

# TRANSCRIPT

## LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

### Inquiry into Homelessness in Victoria

Bairnsdale—Monday, 2 December 2019

#### MEMBERS

Ms Fiona Patten—Chair

Dr Tien Kieu—Deputy Chair

Ms Jane Garrett

Ms Wendy Lovell

Ms Tania Maxwell

Mr Craig Ondarchie

Dr Samantha Ratnam

Ms Kaushaliya Vaghela

#### PARTICIPATING MEMBERS

Ms Melina Bath

Mr Rodney Barton

Ms Georgie Crozier

Dr Catherine Cumming

Mr Enver Erdogan

Mr Stuart Grimley

Mr David Limbrick

Mr Edward O'Donohue

Mr Tim Quilty

## WITNESSES

Ms Louise McCarthy, Director, Primary and Community Services, and

Ms Kathy Woods, Housing Support Worker, Orbost Regional Health.

**The CHAIR:** Welcome. As you know, this is the Inquiry into Homelessness in Victoria, and we are the Legal and Social Issues Committee. I just need to explain to you that the evidence taken at this hearing is protected by parliamentary privilege as provided by our *Constitution Act* and our Legislative Council standing orders. Therefore any information you give today is protected by law; however, any comments repeated outside are not given that same protection. Any deliberately false evidence or misleading of the Committee could be considered a contempt of Parliament. As you can see we are recording today—that is Hansard. The transcript will be given to you in the next few days and you can look at it. Ultimately it will be a public document and it will be up on our website. We have got half an hour, so if you have any introductory comments, we can then open it up to some questions.

**Ms WOODS:** Would you like a copy of the notes? They are just dot points.

**The CHAIR:** Have you got copies for us? Thank you.

**Ms WOODS:** They are just the dot points that I have, so I hope they make sense to you. I would just like to start by providing just a bit of a demographic and a statistical snapshot of Orbost and surrounds and our catchment area. For Orbost Regional Health housing support, that I am representing, our catchment area extends north to the border from Orbost. It encompasses a lot of small towns, such as Tubbut and Deddick, some of which are just areas rather than just actual towns, south to Marlo, west to Nowa Nowa and east to Genoa, and there is a little bit of crossover at Genoa because Mallacoota District Health and Support Service also provides some support to that area. It is a very large geographic area, with very many small and very isolated communities that are amongst that area.

The townships of Orbost and surrounding communities all fall within the East Gippsland local government area. East Gippsland has some pretty alarming health and population data, which includes that we have a 50 per cent higher rate of family violence compared to the whole of Victoria; 8 per cent of children have behavioural or emotional issues at school entry, the Victorian average being 5 per cent; alcohol-related ambulance attendances are 50 per cent higher than the Victorian average; 1.3 out of 100 girls aged 18 or younger have given birth, the Victorian average being one; seven out of 100 people need help with daily activities compared to five as the Victorian average; and 13 out of 100 people experience very high disadvantage, where the Victorian average is eight. The reference quoted there is Gippsland primary health needs, version 1, April 2018. Orbost Regional Health services are targeted to the population in and around Orbost. The township of Orbost has a population of 2227 people, with a median age of 52. The wider Orbost community profile, statistical area level 2, is serviced by Orbost Regional Health and has a population of around 6448, with a median age of 53. This was taken from the 2016 census data.

East Gippsland had a population of 45 040 in 2016, which will increase to 46 902 in 2021 and 51 435 in 2031—an annual growth rate of 1.1 per cent.

Thirty-three point three per cent of the East Gippsland population are aged over 60 years; 39.9 per cent of those are in the 25- to 59-year bracket, and 26.9 per cent are 24 years and younger. The highest proportion of people aged 60 years or more is very high compared to the Gippsland average of 27.3 per cent and Victoria, 20.6 per cent.

The SEIFA measure of socio-economic disadvantage for East Gippsland is 958, the second-lowest in Gippsland and low compared to Victoria, 1010. Note: a low score means more disadvantage.

The equivalised median income is \$798. It is the lowest in Gippsland and lower than Victoria's of \$1216.

