

**NSW Parliamentary Committee Inquiry into the
Protocol for Homeless People in Public Places
Questions on Notice**

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1 Can Council comment on the particular types of sleeping rough and people experiencing homelessness at the moment with COVID?

The key issues reported through the Tweed Shire Housing and Homelessness Network regarding rough sleepers and people experiencing homelessness during COVID-19 have been:

- One Specialist Homelessness Services (SHS) has had a number of people refused entry at the Queensland border accessing their services for support. The SHS is concerned they will not have the capacity to manage increased referrals, particularly if border closure remains in effect until end of October.
- Some people who have been refused entry into Queensland have chosen to sleep rough in the Tweed Heads area.
- One case of a 16-year old living in NSW, wants to return to family in Queensland due to a relationship breakup. However, the young person cannot cross the border because they are an un-accompanied minor.
- NSW police have transported people that are not homeless to one local service.
- One SHS Domestic Violence service has reported an increase in Domestic Violence referrals since COVID-19 lockdown restrictions have lifted.
- Staff from a homeless drop in service have reported an increase in client's affected by drug and alcohol use, client's experiencing complex mental health issues, suicidal ideation, incidents of active suicide attempts and increase in comorbidity of physical and mental health issues.
- Staff from a number of homelessness services report a high demand for food parcels/material aid from persons that never sought assistance prior to COVID-19.
- All SHS report continued difficulty securing housing. Temporary Accommodation (TA) providers are dealing with increased client drug use due which may be linked to increased Centrelink payments.
- Services confirm there is increased criminal and anti-social incidents occurring in TA provider motels with one provider no longer accepting service referrals.
- Services also report a concern about the lack of safe accommodation for females and young people.

The key issues reported from Council Staff and through the Community are:

- Increased visual presence of rough sleepers especially in Jack Evans Boat Harbor and Tweed Mall located which are both located near the cross border area.
- An increase in concern regarding the complex and aggressive behaviour of some people who appear to be rough sleepers accessing public spaces.
- An increase in homeless people and people affected by drug/alcohol and mental health issues accessing Council libraries during COVID19 and the challenge this presents for other library users and library staff who are not adequately trained or resourced to manage these situations. This issue has created additional pressure and stress for all concerned.

2 For example, we know that domestic violence is a big driver of homelessness. How do we incorporate particular experiences or particular groups of people experiencing homelessness, especially in regional and rural areas, into the Protocol for Homeless People in Public Places?

Experiences could be incorporated through the inclusion of a background section. This section would outline how particular groups have a higher risk of experiencing homelessness and discuss the multitude of reasons and precipitating events which may lead to homelessness, including trauma, eviction, job loss, health crises, domestic violence, substance addiction and the inability to financially weather these events.

This is particularly topical with recent COVID 19 events leaving an increasing number of people from all backgrounds vulnerable to experiencing homelessness, including cohorts that have not been vulnerable previously.

It can also outline the challenges faced in providing support in rural and regional areas which includes transport availability and finding accommodation within the local area to support a person's existing social and service supports.

The protocol should reference that there are both responsive and preventative actions required and that work in this area spans the need for housing, income, education, health care, and domestic violence support.

The highlighting of these factors in the protocol and sharing of lived experience incorporated into any accompanying training would contribute to demystifying homelessness and provide increased awareness of the drivers of homelessness and particular experiences.

3 Would you like to comment on the lack of services sometimes, particularly in regional/rural areas?

Tweed Shire's primary lack of services is the lack of housing stock. Tweed Shire was identified as the 8th least affordable in the housing market across the world when measured against household income. There remains difficulties along the housing continuum including:

- Lack of available and affordable stock for ownership,
- Lack of available and affordable private rentals,
- Commonwealth assistance subsidies not meeting costs of rent,
- Low numbers of social and affordable housing
- No emergency and crisis accommodation in Tweed Shire with the nearest emergency crisis accommodation being located in Queensland.

Regarding support services for specific population groups such as Aboriginal and Torres Strait Islander peoples, women, persons with disabilities, children, youth and older persons, some services exist but their remain incidents where there is the absence of services/programs and/or long wait-list periods. In these cases people will seek support outside of the Tweed LGA especially to address urgent medical, mental health, and drug and alcohol issues. Examples include:

- People need to visit Lismore (approx. 1.5 hour drive) for a dual diagnosis service or wait for capacity to become available at the limited outreach service delivered in Tweed.
- Tweed Shire has some drug and alcohol services but these are often at capacity and do not have a dedicated detox facility.
- Delays have been experienced with the assertive outreach model. Temporary Accommodation maybe provided however access to case management and specialist care can be delayed. The model uses a referral system to some health services which can be experiencing wait times. This is in comparison to the Gold Coast based, Queensland Health Homeless Health Outreach Team (HHOT) who have dedicated psychologists, nurses and social workers available to meet with people experiencing homelessness.



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