

REPORT ON PROCEEDINGS BEFORE

LEGISLATIVE ASSEMBLY COMMITTEE ON COMMUNITY SERVICES

INQUIRY INTO THE PROTOCOL FOR HOMELESS PEOPLE IN PUBLIC PLACES

At Parliament House, Macquarie Room, Sydney on Friday 7 August 2020

The Committee met at 9:00

PRESENT

Ms Wendy Lindsay (Chair)
Ms Trish Doyle
Ms Melanie Gibbons
Mr David Harris
Ms Jenny Leong
Mr Dugald Saunders (Deputy Chair)

The CHAIR: Good morning everyone. Before we start I acknowledge the Gadigal people, who are the traditional custodians of this land. I pay my respects to Elders of the Eora nation past, present and emerging, and extend that respect to other Aboriginal and Torres Strait Island people who are present, or are viewing proceedings on the internet. My name is Wendy Lindsay and I am the member for East Hills. I am very happy to be here with the other members of the Community Services Committee today for this very important hearing. Other members we have here today are: Deputy Chair Dugald Saunders, the member for Dubbo; Mel Gibbons, the member for Holsworthy; Jenny Leong, the member for Newtown; David Harris, the member for Wyong; Trish Doyle, the member for Blue Mountains. Justin Clancy, the member for Albury, has passed on his apologies today. I thank Rohan Tyler the committee manager and his parliamentary team for all the work they have done preparing for today's hearing. I note that the Committee has resolved to authorise the media to broadcast sound and video excerpts of its public proceedings. Copies of the guidelines governing coverage of proceedings are available. The hearing is also being webcast and can be viewed on the Parliament's website.

As this week is Homelessness Week it is appropriate that we begin our public hearing today for the inquiry into the Protocol for Homeless People in Public Places. Since the COVID-19 outbreak the Government has spent more than \$70 million and expanded programs to help support some of the most vulnerable people in the community. There are 850 individuals and families who have received assistance to rent homes in the private market, more than 1,900 individuals and families who were homeless or at risk of homelessness who have moved into social housing since April, including more than 230 rough sleepers who had spent time in temporary accommodation, such as hotels. Rough sleepers and street sleeping is what this inquiry is focusing on and we will hear about a number of issues today, including whether the Protocol continues to provide an effective framework for interacting with people experiencing homelessness in public places, and whether the Protocol strikes the appropriate balance between the rights of people experiencing homelessness and those of residents, businesses and others using public places. I now declare the hearing open.

KATHERINE McKERNAN, Chief Executive Officer, Homelessness NSW, affirmed and examined

DIGBY HUGHES, Senior Policy and Research Officer, Homelessness NSW, affirmed and examined

The CHAIR: Do either of you have any questions about the hearing process today?

Ms McKERNAN: No.

Mr HUGHES: No.

The CHAIR: Would you like to make an opening statement?

Ms McKERNAN: Yes. I am aware of the knowledge on the Committee. Please bear with me as I know you know a lot of this already. I thank you for the opportunity to come and speak today. It has been a very unusual year, 2020, for the sector and services have been working incredibly intensively alongside the Government to make sure that people experiencing homelessness remain healthy and well during the pandemic. And it being Homelessness Week it is timely to be talking about these issues. I acknowledge that we are on Gadigal land of the Eora nation and pay my respects to Elders past, present and emerging. Just a little bit of background about Homelessness NSW. We are the peak organisation representing around 130 homelessness organisations around New South Wales. That ranges from large charitable organisations right down to the smaller services based in rural and remote areas.

We made a submission to the inquiry just before the pandemic hit. I wish to note that there has been a significant change in a whole lot of things, so our submission needs to be updated in that context. Even before the pandemic hit New South Wales was facing a homelessness crisis. We had the highest increase of homelessness across Australia; from 2011 to 2016 there was a 37 per cent increase in homelessness in New South Wales compared to a 14 per cent increase in Australia. This level of demand has been maintained since 2016. In 2018-19 homelessness services saw over 73,000 clients, 27 per cent more than they were funded to work with. We are now at the point where more people who need crisis accommodation do not receive it than those who do. The other disappointing thing is that even if you are supported by a homelessness service two in three people will be without long-term housing after that support.

This all occurred during a period of unprecedented economic growth in New South Wales. It has been very disappointing to see that alongside a booming housing market we have seen an increase in homelessness. Since the pandemic, the homelessness services have worked incredibly intensively with the Department of Communities and Justice to ensure that people who are experiencing homelessness have remained healthy and well during the pandemic. As was noted by the Chair homelessness services have supported a huge number of people in hotels and motels and worked with them to provide ongoing support and exit options into housing. They have altered the service delivery to ensure that social distancing has been in place and that has included relocating people from crisis accommodation into hotels and motels to ensure social distancing. They have supported a huge number of clients, as noted by the Chair, into private rental using the rental subsidies provided by the Government and they have worked really intensively to provide that support and build relationships with real estate agencies to make sure that people get housed during this period.

They are now currently supporting rough sleepers to be referred into the Together Home program, which will provide two years supportive housing for people who have been rough sleeping who have been in the hotels and motels. That is incredibly exciting. I note that the services have done this work with limited additional resources, they have done this with already high demand and with limited additional and extra funding. I note that since this submission was made services have seen the outcome of the economic impacts of COVID-19 already. There is an increase in non-residents in desperate need of a range of supports and they are not entitled to access them. For example, around one third of people sleeping rough right now in the City of Sydney are non-residents. It has been really good to see some supports put in place by the Government and by local government as well but it is actually a huge group across Australia, estimated to be around one million people who are non-residents who are not entitled to access supports or housing.

The other thing that homelessness services are seeing right now, as a result of the economic impacts of COVID, is an increase in single mothers, in particular, who have been maintaining casual work and living in share house arrangements or other arrangements that, due to the economic impacts of COVID, have fallen down and they are now contacting homelessness services for the first time ever. We are now beginning to see a new wave of people experiencing homelessness because of the inability to pay rent and lack of income. We have also worked with Equity Economics to do some modelling around the economic impact of COVID-19 on New South Wales and homelessness and they have predicted that up to 16,000 people may be experiencing homelessness by the end

of 2020 should JobSeeker revert back to the Newstart levels. It is a more bleak picture than when we put this submission in, I wanted to make that clear before I move on to some other things.

The main driver in New South Wales is the lack of affordable housing. The 2020 Anglicare rental affordability survey for 2020 surveyed over 23,000 properties in Sydney and the Illawarra and only 68 properties were affordable for people on income support and only 1,400 were affordable for people on the minimum wage. At the same time, we have 50,000 applicants for social housing in New South Wales, and with 4,500 deemed as priority, an applicant can wait between two and 10 years for a social housing property. Homelessness is also caused by failures of the service system in preventing it. One-third of all clients accessing services are women and children escaping domestic and family violence, 30 per cent of all clients are Aboriginal and youth homelessness continues to increase with 19,000 unaccompanied young people accessing services in 2018-19.

As the Chair noted, there has been a huge amount of investment—over \$70 million—and action to keep people experiencing homelessness healthy and well during the pandemic. In particular, there has been a huge focus on rough sleepers. I think what that has indicated is that we can end homelessness in New South Wales. We know how to do it, we know what works, we just need the investment and the political action to make it happen. What we are calling for at the moment is an investment in social housing across New South Wales. To meet current demand we need 5,000 new social housing properties every year for the next 10 years. We are also saying—and the work that we have done with Equity Economics shows—that this will not only help end homelessness but also keep jobs. There are around 85,000 construction jobs at risk in New South Wales at the moment and around 97,000 small- to medium-sized enterprises that rely on the construction industry, also at risk. In terms of economic growth and recovering from the effects of the pandemic, it is a win-win for helping end homelessness, providing jobs and keeping the economy going.

We are also asking for a 20 per cent increase of additional funding for the homelessness service system. Demand was already above what people were able to deliver before the pandemic and, with increased clients and cuts in funding likely because of the loss of philanthropic funding and charitable work that they all do, the sector is at real risk of not being sustainable. We need to look at investment in the homelessness service system. The Protocol—I am getting there, do not worry—as noted by the Chair, focuses on enabling people sleeping rough. It is great to see the New South Wales Government focusing on the target to halve rough sleeping by 2025. The solution, as shown by Together Home, is supportive housing—long-term housing with wraparound support. We believe that supportive housing in the Together Home program should become a fundamental part of the social housing system in New South Wales. We could be using things such as NDIS and other health supports alongside general support to help people maintain their tenancies in social housing. We believe that should be a tenet of the social housing system. We also need collaboration across government and the community sector and a whole range of stakeholders to prevent rough sleeping. By providing the housing we can end rough sleeping but we should also be focusing on preventing it.

I note that in March 2018 the Medical Journal of Australia published research on the characteristics of rough sleepers in the City of Sydney area. There were over 2,300 individuals surveyed and interviewed over an eight-year period and their pathway into homelessness was a failure of government and institutions to support them—28 per cent exited the prison system, 21 per cent exited from the health system and 21 per cent exited from social housing. If we really work to prevent our health, corrections and housing systems from failing people, we will significantly reduce rough sleeping. To do prevention we need a coordinated and collaborative approach and the Protocol is one element of this approach. It was developed almost 20 years ago and was an initiative that led the way in Australia around collaborative approaches to working with people sleeping rough. It was a partnership with a range of different stakeholders—police, community services, local government—and it was the forefront of working with people sleeping rough at that time.

Having said that, although the anecdotal evidence and conversations we have been involved with showed it was a really positive initiative, unfortunately, it was limited to the City of Sydney and there was no monitoring or assessment of its implementation. As a leading thing in Australia, what it showed was that people sleeping rough had a right to live safely on the street while they could and had a right to use public space in the way that they needed to. It could also be taking a rights-based and supportive-based approach. We surveyed over 516 people sleeping rough in 2015 and they told us that they had over 9,200 interactions with the police in the prior six months. Whilst the police, according to the Protocol, work really well to respect the space and respect people sleeping rough—and that is certainly the feedback we have got—there is no focus on intervention or how to help that person move into housing and get the support that they need to not be sleeping rough. We believe that the Protocol should be taking a rights-based approach—respecting the rights of people to access public spaces—but also looking at what intervention should be provided to make sure that these people are healthy, safe and able to access housing.

Examples of real issues around that have been provided to us around young people who are sleeping rough, Aboriginal people and women, all of whom are highly vulnerable on the street, in need of support and also need an understanding and intervention-based approach to assist them to stay safe. All of those groups have high contact with police on the street but often that intervention is not provided to help them end their homelessness. That is why the Protocol is really important—having a collaborative approach that police can work with Community Services and Housing and so on, to work to end homelessness is the way forward. A protocol would help ensure the safety of people sleeping rough, looking at how they can be referred to other assistance. It should ensure a culturally safe approach to working with Aboriginal people. A high number of Aboriginal people sleep rough and, unfortunately, they have ongoing contact throughout their lives with police and a range of other officials. It needs to take a culturally safe and trauma-informed approach.

It also needs to provide a process for people sleeping rough to make complaints or appeal if they have issues with the way in which they have been engaged with or treated while they have been sleeping on the street, or if people are failing to meet their obligations adhering to the Protocol. We also believe that local councils have a huge role in the Protocol. We have worked intensively and over quite some time with a range of local governments across New South Wales and they are all much more aware of their role and responsibility in working with people sleeping rough. We believe that the Protocol encourages them to give them a proper role in terms of working with communities and helping to end street sleeping. We believe that local councils should be empowered to develop implementation and monitoring plans, which are then reported up to a State-based level so that we can see the work that is being done to support people sleeping rough across the State.

We also believe that they have a key role in working with local businesses and communities to educate and create awareness around people sleeping rough, but also to manage and negotiate issues where there are issues, for example, if it is a hotspot, such as Martin Place. People were sleeping rough there and part of the issue that came up around Martin Place was the need for property developers to use the site. Negotiating that early and developing a plan early is the way forward to manage public space in that way and we believe that local councils have a huge role in that. We also believe that the State Government also has a role in monitoring and overseeing the Protocol and engaging all the different departments that are responsible to help end rough sleeping in New South Wales. We suggest that it would be great for them to develop a broader implementation and monitoring plan that is signed off by the Premier and publicly reported on, on an annual basis, alongside the target reporting that is happening to end rough sleeping.

The CHAIR: Very comprehensive.

Ms MELANIE GIBBONS: Just picking up on what you said about the intervention that the police can provide, can you go into a little bit of what kind of intervention would be appropriate from a police officer?

Ms McKERNAN: The police, particularly in the inner city, have an extensive knowledge of people sleeping rough because they have so much contact. They do work really well with people sleeping rough in general. They know their role not to move on and they work at deescalating issues, et cetera. But they are not empowered to work with the service system to say, "Look, I just saw so-and-so, he or she looked unwell, could you please go and work with them and see how they are going?" They are not really engaged in the service system discussion of how to manage hotspots, et cetera, and how to work with people. In terms of intervention, I am not asking them to be caseworkers or to solve people's homelessness, but to be aware of what the service system can provide and connect better with it to provide outcomes.

Ms TRISH DOYLE: Thank you for that excellent and comprehensive address. In about 17 minutes you wrapped up the issues of homelessness and the Protocol.

Ms MELANIE GIBBONS: You set us up for the day.

Ms TRISH DOYLE: You talked about it not just providing those who are experiencing homelessness from whatever circumstances in their life or those at risk who have a roof over their head, but providing wraparound services as well. I am really keen for us to note the significance of collaboration of an inter-agency approach to have a trauma-informed response. My son is in emergency services. As a paramedic he works closely with police. What I hear in our area and also in the city is that often there are no referral pathways. You can have the appropriate response. You can have the will from those who are our first responders and who get to know those who are struggling. There are often, as you are well aware, very complex needs—health needs, housing needs, all sorts of histories. Can you comment a little on the fact that we can have an understanding of all those—collaboration, inter-agency approach and a trauma-informed response. If there are no referral pathways, if there is nowhere for these people in need to go—speak to the investment that is required.

Ms McKERNAN: Yes. I mean that is why my opening was, I guess, as long as it was. Fundamentally, absolutely we can work in a collaborative way as much as is possible but the bottom line is unless we have the

social housing and the supports needed to keep people to help maintain those tenancies we will continue to have people sleeping rough. The lack of social housing in New South Wales is in crisis and it is likely to get much worse as we see more unemployed people, as we see people unable to pay their rents. We are very concerned about post-September what will happen with the changes to JobSeeker because rents were already unaffordable before the pandemic. Yes, they have come down but to come down and be affordable for people on income support they need to decrease between 55 per cent to 75 per cent in Sydney and that is just not going to happen.