Eighteen per cent of people in East Gippsland report fair or poor self-assessed health—high compared to Gippsland, 15 per cent, and Victoria, 16 per cent.

Fourteen per cent of people in East Gippsland report high or very high psychological distress—higher than Gippsland of 12 per cent and Victoria of 11 per cent.

Fifty-six per cent of East Gippsland residents do not meet dietary guidelines for fruit and vegetables—the highest rate in Gippsland and higher than the Victorian and Gippsland rates of 51 per cent.

The references quoted there are from appendix four, health determinant data for East Gippsland. I know that is very clinical, but I just thought it was important to set the stage first.

I would just like to talk in very broad terms now about private rental that is available in the Orbost area. It is very difficult to obtain any kind of private rental. The Real Estate Institute of Victoria, I heard this morning, has released data saying that Wellington and East Gippsland shires have a rental vacancy rate of just 0.9 per cent and shrinking. The private rental houses that are available in Orbost are expensive and have a lot of pressure on the few that are available. For several years now we have had a very large transient workforce that takes up a lot of availability of those few properties that are around, and it causes pressure on affordability.

Housing is not considered sustainable by the Department of Health and Human Services if the rental amount exceeds 55 per cent of an applicant's income. The applicant is excluded from obtaining a DHHS bond loan and accessing other assistance programs if the rental amount is more than 55 per cent. A single person receiving a Centrelink Newstart benefit, therefore, can afford no more than \$190 a week. This week the rental amounts for properties advertised in the Orbost area started at \$200, and that is actually quite exceptional; they have been around \$300 and upwards. It started at \$200 and went upwards to \$500 this week for the five properties that are available in the whole area, and that includes surrounding townships.

The condition of private rental properties that are available is often of a poor standard. They have no insulation, poor heating options and old appliances such as hot water units and cooking appliances. This of course adds to the cost of utilities and puts extra pressure on families.

Of the public housing options, there is no housing for singles in Orbost or Cann River, the only places where there is any public housing available. What single units we do have are reserved for people over 55. So effectively if someone puts themselves down on a single person waitlist they are going onto a list that does not even actually exist, because there are no single-person properties.

**The CHAIR:** It is a pretend list.

**Ms WOODS:** It is a pretend list; yes, exactly. Waiting lists are often difficult, and frequently lengthy. It is exceedingly difficult if someone has no private rental options available to them and there are very long waiting lists for public housing.

Aboriginal Housing Victoria is available in Orbost and also in Cann River, but once again we have no housing for single people. Aboriginal Housing Victoria also had issues with maintenance and providers that perform that maintenance—there has been a bit of a gap—so providing adequate services sometimes seems to be quite a difficult thing.

Transitional housing—we currently have no vacancies. Orbost has five properties in total. There are two one-bedroom units, and one of those is a dedicated youth property, which means only people aged between 16 and 24 are eligible to apply. We have one four-bedroom house and two three-bedroom houses. Demand is very high for those properties.

The sharing model in the youth property—we previously had two youth properties, but we have just the one now—is very, very difficult to implement and even more difficult to maintain. There are often competing interests of participating clients or people that are significant others to those clients. It can create lots of trauma for one of the tenants if there is a problem with another one. It is a very, very difficult thing, particularly with young people. They are experiencing a lot of issues in their own right, particularly if they are under 18 and living out of home.

Crisis response—we have a very limited ability to respond to crisis. Our local caravan park will not accept referrals. There are other caravan parks around, but they charge tourist rates at peak periods and during holiday

times, which makes it completely unaffordable. We do have a local hotel, who is very generous and offers us accommodation. However, it is a hotel. Therefore it is not suitable for clients with alcohol or substance abuse issues, and definitely not a suitable place to send families. Motels are expensive. We can use HEF, which is a housing establishment fund, to accommodate someone overnight, but it is usually till the next business day, and we are in the same position again the next day. We do have one motel that is also very good to us. They charge a little less than the others, but they are located out of town in another small town nearby; due to the fact that we have not got much in the way of transport, it makes it very difficult to access.

