

WITNESSES

Ms Amanda Williams, Service Manager, Towards Home+ Frankston, Neami National,

Ms Karren Walker, Group Manager, Entry Points, Launch Housing, and

Ms Lauren Crawford, Assertive Outreach, Program Manager, Getting Housing, Launch Housing, Frankston Rough Sleepers Initiative.

The CHAIR: I am now declaring our committee hearings into homelessness in Victoria open. Welcome back, everyone who is watching, from wherever you might be watching. Karren, Amanda and Lauren, thank you all for making the time to speak to us today. We very much appreciate it. Some housekeeping rules as part of this, all evidence taken at this hearing is protected by parliamentary privilege and that is through our *Constitution Act* but also through the standing orders of the Legislative Council.

Any comments that you make today are protected by law. However, if you were to repeat those comments outside this hearing, they may not be protected. Any deliberately false or misleading evidence that you provide the committee could be considered a contempt of Parliament.

As you may have noticed from the statement I made at the beginning, this is being broadcast. This is also being recorded, and we have got the Hansard team making a very accurate transcript of the proceedings today. You will get a copy of that transcript, so I really encourage you to have a look at it to make sure we did not make any mistakes and did not misrepresent you in any way.

To open up, if you would like to make some short opening statements, and then we can open it up to the committee for further discussion.

Ms WALKER: Thank you, Ms Patten. Karren Walker from Launch Housing here, and I just wanted to start by thanking you for the opportunity to present today to the very important inquiry on the state of homelessness in Victoria. I would also like to acknowledge and thank the Southern Homelessness Services Network for enabling the opportunity for the members of the committee to hear about the state of homelessness in the outer southern regions of Melbourne.

As we know, homelessness does not discriminate by place or suburb. It is visible in the inner city, and it is also a growing presence in our suburbs and regions. In inner Melbourne we are working with a homelessness rate of around 83 or 84 per 10 000, and in Dandenong that is around 97 per 10 000. The differences are between largely rough sleeping and, as we move into the outer suburbs, a significant increase in overcrowding.

From the outset I would like to say that the persistent and continued growth of homelessness is unacceptable and unforgivable, and it is eminently solvable given the right policies, programs and attendant political leadership to make that happen. Homelessness takes many forms, from the literal homelessness that we may see on the street in the form of rough sleeping through to private rental where people are in very tenuous arrangements through to overcrowding. But the level of homelessness in our community continues to grow. For Launch, we have seen a 4 per cent increase year on year in the last two years. It is in this spirit that I commend the work of the Legal and Social Issues Committee and recommend the following headline asks.

There is an urgent need to invest in social housing. Shamefully, Victoria has the lowest level of public and community housing stock in Australia, at 3.5 per cent. We cannot end homelessness without more homes.

We need more and better assistance for people in rental tenancies—be it private or public—to ensure that those tenancy options are sustainable.

We need better discharges from hospitals and institutions. It is shameful that somebody may be discharged from hospital or prison into homelessness. It is a sign of multiple system failures that can easily be measured, reported on and then managed and moved on.

An improved response to crisis accommodation: purchasing beds in the private market is costly, provides disparate levels of amenity and congregates high numbers of vulnerable individuals and households in environments where they can exercise little control, and this results in further experiences of trauma.

Increase the supply of permanent supportive housing, such as we have in Elizabeth Street, the Common Ground model: services are insourced to residents, providing the ongoing support that they need to manage a safe tenancy in an environment where they have control over who comes and goes from their home. It is the correct economic and moral course to pursue, so let us do it.

Expand the provision of Housing First youth foyers: we do not want to see a new generation of young people moving into homelessness. Being able to link education and employment as a basis to a rich and productive life is what we owe to our next generation of young people.

As we recently discussed with the Royal Commission into Victoria's Mental Health System, homelessness is a reality for many who have experienced mental health and who, due to the psychosocial disability, have a higher risk of living in precarious housing and experiencing homelessness.