The only thing we can do to really provide housing for people is to invest in social housing and invest in it extensively. I think the Together Home program, which was announced by the New South Wales Government, demonstrates that we know what works for people sleeping rough. It is housing plus the supports that are required. The packages that are part of Together Home involve health, they involve generalist support, they are designed to help people maintain that tenancy and access the health support that they need. So, yes, you are absolutely right. We can have a Protocol that ensures that everyone works collaboratively, everybody understands what the service system is doing, but without those resources it will be difficult and frustrating.

One of the things that has come out of the pandemic that is also useful to note is the inner city task force that has been established by the Department of Communities and Justice. It is chaired by the district director of Communities and Justice but it has a huge number of stakeholders on it including Health, Police, all the homelessness services and local government. Yes, there is still a finite number of resources but what it has meant is that we have been able to have conversations across the sector to look at issues and develop ways of working things out. So, yes, absolutely we need the investment but things like a task force in key areas that brings everyone together to work together means that you do get outcomes as well. So absolutely we need the investment but, yes, the structures in place to enable collaboration are also really important too.

The CHAIR: Mr Hughes, is there anything you would like to add?

Mr HUGHES: I was just going to add when we are talking about two of the fastest growing cohorts of homelessness—older single women and the families especially. They do not need the support though. The other thing is when we are talking about rough sleepers, and there are increasing numbers of rough sleepers who are women, and we are seeing families out there. All they do need is the social housing—unless we leave them out there long enough so that mental health issues develop. The research that has been done from RMIT University in Melbourne show that 50 per cent of rough sleepers develop their mental health issue living on the street. The common assumption is that people living on the street have a mental health issue and that is often true, but 50 per cent of them developed it there.

For older single women and for families, the sooner we can get them rapid rehousing, off the street and into social housing—into housing they can afford to live in and make a home—then they do not need those supports. I was talking to one of our services yesterday from the northern beaches. We were talking about a woman who tried suicide. She was then housed, and eight months afterwards she does not need any supporting. After eight months she went from suicide to no support in a house she can afford to live in. It was that quick.

Ms MELANIE GIBBONS: Can I quickly clarify that statistic you just said then? Was that 50 per cent of rough sleepers develop a mental health issue on the street, or of the people on the street 50 per cent of people develop a mental health issue?

Mr HUGHES: Fifty per cent of the people with a mental health issue on the street have developed it on the street.

Ms MELANIE GIBBONS: Thank you.

Ms JENNY LEONG: I have a few questions, if I may. I am aware of the time so I am going to go quickly and you can go quickly so that we can get through them.

Ms McKERNAN: Okay. I will be quick.

Ms JENNY LEONG: The first was in relation to the issue around rough sleepers only being 7 per cent of the homelessness population knowing in terms of the Protocol around public spaces but also the no exits from government services into homelessness framework, I wonder if you have comments on whether it is useful for this Committee to consider how those intersect and whether there is an approach to homelessness that actually is looking at that framework around not exiting people into homelessness as well as the public space, or if you see them as necessarily to be two separate things and how they intersect.

Ms McKERNAN: I think absolutely the prevention element needs to be considered because, as with Ms Doyle's question before, without a focus on the prevention you are just responding to issues and then the resources are scarce. Any collaboration that is done that the Protocol needs to fit within, I think a framework of collaboration and therefore the collaboration also needs to focus on prevention. Particularly for rough sleeping

people are being exited from institutions. There is action and intervention that can be taken to prevent that from happening. If that starts working really well then the work on the street among the stakeholders is then relieved. It is still the same stakeholders—it is still Health, it is still Housing, et cetera—that are working with people on the street and so it makes sense for it to be broadened out to focus on prevention and the reality of the outcome of not working well.

There is so much that can be done, particularly for people exiting Corrections, in terms of planning and looking at the housing and support needs, again looking at social housing and managing exits from social housing. Again, that is about supporting tenants early on when they look like they might be having issues with their tenancy rather than allowing it to progress to eviction. Then also working with Health to really make sure that people have support at a house that is available to them and that they can afford when they exit hospitals. But that is about a scarcity of resource. All of that is about a scarcity of resource. It is about a scarcity of social housing really, so that is a fundamental problem. We all go around that. But, absolutely, yes. Too long!

Ms JENNY LEONG: It is really helpful. I think it is good to know that those frameworks exist so we do not have a separate review of this and then have another thing going on.

Ms McKERNAN: Yes, sure.

Ms JENNY LEONG: You mentioned about Martin Place. Obviously, we now have existing legislation in New South Wales that is fundamentally opposed to this Protocol as a result of what happened in Homelessness Week in 2017. I wonder do you have thoughts or recommendations about how we ensure that we do not develop a really great Protocol and simultaneously see legislation that contradicts it and indicates that the NSW Police Force are put in a position where they cannot abide by the protocol if they are following the legislation and vice versa?

Ms McKERNAN: Yes. I am not obviously a lawyer and that is not my area of expertise but I absolutely would need to make sure that there was not legislation that was preventing the Protocol from being enacted in its intended way. You are absolutely right. Since Martin Place the Protocol has been null and void because there has been conflicting instruction, I guess, around how people are supposed to be working together. So, yes, absolutely it needs to be understood in a context of, as I have outlined, intervention that is looking at providing an end to rough sleeping rather than a move-on approach. Absolutely, yes.

Ms JENNY LEONG: Just as a follow-up to that, I am curious. The New South Wales Government report refers to the fact the NSW Police Force policy on homelessness is outlined in the police handbook and all of their adhering to the Protocol is included in that. Is Homelessness NSW aware of what is in that police handbook? Do you know the details around it?

Ms McKERNAN: Not recently. Look, I think the thing to just note, too, with the Protocol is that there was a huge amount of work and inter-agency collaboration done around the Protocol around 10 years ago and it has slowly kind of petered out, I guess. With the culmination of that happening in 2017 we were aware that it was in the police handbook but, as I think is mentioned in our submission, there is ongoing training and there is ongoing resourcing for people who would be adhering to the Protocol to understand what that means and make sure that they are doing it as is intended. So one of the things we would also suggest is resourcing local governments to have public liaison space and liaison officers, but also to manage the implementation of the Protocol and also provide training to people like the police, but also security guards and a whole range of people who have contact with people sleeping rough so they understand how to engage but also what their responsibilities are as well.

Ms JENNY LEONG: My final question is about risk to non-citizens. I have serious concerns. When we went out with the assertive outreach teams, as some of the Committee members did, one of the biggest concerns I had was there was absolutely no way for the teams to engage with anyone who did not speak English as their first language. To their credit the individuals there were all doing a good job. All that was provided was a simple card in English with the number of a translation service. Obviously, that does not help. If a person does not speak English it is probably unlikely that they read English very well. We do not know if those people were citizens or not because there was no ability to interact with them. In addition, it is unclear whether the Protocol can relate to people who are not citizens because, obviously, they do not have pathways into social housing. Could you comment on what recommendations the Committee could make about the Protocol to address those issues, or who the Committee would work with to develop them?

Ms McKERNAN: In terms of the responsibilities, the Protocol would need to be about training and educating the sector and the service system around working with non-citizens and understanding what is available and also how to work with people who may not speak English and how to do that. Absolutely, that would be the number one thing. The issues around being able to access very little in the service system is a much bigger issue that is beyond the scope of this Committee, but I think it does need to be noted.

Ms JENNY LEONG: It does not mean I will not try to talk about it everywhere.

Ms McKERNAN: No, and the thing I would note, too, is that homelessness services will always take people in need, and so they are supporting people who may not be eligible for everything else, and that means that they are being housed in crisis accommodation for a lengthy period of time, which means that, effectively, we are supporting people; we are just not supporting them in a way that is helpful for them, and also it is not helpful to the rest of the service system because it means there are less beds available. So, I think it is better in some ways just to acknowledge the problem and look at what we are going to do because the bottom line is homelessness services will always help people in need because that is their job, and what that means is the homelessness services are taking everyone without the support that is required from across a range of different levels of government.

Ms JENNY LEONG: Thank you, and thank you for all the work you do.

Mr HUGHES: Regarding the police, our understanding is—the last time I looked—the training on homelessness in total was half a day. So in their two years of training, half a day was that, which is, obviously, an inadequate amount of time, we believe, for the vast range of issues of domestic violence, social housing, people living on the street, youth homelessness—all the issues that are encompassed. So that is why we suggest it needs to be an ongoing training and when police are put into hotspots, when they are actually going up to King's Cross, down to Woolloomooloo, into areas that are known hotspots with rough sleepers, updated training needs to be given on day one.

Ms JENNY LEONG: Thank you for that, Mr Hughes.

Mr DUGALD SAUNDERS: One of the noticeable things this morning is a focus on the city. I am a regionally based MP and we have completely different scenarios around homelessness. Police are dealing with domestic violence probably more than anything else. There is homelessness definitely but it is a different way of looking at things. How do you encompass regional areas?

Ms McKERNAN: Yes, I think that is one of the points we have been making about the Premier's priority on rough sleeping. It is absolutely great that we have a target to halve rough sleeping but it is actually only 7 per cent of all homelessness and in rural and regional areas homelessness does take on a different form. It is, in the main, domestic and family violence, youth homelessness, but also overcrowding. And so we really would like to see the Government look at the bigger issue and look at the whole range of interventions that could be put in place to really address homelessness that affects rural communities. There are some rural areas, regional areas, that do have a high number of rough sleepers, and that is largely in the North Coast, and, yes, there are some broader issues that need to be thought about. That is, in the main, not only a scarcity of social housing but a difficulty in accessing specialist services such as mental health and drug and alcohol services as well. So, in terms of working with people sleeping rough, it is about the service system more broadly being resourced to really provide those supports that are needed in rural and regional areas.

Mr DUGALD SAUNDERS: Again, as to whether it is police or—you mentioned council a couple of times. In some areas I do not think council would be capable of delivering those services, so has other planning been done on how that could look in different areas?

Ms McKERNAN: Yes, we had plans—unfortunately, the pandemic has wiped a lot of plans—but one of the plans, we have been really working with a lot of local councils and Mr Hughes has been doing a lot of that work over the past 18 months. We did have plans later this year to have a big local government two-day forum on homelessness and domestic and family violence and bringing all the councils together to work with them and start the process in terms of educating in terms of what their role can be. Even with limited resources there is much that councils can be doing and there are lots of councils that are doing a really good job around that. So, we would really love to see a broader council local-government-area focus on homelessness and a way of really supporting and building the capacity and capability of local government. I do not know if you want to add anything to that, Mr Hughes?

Mr HUGHES: No.

Mr DUGALD SAUNDERS: I have a final question about social housing in general. One of the plans that is being rolled out involves more build-to-rent style. Do you get involved in that? Obviously, that has to work for a developer from a commercial perspective in some way. Do you get involved in that process?

Ms McKERNAN: Absolutely. We are actually in an alliance with the New South Wales property council and the NSW Business Chamber to work around providing the social housing and the kinds of housing that are needed. Build-to-rent is a really valuable part of the housing system but it is not the answer for people who are experiencing homelessness. We have had many conversations with super funds, many conversations with a whole range of property developers around social housing and around poor people who need affordable housing,

and the bottom line is it needs a subsidy from government. It is not something that can be done through private investment with an expectation of return on investment. You need a subsidy alongside that to really make it work, and so that is why government will always have a role in the social housing space because without that subsidy it is not viable and so it just has to be something that is part of government.

Mr DAVID HARRIS: I am from Wyong on the Central Coast and, obviously, homelessness is a growing issue in our part of the world. One service in my area is currently being accessed by 170 people a day for basic services, so it is a growing problem. Like Mr Saunders, my concern is around the education of local council, council rangers but also, in areas such as mine, shopping centre security people. Do you think enough is being done outside of Sydney to educate people on the issues? A month or so ago I witnessed a terrible situation in Singleton where a security guard was chasing a female person off the premises, threatening violence et cetera. Other people were around but they did not want to see. It seems that the protocols are in place but how well are they being enforced in regional areas?

Ms McKERNAN: The Protocol, unfortunately, was only really put in place in the inner city and that is what I think is one of the opportunities for this Committee—to look at how it could be implemented statewide and also what that means in terms of educating the community and educating people who do have a high level of contact with people sleeping rough or people experiencing homelessness, and understanding what the responsibilities are and how to work with people to make sure that they are safe and that being the primary focus. We get a lot of calls from a whole range of different stakeholders who are really genuinely concerned about people they have seen sleeping rough but do not know what to do. That can range from Sydney Water people—

Mr HUGHES: Anybody.

Ms McKERNAN: Yes, and our role has been on a case-by-case basis, I guess, to provide that support. But this is what the opportunity for the Protocol is, to really build that awareness locally so people know who to contact if they need to, so they know how to have a conversation with people who may be in distress and know that there are supports. There are homelessness services everywhere and, yes, the resources are limited but there are supports for people, and when people feel empowered and understand that they are less likely to be treating people in a negative way.

Mr DAVID HARRIS: Yes. My colleague the member for Gosford had a situation in her area where Coast Shelter, which you would be aware of, partnered with the council. A tent city was set up but, unfortunately, in that case it became quite physical in removing a range of people. That leads onto my next question about social housing. Is there what you would call appropriate social housing? There seems to be a prevalence of boarding houses springing up. In my area one is proposed for 95 people in shared, 20-square-metre rooms with one caretaker for people who are quite vulnerable. I do not think that is appropriate social housing; that is slum raising, if you like. A lot of developers are using the law to create situations that lead to people becoming physically and mentally injured and ending up back on the street very quickly.

Ms McKERNAN: I think you have witnesses coming from the Hawkesbury area, Wentworth Community Housing. I would really suggest you talk to them about how they have worked with people sleeping rough in communities. The approach they have taken is really fabulous, and so I would recommend that you ask them a lot of questions about that. In terms of social housing type, absolutely, the research shows that scattered-site housing is the way forward for people sleeping rough. They should be members of the community, as we are, and that works best. People can maintain that housing—90 per cent of people internationally do, if they have the right supports in place. It is about providing appropriate housing that anyone would be wanting to use and the supports in place to make it work. Absolutely.

Mr HUGHES: Regarding boarding houses our position is that if developers are going to get a floor space ratio benefit—and they do—one of the problems under planning law is there is no guarantee there is affordability. That is a huge problem because boarding houses have been denigrated in the general realm out there, in the population, because people see them as just being developers rorting the system, putting it bluntly. The community gets no benefit out of it because there is no affordability. They are just moving more people into a smaller area.

