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LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Homelessness in Victoria

Wangaratta—Thursday, 12 March 2020

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**Necessary corrections to be notified to
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WITNESS

Ms Amanda Kelly, CEO, Women's Health Goulburn North East.

The CHAIR: Amanda, hello and thank you so much for making the time to come and see us. It is fantastic. I had a look at your Centsable website this morning. It sent me on some really interesting pathways. I learned a lot actually. It was great.

Ms KELLY: Good.

The CHAIR: Before we start, I just need to give you some formal words. All the evidence that you give to us today is protected by parliamentary privilege, and that is under our *Constitution Act* and the standing orders of our Legislative Council. That means that any information you give today is protected by law, but if you were to repeat those comments outside, they may not be protected. Also any deliberately false evidence or misleading of the Committee may be considered a contempt of Parliament.

As you can see, Hansard is here recording this hearing today. You will receive a draft transcript of that. I encourage you to have a look at that and make sure we have not made any mistakes. Ultimately that will go up on our website, and it will be part of our Inquiry—and part of the solution, we hope.

Ms KELLY: We hope so.

The CHAIR: If you would like to provide a few words to us, some opening comments, and then we will open it up for questions and discussion.

Ms KELLY: Thank you. Women's Health Goulburn North East really welcomes the opportunity to be able to contribute to this and we would also really like to thank you for coming to Wangaratta. It is really great.

Look, you are all really familiar with recent statistics, so I would just like to draw your attention to a gendered analysis of those figures. The Council to Homeless Persons tells us that in 2017–18, 61 per cent of people who were supported by specialist homelessness services were female. The CHP also tells us that 40 per cent of homeless women in Australia became that way because of family violence. Between 2006 and 2016 the number of women experiencing homelessness rose by 27 per cent, and in 2016 that is just over 49 000 reported cases of women who are classified as homeless in Australia.

So 49 000 is a lot of women, and I would like to tell you about one woman that has come into contact with our service. I am going to call her Jane; that is not her name. Women's Health is not a service provider—we work in primary prevention and health promotion—but we do work closely with our local health services and service providers, and we often get women asking for information on the services available in our region.

In late 2018 Jane had taken her children and left their home because of a violent and abusive relationship. She had stayed with friends for a while, but she found herself unable to continue caring for her children due to physical and mental health issues. Her children were taken into the foster care system. Jane's one goal was to find a stable home so that she could have her children back. After being discharged from a stay in hospital and attending treatment for mental health issues, Jane found it increasingly difficult to find a stable place to stay. Her abusive ex-partner was continuing to harass her, and she decided to move to another town.

Jane contacted us for the first time in mid-2019 and asked if we could help her to find support. So we gave her contact details for several services in the area, including housing help, assistance in dealing with her abusive ex-partner and support to find employment. We heard from Jane a couple of days before Christmas in 2019, and she was living and sleeping in her car. She had hoped to see her children for Christmas, but they were hundreds of kilometres away and she could not afford the petrol. She wanted to know if we could refer her to accommodation. She spoke to us about the fact that she had been to the services we had recommended, she had filled out the forms, she had spoken to counsellors, she had provided paperwork and she had applied for jobs. But no matter what she did, she did not quite fit the criteria that the overstretched services could offer. She was not in immediate danger from her ex-husband, her children were in care and she was on Centrelink benefits, so it was not as bad as others. Like those other services, we were not able to offer any more help to Jane, and we have not heard from her since. She did the best she could, but that is a year of homelessness after fleeing an abusive relationship, and with no children.

Jane's story illustrates the multilayered nature of the issues faced by women in our communities. I think we all know that there is in fact a well-established correlation between experiencing homelessness and poor mental health. A high proportion of people experiencing homelessness are also living with mental illness, and mental health services are one of the most commonly sought specialised services by clients in the homelessness area. For women the intersection between homelessness and mental ill health is often mediated by experience of violence as well. Experiencing family violence or sexual assault is linked to poor mental health outcomes, including depression, anxiety, substance misuse, post-traumatic stress disorder, thoughts of suicide as well as increased risk of homelessness. And of course, as we have said, it commonly impacts women's mental health overall.

