

# TRANSCRIPT

## LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

### Inquiry into Homelessness in Victoria

Morwell—Tuesday, 3 December 2019

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Mr Stuart Grimley

Mr David Limbrick

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**WITNESS**

Ms Erin Price, Manager, Eastern Victoria, Homelessness, Salvation Army.

**The CHAIR:** Thank you so much, Erin. We will declare the Legal and Social Issues Committee's Inquiry into Homelessness in Victoria open again. Everyone will remember that their phones are on silent, I am sure. Just as a preliminary, Erin, the evidence that you are giving today is protected by law and that is under our *Constitution Act* as well as the standing orders of our Legislative Council. Therefore, the information you give today is protected by law; however, any comment repeated outside this hearing may not be protected, and any deliberately false evidence or misleading of the Committee may be considered a contempt of Parliament. I know you have been here today, so you have probably heard that a few times. We are recording, and you will receive a transcript of that, so feel free to make any corrections to that. If you would like to make some opening remarks, we will jump into it.

**Ms PRICE:** Thank you; absolutely. I am going to read my notes just so I do not miss anything, so if I am looking down I am sorry about that. I am Erin Price from the Salvation Army. My position is Manager of Eastern Victoria—it is not state manager, although I sit within the state structure—within our Homelessness stream. I actually look after a range of services across eastern Vic, which includes some metro services as well as some regional services. The two regional services I have are Gippsland and Shepparton. So today I would like to highlight some of those regional issues that we experience within the homelessness service system.

In terms of Salvation Army and their homelessness stance, we have 108 housing- and homelessness-specific services, 19 entry points across our state and 31 family and domestic violence services. We also provide the statewide crisis response, which is based in St Kilda—the after-hours response.

Just in terms of some local knowledge around South Gippsland-Bass Coast—those are the LGAs that we have service delivery in within Inner Gippsland—really our experience there is around a real lack of stock, as you have heard today, a lack of crisis accommodation. There are no refuges in South Gippsland-Bass Coast, there are no supported accommodation options that are run by any sort of government organisation or not-for-profit organisation. And in terms of the private rentals, they are few and far between for our clients to access. We also experience quite a bit of seasonal homelessness, so obviously come holiday time homelessness peaks and we experience them falling out of some of the stable accommodation, because the prices have risen.

We are currently managing the closure of the Miners Rest and the Capital motel, which I am sure has been spoken about previously. We are assisting 60 residents who will become displaced from that. That was a privately run caravan park and motel and we did experience, with the clients that were residing there, quite a lot of criminal activity, drug and alcohol and family violence, so it is quite a positive thing; however, the exit points are the issue, around where there are actually moving to. It is a six-month transition, and we are working with the Department of Health and Human Services; local council; our networker, Chris McNamara; and other service providers within the region so that we can insure a smooth transition for the clients.

In terms of some local statistics, in 2018–19 Salvation Army Gippsland assisted just under 2000 homeless individuals seeking crisis accommodation or stabilisation in some of their housing. In addition to that we actually turned away just under 1000; the turn-aways are essentially when we do not have any accommodation options for individuals, or we do not have the capacity within the staff.

**Dr KIEU:** Two-thousand are really homeless, not just about to lose their home?

**Ms PRICE:** No, so assistances. That will cover anyone that potentially is in rent arrears—that prevention side of things as well as anyone who is entering into the homeless entry point who is without any accommodation. That also includes the youth cohort as well, that require specialist service.

In terms of some structural and economic hurdles that we could be addressing, really one is around the poverty and the income. That is obviously a Commonwealth issue, when we look at the safety net, in terms of welfare. It is really evident that income support, safety net and wage growth, combined with an increase in social housing, is fundamental to really securing change within the homelessness service system.

I wanted to touch on how we can end homelessness for good, recognising that homelessness is actually everybody's problem beyond just the not-for-profit or the government sector. To end homelessness it really requires good engagement from the private, public and community services sectors. It also requires good engagement from all levels of government—so local, state and federal, and I think with an emphasis especially locally on local government. What we could be doing in that space is having a look at potential dormant land that has been sitting, which can be redirected into the homelessness space and redeveloped. Also, any redevelopments—the ratios. So public versus private housing: what are those ratios? Could there be a policy around that?

It also requires, which you have heard today, the universal service system, so health and education, child protection and specialist health and human services systems. The question was asked before I came on around care coordination, and I actually think that is a really important point to raise. So that has previously been done and is currently being done in MACNI, which is the multiple and complex needs initiative, within the department. They have a care coordinator who is responsible, obviously, for the coordination of all services, and then you have got the specific service that looks after the different social determinants. That is actually a really good model that could be replicated across the board. It also was evident in the primary health network, which was Partners in Recovery, so that is the previous model that uses that as well.