Mr DAVID HARRIS: How do you think the protocols work in terms of people being released from rehab or detox? Often they do their program and then they are released without a proper transition plan.

Ms McKERNAN: Yes, and that is the point we are making around prevention and exiting from institutions. It is really, really important. From Ms Leong's question about having a focus on people who have ended up sleeping rough and how we prevent that, that is absolutely part of it. There needs to be planning. There needs to be collaboration at the point at which people are at risk of homelessness. As I said, I think it is around 70 per cent of people sleeping rough in the City of Sydney have come from various different government

institutions. If we worked on preventing that from happening we would really reduce rough sleeping. So, yes, it is really important.

Mr HUGHES: The evidence shows that back about 10 or 12 years ago when we had the housing first model—the Camperdown project and Platform 70—the City of Sydney numbers went down significantly over the next couple of years. But they increased again because we did not do the prevention. We were housing people, getting them off the street and putting them into housing, but there was no prevention so the numbers went back up again. Fairly simple.

The CHAIR: I have one question in relation to the Protocol and local government. Would libraries be something to look at, as far as local government goes in [inaudible] the Protocol?

Mr HUGHES: Certainly. Some of the work we have done, we have actually had meetings with the librarians' association run through the State Library. They seem to convene that group. We have done a lot of work with them in education. People use libraries for safe spaces. It is dry. It is warm.

The CHAIR: Toilets.

Mr HUGHES: And there has been no real work done yet, but we can only assume that during COVID, as public spaces including libraries have been minimised and/or closed down at times, it has had a negative impact on people's capacity to find a safe, dry spot during the day. But the librarians have generally done a lot of training to recognise people in need and to understand where they can refer them to.

Ms JENNY LEONG: Given the changes and the fact that this submission was made before a lot of that collaborative work was done, I want to open it up and say maybe if there are thoughts around reflecting on the Protocol and the revision of that learning from your experience in the last months of good collaboration and work together—I think we should open it up, if it is okay, for Homelessness NSW to submit any follow-up to their submission if there is any specific recommendations, having learned from the last little period around that. Obviously there is no pressure to give you extra work if there is not. But otherwise I thought it is useful to get that on record, given that the submission came in before then.

The CHAIR: Yes, because it has changed.

Ms McKERNAN: Yes, and we are working with University of New South Wales to actually review the inner city and the work that has happened so that we can have some independent view on how it has gone and what works.

The CHAIR: And if we do have any further questions you are happy for us to submit that to you in writing?

Ms McKERNAN: Absolutely. Yes, of course.

The CHAIR: Thank you.

Ms TRISH DOYLE: Thank you to you and your team for all the work that you do, and Ms McKernan and Mr Hughes.

Ms JENNY LEONG: Thanks for coming in.

(The witnesses withdrew.)

ERIN LONGBOTTOM, Nursing Unit Manager, Homeless Health Service, St Vincent's Homeless Health Service, affirmed and examined

AMY CASON, Assertive Outreach Services Manager, Homeless Health Service, St Vincent's Homeless Health Service, affirmed and examined

BRENDAN CLIFFORD, Senior Project Officer, Inclusive Health Officer, St Vincent's Homeless Health Service, affirmed and examined

The CHAIR: Good morning to all of you. Welcome and thank you for appearing today as witnesses for this inquiry. Before we start, do you have any questions about the hearing process?

Ms CASON: No.

Ms LONGBOTTOM: No.

The CHAIR: So you all know, the inquiry is being recorded both visually and by audio. Who would like to kick off?

Ms CASON: That would be me. Before I do kick off, on my behalf, Mr Clifford and Ms Longbottom we would like to recognise the traditional custodians of the land on which this inquiry is being held, the Gadigal people of the Eora nation, and to acknowledge Elders past, present and emerging and to acknowledge any Indigenous people in the room today. We thank the Committee for holding this inquiry and for inviting St Vincent's Health Network Sydney, as the only dedicated health care organisation, to provide a submission to attend the hearing today. Before I speak to our submission I would like to give a brief overview of the work in homeless health that we do for the benefit of members, just to give some context to our submission.

For the past 160 years St Vincent's Hospital Sydney has supported the most vulnerable and marginalised within our community with a particular focus on those experiencing homelessness. Our hospital is one of Australia's leading centres of expertise in this area of healthcare. And our specialist services include the homeless outreach team, which is headed up by Ms Longbottom, that provides a range of mental health and well-being, physical and oral health care clinics with local services as well as street-based outreach. The assertive outreach team assists people experiencing primary homelessness to access mainstream and specialist health care and support and also to permanently exit homelessness. Our after-hours teams provide nurse-led physical health clinics at local services and also within the hospital emergency department.

Our partnership with Wesley Mission covers a huge nine local government areas with two senior mental health clinicians who are embedded to work with the Wesley case managers to provide mental health care and coordination and support to help people experiencing homelessness and mental elements. Then we have our two residential units. Tierney House is a 12-bed short stay residential unit located behind the hospital and it provides accommodation, health care and support in a really homely environment to people who are experiencing homelessness while they either convalesce from illness or are receiving ongoing treatment for conditions. Finally, Stanford House is a four-bed residential unit that provides support services and accommodation to people living with HIV who are also experiencing homelessness or are at risk of homelessness. That is our service in a nutshell.

We also work closely with other agencies, such as the City of Sydney and the Department of Communities and Justice in separate homelessness initiatives and planning. An example of that is that, alongside the Department of Communities and Justice, a range of metropolitan Sydney health districts and primary health networks and the City of Sydney, we are a signatory to the recently developed Intersectoral Homelessness Health Strategy. We are also represented on the New South Wales Premier's Council for Homelessness and we are a signatory to the Act to End Street Sleeping collaboration. I believe they will be appearing as well. That is a commitment between the Government, the City of Sydney and a range of homeless service providers to reduce street sleeping by 50 per cent by 2025.

More recently, in the current climate, our homeless health service has been a significant contributor to the Sydney Task Force, which is a body set up to oversee the provision of accommodation and healthcare to people experiencing primary homelessness to support them through the pandemic. Through that initiative almost 500 people have been supported to access temporary accommodation across the inner city and across the Eastern Suburbs. St Vincent's is now providing an additional two face-to-face health clinics and three telehealth clinics to these temporary accommodation sites, plus additional mental health support to our colleagues at the Kirketon Road Centre. The City of Sydney, however, has still in this period identified, through weekly headcounts and ongoing outreach, 140 people who are still experiencing primary homelessness in the inner city during the health crisis and those people, for a variety of reasons, either have not entered temporary accommodation or have left temporary accommodation.

Our outreach teams endeavour on a daily basis to reach this cohort and offer a range of health supports and interventions as best we can. In terms of the Protocol for Homeless People in Public Places, St Vincent's Health Network Sydney believes that an updated Protocol is a really important tool for drawing attention to the rights of people experiencing homelessness and to reducing street sleeping across the State. Since it was developed close to 20 years ago the Protocol has been an important document in charting both the rights of people who sleep rough, as well as the responsibilities of the agencies and services who provide support to them. Unfortunately, since its introduction the Protocol has only ever been actively implemented within the City of Sydney and there has not been any monitoring of that implementation or an evaluation of how it has been implemented. St Vincent's Health Network Sydney believe that the following values, to start with, must be used as a foundation for any updated Protocol and implementation. First, the recognition that everyone is unique and has their own individual needs and as such their culture, religion, language, gender, their experience of trauma and disability must be respected.

People living in public places have a right to feel safe just like anyone else and as a result public infrastructure such as furniture and lighting should aim to enhance public safety, including for those who are sleeping rough. An individual's self-determination and autonomy is absolutely fundamental to respecting their rights and their individual worth, their dignity, and their privacy, which is often quite limited for people experiencing homelessness. The principles of least restrictive care need to be applied to any approach or any form of service delivery that might be offered. In terms of the Protocol itself, St Vincent's recommends that it includes a particular emphasis on person-centred language. That we use the phrase "people experiencing homelessness" rather than "homeless people" throughout the Protocol. That the language also be trauma informed. By that we mean that there is a awareness of, and a sensitivity to people's history of trauma and how this might affect their lives, their behaviour, the services and supports that they need. Also, that the Protocol uses strengths-based communication. Of course, we suggest that it incorporates culturally appropriate language, and also input from Aboriginal and Torres Strait Islander people throughout the development, the update and the implementation.

As extreme weather events become more commonplace due to climate change and recognising that people sleeping rough are particularly vulnerable to such weather events, we recommend that there is an extreme weather component added to the Protocol. That is, to support the development of localised multiagency responses across the State. The Protocol should also support the right of people in public spaces to be treated with respect and ensure that any engagement has their identified needs as central to anything that is offered for them and to the plan going forward. We recommend that the Protocol, to ensure the effectiveness of the Protocol, that there is a strong governance structure put in place to oversee implementation and evaluate effectiveness. Really making sure that people experiencing homelessness are represented in that implementation and evaluation.

We cannot emphasise enough how important it is to include the voices of those with lived experience throughout the process and all our service delivery. While the Protocol is aimed specifically to cover the interactions between officials and those experiencing homelessness, we see a benefit in a broader community education. Really making sure that communities, especially in areas where residents are concerned about people sleeping rough, have access to information and that there is the inclusion of services in local areas across the State in the Protocol, not just the inner city. To wrap up, St Vincent's recognise that the causes of homelessness and its solutions are complex and diverse and we believe that an updated and newly invigorated Protocol is just one important factor in reducing homelessness, and not just in Sydney but across the whole State.

The CHAIR: You were saying broader community communication, do you have any suggestions on how we could possibly do that? I just had something come to mind as you were speaking when you mentioned how people move around. It is a little bit inner city focused, however people still go out regionally on the trains. I was thinking maybe something that flicks up on the screens at the train stations with that little bit of subliminal messaging, a bit like the COVID messaging that we have had for the last couple of months. Something along those lines. Do you have any other suggestions?

Ms CASON: I guess I would first recognise the importance of having that messaging across the State. A lot of our clients are extremely mobile, especially those who have a level of cognitive impairment, trauma or mental illness and may not have insight into treatment that they are being offered. They often move interstate and within the State. A lot has been learned through the pandemic around the delivery of some of those messages, looking at more creative options around having messages on screens. People do use social media but it should not be the only option. Thinking creatively and asking for input from those with the lived experiences about the best way they would normally access information and involving the services that provide support to help deliver that communication, as well. And then also mainstream services that we may not usually expect to deliver support. I am not sure if Mr Clifford or Ms Longbottom have anything to add?

Ms LONGBOTTOM: Nothing further.

The CHAIR: Mr Clifford, is there anything you would like to add?

Mr CLIFFORD: To community education?

The CHAIR: Just in general. Do you have a statement that you would like to make?

Mr CLIFFORD: My involvement in homelessness in the last few months has been on the COVID response, in particular. Particularly when it comes to implementation and evaluation, one of the things that was incredibly important was the work that has been done over a couple of years with the partner agencies to develop the Intersectoral Homelessness Health Strategy, which was formally launched this week, but was actually completed and was about to be launched in March when the pandemic started. That did two really important things. One was that the partner agencies—Sydney Local Health District [LHD], South Eastern Sydney LHD, Central and Eastern Sydney Primary Health Network [PHN] and the Department of Communities and Justice [DCJ] and the City of Sydney—in collaboration with other agencies and people with lived experience identified five priorities for action for those agencies to start addressing homelessness systematically. One of the priorities was public health emergency responses, which was initially thought of in St Vincent's as a very strong foothold in making sure that we delivered flu vaccines in a very comprehensive way to people experiencing homelessness, and also our extreme weather events at St Vincent's has a very important role in making sure that homeless people are sorted when it comes to those responses.

Because that had already been identified as a responsibility that St Vincent's would lead, it meant that it was in writing when that started that we would step up and support the responses and support coordination. We were able to do that because the other action item of that strategy was to set up a senior collaborative alliance, which was senior leaders in those six agencies—the health agencies, the Department of Communities and Justice and the City of Sydney—and which luckily had its first meeting on the back of the strategy in the middle of March. So it meant that very early on in the pandemic we were able to get together and decide on a strategy on how to address this in a coordinated way. Because, obviously, for homeless people there are so many agencies and their needs cross so many sectors that coordination is really key. When it comes to the Protocol that would be the kind of learning for me around that. The coordination and mechanisms for those coordinations need to be very robust.

The last thing on that senior collaborative alliance was, when the response started happening, we also initiated some rapid morning huddles for the outreach services. Having those communication lines between the frontline services meeting people every day on the street and seeing what the problems were, matched by senior leadership to rapidly problem-solve and as a path for escalation, because often the services on the front lines are dealing with issues that require flexibility in their response and often that flexibility only comes from the senior leadership aspect to direct staff to be flexible, which is what happened in the pandemic. People were given permission to be flexible in their departments and that worked very well. When it comes to the Protocol, I think taking the learnings from that are really important. Allowing health agencies to coordinate, because there is a multiplicity of them and homeless people do not stick within LHD boundaries. On top of the issues that people already have navigating health systems there are extra ones, so those mechanisms for coordination are really powerful and useful.

Ms CASON: To add to the community education, I think one of the things we would hope the Protocol would do but what we try to do with our all of our education, especially even just within the hospital to other hospital staff, is aiming to reduce stigma. We make sure we use lots of stories from our clients—de-identified completely—to really humanise and show what is happening and bring back for people that regardless of where we are at, we have all been born into a situation. Some people are born into very different situations with very different resources, so really trying to capture that for people, to humanise and use people's individual stories with their permission or have our peer workers speak, just to flatten a lot of that and remove that stigma from the beginning, I think you get a lot more buy-in from the community. It is a lot more powerful to come up with different solutions and people can then be really creative in that space.

Ms MELANIE GIBBONS: Firstly, thank you for the recommendations you provided in your submission; they are really helpful. I just want to pick up on the responding to extreme weather one. You said there should be a multi-agency response, but how would that work? What is the ideal vision on getting everybody together?

Ms CASON: We have that in practice with the City of Sydney. Ms Longbottom has taken a lead, so I might hand over to her to talk about how we do that with DCJ and the City.

Ms LONGBOTTOM: We are facing it a little bit this weekend, I think. Generally what happens is that when we know there is going to be an extreme weather event—and it was particularly intense over the Christmas and New Year's period with the bushfire smoke—we have a protocol. We were on yellow alert the whole time, which means that housing increases its provision of temporary accommodation for people on the street and we

increase outreach patrols. We obviously make sure that we encourage people to go into accommodation and give them information and education around the impacts of bushfire smoke.