For some, fortunately, homelessness only occurs once and for a short period. For others, however, it is a persistent, chronic condition and a curse throughout someone's life. Irrespective of which aspect of homelessness we want to emphasise, its existence and persistence in our community is not an accident, it is not a quirk of fate, it is not bad choices or a sad fact of life. It has its roots in a flawed housing market and inadequate incomes. As a community we have been prioritising property price speculation as a means to private wealth for people owning more than one home ahead of the needs of our fellow citizens. We are stretching inequality further, and this will be a threat to social cohesion and a problem handballed to our future generations. The housing system crisis has been unfolding for 30 years, and we have an amazing opportunity to act now to reverse it. A continuing contributor to this has been the persistence of crushing poverty. The inadequacy of Newstart payments was the major factor contributing to Launch Housing's clients' difficulties in obtaining and maintaining housing. We implore the federal government to sustain the increased level of JobSeeker payments in order that households do not revert back to crushing levels of poverty and can find a foothold in the housing market.

Homelessness is also a failure of multiple systems: housing, justice, hospitals, mental health. There are more than 500 people, for example, being discharged from acute mental health care into rooming houses, motels and homeless situations every year in this state. It is unacceptable that somebody is discharged from hospital back to homelessness. Homelessness, as we know, is not only a serious housing issue; it is a serious health inequity issue. It is reflected in the overall level and pattern of morbidity, with many health issues being interconnected. At Launch we know that to end homelessness requires concerted and collaborative efforts, and that is why we are delighted in the outer south to partner with key services such as Neami, ReGen, Melbourne City Mission, Monash Health and Bolton Clarke nurses. There is also a key role for local government to play in these partnerships, and Launch is establishing strategic pathways for the delivery of a functional zero approach to ending rough sleeping in a number of local government areas through 2020 to 2022. We very much look forward to working with the councils in the south-east corridor to achieve a functional zero level of rough sleeping in these communities.

In the last census period the proportion of people sleeping rough in Frankston increased by 14 per cent. In the 2019–20 year to date, our assertive outreach team in Frankston has worked with 159 distinct individuals who have been rough sleeping, including in cars and in squats. In Dandenong we have worked with a further 161 people experiencing rough sleeping. The majority of people who our assertive outreach teams engage with have now been picked up by case management support, including with our partner Neami, and some of these have actually transitioned into some really affordable housing, including through our headleasing program, which targets placing rough sleepers in communities that they select rather than us selecting where the properties are and expecting them to move into those communities—some of which they have never visited before.

There is also a lack of crisis beds with support in dedicated facilities in the outer south. Many people who have sought assistance when in crisis have been turned away without being assisted; however, COVID-19 has changed that significantly. At the outset of the COVID-19 crisis, Launch took immediate steps to provide assistance to rough sleepers to ensure their safety and to reduce the risk of infection for people experiencing homelessness and ensure safety for the general public. Our mobile outreach teams, crisis centres and entry point services have remained open and continue to assist people experiencing homelessness and sleeping rough in Melbourne. Since mid-March, Launch has directly assisted over 1000 people into dedicated emergency accommodation in the form of hotels and motels. There are additional households who have been offered yet

declined stays in emergency accommodation as they have remained in overcrowded situations with family and friends. This is particularly prevalent in the asylum seeker and refugee communities.

Our COVID-19 response has been enabled by two very important factors: a downturn in the tourism and business travel industry has meant we have had access to motels which were previously unavailable to our rough sleeping cohort and the additional investment by the Department of Health and Human Services in brokerage, which has enabled us to place and sustain people in emergency accommodation for significantly longer periods of time than our usual funding limits would have allowed. Indeed after many, many years of working in this sector it is probably the first time I have witnessed our frontline services meeting demand, not just meeting the demand that we could afford to in our funding limitations.

This has significantly reduced the churn of human beings through homelessness and health systems for many people with high support requirements and histories of trauma. Seventy-two per cent of the people that we have assisted into emergency accommodation have been previously sleeping rough—in cars, in squats or in very tenuous accommodation. Fifty per cent have very high support needs that require major physical and/or mental health interventions. A further 40 per cent have medium vulnerabilities who can be assisted out of the homelessness service system with an adequate safety net and the ability to provide short, succinct support to stop their situation escalating. With the impacts of changes in the labour market and potential cuts to JobKeeper still unknown, we fully expect the number of households in this medium acuity cohort to rise.