I think it is imperative that we listen to individuals who have a lived experience, so having that voice front and centre when designing that service. We need to use their experience to shape our service system moving forward and learn from what is being done well and what could be done differently. We need to place a focus on prevention and diverting individuals away from the homelessness service system. We know that housing is key. The outcome is significantly greater if we are able to address the loss of housing rather than having them re-enter or enter the homelessness service system and become traumatised or retraumatised.

If someone does enter the homelessness service system it is imperative, as I said, that they are rehoused asap and that we provide the support that an individual or family needs. It is important to touch on the duration of need. Rather than fit an individual into the support period, we need to fit the support period into the individual. So we need to create a more flexible service that can address the needs rather than be fixed term essentially. We need to focus on outcomes not outputs. There is a churn through in terms of the throughput of a service; it does not equal ending homelessness. I think that is an important point to raise.

So the top five primary presenting reasons at the Salvation Army are the housing crisis, domestic and family violence, financial difficulties, inadequate or inappropriate dwellings and the transition from custodial arrangements. We need, I think, more focus on post-custody support programs so that we can reduce the reoffending of individuals who are exiting prisons.

Other drivers that are important that are specific to regional towns are, I think, the unintended consequences of the reforms—the family violence reform, NDIS and mental health. Although they have been great for that service system and they are needed, they have had unintended consequences on the homelessness service system. We are utilising our current services, but there has been no additional funding that has been placed into homelessness.

On top of that, there is industry moving into regional and rural areas on large-scale projects. So when that occurs it affects the private rental market and it results in an increase in homelessness due to the lack of living affordability and housing stock.

The other point I wanted to raise today was infrastructure. So more broadly, just moving away from bricks and mortar, infrastructure as a whole is really important in regional and rural and towns. So with transport, for metro services there might be a 30-kilometre radius where an individual might be able to access all their needs, whereas in a regional and rural town we might be talking about a 300-kilometre radius, so it is really important that we are looking more broadly at: what does connectivity look like, what are the specialist health services that are provided, what does the transport look like? That all comes into play when designing, I think, or when you are trying to improve the homelessness service system. What are the areas that require additional attention and focus? Obviously it is imperative that there is more investment into public housing; I think also a focus on alternative housing, so community housing or supported accommodation options. So rather than using our housing establishment fund to invest into the private sector, we could be redirecting those funds into supported

accommodation for individuals to get back on their feet, get the supports wrapped around them and then transition into a longer term housing option that can stabilise them.

The journey of homelessness, as I touched on earlier around the support periods, is not linear. Although it would be easier if it was, it is not linear. So we need a support system that can be flexible and that can follow the individual along their journey rather than try to fit them into the design at the moment.

We need universal support and case management models. I think we need consistency across the board in the way that we deliver our services and how they are interpreted. So with our entry points as well as our transitional support models and our intensive case management models, it would be good to see a more consistent approach to the way that they are delivered across the state.

We need increased housing options that are affordable for individuals who are on welfare payments. The current welfare payment for a single, I think, is about \$181 in terms of what they can afford a week, and down here our affordability in terms of private rentals would be over the \$200 mark, so it is just unattainable to gain a private rental when you are a single on a welfare payment.

There needs to be a better understanding of the impact of homelessness on children and designing a service for children in their own right rather than having them fit under their family support.

For children exiting care there needs to be a focus on individuals that have come through the out-of-home care system, individuals that have been through the residential service system as well, and intergenerational homelessness and how other service systems can assist in prevention with that. Also we are seeing an increase in veterans and over-55 women, so I think we need programs that are specific to those cohorts so that we can reduce homelessness within that.

Really, just in summary, we need increasing housing stock, more affordable housing options, better integration with other service systems to divert away from homelessness and prevent it, a review of how infrastructure in regional towns affects homelessness and more flexible and holistic service systems.

**The CHAIR:** Thank you, Erin. That was very complete. Just picking up on that last point about a review of regional areas, who do you think would undertake that? Is that something that you would like to see DHHS do or—

**Ms PRICE:** In terms of infrastructure?

**The CHAIR:** Yes.

**Ms PRICE:** I think council. I think it would involve many parties. It would be council, it would be State Government and it would be DHHS, along with other support services that are locally engaged.

**Dr KIEU:** What are your thoughts on the idea of certain new developments of housing? A certain percentage would be reserved or be for the support of new public social housing—what do you think of that?