Our service provision at the moment is 14 active clients this month. Our target is 12 for a single EFT position, which is what it is. It has been as high as 26 in June this year, so well above target. We are currently unable to assist one family. They have a very damaged private rental history, with multiple outstanding debts and significant—five-figure—public housing debt. Therefore transitional properties are not available to them either, because we cannot guarantee an exit plan for that person once they have entered transitional housing.

Last but not least, we are often unable to find accommodation for perpetrators following an incident of family violence. There is just nothing available to us except perhaps a hotel, and once again that is not really a very good option.

**Ms McCARTHY:** Then that puts stress on the victim, and then she is more inclined to have him return to the home because of that stress and the guilt around that. So we see the risks increase there as well.

**Ms WOODS:** Homelessness is not rough sleeping. It is not really the most visible form of homelessness in Orbost. It is particularly couch surfing, just traveling from one place to another and one bed to another. I think that is about it from us.

**Mr BARTON:** I am just a little curious. The 50 per cent higher rate of family violence compared to the whole of Victoria, why do you think that is happening?

**Ms WOODS:** That is a good question. I do not really know. I guess if we knew the answer, it would be something we could address directly.

**Ms McCARTHY:** We know that East Gippsland itself was seventh on the list for Victoria. Now it is second, so we know there has been a huge increase. Part of you wants to believe that is because people are reporting and that is because we have got the right mechanisms in place for people to feel comfortable reporting, but—

**Mr BARTON:** But that is a huge difference.

**Ms WOODS:** There is a lot of socio-economic disadvantage, and I know that that is not necessarily related to family violence—like family violence is not necessarily isolated for lower socio-economic communities—but I think there has been increased pressure due to lack of options and opportunity in the Orbost area.

**Mr BARTON:** You have also got here—and you have to be careful what you read into numbers, of course—alcohol-related ambulance attendance at 50 per cent higher than the Victorian average. On the surface of it, alcohol is a problem.

**Ms WOODS:** Alcohol is a problem, yes. It is particularly difficult for us given that really our only crisis resource is a hotel.

**Mr BARTON:** The irony.

**Ms WOODS:** It is a terrible irony.

**Ms McCARTHY:** And Orbost itself does not have an alcohol and drug service, so we have visiting services coming into Orbost. That is minimal—there is minimal support in what actually comes in.

**The CHAIR:** Yes, and if they do not have a home it is hard for that service to—

**Ms McCARTHY:** For them.

**Ms WOODS:** That is right. It is hard for them to engage in any services, really.

**The CHAIR:** engage, yes.

**Ms VAGHELA:** Are particular communities in your region more at risk of experiencing homelessness or housing issues, whether they are social or demographic?

**Ms WOODS:** It is difficult to pinpoint any single community, but in Cann River there are very, very few privately owned properties that are available for rental. Because of the low cost of purchasing housing, a lot of people own their own homes—although they are not in terribly good condition, a lot of them. But there is no option for private rentals. There are no investors who have rental properties available.

**Ms VAGHELA:** And one of the families that you mentioned you are not able to assist due to quite a few reasons that you mentioned—what happens with that family?

**Ms WOODS:** That is a very interesting question. Our options are very, very limited. We can refer them to services in the metropolitan area. Because of the constraints of being in isolated rural communities, there is not much that we can offer them. We can only direct them towards larger services that may have other things that they can offer, such as crisis accommodation or refuge services. But I do not think this family would qualify for a refuge service.

**Ms VAGHELA:** How often do you see families or an individual in this situation? Is it common or not that common?

**Ms WOODS:** It happens from time to time.

**Ms McCARTHY:** Yes.

**Ms WOODS:** This is the second occurrence in probably 18 months.

**Ms MAXWELL:** Thank you, ladies, for coming. What would you see could be supportive to reduce the risk of homelessness in Orbost—what supports do you think you could benefit from?

**Ms WOODS:** More stock—more housing stock.

**Ms MAXWELL:** That is pretty much across the board, isn't it?

**The CHAIR:** Yes, isn't it?

**Mr BARTON:** Okay, let's just do it.

**Ms WOODS:** That would be great.

**The CHAIR:** Put on your overalls.

**Ms LOVELL:** So if you were the minister tomorrow—other than more housing, which is an obvious one—what are the three things that you would implement immediately to assist with the problems that you have in the Orbost region?