The level of complexity and need is not new for us at Launch; however, the scale of people we are holding in accommodation is unprecedented. In some instances we are managing 30, 40, 50, even 100 people placed in motels in and around the city and in the south-eastern suburbs.

Solutions to homelessness are doable. We need to scale them up and hold the course. At its core, all the solutions rely on an increased investment in and supply of social and affordable housing. We strongly encourage the state government to stay the course and implement plans to provide ongoing housing for the many Victorians currently in short-stay emergency accommodation. We support calls for the Victorian government to fund an additional 3000 social housing properties and 3000 affordable housing properties every year for the next 10 years to just get us to the level of housing that we require.

There is an immediate opportunity to solve homelessness for the 1000 people currently in emergency accommodation. It is simply not acceptable that we return these people to the streets. Many of these people have long histories of homelessness and rough sleeping. Our practice experience says that their experience of rough sleeping will only continue if we cannot provide an option that is better than hotels, motels or private rooming houses. For some of the people that we are assisting now, this is their first respite from rough sleeping in years. It has been an ongoing ordeal, and the COVID pandemic has provided us with an opportunity to work with people to transition their lives.

There is an important role for government. People see government and the public service as the main agents responsible for solving homelessness. Most do not believe that governments are doing enough to address homelessness and want more done. There is therefore an opportunity for the committee to capitalise on this sentiment and provide clear recommendations to state government to consider and implement solutions to homelessness. Thank you very much for the opportunity to provide this overview. I will now hand to Amanda, who can speak of our partnership in Frankston.

The CHAIR: Just before you do start, Amanda, if I could just let you know just to be very conscious of time as we do not have a huge amount of time, and I think we would all like to ask some questions of all of you. Thank you.

Ms WILLIAMS: Sure. Thank you. I will make this quick. I am Amanda Williams. I am the Service Manager for Neami of the supportive housing team based in the Frankston municipality and the supportive housing team for the Dandenong modular units. I also thank you for allowing me to speak today on this very important issue—homelessness.

Our service commenced at the end of 2018 as part of that rough sleeper initiative, and Neami partnered with Launch Housing, Melbourne City Mission, Bolton Clarke and Uniting ReGen to form a multidisciplinary team. So this collaborative approach enables the multidisciplinary team the ability to offer tailored wraparound supports to respond to the complex needs of specific cohorts, including young people, people escaping family

violence, singles, people experiencing mental health conditions and people with alcohol or other drug issues. The supports that the team provide equip these people with the skills they need to sustain and maintain their housing and to address their issues to become healthy, well and connected members of the community.

Our team have a real focus on ending chronic homelessness, which does require a longer term, more intensive approach. We are working alongside people who have experienced great traumas and have the multiple complex needs and they do need longer ongoing support. The state government has made an enormous economic contribution to fund this rough sleeper initiative over a two-year period, and it has provided the sector an excellent opportunity to support a range of individuals experiencing chronic homelessness. Moving forward we do feel that to sustain and continue to achieve these great outcomes we would suggest a continuation of these programs for at least an additional three years and to include other areas of great need, including the Mornington Peninsula.

We have also found there are limited options to establish long-term sustainable, affordable housing pathways which would result out of homelessness for these people, and we really do encourage the state government to provide these programs with dedicated housing. Housing with supports can end homelessness.

Thank you. We will throw to Lauren if you have anything to add.

Ms CRAWFORD: Karren and Amanda, thank you. Thanks to everyone for giving me an opportunity to speak. I am here to I guess more field the questions in terms of what you need to ask us in terms of programs and I guess the light and shade questions that you need to ask. I do not have anything more to add in terms of what Karren and Amanda have said, so please feel free to start with the questions because we have got a lot to share.

The CHAIR: Great. Thank you. Fantastic. Given the time we have got left we will go around all of the committee, but just given the time we have got left, I will put myself last just to see how we go, and I will invite Deputy Chair Tien Kieu to start first.