**Ms PRICE:** Yes. I think that we could definitely look at that. It obviously depends on the need and the prevalence of homelessness within that region. However, I think within local government there could be policy designed around ratios, and if we have an area that has quite high experience of homelessness there could be a ratio of public housing versus the private. It has been in other areas in the state and it works quite well, so that you have got them integrated with other members of the community as well.

**Ms LOVELL:** I have got a question, but I want to just explore that one a little bit more.

**The CHAIR:** Yes; great.

**Ms LOVELL:** What you are talking about is inclusionary zoning, which is a cost shift basically from the Government providing the housing to the private sector. People would see it as a cost shift to the developer, but the developer then cost shifts that on to first home buyers, to young families et cetera. How do you weigh that up in that you are putting this additional cost onto families that are already struggling as well?

**Ms PRICE:** So, I think maybe I have been misinterpreted. In terms of having public housing, I am talking about housing that is run by a housing provider, so it is not private housing. Sorry, is that—

**Ms LOVELL:** No, by saying that if we have new developments, we have to have a certain percentage that are affordable—that are cheaper. That means that the developer then has to spread—he still wants to make the same profit out of it, so he spreads that onto the other properties. So it increases the cost of housing for other ordinary families and first home buyers and lets the Government off the hook. So I am just asking about how you balance that up, or do you think Government should be contributing to that?

**Ms PRICE:** I think there needs to be a contribution into it from Government, as there needs to be a contribution into more public and social housing across the state beyond just the investment in terms of redevelopment. So yes, I do think that Government has a role to play there.

**Ms LOVELL:** So we should not have inclusionary zoning without there being some subsidy from Government?

**Ms PRICE:** Yes.

**Ms LOVELL:** Okay. My real question was on—you mentioned a personal hobbyhorse of mine—the outcomes, not throughput. How would you see that working?

**Ms PRICE:** So, I think we need to focus on the social determinants as a whole—so education and training; we need to focus on mental health. So it is more of a strength-based focus. What does an individual want to achieve throughout their support period—so stable housing, education and training, mental health support, disengagement from child protection or any of those DHHS services. I think there needs to be, rather than the throughput and having X amount of assistance, a focus on a more long-term, sustainable outcomes for individuals so that they do not re-enter the homelessness service system.

**Ms LOVELL:** So if it meant working with a smaller cohort but more intensely and actually finding outcomes so that they do not come through the revolving door again, do think that would be a better result?

**Ms PRICE:** I do for the long term. If you studied it long term, yes.

**Ms BATH:** Thank you, and I guess coming on the back of that, something that Ms Lovell knows very well is that I went up to Shepparton to look at the youth foyer up there, and I think the day before there were representatives from Leongatha and South Gippsland, up there from the Salvos, which is really interesting and great that you are also doing your homework. I think that comes on the back of looking at a holistic view to capacity build young people, in this case, through to a sustainable work life, a sustainable home life and an understanding that they will be able to live and work locally too.

I am interested—you mentioned various vulnerable groups and programs specific to them. One of my, I guess, interests in this region is that we do have a lot of out-of-home care and foster care children and kinship care. I am interested in what sorts of programs that you like, that you have seen and that maybe the Salvos run that help those young people transition—not to someone else's couch or worse but into homes or units of their own positively.

**Ms PRICE:** We do have some specific specialist youth services that we do provide. One is called Creating Connections, which focuses on youth homelessness, and we have a couple of transitional properties that we can refer into along with case management for those individuals. On top of that we have got what is called the Family Reconciliation Initiative, so that is working with the young people to mediate with their family members so that they can re-engage. That is obviously with the hope that there would be no involvement from DHHS and that it would be a safe place for that young person to reside. So youth-specific programs with individuals who have specialisation in that cohort are imperative. Re-engagement into education and training is really important and to wrap around life skill programs for an individual so that they do not, once they turn 21, enter into the adult homelessness service system.

**Ms BATH:** What work would you like to see—or what are the gaps?

**Ms PRICE:** I think there need to be longer support periods for young people. Services need to follow a young person up to the age of 21. I know there have been changes to the Leaving Care program, so that now goes up to 21, but we do see quite a bit of—I think some of the challenges at the moment working with young people are when they hit 15 to 17. Really there is a lack of child protection involvement and emphasis is put on the support service to house that young person, and that is really quite difficult when you need a wraparound service model for a young person so that they can get an outcome.

**Ms LOVELL:** Erin, are you aware of the work and learning centres? Salvo Connect run the one in Shepparton that provides education and training and assistance for social housing.

**Ms PRICE:** That is not my area up there. I know that they have the refuge and they have a few services up in Shepparton in the youth stream, but that one is not my specific area.