It is the same this weekend. We are looking at really heavy rain; that is very likely. We have had alerts through the week and we are looking at all the services working together to support people. We also have a range of outreach services that go out and see people daily on the street, obviously offering accommodation and then making sure that when people go into the accommodation they are safe, which is where health comes in because people may have a range of health conditions that they need support with. Part of what we really focused on during the bushfire season was the effects of smoke on people experiencing homelessness, because many people have chronic lung conditions, heart conditions and other things that could obviously mean that it is more impactful on them.

Ms MELANIE GIBBONS: To follow-up on that, when you say accommodation should be offered to people, where is the disconnect to people knowing? Is it that it is not available? Is it that they do not know it is available? Why does it need to be offered? We get that it is not available at all and then it is.

Ms LONGBOTTOM: This is a huge question.

Ms MELANIE GIBBONS: Yes, it is a basic question but it is a huge one.

Ms LONGBOTTOM: It is a huge question because there are so many parts to it. In my role, I am in a really unique position because I am in a leadership position within the Homeless Health Service, but the other part of my role is that I go out and work with people sleeping rough. I would say that one of the biggest barriers to people experiencing homelessness and accessing accommodation is the complex systems and the processes to navigate it. It is very tricky. During COVID we saw much more streamlined access for people to access it, but it is still very complicated. For example, if someone wants to get into temporary accommodation where they can get some free nights in a hotel room to get off the street—even if they just want it for a few nights or if it is a pathway to get into longer-term housing—they have to call Link2Home, which is part of DCJ, and then there is quite a lengthy process of assessment of need and then they get placed into either supported accommodation or a hotel room, for example, that is dedicated for someone sleeping rough.

Part of the reason that people experiencing homelessness are homeless, or sleeping rough, is because they have really complex needs. You may call Link2Home and say, "I have Joe Smith here. He really needs a room for the night." They will go through and look at his history and say, "Oh, he has been asked to leave because of such and such", which may be caused by the complex health needs that they are experiencing. Often because of their trauma and health needs and all these other things it can be also quite a barrier for them to access health services. That is not even taking into account the fact that when you put people into temporary accommodation, or someone into temporary accommodation, getting into longer-term accommodation from that is not an easy process.

One, we have a real lack of housing stock. Two, what is the right place for that person? How long is the wait? All those things as well and also so often people move in and out of temporary accommodation before they go into longer-term accommodation. I think with COVID what has happened is that we are actually seeing really good outcomes because people who are able to manage being independent and staying in a hotel room that have actually been given support by the Government for this lengthy period of time to be able to stay safe, stay well, and to do their housing application and then looking to actually going into longer-term safe accommodation.

There have also been initiatives that have been put in place to provide people with wraparound support. Unfortunately, what we also do see is people who get placed into housing and end up sleeping rough again because they do not have the right support available to them to live independently. So I think there are other issues around that. I would have to say, listening to Katherine McKernan earlier from Homelessness NSW, I was actually reflecting on what she was saying, too. I think the key is the prevention because we are sitting here trying to support people, who, if what had happened to them had been stopped when they were a child, if they had been supported when they were leaving incarceration, or if they had been supported through all these things in their lives, they would not be in the situation that they are in right now.

Ms TRISH DOYLE: I want to thank you all for your work. It is a difficult space to work in. In reading through your submission I want to divulge that it took me back 20-odd years. I am not quite sure what the after-hours homeless outreach team was called back then but there was some iteration of that team who supported me and my little boys and my husband, who fell very ill. I want to speak about the cycle, and the experience I have as a family member of someone who got caught up in the cycle—ill health, extreme mental ill health, street sleeping, hospital. Because of the gaps in the system that you were speaking about, the difficulty in navigating the system, he went into short-term emergency temporary accommodation and came out of that. Although there was

a home as such or somewhere to go, because of his ill-health not being addressed and a whole range of complex needs, he went back into that cycle of street sleeping and being in hospital. That continued for years.

I thank all those who work on the front line because you are popping on bandaids that come off over and over again. You not only understand the rights of people who are experiencing homelessness, you are dealing with the gaps in service provision at every step in that cycle over and over again. I would like you to talk a little bit about where we can match up those who are hearing what the rapid response needs are, the front-line service workers, and how they connect in with the work that you do to inform us and to make sure that we address some of those gaps. To me, this cycle, and the difficulty with navigation, is all about the gaps where the whole thing sort of falls apart for certain people. Where can you see the priority in addressing the gaps in the system?

Ms CASON: Thank you for sharing your story as well.

Ms LONGBOTTOM: Yes. I just wanted to say thank you for sharing that experience with us.

Ms CASON: My mind is racing thinking of the number of gaps there are to fill, to be honest.

Ms TRISH DOYLE: Yes, prioritising those gaps, I suppose.

Ms CASON: And I guess even just speaking to the gaps within the health system let alone the gaps throughout life span because, coming back to the child protection side of things, people leaving institutions, whether that is foster care or whether that is being in juvenile justice systems or incarcerated in adult prisons, there is a whole wealth of gaps there, particularly within the hospital system. I do not think that only one area should be looked at—everything needs more resources. Our service could be twice the size but we would still be incredibly busy because there are so many people in need. Access to drug and alcohol treatment is extremely difficult. Access to longer-term mental health rehabilitation is extremely difficult. A lot of people experiencing homelessness just do not get the chance to access long-term decent treatment where they can rebuild and feel safe to explore what is going on and then make changes that can be long-lasting.

There is a huge lack of resources around cognitive impairment. Yes, we have the NDIS but being able to get really thorough neuropsychological assessments for people, there is a huge amount of traumatic brain injury and acquired brain injury within the cohort of people who are experiencing homelessness. Often that is not addressed and people with really complex needs are just kind of seen as too hard by everyone. It's like, "What do we address first? Oh, no, our team does not do that because you have to sort that out first", and people just end up bouncing around. I guess what is particularly unique about our service is that there is none of that. We have a multidisciplinary team and you never hear someone say, "Oh, no, that is not my job. I don't do that." They will say, "I don't know how to do that. Can you come with me and help me with this person?", or to their bosses, "Can you help me advocate here? I need to push this."

But really, just building that culture within hospitals and in community-based health services, it is okay to not know what to do but you go to the experts and you work together and really push that collaboration because there are some gaps that are going to take a really long time to fill and a lot of resources. There needs to be strategies in the interim while those things are fixed and really bringing people together. Yes, we have seen a lot of learning through COVID and through the pandemic of how that is worked, but that is the sort of stuff we have been doing over the last 10 years to try to build capacity in mainstream services as well.

Ms TRISH DOYLE: Further to that, you said you could have a team that is twice the size and three times the size and you would still be busy. What I am hearing from many services is that you are actually at capacity. Is that the case with the health system as well? Even if there is someone who can deal with whatever is required and to work collaboratively you still need resources, more resources—always more resources. Is that right?

Ms CASON: Yes, I think more resources. For us, as our Homeless Health Service, we do not keep waiting lists. We will never turn someone away and say, "Oh, sorry, we don't have space for care coordination." We make space and we bring people in. We do not turn anyone away because we do not have the space or the time, but I guess when I think of some of my team members who have an allocated cohort of people they care for, they coordinate the care and they deliver their health care and their support, if they are really busy with 10 people on their mind with all their really complex needs, they might not notice someone else as they are walking just through the street to see someone because they are so busy going, "I've got to get to him and I've got to do this and do that." When there are more resources and less pressure there, for all of us we see outside and we do not have those blinkers on and we have more access. I guess a big part of our job is building that capacity in mainstream services. I cannot speak to that enough.

The CHAIR: Is there anything in relation to the actual Protocol for frontline staff or agencies that are on the front line that you think you could recommend or that you could whack in there that possibly is not there

already, or something that needs to be tweaked that is already existing in the Protocol to make what frontline people do a little bit easier or more clear?

Ms CASON: For us, always having more education. I know a lot of the other submissions really focused in on having mandatory training and having education for police, for everyone who may come into contact with people. I know earlier there was the question about libraries and councils. We delivered training for Woollahra Council just before the pandemic hit—for library staff, anyone in Council who was outward facing, basically. We did not get to do part two. That is for Woollahra which, at that point, had four rough sleepers. They did not have a huge issue but they wanted to make sure they were reaching. So I guess that kind of education and thinking creatively about how we deliver that education, knowing that, say, the education we deliver for police needs to be different again from the education we are delivering for other agencies and services, depending on their roles. I think the more informed people are and, again, the more we humanise people, the better response you get from agencies who, for a lot of reasons, might have combative relationships with some of our clients.

Ms LONGBOTTOM: I feel like the City of Sydney does it really well with their Public Space Liaison Officers.

Ms CASON: Absolutely.

Ms LONGBOTTOM: They are really dedicated to working with people experiencing homelessness and being that liaison point, obviously, between people experiencing homelessness in the community and other services. And they, I would say, are one of our greatest referrers. So they would say, "Look, we are really concerned about this person." They will tell us local businesses are concerned about that person. I feel like that is such a great model that could be replicated in other councils, even if they just had a smaller cohort of rough sleepers, even if they just had one person that could do that. But I think identifying issues, communicating really early, is really helpful because when it gets to a certain point and everybody starts to victimise somebody because they are frustrated with their behaviour or they are concerned about them, then that is really hard to resolve, but the minute that you notice that there is a health issue or there is something going on and that person is obviously needing support then we can quickly try and go in and resolve that and support that person. I think that is really key as well and that is where the City of Sydney does it really well.

Ms JENNY LEONG: Having seen that work locally and going to the point Mr Saunders made earlier around the focus on the city, if we are looking at ways that the Government could support job creation in regional areas, I think it would be incredible to look at the idea of public liaison and public space officers providing that assistance and to learn from how it works in the city and to be able to do that.

Mr DUGALD SAUNDERS: Yes.

Ms JENNY LEONG: Because, from my perspective, that also helps with younger people who are not going to school. It means they are supported as opposed to finding themselves in more desperate situations. Just offering my two cents' worth on that, I think that is something that we should look at more closely. Thank you for the submission. I think it contains strong recommendations that we should take on board. As a local member, I see that people on a priority housing waiting list can wait up to two years. When we joined the outreach team on the street in the city and saw someone from a service offering someone temporary accommodation for three nights, I was puzzled by the disconnect in how that was being done. Do you have recommendations for how the protocol about that could work?

Because, first, it seemed unclear as to whether there was any knowledge that the hotel was booked for a person if they were to ever rock up to the hotel and, secondly, if we do not know that the person would rock up, it seems unlikely that the person would get any wraparound services while they are there. The other side of it is the likelihood that a person can process a DCJ priority housing application form while they are in a hotel with no access to cash to pay for wi-fi or whatever they might need. It seems like there is a complete disconnect between those things. Could you comment on that and on how you think the Protocol might be able to help with some recommendations about that?

The other part was about the diversity of the teams. It seemed that because every agency sent a representative no consideration was given necessarily to the fact that it might be an all-man team or an all-woman or an all-white team with no Aboriginal representative. There was no consideration of that diversity and obviously that has huge impacts on someone's ability to feel comfortable talking to people in certain circumstances. Do you have thoughts about that? And given that you offer a health service and not everyone in your health service can speak every language in the world, are there any lessons you could offer as to how we might improve engaging with people whose first language is not English? No doubt, the professionals in your area who offer health care need to do that all the time. Whether you provide that now or you take it on notice, it would be great to get that fed into the Protocol.

Ms LONGBOTTOM: Those are really good questions and really good points, Ms Leong. Thank you. Again, I could talk about so many things on this. Could I just quickly ask how long ago you went on patrol?

Ms JENNY LEONG: It was pre-COVID.

The CHAIR: It was near the beginning. It was about 8 March.

Ms MELANIE GIBBONS: It was at the beginning.

Ms JENNY LEONG: We had just got used to having hand sanitiser in our pockets. It was about the week I bought hand sanitiser so it would have been March.

Ms LONGBOTTOM: Okay, I think part of what you are describing, like a lack of diversity, potentially is a staffing issue. I would say that what we try to do, which you may not have been aware of behind the scenes, is that if we are aware of a young person, we will make sure there is a youth worker on the team. If we are aware there is an area with a high amount of people who identify as Aboriginal and Torres Strait Islander, we will make sure there is an Aboriginal and Torres Strait Islander worker on the team. If we are aware of somewhere where there is someone who has a mental health need, we will make sure there is a mental health worker on the team. That is all coordinated beforehand. Unfortunately, we cannot necessarily account for coming upon people incidentally.

The other issue is not creating teams that are really large so there is sort of a little bit of coordination going on behind that but it is by no means perfect; I would say that. We are very, very conscious and I would say, going back to Belmore Park in 2014-15 when there was a tent city there, that the really integral way of engaging somebody who identifies as Aboriginal and Torres Strait Islander is with another person who identifies as Aboriginal and Torres Strait Islander providing that support. Belmore Park would never have been resolved in the way it was resolved, in terms of making sure that people in there were able to access housing and support, without two incredible partners that came from Aboriginal-led organisations because, obviously, you are probably aware that they were over-represented in Belmore Park and are over-represented within homelessness.

Another really interesting point that comes from what you raised is COVID-19 has been a game changer for us in many ways. When we are looking at offering people three nights' temporary accommodation [TA] and then waiting for how many years for housing, it blows my mind and I totally know where you are coming from and we have always been working within that system, which is very challenging. But I think with COVID-19 we have been able to offer people this longer-term temporary accommodation with intensive support provided in the hotels with actual support to extend their stay as well as do their housing application, and then there has been other supports put in place to look at longer-term accommodation, as I said before, which is great. If we could continue that model beyond COVID, that would be incredible, but the thing is that at some point, I assume, tourism is going to start up again and people are going to need hotels and we do not have, necessarily, the beds. One would hope that people sleeping rough would eventually go into accommodation and we would not need all those beds. But the way that I feel and what I see anecdotally on the street is that despite plugging the gap, more people come into it. I feel that is quite challenging, particularly in Sydney.

I think, too, another really interesting point that you made about people who are culturally and linguistically diverse, with COVID what we noticed is that when we put people into TA at the beginning, it really stripped it right back and at one point we only had approximately 70 people sleeping rough on the street. We were able to see really vulnerable people that perhaps we had not seen before. There are people on the street, people with hearing impairments and particularly people with English as a second language who are non-citizens, or non-residents, with no foreseeable pathway out of homelessness because they are not eligible for anything. That was really interesting in itself. We have had to come up with some really creative solutions for engaging with people. Part of it has been trust, as well. People may be very fearful of services. So, yes. It is definitely something that I acknowledge as really important.