Dr KIEU: Thank you, Chair, and thank you all for your very important work for homelessness. Conscious of time, I will just ask you a question. A lot of people you are dealing with who are sleeping rough are the people who have been discharged from the hospital. Understanding hospital beds are limited and very expensive per bed because they require a lot of support around a bed, but discharging people into an unknown and no housing situation like that, is there anything we can do like an intermediate step or maybe some other support, otherwise that would be still a problem? How can we deal with that in the shorter term?

Ms CRAWFORD: Yes, I can answer that. I can kick off, if you like. I think there is a real need for more crisis accom. facilities in the outer south region. So, as you have said, a lot of people are discharged directly into street-based homelessness because there simply are not enough beds in the hospital, and a lot of our clients, it is not safe for them to go to the options that we do have available. So an example of that would be rooming houses, where they are very expensive and it is very unsafe for our clients to be there, so they do get discharged to homelessness. I think we need to advocate for more crisis facilities in the outer south, and that would be an option that would be similar to what happens in the inner city. They go directly from hospital admissions and then go into crisis accommodation, so I think that is what needs to happen in the outer south—more crisis facilities.

Ms WILLIAMS: I agree with that. And it also enables a team of people to offer the ongoing supports, which will reduce that cost of people returning back to the emergency rooms and back into hospital for repeated turnarounds. So getting into crisis accom. with supports and then having a pathway into affordable, sustainable social housing would reduce that enormous cost year in, year out.

Ms CRAWFORD: Yes, I agree.

Ms LOVELL: Obviously the big issue is physical housing and we need more, and we hear that message so much about the numbers of houses that are needed over the next 10 years. But apart from the physical housing, what other barriers do you have that need to be broken down in order for us to assist these people in their transition out of homelessness?

Ms WALKER: I will kick off: with adding tenacious, ongoing, durable support. The idea that we have support programs that are funded for up to 12 weeks when we are trying to work with people whose trauma has been acquired over a lifetime is just insufficient. We need long-term and durable, tenacious support that assists people to obtain the skills required to manage the tenancy over time.

Ms CRAWFORD: I can add to that, Karren, just an example to demonstrate how important it is to have the support attached to the person who needs that wraparound service. With the programs that we have now, the multidisciplinary programs, it is really special to watch how the team works with each client. I have seen an example in these programs where we have been working with a long-term rough sleeper who has been entrenched in homelessness for up to 15 years, and now fast-forward a year later he is actually living in long-term housing, has re-entered the workforce and is part of the community. To see where he started and where he is now, that is because we were able to pick him up in wraparound supports, including our mental health and drug and alcohol and all those sorts of things. We grabbed onto him, and we have seen him the whole way through. So the program allows us to stick with someone for the whole journey, which is really special.

Ms WILLIAMS: I will add that we need the ongoing supports as well, because what we can do for people who have great outcomes like Lauren has mentioned is that the continuation of programs like supportive housing teams will also enable us to rapidly intervene if this person does fall into the risk of becoming homeless again. Quite often those supports can then be rapid and quick and wraparound, but without that ongoing we may find that these people will then fall back into homelessness. So that continuation of service does need to be there.

Ms WALKER: Absolutely.

Ms LOVELL: That is great. And the 12-week episode of support has been something that has frustrated me for a long time, and we know that we need to break that down, because people obviously need tailored support. But also we have some really innovative thinkers in the homelessness space. We have some people who are just locked into doing the same thing over and over again, and we all know when doing something just because we did before, if it is not producing outcomes it is never going to produce outcomes. Would you support a retendering of homeless services in order to get the best thinking, best programs in place, and not necessarily cut people out but to make them think differently about how they can collaborate with other services and how we can get a more holistic result?

Ms WALKER: I think the rough sleeper initiative that we are talking about today is a good example. A great deal of evaluation has been done over many, many years of many, many programs. We have a solid body of evidence that shows what works and what has probably gone past its use-by date. On the back of the outcomes of those evaluations and understanding that collaborative responses work better than single responses, we would be supportive of anything that better knits together the suite of responses that are required and that calls upon the evidence base that has been so well collected over time.