**Ms McCARTHY:** It is the affordability as well, isn't it, of housing?

**Mr BARTON:** Yes, that is a massive problem.

**Ms McCARTHY:** Newstart is not enough to cover the cost of living and rent. We know that single people cannot afford the properties that are available.

**Mr BARTON:** But we know working people cannot afford rentals.

**Ms McCARTHY:** Exactly.

**Ms WOODS:** Exactly, yes. There are working poor and people on Centrelink benefits—it is just beyond their reach. And then the properties that they do get are the cheaper, lower-end properties that really cost them a lot of money one way or another anyway.

**Ms LOVELL:** What about the support networks that are given to you, like HEF funding and stuff like that? How are you provided for? Is it adequate for Orbost?

**Ms WOODS:** We do not have our own HEF funding. We apply for HEF funding via Community Housing Limited.

**The CHAIR:** You do not have any emergency—

**Ms WOODS:** We do not have direct access to it.

**Ms MAXWELL:** And even if you did, you do not have the houses to put them in to support them.

**The CHAIR:** Where are they going to go? That is right.

**Ms WOODS:** We do not have anywhere to put people in.

**Ms McCARTHY:** And even the transport to get people to where they can go—we are so limited on transport too.

**Ms WOODS:** We had an incident—not really an incident, but we had an occasion a while ago. Our bus service has just been improved; it is still very difficult. On one occasion I recall trying to get a family to Lakes Entrance. We do not have any shoe stores in Orbost, and trying to get a family to a shoe store in Lakes Entrance turned out to be a two-day journey. It is an hour away, but it was a two-day journey with overnight accommodation and bringing the family back the next day. It was just that difficult.

**Ms LOVELL:** Yes, really hard. What are the employment opportunities like in Orbost?

**Ms WOODS:** Diminishing. There is pressure on the timber industry. The timber industry is a major employer, as is DELWP—the department of water, land, environment and planning?

**Ms LOVELL:** The department of water, environment, land and planning or something.

**Ms WOODS:** Yes. Given the pressure on the forestry industry, there is also pressure on DELWP families as well because of the potential for a knock-on effect.

**The CHAIR:** With your service, given that it is a service that provides a lot of health services as well as housing as well as community services, are you seeing an intersection with homelessness and increased health issues? So if someone becomes more insecure in their housing, are you seeing them present with a wider range of health issues?

**Ms WOODS:** I think if someone is homeless or if their housing is threatened it is really very difficult for them to engage in other services, particularly health services, and especially on a regular basis, that they might need to maintain their good health. So I think it does have an impact.

**The CHAIR:** We certainly have had conversations with people around someone who has actually had some significant health issues in their life coming out without anywhere to live. So we have seen people released into—

**Ms LOVELL:** Released into homelessness.

**The CHAIR:** homelessness. Is that something your organisation is seeing?

**Ms WOODS:** We have seen it, yes. We have seen that happen.

**The CHAIR:** What is the closest local hospital?

**Ms McCARTHY:** Bairnsdale. But we have our own hospital.

**The CHAIR:** Yes, you have got Orbost—

**Ms WOODS:** We do have an acute facility.

**Ms McCARTHY:** But we have only got eight beds in ours, and then Bairnsdale would be your next hospital.

**The CHAIR:** Apart from more housing, is there anything else that we should be considering for regions like Orbost?

**Ms WOODS:** Perhaps we should consider different options for housing. We have no creative options, and I am not sure what they might look like, but we could have some creative options for housing people. We looked at public-private collaborations in the past, so things like a serviced allotment. So tiny houses or that kind of thing could be utilised, at least as a short-term solution towards a longer term plan.

**The CHAIR:** Make it part of the transitional options, because there would be some local Crown land in your area, from my distant memory of beautiful Orbost.

Thank you so much. It is really insightful to hear from communities like your own, and just the absolute nonexistence—not just even a stretch; there just is not anything there—and I think that is something for us to bear in mind, but also looking at what creative options we can do in those communities.

**Ms WOODS:** That would be great.

**Witnesses withdrew.**