Ms JENNY LEONG: Thank you. As I said to Ms McKernan from Homelessness NSW, if there are things that you have seen since you put your submission in that are useful to feed into Protocol, it would be really great to get that input so that it can be part of the report. I have never heard the homelessness sector talking as a forum. I heard two months ago about the positive things that are happening.

The CHAIR: If we have any questions we will submit them to you, if you are happy to respond?

Ms LONGBOTTOM: Of course.

Ms CASON: Could I just add to what Ms Longbottom was saying? We have HART, the Homelessness Assertive Response Team that Ms Longbottom was talking about.

Ms LONGBOTTOM: That is what Ms Leong—

Ms CASON: Yes. But for everyone else, having HART set up, and also the Homelessness Outreach Support Team [HOST] component through the DCJ—looking at how those can be replicated across the State. We have got a whole heap of formal processes in place of how we work together there. How that can be replicated across the State and whether the Protocol can link to that about how things can be replicated—but also knowing that while we are looking at accommodation for people, there are a lot of people who experience homelessness in many forms who are not going to manage independent living and who are not going to go into social housing tenancies. We are doing a lot of NDIS applications for people that need 24/7 supported accommodation and for people that need to go into aged care.

But keeping in mind that someone who maybe has been sleeping rough in the Royal National Park or around the streets of Sydney, who has been outside for 20 years—dropping them into aged care has a whole heap of other implications through that adjustment. And just sleeping rough is not enough to get yourself onto a priority housing list. I do not have the figures of the number of people on the priority list at the moment, but in the past it has been upwards of 14,000 people. So, to look at how long you might wait and the fact that you sleep rough does not necessarily mean that you get a priority response—but knowing that we have to match properties to people in the areas they need and then really put a lot of extra effort into people who are not going to manage independently.

Ms LONGBOTTOM: If we look at those 140 people that are on the street—they have returned to the street from TA or they have never gone into TA. That is a general indication that many of them need—not all of them, because some of them have other things going on, but a great proportion of them, may not manage independent living and they need other things. It is very challenging to try and support people out of homelessness in that space. And I think there is data that backs that up from connections week and registry week, too, that says that there is a high percentage of people that need wraparound support and that are potentially not appropriate for independent living. That is our most vulnerable and they are sleeping rough. That is pretty confronting, I think.

Ms CASON: Devastating.

Mr DAVID HARRIS: Thank you for your submission and your recommendation. I also have the role of shadow Minister for Aboriginal Affairs. It is a no-brainer that the protocol should have Aboriginal perspectives in there, so thank you for including that. But I did want to very quickly explore your final recommendation, which was around evaluation. You mentioned that you would recommend some sort of governance structure to actually monitor how the Protocol is being implemented. There is the Premier's Council on Homelessness. I was wondering if you are thinking more of someone in a role of Homelessness Commissioner, someone under the Ombudsman? We have Danny, who is the Deputy Ombudsman who looks at Aboriginal issues, as well. Did you have a model in mind in terms of that across-sector management?

Mr CLIFFORD: I think the model would be co-designed because what you really want is the people who are affected most by that model to dictate the main ways that it should be working and what it should be measuring. Reflecting on the senior collaborative alliance, that has been useful from a health perspective because health already is very fragmented. Having the PHNs, the LHDs and speciality health networks is a really good way, from a health perspective, of making sure that we all know what each other are doing and we are actually identifying issues and coming up with solutions. Often the issue with the gaps is that they are transition points between services that are across the lifespan.

At those transition points you need all of those agencies there, not just from one to the other. You actually need to have another strategy around those transition points that is inter-sectoral. Having witnessed the power of how that facilitated rapid innovation in terms of COVID-19 was also really interesting, having those strong mechanisms built to identify issues and problem-solve. The other thing about implementation is that it needs to be flexible. One of the great strengths of the homeless health team is that when COVID-19 happened—flexibility is a core service principle of theirs, so for them to go somewhere new was something that they always do. If you are thinking about implementation and evaluation it needs to be agile, so that as problems arise the structure can change to respond appropriately.

The other thing about that type of inter-sectoral work is that it needs to be really well resourced because of the amount of—that inter-sectoral health strategy took two years to build because these are very busy agencies with very acute needs. The space to go beyond the blinkers that Ms Cason talks about, you need to actually have the bandwidth to do that. So actually providing a space and the resourcing for organisations to come together would be the other important part of it when we think about implementation and evaluation, having it led by the people that are most affected by it, and that it is all agencies because there are State agencies. There are Commonwealth agencies. There are local government agencies. There are third sector agencies. Having a forum so that everybody who is involved can actually be aware of all of the issues and contribute to the solutions is really powerful.

Ms CASON: I think also our organisation would welcome the opportunity to prepare and respond to that in a bit more detail with some more structure. The idea of having a designated person, whether it is in a Commissioner role or something, someone who is there to represent the needs and the voices of people experiencing homelessness would be incredibly powerful as part of that.

The CHAIR: Thank you for coming today. We really appreciate your input.

Ms JENNY LEONG: Thank you so much for everything you do. Take care of yourselves.

(The witnesses withdrew.)

(Short adjournment)

JAMES TOOMEY, CEO, Mission Australia, sworn and examined

NADA NASSER, NSW State Director, Mission Australia, affirmed and examined

The CHAIR: Just to let you know that the hearing is being filmed. Thank you for coming today and presenting before the inquiry. Do you have any questions about the hearing process?

Mr TOOMEY: No.

The CHAIR: Thank you both for attending today.

Mr TOOMEY: I will make an opening statement. Thank you for the opportunity to appear before the Committee today. I am pleased to be here as CEO of Mission Australia alongside our State Director for New South Wales, Nada Nasser. We supported over 160,000 people across Australia last financial year, which included 65,000 people in New South Wales of whom over 24,000 people accessed our 44 housing and homelessness related services in New South Wales. Mission Australia is also part of the End Street Sleeping collaboration in New South Wales which focuses on supporting people experiencing homelessness to access secure and long-term housing, as well as preventative measures to intervene before homelessness occurs.

We have made some specific recommendations in our submission regarding the implementation of the Protocol for Homeless People in Public Places, including training, information dissemination and regular review that we are happy to discuss. We have welcomed the Government's commitment to providing temporary accommodation to rough sleepers during the pandemic and the recent \$36 million investment in the Together Home project to deliver stable housing and wraparound support for the hundreds of people experiencing homelessness.

The CHAIR: Ms Nasser, do you have anything further to add?

Ms NASSER: Nothing further to add, thank you.

Ms JENNY LEONG: Thank you for coming in and for all the work that you do. I wondered if you could talk a little bit about the focus they had around Sydney trains, and police and different organisations and agencies adhering to the Protocol or being responsible for implementing it. Do you have any experience or input on how we might improve that? Obviously Mission is a large organisation and I imagine you have a lot of experience in how you change protocols and policies in your own teams and how that is rolled out. A lot of the submissions we see seem to be contradictory, in a sense, to the Government saying this is adhered to in these agencies and it is all working fine, including in transport. I note you highlight the challenges around Sydney Trains. Could you make any suggestions, recommendations or observations to the Committee around how you think the Protocol, in its new revised form, whatever that looks like, could make sure that it is implemented properly and adhered to by the necessary agencies?

Mr TOOMEY: Perhaps if I could start and my colleague can talk about some of the current challenges. It seems the important pieces that the groups of, effectively, government agents that come into contact with rough sleepers, it is not actually their core capability, managing people who are homeless on the streets, but they come into contact with them for a range of different reasons. First responders of all different types come into contact with them. We recognise that if you are not working in this space all the time you will not have that familiarity. There is real importance around a consistency of approach so that everybody understands what everybody else is doing and what the core principles around approaching and working with people on the streets are, should you approach them or should you not approach them?

If you approach them, what should you say? Even going down to the level of detail on what we would say would assist in the consistency of the way in which people are actually treated and responded to. We do have some particular comments around a curious lack of referrals through transport and in particular around trains. Because what we see is that people who actually sleep on trains, because that is what they have to do and that is how they manage to get themselves in a warm, dry environment, yet we are always curious about the fact that we do not see that many referrals. Sydney Central Station is a well-known place for people to arrive at and present as homeless on the streets of Sydney.

Ms NASSER: Consistency is a really important issue. Consistency in application, we do come across government agencies that are not familiar with the Protocol. I guess for us, what we would like is to see that strengthened and everyone who is likely to come across and work with or come in contact with homeless people is aware of the Protocol and know exactly what to do. That includes people on trains, State Rail staff, the tram staff, buses, to ensure broader consistency in approach. We would like to see the organisations covered by the Protocol broadened as well. We comment that a number of the organisations that are listed in the current Protocol

is out of date. It is not only updating that list but broadening the number of organisations, including the details of local governments. Local councils play a very important role. We want to see that any organisation, government authority, in contact with homeless people, is aware of the Protocol. The other broadening aspect of this is around contractors of government organisations. We talked about private security staff who are contracted by government; how well are they briefed and informed about the Protocol and how to operate within that Protocol?

Ms JENNY LEONG: Another question is the issue of the language barriers. There is no explicit mention in the Protocol as to whether it relates to citizens or non-citizens or guidance around how to engage with people more broadly when English is their second language or they do not speak English. Do you have any thoughts or recommendations around the application of the Protocol more broadly as it relates to non-citizens and how that would intersect with your roles offering homelessness support services and housing support services and also any thoughts around the additional areas of either training for guidance through the Protocol around engaging with people where English is a barrier to them engaging with the Protocol and the people who would enact it?

Mr TOOMEY: I would imagine that, for example, the police as an organisation are well-versed in the principle that they might be dealing with members of the public for whom English is not their first language. They might be tourists, there may be all sorts of reasons why people without English as a first language might be here. Maybe some of their training and capability could be shared around other organisations that are likely to come across people who do not speak English as a first language. We talked about the possible use of interpreters and it would also be useful to have information provided in a written form in different languages. Even that assumes that the person is literate in their own language and that is not always the case either.

It would be certainly helpful to be able to provide and share information which is kept up-to-date in different languages. There are then cultural aspects as to the ways in which you respond to gender in cultures and there would need to be some cultural sensitivity about that and how that is approached. Within the group of people currently covered by the Protocol there is probably some skill and capability and learning that could be shared more widely around the group in terms of engaging with people from culturally and linguistically diverse backgrounds.

Ms NASSER: Just to add to your question about visa status, we have had a recent increase in people without permanent residency—asylum seekers—who have fallen through the cracks in the current COVID-19 environment and have not been able to access services. Our view is, regardless of your visa status, you deserve to be treated respectfully and those protocols should apply to everyone who is homeless in public places.

Mr DAVID HARRIS: I asked the previous witnesses this question and it is mentioned in your submission, as well, about how the Protocol should be monitored, reviewed and updated on a regular basis. What sort of structure do you see might be able to be implemented to oversee that sort of process? Is there a need for a homelessness commissioner or someone who has responsibility to oversee an ongoing review process, or is it something that you get people together every now and again to have a look at? There seems to be no-one responsible out there.

Mr TOOMEY: Well, yes, that is an interesting point. It possibly falls into the category of everyone thought it was someone's responsibility and no-one thought it was theirs. As you identified, there are a significant number of organisations—not just within the Protocol but even within the sector—that are engaged in responses towards homeless people. There are a couple of things to say in terms of a review of its effectiveness, I feel that a representative of people with lived experience or homeless people would need to be part of that review because it is only effective if it incorporates those voices as well. I would question whether it is necessary to introduce a further layer of bureaucracy, if you like, into an already very bureaucratised sector. But it would make sense for there to be a clear, unambiguous review process that incorporated a range of voices from government to non-government organisations and, as I said, people with experience of homelessness, on a periodic basis to enable people to review the effectiveness of the protocol. A key piece would just be awareness of it. My first question would be, "Do you know that the Protocol exists?" And then go from there.

Ms NASSER: Yes. Locally, as Mr Toomey said, there is quite a lot of collaboration. Through the practice of collaboration we can also do that monitoring through the joined-up approach locally. Nothing further to add.

The CHAIR: As far as the Protocol, you said to perhaps better communicate that there actually is one. How would you best recommend that government get the message out there that we have structures in place to deal with people who are rough sleepers? What is the best way to approach them? Do you have suggestions as to how we can communicate some of those messages?

Mr TOOMEY: From the perspective of a member of the general public, I would have no concept that there was a Protocol for managing homeless people in public places. I would look at a person sleeping rough and

think that someone should be doing something. That would be my general public response. From that perspective—that sense of unawareness of a protocol—whether it is necessary to, in railway stations, for example, or in other areas where it is possible, provide information that says, "There is a Protocol. This is what you should do if you see a homeless person or if you are concerned about someone. There is a Protocol." That reinforcement of a sense of there being a Protocol. It is important to remind not only organisations that are identified here but also first responders in any of these circumstances. With all of these things, if you are not dealing with it every day, you forget that there is a Protocol. You might have done the training on the Protocol two years ago and the next time you see someone sleeping rough you forget that there is a Protocol.

So I think that reminder piece in terms of consistently updating—speaking as a member of the public as opposed to someone in this role, I use my Service NSW app on my phone for reminders for when my driving licence needs to be updated and when my rego is coming up. It reminds me I need to do it. Those things are there. There are platforms, which probably did not exist effectively when this was conceived, which would enable organisations such as that to be updated and reminded of ways in which to engage with the Protocol, or if the Protocol is updated that they are not dealing with an outdated version, for example.

Ms JENNY LEONG: Can I just make the point that, given the conversation we had earlier, it is good to put on record a conversation about how more community engagement with the Protocol could be done and community education around the Protocol, because of the tensions. I note you raise that in your submission, and I wonder whether that is a really good observation from Mr Toomey in relation to the Service NSW app and other mechanisms for people to get alerts with, say, the Link2Home number, or other things to empower community members to support and assist.

The CHAIR: Yes, that is it. I guess it is communicating the message that there is assistance available and how to best engage with that—getting some of those messages out. Also, if you think of anything after today that you would like to add to your submission, please do that. If we have any further questions after today, would you be happy to respond in a timely manner?

Mr TOOMEY: Of course.

Ms NASSER: Sure.