Ms VAGHELA: Thanks, Karren, Lauren and Amanda, for your time today. Karren, I liked one sentence where you said the homelessness problem is solvable. I guess that is what we all want to do and that is why we are here trying to explore the options available going forward. Karren, if you were, say, a minister for housing, what are the three things you would do to solve this problem?

Ms WALKER: That is a very tricky question. Certainly we need to look at ways that we can lever both from our federal government partner but also from private industry. There is probably never going to be enough money swirling around the budgets of the state government to actually address the issue, so we need to find our partners and lever better off them. We do need to ensure that our prioritisation and allocation mechanisms ensure that those who are in highest acuity and least able to transition into the private market are the first housed through our social housing enterprises. And third, have the courage to invest. Getting and keeping people housed enables great cost savings in a range of other areas. We would reduce emergency department presentations. We would reduce ambulance use. There would be a reduction in the cost of police and corrections. So it is potentially a cost shifting and therefore a cost saving.

Ms VAGHELA: Just a quick one: you also mentioned about homeless people being discharged from the hospital and prison settings. Do we have a percentage of what sort of people are being discharged into homelessness from hospital and prison settings?

Ms WALKER: I do not have the figures available right in front of me, but certainly some research that Launch undertook two years ago showed that there were 500 absolute discharges from hospital into homelessness in one calendar year.

Ms VAGHELA: Okay. If we had the percentage, we would know whether that is where the big cohort is coming from, but thank you for your time today.

Mr BARTON: Thank you, ladies. I am just a little bit curious. It is only some questions that people have put to me. The public are not necessarily aware that we are helping rough sleepers move into hotels and all that sort of stuff. What are the guidelines and conditions and support services around that? We clearly know there is no housing for them once they are coming out of there, so this is going to be the big challenge. Can you just sort of tell us about exactly what is happening, particularly down in the south-east, down there, in terms of people going into hotels and things like that?

Ms WALKER: As part of the COVID-19 response in particular?

Mr BARTON: Yes.

Ms WALKER: Certainly the Department of Health and Human Services have been flexible and swift in enabling a significant increase in brokerage funding so that we can sustain people in motels. At this stage that is guaranteed until the end of July, so we are unsure what happens beyond that. The department has also activated local area service networks, which is a network of homelessness agencies in each geography, and have provided some resourcing to ensure that all of the resources of the homelessness service system in each geographic area are now targeted to responding to people who are in emergency accommodation as a result of the COVID response. Unfortunately the capacity in the system is probably inadequate to meet the number of people who are in hotels at the moment, but we understand that the department is working hard to try and get enough evidence to capture the attention of Treasury I anticipate, or the minister, so that we can look at different elements of trying to respond. We have seen an increase in dollars and we have seen a reorientation of the entire homelessness service system towards a response to those in emergency accommodation, and we would certainly like to think that back at 50 Lonsdale Street there are lots of conversations underway to think about what some of the transition steps might be so that come the end of July we are not faced with a churn back out of the motels, and this would be as true in Dandenong and Frankston as it is in the inner city.

Ms WALKER: Just to add to that, on the ground we have teams visiting these motels every day to meet with the clients that we have popped in there. So we are going out every single day to meet with the people who are staying in motels, to do different sorts of assessments [Zoom dropout]

Mr BARTON: Giving them that support, yes.

Ms CRAWFORD: Yes.

Mr BARTON: Do you know just roughly the numbers you got down there in hotels at the moment?

Ms CRAWFORD: Karren, you have got the numbers from this morning, I think.

Mr BARTON: What was that?

Ms WALKER: At the moment we have 64 people out of our Dandenong service in emergency accommodation and similar numbers again in Frankston.

Mr BARTON: Wow. Thank you.

Mr TARLAMIS: Following up on the questioning by Rod, you mentioned that the current pandemic has provided some opportunities for you to engage with rough sleepers and people that you have not before and you have dealt with some that have been getting some assistance for the first time. I guess the question is: what is the risk of all that good work being undone if there is nothing at the other end of this? You spoke about in

July when this the current situation ends? Paint a picture for us, if you can, about what happens post that to that work in terms of those clients that you are working with.