Despite the links, the mental health needs of people experiencing homelessness are frequently unmet. We think at Women's Health that it is imperative that the Committee emphasises the intersections between gendered violence, mental ill health and homelessness when you are also bringing this to the attention of the Royal Commission into Victoria's Mental Health System. All three services are under pressure, and there is a clear need for increased investment across all sectors to ensure there are sufficient services to meet demand. At the same time an integrated woman-centred approach is needed across these services that responds holistically to women's needs, and that includes ensuring specialist homelessness services are trauma informed and staff are trained in responding to women who have experienced violence.

Jaime earlier spoke a bit about housing demand in the region. La Trobe Uni did a report in 2016 that showed that single adults and lone-parent families make up the bulk of people accessing homelessness services in the region. Of course it provides a challenge for the region because there is a lack of suitable and affordable accommodation for this group in both private rental and public and social housing.

Locally in 2017 one of our regional housing providers saw 46 per cent of people presenting to the workers were single and 22.6 per cent were single parents with children. At that time there were more than 720 applications made by people wanting one- and two-bedroom houses.

We do not have enough housing. Our crisis accommodation is stretched to capacity. I was at a meeting a couple of weeks ago where it was reported that a woman and her two children, who were interacting with a local service, returned to an abusive relationship after living in a hotel room for more than eight weeks. They were waiting for housing, and she could not manage the children in that environment—

The CHAIR: Yes. Of course not.

Ms KELLY: so she returned to the home that she had previously fled. Hotel rooms and short-term rental properties are often used as crisis accommodation, particularly by our family violence services, and in the last couple of months this has been made even more difficult as we struggle to accommodate workers who have come up to assist us with recovering from the bushfires.

We want to emphasise the importance of considering the gendered drivers or risk factors for homelessness and the specific needs of women experiencing homelessness in any prevention and response efforts. We would like to highlight the need to pay specific attention to women in rural and regional areas, older women and women who have experienced or are experiencing family violence.

You looked at our Centsable website this morning. Gendered financial inequalities increase women's economic dependence on men and affect their capacity to escape violence. Immediately after a divorce women generally experience a reduction in their income so they are unable to afford their mortgage or rental payments, whereas men's income usually remains at a similar level. Women are also more likely to lose home ownership after a relationship breakdown. Just a couple more things before I look at possible things we could do—

The CHAIR: Great.

Ms KELLY: It is not all, 'What's going wrong'; we have got some suggestions. We do also know—and I know that you are aware—that family violence is the leading cause of homelessness for women and children, and women over the age of 55 are the fastest growing population group experiencing this. So again a gendered approach to homelessness is really critical to prevent this homelessness among women.

Often for older women this is the first time that they are experiencing this and it was never a consideration for them—that this might be them. Contributing factors include not being financially independent, having a small amount of or no savings, the ending of a relationship due to death, divorce, escaping finally violence. Given the growing ageing population, the shortage of affordable housing and women's financial disadvantage, the number of older women is likely to increase further.

So what do we do? One thing is we need to focus on both accommodation and more suitable accommodation. Getting people secure accommodation is, as far as we are concerned, a matter of priority. We looked at some international examples, and in Finland—you have probably looked at that—in 2008 they established their Housing First policy. They built accommodation where needed and ensured that people in crisis had access to a secure place to live before they were assessed for any other services. After 12 years four out of five people who were provided with accommodation through the program are still housed. Finland is the only country in Europe that has a steadily decreasing number of homeless people, so we are offering that as food for thought.

In the meantime more investment in affordable housing is critical to meet the needs of all people but particularly single women with children and women escaping family violence. Earlier and centralised access to information in housing options, assistance with services and wraparound support should also be considered. Also looking at the needs of particularly the women over 55 is important to ensure that suitable short, medium and long-term accommodation options are available and that their needs are met. For example, single-person occupancy, smaller spaces and community living—those sorts of things are really appropriate.

So they were my opening statements for you.

The CHAIR: That is great, Amanda. You know, people saying to us, 'We need more affordable housing'—

Ms KELLY: You probably have not heard that before, have you?