Ms TRISH DOYLE: Thank you for the work that you do and that of your teams. It is tough work a lot of the time with people who are living homeless or who are at risk of homelessness. I commend you for noting several times in your submission that people who are experiencing homelessness, or who have been at risk or who move in and out of homelessness should be front and centre of this inquiry and involved in reviews of Protocol. I have put this question to a couple of other witnesses this morning. With the Protocol embedded in it or the Protocol popped to the side, there are many services and at different times there is a collaborative approach with service provision around the cycle of homelessness. Sometimes where there are gaps in service provision and people are looking for support, as you have identified, there are often businesses, or individuals or services that are not aware of the Protocol. If you were to speak to what you thought the priorities were, or what the gaps are in service provision to address those priorities that would assist in reviewing the Protocol, what would you say the gaps are?

Ms NASSER: That is a very big question.

Ms TRISH DOYLE: It is, I am sorry. Just speak to a couple of things there.

Ms NASSER: I guess the recent experience with the COVID-19 response has highlighted the important priority of a joined-up approach and collaboration between organisations. That has worked really well recently, particularly in Sydney—South East Sydney, North Sydney. There has been a concerted effort, a task force, that brought a number of organisations together to work to respond to rough sleepers and focus on housing rough sleepers. That approach as a priority is really continuing the approach of organisations working together, recognising that homelessness is a multidimensional problem. We need lots of different organisations in and out of that process to make sure that we are providing a holistic response. That coordinated approach is really important for street sleeping and rough sleepers in public places. One of the key responses that we strongly advocate for is the Housing First model, which is about providing the housing as the foundation and then wrapping the support around individuals to be able to sustain that housing. A key priority in the service system is more of those Housing First approaches. As Mr Toomey said, the Together Home program is a really good example where we say we are going to provide the housing and then we are going to provide the support package to go along with that housing.

Ms TRISH DOYLE: In reality does that exist across the board? It is a good model and there are examples we can point to but are the resources there? Are we seeing that response across the board?

Ms NASSER: I guess we need more of that and that is what we would advocate for. We need more of those housing-first models that provide the long-term housing. In the service system there is crisis accommodation, transitional accommodation, which we are one of the providers of, and we provide that accommodation, and sometimes that is necessary. Sometimes you do need a crisis response and sometimes the people we work with do need a transitional approach before they can move to long-term housing. We recognise that that is an important part of the service system. However, as much as possible, we want to see people go into long-term housing right from the beginning with the support wrapped around them and also the support following them or being tailored to their needs. So, it may be that, initially, that support is intensive but that can taper. It may be that the support is only for three months but it may be that it needs to go for five years. It is about having a client-centred approach around that individual.

I think the other big priority that we have advocated for—it is really important to stop the flow into homelessness through prevention. We are one of the key providers of prevention services in the homelessness area. So we provide programs that are like tenancy support and other early intervention programs. What these programs do is they identify the tenancy risk and they look at preventing that tenancy from falling over and the person becoming homeless. So there are a number of different approaches to looking at how do we prevent people becoming homeless. So tenancy support is one approach but the other one is around exits from institutions, and this is where a lot of people street-sleeping have actually come out of, whether it is corrections or hospital or a healthcare facility, out-of-home care, often they are coming out of those institutions straight into homelessness, so we really want to turn off that tap so that we are preventing, doing that planning, that exit prevention, very early on in the process. So they are just a couple of things that are really important.

Ms TRISH DOYLE: A couple of small issues to address.

Ms NASSER: Yes.

Mr TOOMEY: If I could just add on the question of capacity, if you like, in terms of the amount of effort put into this, it is really important to distinguish in the area of working with homeless people, activities that are designed to make the experience of living on the street more acceptable—that is, handing out of food et cetera—from activities that are designed to move people from homelessness into permanent and supported accommodation. Right the way across the spectrum, if you spoke to people and said, "Do you work with homeless people?", "Yes, we work with homeless people," and, "What is the intent behind your work?", I think there is effort that is put into treating the symptoms of homelessness which, in my view, is misplaced.

Actually, that effort should be redirected so you would have the same amount of overall effort but redirected into actually preventing homelessness or moving people quickly out of homelessness, instead of merely providing support services on the street which can lock people into cycles of dependency because, for example, "Why would I need to have any other service because I can just keep turning up here and getting fed?". So I think it is important to be clear about the distinctions between what the intent behind the activity is in relation to working with homelessness. Is it just serving people on the street or is the overall intention to move people away from homelessness and into permanent accommodation?

Ms JENNY LEONG: Can I just follow up on that to clarify because it would be really great to get your thoughts on this. We have seen a tension in some of the submissions around people's right to be a rough sleeper on the street and be safe in doing that versus the proactive or assertive approach to trying to support people with services. That does not need to be a tension in the minds of Committee members but I think it is raised as something that could potentially need addressing in the Protocol. Do you have thoughts about the existing services that are providing that support and service to people on the street and how the Protocol might give guidance on how those services interact? Because they are also a pathway or are connected into a conversation that then would enable other things. Either on notice or now, do you have thoughts about how the Protocol could address that in a way that would provide additional support and connection into service pathways, rather than seeing them as two ends of a spectrum?

Mr TOOMEY: Thank you. I think the Protocol, by its nature, any Protocol like this, is only ever going to cover what I describe as formal actors in this situation. There are a number of informal actors, so people, even at an individual level, who would choose to go out and say, "Well, this is terrible. I am going to do a barbecue for some rough sleepers so that they get fed." The ability to actually act on them is diminished because it is just a person and it is an informal thing but anything where there is any degree of formal activity, so in organisations which are covered by the Protocol, for example, organisations funded through Specialist Homelessness Services funding, I think there could be expectations placed that say you should only be acting from this principle, which is to move people out of homelessness. You should not be acting out of the principle of assisting people to continue to be sleeping rough.

But you are always going to be at the mercy of some informal actors. But would it not be an aspiration to be able to know confidently that nobody needed to be sleeping on the street and, if they were doing so, they were doing so by choice as opposed to having nowhere else to go. That then changes the dialogue about who is on the street and who is not on the street. And, yes, I know the civil rights arguments around people should be able to choose to sleep on the street but it would be, I would have thought from the Government's perspective, a fantastic thing to be able to say, "Yes, they are choosing to but they do not need to."

Ms JENNY LEONG: And it is. It is part of the challenge because in a scenario where we set what is seen as a big target—only to halve rough sleeping—to my mind immediately opens up the space to say, "Well, if that is the ultimate goal then half the people will still be on the street", so there needs to be that support. That involves conflicting challenges because if that is the ultimate goal, as opposed to ending rough sleeping, then we have issues.

Mr DUGALD SAUNDERS: Mr Toomey, you raise a good point. In many cases people are choosing to remain there. They really do not want to be home. They want some food and occasional help. We see a bit of that, where a lot of support is offered, some is accepted, some is refused consistently, including housing. So that is a challenge, I would have thought.

Mr TOOMEY: It is a challenge and I think the numbers of people in that cohort—there is a tendency, I think, for people to become mesmerised by the possibility that one or two people might have turned down a service and actually there are 15 people who did not. If we got to the point where we, as a society, effectively, in New South Wales, were confidently able to say, "Everybody who wanted a service and responded to what we had to offer had one available to them and got it and got supported et cetera", then you would be looking at a very small cohort of people, as opposed to a view—and I am not suggesting you are taking this view, but I hear it—of, "Oh, well, people don't want to so I won't help anybody", which kind of means that you end up always in the situation where you are chasing yourself to try to overcome the problem.

Even in those cases, though—the ones you identified—the experience that has come through COVID-19 of working with some—and there is a relatively small number of rough sleepers in Sydney who have consistently proved extremely difficult to provide accommodation for and to accommodate, and we have been working across sector through the End Street Sleeping Collaboration on a complex cases piece of work where we have actually identified those people down to the individual and we have collectively looked at their needs and looked at what we can do as a collective to find a solution for them, a tailor-made solution for them. There is actually a handful—I mean, literally, it is less than 15 people—and there are many, many more people than that who are not in that category. And even in those cases, we have had some success, by concentrated, coordinated effort, to say let's pull down the barriers between organisations and stop this sort of "I can't refer to you because you're not—" and actually set the permissions and make it possible to provide solutions for people.

Sometimes it will not work the first time and what you do not then do is say, "Well, we tried something and it didn't work", because you go back and you have another go with another kind of solution. Even with the COVID-19 response, there were people who were placed into hotels who had been declining transitional accommodation for years, and yet with a different scenario placed on them, which was that we are coming to you because we are concerned that you are going to get infected and die—and then have experienced what it is like to actually wake up in the same place every day. Their view of what accommodation looks like has shifted as a result. There are some recent experiences which would give us some intelligence around how to approach the problem.

The CHAIR: Given that the Protocol is for a broad base—and you are saying there are 16 that are different to the norm—is there anything with the Protocol that we could add, tweak or adjust that will help capture those that are in different circumstances to the average person that finds themselves sleeping rough?

Mr TOOMEY: One of the thoughts that occurs to me, responding a bit to what Mr Harris pointed out is should there be somebody sitting over the top of it? If you look at this list of people in the Protocol, you could expand the list of people covered by the Protocol. What I experience and what tends to happen is that people get passed from one agency to another. The more agencies you add to a protocol, the more people can get passed around. What would probably be a really significant shift in a protocol would be the identification of a single responsible person within one of these organisations—it does not matter which organisation and it does not have to be a specific organisation each time—who has, if you like, a case management responsibility. They could say, "Here is this person. I have got permission to work across all of these organisations to get a cut-through in order to get solutions, instead of just passing the problem."

I have got no evidence of this happening in New South Wales, but in previous experience, "Can we just move this person to a different jurisdiction and then they become their problem?" Literally, physically, "Can we stick them on a train? They can get off the train in Dubbo and they'll be Dubbo's problem, not my problem

anymore." So, to overcome this sense of, "No, someone has got responsibility," which cuts across all of the parties in the Protocol. They are actually going to try and move something forward for that very small number of people who might be very, very difficult to provide services to. But the gaps that people fall into through a lack of coordination of provision—I do not know if that is already in the scope of the Protocol, but maybe that is something that could be considered within the Protocol.

The CHAIR: I will use Service NSW as an example. I am not saying to do it this way, but if Service NSW was the first key point, they would say, "You perhaps need to see Mission Australia." Is that what you are thinking would work better, if there is a lead body that divvies it out?

Mr TOOMEY: Well, that, but also that the person is able to say, "Okay, you've plugged me into Mission Australia. I tried it with Mission Australia and it didn't really work very well." And instead of it being like a board game and it is just a dead end, you may have an overarching view which is, "Okay, why didn't it work with Mission Australia? Maybe I need to speak Mission Australia and get something to occur, remind them of their responsibilities under the Protocol and make sure you get the service that you need. Or maybe Mission Australia was the wrong organisation for you, let's try something with The Salvation Army." But that someone has a consistent connection with an individual—we are talking about a handful of individuals. It would actually allow them to get cut-through across government and non-government organisations.

Ms NASSER: Just to add, the importance of data is really important here, as well. How do we know where the homeless people are? How do we know what their needs are? How do we ensure that not every single organisation is asking and that the person is telling their story to multiple organisations? I think that information base is really important. This is where the initiative like the by-name list that the End Street Sleeping Collaboration is working on is really important. That is trying to identify the homeless people by name, where they are and what their needs are so that organisations can access that information and work collaboratively. Platforms where information can be shared—obviously with consent—are a really important part of this picture, as well.

The CHAIR: Almost like the quick response [QR] code that we have got now. If they are happy to give that so the next person that they deal with has—without them retelling that story, which obviously has an element of trauma involved every time you tell it. If they are happy to sign off on it in the beginning of the journey to try and resolve their issue, that could be something that we could look at.

Mr TOOMEY: Yes, that is right. The work behind the by-name list seeks to achieve an element of that, which is actually understanding not just who people are and where they are but where they might be next time and whereabouts in the system they are, as opposed to them just being a number. With street counts, which basically count a physically body, that person may or may not be there next week. But they might have been replaced by another person. It looks like we have got the same amount of people who are sleeping rough, but we do not know if it is the same people sleeping rough. That is important. Data is very important.

The CHAIR: Thank you so much for coming. We really appreciate your time.

Ms NASSER: Thank you.

Mr TOOMEY: Thank you very much.

The CHAIR: If we do have any other questions then we will forward them to you. If you would not mind responding, that would be great.

Mr TOOMEY: Thanks very much indeed. Once again, we really welcome the review. We wish you best of luck in your deliberations.

The CHAIR: Thank you very much.

Ms JENNY LEONG: Thank you for coming in. Look after yourselves and your teams.

(The witnesses withdrew.)

GREG COVENTRY, Volunteer, Newtown Neighbourhood Centre, sworn and examined

JASON PRESTON, Case Manager, Newtown Neighbourhood Centre, affirmed and examined

The CHAIR: Before we start do you have any questions about the hearing?

Mr PRESTON: Not at the moment.

Mr DUGALD SAUNDERS: Mr Coventry, would you tell us little about what you do?

Mr COVENTRY: I concentrate on getting through every day after being on the street for a long time. At the moment that is what I am doing, I am just trying to get life back on track. I have started doing some TAFE courses, but unfortunately COVID stopped that for me. I have had a lot of support through the neighbourhood centre and Wesley Mission as well, the whole Newtown community really. It gave me a reason to start to want to give back to the world. That is where I am in life at the moment. We are just having a bit of a pause while this silly thing is around and I'm just keen to get back into it when I can. That is all it is about now, just trying to give back what was given to me.

The CHAIR: What TAFE courses were you doing before COVID hit?

Mr COVENTRY: A Certificate IV in Community Services at Ultimo. I was just about to start a computer course to learn how to use one of these things, but I went to the wrong campus the other day so I will start again next week. That will be face to face so that will be good. That is pretty much life at the moment. It has not been a long time since I've been off the street, probably nine months, 10 months, maybe a bit longer, I'm still fresh with that.

The CHAIR: As someone who has been a rough sleeper what message would you like to get across to people who work on the frontline that deal with people who do sleep rough, what is your main thing that you would like someone to know that works in that space?

Mr COVENTRY: What I learnt on the street is that there are a lot of facades out there, a lot of people are putting on a face because there is a lot of fear from society all of a sudden. You become a bit of an outcast and people do look at you differently. I would like more education out there for people—the difference between mental health and drug abuse and stuff like that. And more education around that, I think, is important. There are a lot of people out there that are not abusing substances, they are just a bit lost. I think more compassion in the way they are treated. They are not thieves, they are not going to rob people—most of them. Just treat them like a normal person, give them their little bit of space, say hello.