Ms WALKER: The picture could be very bleak. Certainly we are doing some work internally and with our partners to try and quantify the number of people we will be able to sustain in emergency accommodation if we are required to return to our business-as-usual funding envelope. We are certainly looking at different levels of acuity to ensure that those most acute and most vulnerable we are wrapping a service response around, and we will bend over backwards to ensure that the streets are the last place that they transition to. The sad reality is if we are required to go back to business as usual, a number of people will probably transition into high-cost, low-quality private boarding houses and rooming houses. We will also see people moving back onto the foreshore, particularly in the Frankston-Mornington Peninsula area.

It is not a happy picture. We will also see families remaining in very overcrowded situations, and that comes with a whole lot of other impacts on childhood development and the ability to obtain employment and to transition out of poverty.

Ms CRAWFORD: Just add to that as well, the people that we are working with are really scared. It is the first time they have actually been able to go to sleep in a warm bed and lock their door in a long time. Everyone is feeling really scared about the uncertainty of what is going to happen next, and we cannot tell them what is going to happen next.

Ms WILLIAMS: Neami are also working really closely with Launch and receiving a lot of referrals to also offer the ongoing work that the supportive housing team do, so all of that work where we are wrapping services around them to help with mental health, help with their alcohol or other drugs and ongoing supports—we are also afraid that all of that is going to fall apart. We will continue to wrap these supports around people, but we would prefer not to be wrapping these supports around people in rooming houses and on the foreshore, and that is what will happen if we do not have some alternatives post July.

Mr TARLAMIS: That is right, and I know a lot of the clients would be dealing with complex needs and multiple needs. Sometimes the first step is actually trusting and opening up and accessing these services, and now they have had that opportunity, having that kind of fall away—and I know the amazing work that you do as best you can with the resources that you have, but those are finite, so I appreciate that.

Ms WILLIAMS: Thank you, and some of the findings that we have had, now that we have been working since 2018, is that with a lot of the cohort it can take a really long time to establish that trust, well over 12 months. And even now we are building relationships with people who have been thrown around a complex sector and we are really now building those robust relationships and trust, and right now to put people back into the street—once again they are going to be retraumatized.

Mr TARLAMIS: Just finally, have you seen an increase in numbers in rough sleeping or homelessness directly in this period around coronavirus, or is it too early to tell?

Ms WILLIAMS: I do not know, Karren, if you can agree. What we have noticed down in Frankston is a lot of people moving from other areas. So we are finding people that have not been from the Frankston region, and I think the sort of outreach teams could attest to that—not necessarily an increase but yes, there has certainly been a lot of movement of people, and we are finding them coming further down the train line.

Ms WALKER: One of the things that we observe is, because our service offer is now different, we are actually able to say, ‘We can sustain you in a motel for a medium term’, which is not what our service offer was previously, we certainly have had an increase in demand. The other thing that there has been a small increase in is people who are falling out of share houses and other arrangements because they have lost their job, particularly in hospitality and tourism. I will not overstate it. It is not a huge number, but it is certainly a cohort that we traditionally would not have seen at our services.

Mr TARLAMIS: Thanks for the amazing work that you do.

The CHAIR: We have got a little bit of time left. We have all been, I suppose, struck by the fact that we are doing this homelessness inquiry during this time of COVID, and while that has meant that some of our opportunities for having public hearings have been limited, as you were saying, Karren, it is the first time that

we as a state are probably meeting demand, which is something that when we started this inquiry we never thought anyone at any time would ever say. It is quite an extraordinary statement. If we could play out the scenario that the funding remains as it is today and there is a commitment for that for 12 months, for example, what does that look like for the clients that you have been able to help? What are the opportunities for you in that if we were to keep this funding as it stands?