The CHAIR: No, there is a thought!

Ms KELLY: No, there is something new for you.

The CHAIR: That is right, and I think we certainly understand that. Just talking a bit about those wraparound services—because you are right; the intersection with mental health, family violence and homelessness is very, very apparent, and we see sometimes that people may be well until they become homeless—

Ms KELLY: Exactly, yes.

The CHAIR: and then understandably their mental health suffers—have you got a model or a picture of what that kind of wraparound service might look like?

Ms KELLY: Yes. Many years ago I was working in the alcohol and drug sector, and it was when we had started to look at the fact that mental health and alcohol and drugs actually—strangely—

The CHAIR: Again.

Ms KELLY: Yes. Strangely they impact each other! So one of the very early things that was done was to bring mental health workers into AOD organisations. I think that works, and that same sort of model is looking at having workers in the homeless sector able to recognise family violence issues or in fact having family violence workers funded to work in those areas so that they can cross-pollinate, they can support, and also workers with mental illness capacity as well. So it is blending the services, it is stopping working in silos and working together. I think that is really key, and understanding that women have different drivers for homelessness and that we need to be able to look at both of those—we do not want anyone homeless—and being able to recognise those in the services as well, so having a gendered approach to it too is really important.

Ms LOVELL: Amanda, you talked about silos and the fact that people do not work collaboratively around a holistic approach to somebody. Partly what drives that is the way that government fund services. We do not fund for collaboration or for outcomes; we fund for throughput—not 'we'; the government. How would you feel about a recommissioning of services that actually then focused on collaboration and holistic servicing of clients and funding for outcomes?

Ms KELLY: Please fund for outcomes; that would be great. Without throwing the baby out with the bathwater I think that we should review how we are funding all of our services around this. It is not through unwillingness that people do not collaborate; it is that they are overstretched and, yes, they are being funded for throughput so, 'We've just got to get these people through and we've got to do this'—

Ms LOVELL: And 'We've got 13 weeks to do it, and it doesn't matter if they go out the back door and come back in the front door'.

Ms KELLY: Yes. And that matters to people. They do not like working like that. And for many people then that is an added burden—that they do extra work outside of that. So then the pressure on the services becomes more and more, because people are trying their hardest to provide that more holistic approach, and they are just being beaten, I guess, by the system in a lot of ways, and by the sheer volume and the increase that is happening.

One of the things that is happening right now—it is a little bit of a side note, but it is a fantastic example—is that we are moving to the recovery after the bushfires. I have been part of a working group of different services in the alpine region who are meeting on a regular basis to talk about what services are available, who is doing what, how do we refer. This is a great model, and it is being done because some—not all of them—of the services are being funded to do extra work. Some are not, but everybody is stepping in and saying, 'How do we work together to do this?'. So that is a model that is great. I do not know what is going to happen when the funding runs out for those extra services. We are hoping to embed some things into the system to help with that on an ongoing basis, but I think that way of working shows that people are willing to work that way and that they want to do it, and we need to enable them to do it. So I think that is a really great approach.

Ms LOVELL: We just heard from Jaime before about working earlier with people, the early intervention and the importance of that. And again, we cannot throw the baby out with the bathwater and stop doing crisis response—

Ms KELLY: Yes, that is correct.

Ms LOVELL: but if we can concentrate on more early intervention, it is actually going to reduce the need for crisis response later on.

Ms KELLY: Absolutely.

Ms LOVELL: So I think there is a real need for a change in the way we fund things and a change in the way we operate.

Ms KELLY: Yes. Our organisation, we work in primary prevention. That is what we do, and for us it is a long-term game. I think that is one of the hardest things for people to wrap their heads around when you are measuring throughput—that actually it can take years for changes to happen. As I said, I worked in the AOD sector, and people came back because their circumstances did not change. Sometimes it worked, and sometimes we were just patching people up and giving them a bit of a break from their lot and then sending them back to it. So I think prevention is where we need to start. We need to be focusing on that and looking at that long term while we are adjusting what we do in early intervention and response.

Ms LOVELL: Yes, absolutely.