That's what I always thought when I was out there. If some people just walk past and say hello and it gives us a bit more worth—might be a good idea. That is about it. People are generally kind, I found. That did spin me out a bit. I was a bit confused by that at first. Just let them be is probably the best way. Say hello and if they want to talk to you they will talk to you; you will probably never get away. I think just more compassion and more awareness of mental illness and drug addiction and what drugs do to people without just putting them all in one basket. That is a very important issue.

Mr DUGALD SAUNDERS: What is your situation now? Where are you living now and how is that going?

Mr COVENTRY: I was in Earlwood at Wesley Mission transitional housing for about four, five, six months, something like that. Now I have been given housing out at Concord. I am happy out there. I wasn't at first. I am not a good person with change, so it was difficult for me to get used to it. I have got a 14-year-old daughter and I am close to her. She can come and visit because I have a two-bedroom place. Housing have sort of come to the party, it was that good. Life is good. I can see my daughter and that is all that really matters, otherwise I would have probably not cared so much. I had to go back in my life and show that I could pull this out. I am still working on it. It is still a work in progress and, I guess, that is all I'm really doing it for, I have to do it for my daughter. Showing her that people are kind in the world. That is about it, really. I like looking at all my daughter's photos and I am slowly setting up her bedroom and I don't know whether I am allowed to paint public housing or not but I have already painted it for her. We will see how we go there.

Ms JENNY LEONG: That's all right, we will all back you.

Mr COVENTRY: She is a seven minute walk away now. She has a key to the house, her own bedroom. Wesley Mission and the Newtown neighbourhood centre, without them we wouldn't have been here so I have to thank them, and Jenny too and the Newtown community. It is an amazing place. It is my spiritual home. I do not live there right now, I live in Concord, but I'm still there every day.

Mr DUGALD SAUNDERS: How do you go in the kitchen?

Mr COVENTRY: The kitchen—I love cooking. Who wants to come over for dinner?

Mr DUGALD SAUNDERS: What is your best dish?

Mr COVENTRY: I don't know. My daughter loves hamburgers. She says I make pretty good hamburgers. I like cooking lamb rack and stuff; it's pretty good.

Ms JENNY LEONG: One of the things we are doing on this Committee is looking at the guidelines for how police and Sydney Trains and all the different government agencies and all the different organisations like the neighbourhood centres have guidelines for how they interact with people who are sleeping rough or homeless in public places. You made comments that part of it is having guidelines around people making eye contact and saying hello; that kind of stuff is actually really helpful. Do you have other thoughts about what would be really good to tell the likes of people working at local councils, on the trains, what kind of guidance do you think would be good for them to get when they get training on things to help people that might find themselves homeless or sleeping rough?

Mr COVENTRY: The trains are an interesting one. The New South Wales train people are pretty cool, they let you sleep on the train overnight, they don't care. You can go to Nowra and they don't even kick you off, they just let you come back again. If you go to Newcastle they kick you off. It is all the different areas. It is very strange. I didn't really like that system. I would rather go and sleep somewhere else. I didn't want to be on a train. The police, they have to learn that opportune moments aren't always opportune. If you are asleep you are asleep. I did have a history with drugs and I did have form and that's when they would come to you, when you go to sleep. The drugs that were the drugs of my choice you did not sleep on, so if I was asleep I obviously didn't have anything.

They would wake me up and search me in the middle of the night and tip my stuff all over the floor and then just walk away; there was no need for it. I have seen them do that with people on the street I knew for a fact did not use drugs and they should have known this by now. The Protocol that I have had a look at, I do think the police adhere to pretty well, but then it becomes their personal choice of what they want to put into this grey area or how they want to react and each person has a different mindset. They are a human being. They need to be a bit more trained in mental health because they just assume that everyone is on drugs. They used to come up to us and just ask how you were, but that was a guise to get to you. They were not interested in how you were. They wanted to find out who you are, what your ID was, whether you had drugs on you, and they would wake you up to do this.

I think that was probably one of the worst things they could do. If you are asleep leave you alone. They do not need to come near us. We are not doing anything wrong. We have nothing on us, we are just sitting around sleeping. Then they just tip all your stuff on the floor and walk away. There is no compassion. I know they are not counsellors and I know they have a rough job, they have had to deal with me before. But they have to learn something and there has to be some give in them and the NSW Police Force—and I grew up in Queensland predominantly and the Queensland police force is becoming more Americanised all the time and they are becoming unapproachable. If you are in trouble you cannot go to them. Especially as a homeless person you don't feel you can because they are not interested in the problem. They are going to go into the past and what the computer says. I think there can be a lot more training with the police. I don't know what I mean by that, really.

Ms JENNY LEONG: I think that is great. It is really helpful to get that view. We were talking about ways to make sure that people who were sleeping rough or were homeless got the messages around what the protocols were so that they felt like they knew and had the right contacts. The irony is, the Protocol has all the services you call, but the government people, who are not homeless, have the Protocol and the people who are homeless do not have that list. Are there any thoughts you have around the best avenues—the Chair mentioned before about putting up ads in train stations the numbers or contact details. Where do you think the most useful places are that that information could be shared that would actually be helpful? Because obviously sitting in the back of a protocol in a government bureaucrat's folder is not a useful place for a homelessness hotline.

Mr COVENTRY: The signs up would be good. A lot of the homeless guys out there sleeping rough would not really take too much notice of them. We have heard a million stories from a million people from calling these phone numbers. Again, it is different all the way across the board because you get a different person every time you call someone. For the Government, the food vans and things like that would be a good opportunity to get out there—working more closely with these guys, acknowledging what they do for us. I did an SBS TV show with them about homelessness, Newstart, blah blah blah, and we went to a food van down at Eddy Avenue called Will to Live. I have known this guy a long time. He started off ages ago—he was a troubled soul for a little while and then he was wandering around putting up homeless showers and stuff and the council would take them away

and throw them away. He was spending his own money on this. This poor guy was doing this six nights a week—feeding 150 homeless guys—and he is on Newstart and is not getting any acknowledgement for what he does. He still has to go to all the Newstart stuff, which is fair enough. You have to do what you have to do.

If you went to a place like that where there are 100 homeless people lined up and started having people talk to them—not so much police, it would take time to get that into them because there is fear around police, but just having someone down there to say, "Look, these are what your rights are." Because, for a lot of the guys out there, it is a lack of sleep, not drugs, that causes mental illness. You cannot get sleep out there so you end up in trouble because your mind goes. His mind was going, I know it was. I think working more closely with those people and giving them the credit for what they are doing. There is Korean church, there is Will to Live—there are all these wonderful people out there doing these wonderful things. Just a bit more of that and we need neighbourhood centres, I am going to say, "boosted". We really do.

I am watching Newtown Neighbourhood Centre at the moment and it is slowing down a little bit in different ways. These places are an integral part of what will help homeless people. I walked in there for months before I even talked to people, but I felt comfortable there. They did not push themselves on me and I could eventually just say, "Well, this is who I am." While that was all happening, it was mayhem. I was using and I was doing all sorts of crazy stuff, but they did not judge. That is an important part—the judgement of people. As we know, Newtown is inclusive—no-one judges anyone there. I think that is an important part of it. We need to boost up the neighbourhood centres a bit and get them going because they are a very important part of the world. The people in there are genuine; they are cool.

Ms JENNY LEONG: That's great, really good.

Mr DAVID HARRIS: Can I ask you, Mr Preston, going on from that comment—I think it is a fantastic comment—about neighbourhood centres. In the tree of things, how do you think neighbourhood centres are viewed? Because they have a lot of volunteers and things, do they get the recognition for the frontline work they are doing?

Mr PRESTON: I have only ever worked at the Newtown Neighbourhood Centre. Previous to that, I was an engineer at Qantas for many years. I wanted to work at the Newtown Neighbourhood Centre. For the last few years that I was working at Qantas I always said that I wanted to be a caseworker. I started studying, I lived in the Newtown area for a long time and I knew from years ago that I wanted to work for the Newtown Neighbourhood Centre. I had that drive. I used to live in the area for many years and I think we are a bit of a lucky one because we have a specific boarding house outreach program that is quite well regarded. We get a lot of feedback from government departments—Health—and we are always on the front line when it comes to lobbying for certain things. In a little way we have been given—I would not say it is an easy run, but we get a lot more recognition, I would say, than others. I live in the Sutherland Shire and I know that there are small community centres there that probably do not get a very good look in. I visit them sometimes and introduce myself and have a chat to them and I have volunteered at a few of them. They are on different projective from us.

We have been lucky in that way. We are pretty well known in the Newtown area and, as Ms Leong knows, it is a big, inclusive area and a lot of people gravitate to the place and they have for a long time. Through the years we have had little snippets of talk of moving and there is a lot of outcry. So, the question is little bit tricky for me because, as workers, we feel very cherished at the Newtown Neighbourhood Centre. It is a totally different work environment than I have ever worked in before. As workers, we are cherished by our team leaders, and I think the community holds us quite high, as well. In saying that, we have a lot to live up to; we have a lot to make sure we perform to.

Ms JENNY LEONG: There was an observation on that—the library comments from before and the fact that public spaces have not been open and what that means now. I think that there is an idea that neighbourhood centres are somewhere people drop in for something and then you are connected in with other support—the same as councils or libraries. I do not think anyone has that solution but it is a real consideration if that is the pathway in for people to get other support. If those things are not functioning because of COVID, it becomes a big issue.

Mr PRESTON: It is tricky. It is tricky just day to day as a case manager. My role is to try to get people housing, or sustain their housing, and it is really hard doing it on the phone. It has been stressful because I have had phone calls where I just cannot help the person I am trying to assist. It just cannot be done on the phone; I need to be there.

Ms TRISH DOYLE: Can I jump in to thank you both for sharing your personal stories, as well as what you are doing to work with and assist others. It is really important to bring a real-life account into the Parliament

so thank you for doing that. I would say—and I am bias—that we have the best neighbourhood centre in the Blue Mountains.

Ms JENNY LEONG: I told you, once you start mentioning it, everyone gets competitive.

Mr COVENTRY: I'll come visit.

Ms TRISH DOYLE: I think the neighbourhood centre model as a soft entry point for all sorts of people who may or may not have issues, or who may or may not be able to articulate what it is that is going on for them, is incredibly critical because people do not necessarily always know to reach out to specific services or even that a specific service exists. That soft entry point is absolutely critical and the work that you do, whether it is as a volunteer or a case manager, making someone a cup of tea or just saying, "How are you going? What is happening in life at the moment?", is really important. That space, as Jenny has alluded to, or the lack of space at the moment, is terrible. My neighbourhood centres tell me that for the better part of the last decade they have been asked to do more with less. With more and more complex issues and more people coming through neighbourhood centres, there are just not the resources; they are already at capacity. The way in which you manage, the teams that you have and what you able to do is restricted because there are just not the kind of resources. If you were to make a suggestion to us, as part of a committee to the Government, about the sorts of things that you need to assist you to help your community, what would be the top three things in terms of resources to help you work?

Mr PRESTON: You could go straight to the top and just say funds, obviously.

Ms TRISH DOYLE: More case managers?

Mr PRESTON: Yes, as a case manager I am quite stretched. In our program the people we work with can stay around for longer periods of time—it is not like you have a 12-week entry and exit appointment; you could be with us for two years. If you are living in a boarding house and you need assistance, we could be there. At times we could each have a case load of, say, 12 guys or girls, and we have a waiting list, which is a real shame. It kills us to have that waiting list because there are some really needy people who walk in.

Ms TRISH DOYLE: How many people approximately?

Mr PRESTON: I am not really up to date with that sort of stuff but there would be a time when there is at least six, seven, eight people. Some caseworkers go through clients really quickly. You may have someone come up, present, be issued a casework and they never show. So, bang, next one, off the list. But there are times when definitely we get an email saying, "Look, no-one else take any more intakes. If you talk to anyone on the phone please just let them know that, unfortunately, there is no more room and they will need to go on a waiting list", and that is not the sort of answer you want on the phone, I imagine. I have had to give that talk. When I talk to people on a day-to-day basis, I know that that is not what they want to hear.

Can I mention one thing? Sorry to backtrack. When you mentioned about the self-entry to the neighbourhood centres, we get people who come to our front counter sometimes. We will get anyone from an 80-year-old Greek lady who cannot read her water bill correctly because she has never learned English come in and say, "How do I pay this?", to someone who has just come out of jail who is going nuts. So it is a crucial entry point. People know to come to Newtown Neighbourhood Centre. I am sure that happens to others but the reputation goes around through the jails, through the homeless sector, even through some disability and Indigenous sectors as well. They all come over to us and want to drop in. But, yes, stuff like funding, more case managers would be amazing. But our hands are tied really. If we had the money we obviously would excel in that. We are trying to focus now on getting a bigger volunteer setup. We have never done it before. Obviously, volunteers can only offer that support to a certain level, due to training, but we are relying more so on volunteers because that is all we can get. There are a lot of people coming in from the public who are helping us, which is good to see.

Ms TRISH DOYLE: We see that reliance on volunteers more and more.

Mr PRESTON: It is huge.

Ms TRISH DOYLE: Thank you for that answer and thank you for sharing yourselves with us today, too.

The CHAIR: Mr Coventry, what brought you to New South Wales from Queensland?

Mr COVENTRY: That is a bit of a story.

Ms JENNY LEONG: You should remember that it feels comfortable in here but the hearing is being recorded so you should tell the version that you are happy to tell to wherever it goes.

Mr COVENTRY: Oh, right. I will tell the polite story. I did the right thing. I had a Kiwi girlfriend, did the few years in New Zealand like all Australian boys should do. Then I came home and I missed the plane back to Queensland, so I stayed in Sydney. That is about it, really. Then I went to Mum's place and I was into some stuff back there. She wanted me to go to rehab and stuff so we did that game in 2001. It didn't work out so well, obviously. So now, in 2020, we are back again. But now we are a bit more driven and a bit more focused with control and stuff. But, yes, so that is how we got to Sydney. That is about it, really. So I just missed the plane and never went back.

Ms MELANIE GIBBONS: One of the few benefits of COVID is that we have been able to find long-term temporary accommodation for people and that support can come to them so they can get that intensive support. Rather than having to go out and find it and not know where to look, it is coming to them. Is that appropriate? Do you want the knock on the door or do you want to be able to go and find it yourself as long as you know it is available? Is someone coming to you a good thing or does that feel a bit invasive at times as well?