**Ms LOVELL:** That is not a youth stream; that is for public housing tenants who have never worked before to connect them with opportunities to work.

**Ms PRICE:** Okay.

**Ms VAGHELA:** Thanks, Erin. I just wanted to know a little bit more about the caravan park and the motel that are going to be closed soon. You said that the job in hand would be to relocate those 60 residents, and what I understood was that they were living in a very substandard situation over there. Is it good that that is closing down because it was so bad that people who are in vulnerable situations were actually put in this substandard accommodation? If we knew that that was substandard and there was criticism around it, is it a good idea to wait until it closes down and then look for the alternative accommodation for them, or there was nothing available and there was no option, and that is why they were housed over here?

**Ms PRICE:** Yes, so there are really, really limited options when it comes to crisis accommodation. All crisis accommodation across South Gippsland and Bass Coast is privately owned essentially, so in terms of the Miners Rest and Capital motel, yes, I would consider that that accommodation is substandard. However, there were no other options for those individuals. They would also receive referrals out of region as well, so Melbourne services would send clients to the local Miners Rest and Capital motel. So they were receiving referrals out of region as well as in region. But yes, it is a positive, I think, longer term for the closure of Miners Rest, and we can transition these clients into some stable accommodation with some support. However, for the immediate future it is causing concern because there are no exit points. There is a lack of affordable housing, there are no other real accommodation options that are medium term or longer term, so we really need to be working closely with other support services, looking out of region, looking at mediation between family members so that we can re-engage and options where people can actually reside in partnership. That is all being undertaken, but, yes, it is quite a lot of work for the immediate future.

**Ms VAGHELA:** How confident are we that those 60 residents will be relocated somewhere?

**Ms PRICE:** We are about two months into the six-month transition plan. We have currently rehoused about nine individuals, so we are getting through it. We do have a plan in place, a contingency plan around if these individuals get to a certain point and have not been rehoused. Then we need to look at a different approach. But we are working quite closely with Bunnings, who are the redevelopers—

**The CHAIR:** What are Bunnings doing in this?

**Ms LOVELL:** They are rebuilding, I think.

**Ms BATH:** They are moving, I think, aren't they, because it is in the main street.

**Ms LOVELL:** Yes, they are going to build on that site.

**Ms BATH:** Bunnings, local, where it is, is a high value, high income, high commercial—sorry, I just answered for you.

**Ms PRICE:** No, no, that is fine.

**Ms BATH:** Is that your understanding, Erin?

**The CHAIR:** I am trying to work what Bunnings is doing to help with the 60 tenants.

**Ms PRICE:** We actually could not ask for a better organisation or company to take it over. They are providing opportunity for people in terms of employment; they are really engaged in terms of working with individuals. The notices to vacate they wanted to make sure were after the Christmas period so people did not heighten—they are really engaged in the process and they understand fully the impact that it is having on the residents. There is a large portion that have been here for a really long period of time.

**The CHAIR:** Yes, this is not crisis for them. This is actually—

**Ms PRICE:** It is. Then there is also that cohort which is a crisis churn-through.

**Ms LOVELL:** So what are the Government doing to assist?

**Ms PRICE:** We are working with DHHS. We have a project officer that we were successful in getting funding for, and that project officer will be responsible for the engagement of all parties but also for the transition of the clients.

**Ms LOVELL:** So have they prioritised vacant properties to go to these people for rehousing?

**Ms PRICE:** They have been communicating that, yes.

**Ms LOVELL:** And has there been any additional funding?

**Ms PRICE:** There has been additional brokerage that has been redirected, yes, which is going to be used outside of the PRAP, the Private Rental Assistance Program, and HEF, the Housing Establishment Fund.

**The CHAIR:** Thank you for that. We have been hearing a lot that Bunnings have been wonderful, but it was not actually clear how they were being wonderful, so thanks for that.

You mentioned inconsistencies in services. I think it was one of your points around crisis accommodation. I was just wondering if you could expand on what you see as those inconsistencies.

**Ms PRICE:** There are inconsistencies in practice. I think we can learn from the launch site—Inner Gippsland was a launch site. One initiative was creating a universal intake and assessment plan so that all services were using the same document, so if an individual walked in in Morwell, they would receive the same service in the same way as if they walked through the door in Leongatha. Through that process it highlighted that there are different practices and focal points in the various organisations that offer IAP, initial planning and assessment. In terms of moving through to transitional support and case management, there are differences in how long someone will work with an individual for and at what point they would pick them up—are they already homeless or are they at risk of homelessness? I think a better understanding and more consistent approach to it would result in probably less re-entry into the homelessness service system and also consistency for clients.

