are the impacts you are seeing? And how are the homeless people going to cope post the COVID-19 pandemic?

Ms SMITH: Thanks, Kaushaliya. I think probably by and large the homelessness service sector was with the general public in terms of our unfolding understanding about what COVID-19 would mean. Certainly personally early on I did not think it would mean anything like what we are coping with today, because I think we were talking about something that was a bit like the flu and that perhaps twice as many people would be severely impacted, but flu-like I think was what we were talking about.

But from the feedback that I have had there is no doubt that the vulnerable people in our community, despite the incredible response from the Victorian Government, are doing it very hard. Wherever they are living, they are finding that very challenging and needing a lot of support. And our staff who are providing that support, while still trying to keep the front door open, I think, are welcoming a higher level of support from their organisations, from their supervisors than they might have otherwise and are really appreciating their organisations going the extra yard to provide the support with all of this adaptation to working in this sort of way that we have spent our morning discussing. As we have underlined a few times, we are very uncertain about where to from here.

The 30 per cent you mentioned was the Boston example, and I think we only have that data because that is the city where the interaction between health and the homelessness response has been studied, so we have those figures. But we have avoided that here to date, I think through the leadership that we have had right across the community, but certainly stemming from the Government. But what is the next step? I think we have been strong in our representations about what we think should be the next steps, this morning, and I think that is echoed across the state and across the country. What we need now is more leadership from you, our parliamentarians.

The CHAIR: Thank you, Jenny. We actually have run out of time for questions, but I would like—and I think, Jenny, that was a wonderful closing comment—to offer closing comments to Shane, Marg and Bevan, if you would like to say something. Could I start with you, Shane?

Mr AUSTIN: Thank you. I first of all really appreciate the additional opportunity to speak with the Committee. This panel format actually has been really great, I think, because we can hear our colleagues at the same time and work that off. For us—I have to differentiate personal from work—what this pandemic has caused is this crossover between what is impacting us in our personal life and what is impacting us professionally. One thing that I would like to close on is that we are not done yet—we are not done yet in so many ways. So the pandemic lock-up: so vigilance is really on top of my mind; it is staff and clients around being vigilant. Secondly, in terms of a response, we know what we would like to see in terms of housing and support, but we are still not quite there yet. So I think that we need to continue with the work both in terms of perseverance but urgency moving into the next stage. Otherwise it will be a lost opportunity. Thank you so much, Chair, and to the Committee.

The CHAIR: Thank you, Shane. Marg?

Ms STEWART: Thank you, Chair. I will just share my dream. My dream is that every person in this city and in this state who needs a private bathroom where they can close the door and a toilet that they can go to on their own—somewhere clean and safe, so that they can look after their wellbeing—gets one, and when they do, that we will be there at the ready to support them at their level of need and bring health care to them where they are, beyond the hospital walls. My dream is that we can work out with the Government a way to fund that flexibly and sustainably and to build on the creativity that this amazing moment in our lifetimes has afforded us. Thank you.

Mr WARNER: Thanks, Chair. I would just like to conclude by saying homelessness is not a natural part of the human condition and nor is it a natural part of a First World economy. It is not inevitable. It is solvable. It can be fixed. Other cities in the world are doing that. Melbourne is a proud city; it should aim for zero homelessness. You do that by making sure that the trauma-fuelled inflows into homelessness that will always be there, that those experiences of homelessness are short and that they do not reoccur, and you measure it a bit like the stock exchange: you publish the result, you look at the result, you compare yourself to capital cities around the world, and if the rate of outflow into secure housing exceeds the rate of inflow into short duration, non-recurring episodes of homelessness, you end up with a functional zero approach, where we do not have homelessness in Melbourne. It is possible, and that is what we should be aiming for.

The CHAIR: Jenny, I will give you the opportunity, if you would like, to make one final remark.

Ms SMITH: Well, thanks, Fiona, and thanks to the Committee for your now very informed interest in the intersection between homelessness and COVID-19 and for your base level of understanding about where we are at here in Victoria and the opportunity that now presents itself for us to do something quite special that we might not have anticipated a few months ago. Thanks for listening.

The CHAIR: Thank you. Thank you to all the Committee members. I think this really shows what parliaments can do. You have all been incredibly patient, spending quite a long time sitting in front of your screens. But this was just a wonderful opportunity, as Jenny said, to really dig deeper into that intersectionality between homelessness and COVID and the urgency it has really exhibited but also the opportunities that it has highlighted. Thank you so much, Shane, Marg, Bevan and Jenny, for also spending this time with us today. You have really helped inform us. Where this Inquiry has gone because of COVID is somewhere that we never imagined, and I think the recommendations and the work that the Government will be able to bring out of this is something that possibly we never thought of at the beginning.

Thank you to all the people who also joined us in the Parliament's very first fully digital public hearing. We hope it is not the last. As Shane mentioned, it actually has some benefits in being able to have a more fluid panel discussion. I would like to hereby state that this public hearing has now closed. Thank you again to everyone.

Committee adjourned.