Mr BARTON: Amanda, I raised a question yesterday about Jane, but I did not know you were going to speak about Jane. What was really concerning me is that we put people into situations where a mum is going to have the kids taken away under those circumstances. Nobody wants that to happen. What damage are we doing to the kids? We are taking them away from their schools, all that sort of stuff, and now we are taking them away from their mum. We know what we have to do: we have to build more houses. We know we have to do that. How do we do that? We can all say, 'We've got to build more houses', and there is an absolute challenge. I know what I want to do—I want to throw bucketloads of money at it and build lots of houses. I think the Housing First project is something the Committee should really consider very seriously. Let us get everybody in a house, and then we will deal with their issues going forward. But how do you see us getting people into housing?

Ms KELLY: Look, I think we all know this: the majority of people do not want to be homeless.

Mr BARTON: It is not your first choice.

Ms KELLY: No, it is not their first choice. For some people, it is their choice, and that is all right. Look, I think looking at different models of the way that we house people is really important. I am not an expert. This is me talking from my personal experience around this as an ageing woman who is looking at, 'Well, do I have enough money to retire on?', and I do not, so I will be hanging out here for quite a while, I think, working as long as I can.

It has become very Australian to own your block of land and have your quarter acre or have your block or now have your half a million dollar apartment in the city. I think looking at different ways of community housing—

Ms LOVELL: Half a million dollar apartment? That would be nice.

Ms KELLY: Yes. There is an awful lot of movement in housing and the way we look at it as a community. People are understanding that living separately can be very damaging for people, but everybody needs their privacy as well, so looking at communal living models I think is a great way to do it. People have autonomy around it. They have their own ability to input into the way that their community is being run. I have just moved into Wangaratta, having lived in the city all of my life, and one of the things that I do see is that there are very strong networks of people that know what is needed. They just need the opportunity. They need to be heard, which is why it is great that you are here. They have an expertise that is not about having a university degree. They have a lived experience of what is needed, and they need to be listened to and have that support. So I think that if we go to the communities to find out what is needed and how they think they could be living, we can support them with models and say, 'Look, here's an alternative, here's a way you might want to look at. How could we work together to do this?'. Yes, we need to spend money on it, but how much money are we spending—

Mr BARTON: When we are not doing it.

Ms KELLY: on homeless people?

Mr BARTON: Well, I will give you a really interesting—

The CHAIR: Hopefully we will get that figure, because it is a very interesting number.

Ms KELLY: Yes. What is the cost?

Mr BARTON: I had a meeting with the head of Infrastructure Victoria. I said to him, 'What are the 10 most important things we should be doing?'. And you would think that Infrastructure Victoria—

The CHAIR: Rod and I both have a crush on this bloke.

Mr BARTON: He is a seriously good-looking bloke, but anyway I digress.

Ms KELLY: Maybe I should have a meeting with him at some point.

The CHAIR: Michel is his name.

Ms KELLY: I am glad this is going in the transcript.

Mr BARTON: The most telling part of what he had to say—you would think he would rattle off bridges, trains, whatever, for infrastructure, but the third most important thing that he put on the list was affordable housing. I said, 'You caught me off guard there. How is that there?'. And he said, 'Well, what's the cost to us if we don't do it?'. That is something we have to change the way we think about. I think that is a very important point.

Ms KELLY: Yes. Look, I could not agree more, Rodney. That is why I am working in prevention now, because that is actually how we think about it: what is the cost of not doing this? People often think that if you work in prevention it means there is an absence of something—'Oh, that didn't happen'. No—other good things happen when you work on prevention. So I could not be in more agreement.

Ms VAGHELA: Thanks, Amanda. Your organisation was the first to provide low-interest loans to women. How many women would be accessing this loan currently?

Ms KELLY: I am sorry; I do not have the figures with me.

Ms VAGHELA: A big number?

Ms KELLY: We do interview between three and six women every fortnight. I am sorry; I just do not have it on the top of my head.

Ms VAGHELA: No, that is okay. And are women, most of the time, able to repay? Because they have left their house. I know the criteria is that they are on a low income, but in most of the cases are they able to repay the loans?