Ms WALKER: I will just start by giving you some structural stuff. In the first instance what it means is that we can continue to provide higher levels of wraparound in-reach services. So in hotels where we have high volumes of people we can actually offer quasi crisis supported accommodation. We can have health facilities in there, AOD services, mental health services, drug and healthcare services, a whole range of leisure activities as well. That actually has the potential to improve people's lives no end. I reflect on conversations I have had with a couple of members of VicPol who have observed that people that they have seen on the streets for many, many years are now unrecognisable because of the mere fact that they can have a decent night's sleep, have somewhere to shower and have access to clean clothes and to be perhaps secure in their environment. That level of transformation in individuals we are seeing now will just be triplefold, quadruplefold.

Ms CRAWFORD: This is a once-in-a-lifetime opportunity to change people's lives, and what we have found with people in motels is because we are providing services at each motel, as Karren said, the amount of change that we are seeing in our clients is just unbelievable. I have never seen anything like it.

The CHAIR: Amanda, do you want to add to that?

Ms WILLIAMS: Yes. I think moving forward, like Karren said, it does give us more time to continue with those wraparound supports and to really get to the individual's needs. So to have that tailored support and knowing what that is and to then work on some real sustainable pathways out of the motels. That is really important. We do not want to rush to put people into substandard accommodation options, and that is what would happen if we needed to look at July outcomes.

The CHAIR: Could I just ask one quick final question? On looking at that, we know that the cost of providing services to someone who is rough sleeping—it is expensive, to be crude about it. So are you finding that in the current circumstances you actually are able to provide services at a greater scale and probably at a better budget?

Ms WALKER: Yes. The economies of scale that we have before us now by being able to provide services to 20, 30, 40, 50, 60 people at once rather than having to go around multiple different private rooming houses or trying to uncover people in parks and gardens—yes, the economies of scale are real and significant.

The CHAIR: Well, that is kind of a positive note to—sorry, Tien, go ahead.

Dr KIEU: May I just add to that? It sounds expensive, but the rooming house and other emergency or crisis accommodation is not cheaper, and also there is a cost-saving component—of people who have a better future, a better outcome, rather than back to prison, back to hospital, back to the streets. It may be an up-front investment but a better saving in the longer term. That may be the case. That is a comment.

Ms LOVELL: Can I just ask a quick question, Fiona?

The CHAIR: Yes, of course, Wendy.

Ms LOVELL: Hearing the great outcomes and we are seeing vast differences in people because they have had medium-term accommodation in an hotel, but how does a hotel actually differ to a rooming house? Why are we seeing great outcomes in these people that we are putting in hotels when we see really negative outcomes for people we put in rooming houses?

The CHAIR: Great question.

Ms WALKER: This comes down to amenity, and as I said in my introductory comments, we have had access to hotels and motels that we have never worked with before. So the level of amenity that we are able to offer is significantly enhanced from anything that we have had access to in the past. And because the hotel businesses need to stay in business, they have been giving us some extraordinary deals in being able to access these environments. Because there is a high level of professional services in these environments as well as

quality on-site management, it differs wholeheartedly from the private rooming houses that are scattered throughout the suburbs with some very poor approaches to management and extremely poor amenity. It has almost been a perfect storm, being able to get access to a very different level of purchased accommodation.

Ms LOVELL: But based on that, if we could actually raise the amenity and quality of rooming houses, you are saying that would work? We just need to make sure that we get all of the cowboys out of the field and all of those that are ripping people off and only put rooming houses in the hands of reputable housing providers like yourselves?

Ms WALKER: Yes. We certainly have the regulatory frameworks to enable that; we just need the ability to monitor and drive compliance.

Ms LOVELL: Yes. Terrific. Thank you.

The CHAIR: Thank you, everyone. Thank you for the real passion that you have brought to this conversation today. I think we all very much appreciate it and can feel it coming from the heart. Thank you for your work. You will receive a transcript of today, so, please, I encourage you to have look at it, make sure that we have recorded you correctly. Ultimately that will be up on our website, and no doubt this conversation will help us in informing our recommendations for our report, so thank you everyone.

Ms WILLIAMS: Thank you.

Ms WALKER: Thanks for the opportunity.

Witnesses withdrew.