**The CHAIR:** Yes, that first example you gave made a lot of sense. What we are also hearing is, though, that clients do not necessarily need the same service, level of service or length of service.

**Ms PRICE:** That is why there needs to be a more flexible support period. Rather than that fixed duration of 13 to 26 weeks, some people might need two years; some people might need three weeks. There needs to be, I think, a little bit more flexibility when it comes to designing a service. As I said, do not fit the individual into the service, fit the service to the individual.

**Ms VAGHELA:** You mentioned the partnership between private, public and community and the three levels of government. Are there any programs, organisations or initiatives which are working along that line which we should investigate or we should look at? Is there currently that in place somewhere that we can look at?

**Ms PRICE:** Off the top of my head—I want to give you the right information, not the wrong information—I do believe there is an initiative with tiny homes at the moment, a private redeveloper. I think it is actually in the Shepparton region. However, off the top of my head I would not be able to give you a direct example, but I could follow up for you and send one through to you.

**The CHAIR:** Thanks, Erin, if you could. Just one final question: what we are hearing, obviously, is prevention. If we can prevent someone from becoming homeless, then obviously that is a far better place, far better bang for our buck and a far better outcome. Are there any programs that you are aware of that you would recommend in that prevention area of keeping people in the home? We have certainly heard of PRAP Plus, and that has been effective, but is there anything else in the prevention area that you have seen or that the Salvos are currently undertaking?

**Ms PRICE:** In the prevention space—look, again, I cannot think of anything just on the spot, but I can send through some examples of some preventative programs. However, I think that point that I have raised in relation to having a universal response around the healthcare system and education and training, I think it actually needs to be embedded in their services so they are identifying that when a young person is walking into their year 7 class and they look little bit disorientated or they look hungry or dishevelled in some way the questions are asked and there is a responsibility there to address that concern with the appropriate service that specialises in it. You have heard today that there is a lot of handballing, so I think that that could really be strengthened.

**Ms MAXWELL:** We have heard a lot about the residents who will need to be vacating the caravan park. Given the enormity of that and a lot of services wanting to be able to support them, my question is: given that they have lived there for that length of time they would start to, I guess, build up a suitable resumé for rental, so what accountability is actually being placed on those residents? I ask that because we cannot just continue to give. We need to create resilience and develop resilience, and I think that comes from very early intervention of educating and teaching life skills in schools to support people when they can identify that they are getting—before they get to a crisis. So I am curious as to how they are being accountable, are they wanting to be accountable and are they having the opportunities to find accommodation for themselves?

**Ms PRICE:** It is a very good question and it is a very good point because I have this conversation all the time with the staff around that there are some residents that have been there for five to 10 years. They are private rental ready; they are able to sustain a tenancy and they are paying their rent on time. So those individuals should be looking private rentals. It is around the affordability piece. But we can work with those individuals to move into private rental, and that should not be an issue because they have already got those skills to be able to sustain it. In terms of the individual plans it is very much based around what the individual wants. We will not drive what the plan looks like. They will drive what it looks like with us, and it will be around their engagement and the outcomes that they are wanting to see. We have options for them, but really it needs to come from them around what they are wanting to do.

**The CHAIR:** How does someone spend five to 10 years living in crisis accommodation?

**Ms PRICE:** I think that would be intergenerational disadvantage and being vulnerable—

**The CHAIR:** But even as service providers, how does that happen? At what point do you move someone out of crisis accommodation—or in these cases not?

**Ms PRICE:** Yes, so not all of those residents have had engagement with a support service. This is the very first time they have engaged because they are at risk of homelessness now that their current residence is closing down. So some of them have not been within the welfare service system at all; they have just chosen to live there based on what they can afford and the options that were there at the time.

**The CHAIR:** Yes, of course.

**Dr KIEU:** You and some of the witnesses before you have mentioned a particular cohort of homeless, which is veterans. I have some interest in that. Could you enlighten us more about the needs and the causes of homelessness in that particular cohort from the Salvation Army point of view?

**Ms PRICE:** I am not a specialist in working with that cohort; however, I can provide a response to you. It is just that this now will form part of our strategic plan in terms of the Salvation Army and our state agenda over the next three years, with a focus on that cohort. I can send you through some more information around what our experience has been and why we have identified that that cohort needs specific attention; however, I am not best placed to answer the question because I do not specialise in that area.

**The CHAIR:** Thanks, Erin. That was really informative and it really wrapped up some of the hanging remarks that people have given us previously. As I said, you will get a transcript of this. Feel free to make any corrections to what you see in it. Thank you for the work that you do.

**Ms PRICE:** Thank you.

**Witness withdrew.**