Ms KELLY: In the majority of cases, yes. We have very few people that do not repay the loans. They are in fact very committed to repaying the loans. We do quite an exhaustive check of their expenses to make sure that we are not actually putting them in further difficulty by giving them another debt. At Women's Health one of the things that we do do is look at what other services are available. If there are grants available for them, for example, in some cases we will steer them to those rather than to a no-interest loan, because then they do not have an ongoing debt. So we will look at that. We will also refer them to financial counselling if that is something that they are wanting to do and it is appropriate. But look, we have very, very few that do not repay their loan. I am trying to remember if we have had anybody, and I am not seeing—

Ms VAGHELA: That is good.

Ms KELLY: That is one I know. There would be an exception, and I would remember that.

Ms VAGHELA: Women approaching your organisation, what proportion are women with children? Is there a big number of women coming with children?

Ms KELLY: Yes. Again I do not have the exact figures, but yes, in many cases there are children so we get requests to pay help pay school fees. We had a request the other week from someone who wanted to send their child to camp, and they would have been the only child not going to camp, so there was that. A significant number of the loans are also for things like car repairs and car maintenance, because it is a key thing in a rural area.

Mr BARTON: There is no public transport.

Ms KELLY: There is no public transport—that is right—so if you do not have a car, you cannot do what you need to do. Often the cars are used for dropping the kids off at school et cetera.

Ms MAXWELL: Amanda, thank you so much for coming. You know I have always been a huge fan of the work that your organisation does, and you also know my extreme passion for early intervention and primary prevention. We have heard constantly throughout the hearings of the drivers that are leading to homelessness or people being at risk of homelessness. Whilst I think we are hearing now about different age groups, the drivers still seem to be the same. So when we look at homelessness I think we also have to certainly look at the contributing factors and those drivers, whilst still dealing with that crisis level.

I am wondering, because you have talked a lot about family violence as being one of the drivers, do you have any research or data on the number of homes where women have fled with or without children and the male has stayed in that home? For me, I just cannot fathom that approach—why we are uprooting a family. I know the safety of that mother and her child has to be the number one priority. We are still leaving perpetrators in a family home whilst we are uprooting the rest of the family. Surely there is another way we can look at keeping them in their environment. Is that something that Women's Health have looked at, as to how many houses in Wangaratta would we see that the men are still living in the family home?

Ms KELLY: Look, I do not have that. I think probably the Centre Against Violence would be the best source of that information. Speaking to your question around, 'The women are leaving and the men are staying', I think there is still a lot of difficulty that people have understanding and really wrapping their heads around the fact that the violence that is occurring is not okay. I really do not believe anyone does this on

purpose, but as a culture we are very new in this space of understanding what family violence is and what intimate partner violence is and accepting that it is not okay. So I think that there is some sort of, 'Well, of course he stays, she has to leave. She's the one who has to flee and uproot everyone because she's the one who's complaining about it, that's not strong enough to stop it'. Those are the sorts of ideas, I think, that are still there underneath.

Our legal system is trying hard. I definitely know that certainly the police here are being very active and, as far as I know, acting appropriately in doing what they should be doing. But still our legal system is struggling to catch up with it and our society and community is struggling to catch up with it. We know that backlash is a really big issue. It is, 'Oh really? Another complaint!'. I think it is really our society's thinking. We are still struggling with changing our thinking around this.

Ms MAXWELL: Thank you. Just one quick further thing to note is that even though your organisation is not a direct service, that tells me a lot about the communication within the township itself given that you have got women coming in looking for their fees to be reduced. I would have thought perhaps the school would be the first place and then other organisations. I am wondering how that is being communicated throughout the township if people—

Ms KELLY: Come to us?

Ms MAXWELL: Yes. I do not mean that in any offensive way by any means, but clearly it does highlight that people are unsure of who are the appropriate services to reach out to, because ultimately then you have to refer them on or do whatever. I am just wondering how we can broaden that, and particularly for our young people at school—knowing who are the right organisations. I know people will go into a homelessness organisation here only to be told, 'Oh, we don't have houses, so now you've to go to BeyondHousing', and they get lost between there and there.

The CHAIR: Of course they do.

Ms KELLY: Yes, they do; that is right.

Ms MAXWELL: They get distracted, they get lost, so communication and how we communicate those services I think is—

Ms KELLY: Look, I think it comes back to the discussion we were having earlier around more integrated services and being able to provide that wraparound service—that somebody goes here for this issue and the people there recognise what it is that they need and can either deal with them in that service or do a warm referral across to another service. And I think most organisations try this, but I think that being able to refer across appropriately is really key. And again, it is not that it does not happen, but when you are overstretched and that is not your area of expertise, sometimes it is just, 'Look, I just have to get this done. Here's where you need to go. Thank you'. But yes, you are right—people get lost in between.

Ms MAXWELL: We almost need more Orange Doors—that is a circular building, and you just walk in, and nobody has any idea why you have walked into that building, and then if they cannot help you, you can be physically walked to the area that can.

Ms KELLY: Yes.

The CHAIR: I guess particularly in regional areas—

Ms MAXWELL: And with family violence, homelessness—

The CHAIR: And it probably also assists, that wraparound, even in overheads and things like that. You can have one receptionist—

Ms LOVELL: It could be part of a government hub.

The CHAIR: That is right.

Ms LOVELL: Where you are going for your licence or you are going for your fisherman's licence.

Ms KELLY: Yes. And I think—you touched on it, Fiona—in a rural area, actually going and asking for help can be extremely difficult, no matter what it is, because somebody is going to know somebody. And whether it is a question of safety or pride—or if somebody knows that you are having difficulty here, then maybe you will not get a job—there are all sorts of reasons for that. I think that being able to improve people's access by taking away some of the stigma would be fantastic.

The CHAIR: That is a really nice segue. I am just wondering if you could expand on Courageous Conversations, because again going back to prevention, what is Courageous Conversations?

Ms KELLY: Courageous Conversations was actually a funded program, and the funding for that has finished, so what we have now are tools that came out of that. The whole idea behind it was to enable people to have those difficult conversations, so for workers to be able to touch on family violence if somebody is presenting and they are concerned about it, for people to be able to support others if they are going through difficult situations. The program finished before I started with the organisation, but also some of the tools there are looking at auditing your organisation to say, 'Well, are you actually thinking about gender?'. So it is a real precursor to our *Gender Equality Act*. It was really sort of saying, 'Have you thought about X?'—'Have you thought about the fact that your board is all men?', 'Have you thought about the fact that all of the workers in the depot are men?', 'Is there a way for women to work in the area?'. So it was those sorts of things. It was organisational conversations around those things that are difficult.

I think it finished in 2018. A lot of that work has helped us get to where we are now as well around being able to talk about family violence, being able to talk about gender equity, being able to talk about the intersections between mental illness and homelessness et cetera.

Mr BARTON: Awesome. I am done.

Ms VAGHELA: Do you see many women of Indigenous background or diverse background approaching you for help, especially women with children?

Ms KELLY: Obviously our service is open to all women, and yes, there is a proportion who are Indigenous, and a lesser proportion who are culturally diverse, and that is really reflective of the community. We do cover the whole region, and we do have women who approach us, but a lot of the women who approach us are local, and we do do phone conversations with people as well. We definitely have Indigenous women who are successful in applying for the NILS loans. Again it is a mix of women with or without children. Often they are in relationships, and it is less often that we get single women applying. Again I do not know what that is about, but that is from conversations; I would need to get figures for you around that.

The CHAIR: Would you be able to do that? It would be interesting to get a picture of what that program looks like because it is the first program of its sort that we have come across.

Ms KELLY: Yes.

The CHAIR: I am sure there are more out there, but it would be interesting to get a snapshot.

Ms MAXWELL: And it has been running for a considerable amount of time.

Ms KELLY: It has been, yes. We were the first organisation to do it for women only and to look at women specifically who were fleeing from domestic violence as well. Look, it is a really key program.

The CHAIR: Absolutely. Thank you, Amanda. That has been really enlightening. It is great to hear about a more regional approach.

Ms KELLY: It has been wonderful to be here. Thank you for inviting us.

Witness withdrew.