Mr COVENTRY: I think it depends how it happens. We have the HOST team out there—the homeless-off-the-street team—and, for me, I was never approached by them. I approached them, which was a mistake.

Ms MELANIE GIBBONS: Why is that?

Mr COVENTRY: They do not really like to be approached too much. They want to do this by themselves and stuff. They were turning up at Newtown at 9.30 in the morning. We were awake. We are not homeless sleeping; we are not asleep anymore. So, they are approaching certain people and putting them into TA for a long period of time. I think it is a good way to do it because a lot of blokes just will not do it because people come up to you all the time and promise you this, promise you that. It could be a person from the street, it could be an outreach or it could be someone else and the promises do not always come to fruition or it is impossible because I am not in the same place the next day or you have moved on and they cannot find you and you are not contactable on the street. So, I think that somebody out there, more teams like that, more outreach that can actually do it, with the ability to put straight away and take them off the street and help them out, with ID or without ID, and just get them out and work out who they are later. I think that is a good idea. And done properly. Go softly, there is no need to take police or anything like that with them. Just have a nice chat with people, let them do their own decisions.

Ms MELANIE GIBBONS: And follow up on their promises.

Mr COVENTRY: Yes, follow up on promises. That is the big thing. A lot of people promise a lot of stuff out there, from the general public to certain social workers that I have dealt with through my time. I have been lucky with mine. But yes, just follow through with them. If something is going to happen—

Ms MELANIE GIBBONS: You said you were transitioned with Wesley Mission. Is that right?

Mr COVENTRY: Wesley Mission, yes.

Ms MELANIE GIBBONS: What kind of accommodation did they offer?

Mr COVENTRY: I was working with a caseworker from Wesley Mission for a while and they gave me—I went to Edward Eagar for a couple of days, a little while. It was not my cup of tea there. So then I went to the Mac centre but Wesley kept working with me and then I got a one-bedroom apartment in Earlwood. And I remember getting there and I was sort of looking at it thinking, "Hang on, this is another trick." I did not believe it. I did not believe it until they left me there with the key, and then I pretty much walked out and went straight back to Newtown and just hung out on the streets for a few days. So it was really weird for me to get that place.

Ms MELANIE GIBBONS: So that support was not there for you once you got the key?

Mr COVENTRY: No, it was still there. I just did not really know what was going on. I was given a few days' space just to try to figure it out but my mind was wrecked. I had come out of a long ice addiction and lack of sleep on the streets, too. I was still trying to figure out what was going on and what was real and what was not. So, for me, it was a bit weird. The strangest thing there was I did not shut the door and the dog from the neighbours walked in and he licked my leg and I was like—and that is when I started feeling this was real. So it was little things like that, you know. Just like it was a dog in my house all of a sudden and then I was sort of thinking it was my house. Then my daughter came and stayed over and that was when I went, "Hang on, this time life is all right."

Ms MELANIE GIBBONS: "This could work."

Mr COVENTRY: Yes, and so I started believing in myself a bit more.

Ms MELANIE GIBBONS: You mentioned the lack of sleep when you were rough-sleeping. What is it like? Is it being constantly woken up? Is it not being able to find a warm, safe place?

Mr COVENTRY: It is a lot of them. The waking up and stuff—there are a lot of people out there doing work at night-time. They have got to do their work. Trucks are noisy, buses are noisy. It is just part of it, unfortunately, but I guess you are living in this state of jetlag constantly. Thoughts are not processing, nothing really happens, nothing really works properly in your mind and it just continues on. I thought I was a mess when I was on the drugs but once I realised that sleep was gone I could not figure things out anymore. I just did not have that answer in my mind. So it did become really difficult without the sleep, but it was all of that stuff. The general public waking you up to say hello sometimes. I always found that very strange. Why would you wake a homeless bloke up and say hello?

Ms MELANIE GIBBONS: "I don't mind you saying hello but don't wake me up to do it!"

Mr COVENTRY: Yes, or, "Here, wake up, here's some food" at 2.00 in the morning. Who eats at 2.00 in the morning? But, yes, it was a lot of that sort of stuff, so it was difficult. A lot of people meant well by it. It was nothing horrible out there. I was kicked once in the back in the couple of years that I was out there. So, once is not too bad, I guess.

Ms MELANIE GIBBONS: It is not great.

Mr COVENTRY: No, it is not great but it is what it is and when you are out there people are also a bit scared of you sometimes. This guy was, obviously, just drunk, cruising down the streets of Newtown in the middle of the night. I do not know what his problem was. I did not worry about it too much. But, yes, I do not know. It was very hard to get comfortable and the safety factor and just that peace before you need to go to sleep, that everyone needs—you do not get it, you just have to eventually pass out, so you wait until that limit all the time.

Ms MELANIE GIBBONS: I think Mission Australia's submission raised what to do with people's belongings. If you have a doctor's appointment to go to or if you have an appointment with Centrelink or whatever, what do you do with your belongings? Are they then collected by council and removed or—do you take a chance?

Mr COVENTRY: For me, I just carried one bag around. I always thought travelling light was the best way to go. Honestly, I thought I would just get pulled out of it and miraculously somewhere—this is where my mind was—someone was just going to be an angel and find me and take me somewhere. I did not know what was going on so I did not need anything. I see a lot of that stuff around there, and the permanent stuff on the street, I chose not to do. I never really stayed in one spot. I have seen the council come and clean up a lot of messes. The council needs to do it sometimes. I have seen them get very messy with rats and all sorts of stuff and crazy stuff, and I do not know if the rats slept on me or not but I have also seen homeless people who are very clean about their place. They have little brooms and they will sweep around everywhere and they will do all this sort of stuff, and the council will still take that. So whilst big queen-size mattresses made up on the side of George Street do not look flash for the city, that is all they have got, so I think they should just leave it there.

Ms MELANIE GIBBONS: We need to work out what we need to advise when we develop the Protocol on how councils should relate with rough sleepers.

Mr COVENTRY: One of the things I am confused about, if I can ask a question, is what Central Station did. They do not allow people in there anymore at night-time. They walk through and they will kick everyone out. It is a safe place. It is light, it has got cameras everywhere. No-one can get hurt in there. So a lot of the elderly ladies that are on the street, a lot of the more elderly gentlemen, they used to go there and hide there and now they are not allowing it. I do not know why, it is just an open space. They are not doing anything, they are just sitting there.

Ms JENNY LEONG: I have heard that as well. I think it is a disconnect again. We were talking earlier about the Protocol and how it interacts with the police requirements. I think part of that is the health directions. I think it is probably worth us making a note of how that connects together as well because people have been telling me the same and then others have said it is because of the health restrictions, rather than because there is a change in Transport's policy.

Mr COVENTRY: Yes. But this was happening before COVID, too.

Ms MELANIE GIBBONS: Once again, different agencies not really working together.

Ms JENNY LEONG: Yes, totally. Yes. But if you are going to take that away you need to give an alternative safe space for people to sleep, right?

Mr COVENTRY: Exactly right. Yes.

Ms JENNY LEONG: The option is one or the other.

Mr COVENTRY: And the TA places—they are alright, but they are TA places. They are what they are and they attract what they attract, unfortunately. So, they need to be maybe more monitored, a little bit.

Ms MELANIE GIBBONS: Mr Coventry, how long were you sleeping rough for?

Mr COVENTRY: A couple of years.

Ms MELANIE GIBBONS: Yes, right. So, what did you do in major weather?

Mr COVENTRY: Got wet. Went to the Woolloomooloo tunnels. Just did what you had to do, somehow. Sit inside a shopping centre until you got kicked out by the security guards or stared at for long enough until you felt that uncomfortable. You just did what you did.

Ms MELANIE GIBBONS: Does anyone come around and say, "Here's a warm place to go", or anything? Is there any advice or support during those kinds of times?

Mr COVENTRY: For me, I was a bit scared of all of the Haymarkets and all those places. I did not really know what they were. After being at Tivoli House for a little bit in TA there, I was like, "Hang on, I'm safer out on the street." People would come and do this all the time, or want to give you stuff, and I did not want to carry it. So, I would say no to a lot of stuff. For me, I decided to stay out there through the weather. I would not go into the places. But you can get off the street. You have got Talbot. You have got the Haymarket. You have got these places out there that—you can get off the street if you really need to. They are not ideal but what can we do? I realise through life completely that the funding is not everywhere.

Ms JENNY LEONG: Is the concern in those places that they do not feel safe?

Mr COVENTRY: It is more your stuff. You fall asleep in those places and you do not know what is going on. It is difficult. Talbot is improving a lot, I know. Edward Eagar, that is an interesting place in itself, but that is coming good. It is run by Wesley Mission, so it is good people. More places like that would be good because that has got size. Tivoli House is good too. It is clean, but you get a lot of people straight out of jail there and they are not really—there is no support there. There is no caseworker at that place so they do not get any support. So they just run on their own bat straightaway. I have come out of jail before and you do need support. You do need a bit of help. I am proud of being free for a long time—since the early '90s I have not been to jail.

But, yes. I think that sort of support through the TA systems—Edward Eagar probably, with the support worker you get there, even though it was not for me personally, it was a better place. So, more TA and more availability for that—maybe longer. It is 30 days. It is a couple of weeks. You are only just getting into your mindset again. You might do your washing for the first time and then you have to get kicked out again. And not so many appointments with Housing, too. If you give me 30 days, give it to me now. Do not give me two at a time and make me come back all the time. That makes you cranky and then the system gets cranky and everyone gets cranky at everyone. It just does not work out.

Ms MELANIE GIBBONS: That does not help.

Mr COVENTRY: No.

The CHAIR: Mr Coventry, you were saying that you never really stayed in the one place and that you moved around a lot. That, of course, then makes it hard for people to get in touch with you when you are trying to sort out things like housing. How can we better help people that are sleeping rough in that scenario? What made you move around? Was it because of your safety? Did you feel if you were not in the same place, you were safer?

Mr COVENTRY: When I was still out there using drugs, I hung around in the city a lot. I did not want to be around Newtown. I did not want Newtown to know me on the drugs. I really did not want that to be seen, so I kept myself away from there for a long time. When I was using the ice we just moved everywhere and did not sleep. We were running around all over the place. Then when I got clean on the street, I found that I just did not want the people that knew me from using drugs to know where I was. So I was back in Newtown. I was always in the area. In Newtown—I felt safer there, away from the drugs too. So I would just mosey around up and down King Street.

For a long time the guys at Newtown train station let me sleep behind there. Unfortunately that was compromised by someone else who came in and found out I was sleeping there. They did the wrong thing by the train people. So, it was just that. I just wanted to stay away from the people that knew where I was. I did not want to be found again. It was paranoia. It was paranoia to stay clean and just to get away from the drugs. So that is why I moved around the most. It was just easier because they would follow you. "Do you want to buy this?" Because they want money.

Ms MELANIE GIBBONS: Mr Coventry, thank you. This has been really, really helpful. What it has helped me to understand is that there are different situations for everyone. Whether the support comes to you or whether you need to look for the support, everybody's circumstance is different. When we are putting together a protocol we need to make sure that it is—it has got to be tight but it also has to be flexible enough to look after people and everyone's individual needs.

Mr COVENTRY: Exactly right. Across the board, whether you are homeless or not, everyone has got different needs and everyone is a different individual. I met the most wonderful people on the street, some people that I will consider family for the rest of my life. I still go and talk to them a lot. I go there nearly every night at the moment because I do not know what we are going to do with them. As I walk through the city right now there is more—through this time, at the moment, we have done a reasonable job of giving them more TA. But I think it should be indefinite at the moment because these guys out there—I just was talking to a couple of them. They do not recognise me in a suit. They are just like, "What is going on here?" They were just saying, "We've just been put back out here again." That seems to be the general rule. Their time is up.

This was not something that they wanted. TA before was a voluntary thing. You did it when you wanted to. Now, they have used it when they had to, so now they have got no time left. I think that should be extended a bit. I do not know whether the Government can go and build a big, happy house for them all. It would be nice. That would be a fun place to live, I think. But, yes, something like that. I do not know. I know Edward Eagar is improving a lot at the moment. They are going to do their renovations and it will be a good place for them. So, we have just got to wait for that time and see whatever this COVID thing does, too, I suppose. I did not really understand that for a long time.

Ms MELANIE GIBBONS: No. None of us did.

Ms JENNY LEONG: I do not think we all do.

Mr PRESTON: Could I just say a few words too? The TA thing, when it first started, the announcement that TA was going to be given, it was one of those bittersweet things. "Oh, great. Awesome. It's going to happen." Then we started thinking, "What's going to happen when this ends?" It was a bad ending, I have got to say. I was working from home at the time. I was getting calls from people that were not clients of mine, but my clients had given my number to other people living in these hotels at the time. I had two clients in one hotel, plus I was running with two people I did not know. All four had just been dropped, just like that—out.

There were not engaging, but they were not engaging because they were quite mentally ill—all four of them. I was liaising with Housing and Housing basically just that, "That's it." It did not matter what I said. "They're going tomorrow." I was ringing up, going, "Come on. This guy is very ill. He's lost his mobile phone. There's no way of contacting this person. You can knock on his door. He's not going to open the door." This was one guy in particular. They said, "No, we're throwing him out tomorrow. We're going to ask him to leave. We're going to open the door and we're going to throw him out." It was quite a sad state. They were saying to me, "Look, you've had ample time to deal with him." But in essence, in the middle of COVID, trying to find accommodation for someone—

Ms MELANIE GIBBONS: Everything takes three times as long.

Mr PRESTON: Yes. Trying to find a boarding house owner who says, "Yeah, yeah, send some guys over in the middle of a pandemic to view the room." They were not into it, either. A lot of those places had shut their doors or were going underground. I found the TA system—although it looked great and sounded great, the ending was a big crash for us. We got hammered after that. I am sad to say my guy passed away—that gentleman. He got put back on the street. I never heard from him for three weeks. I could not get in contact with him and then I got a phone call. Actually, Mr Coventry found out and told us that my client had passed away. He OD'd in the street. I know TA was mentioned before—about 30 days. It sounds great and sometimes in 30 days you can get a lot of work done. Sometimes I can house some guy in two hours. But there are times when you can make hundreds of phone calls and you cannot find a boarding house, and a boarding house is only a step up from the street. It is unstable and it is unhygienic but it is a roof over your head. There can be times when you cannot find an empty boarding house unit for weeks. It is tricky.

Ms MELANIE GIBBONS: In some ways, maybe, it is a case of someone like you being able to show Housing the work that has taken place.

Mr PRESTON: We do that. We usually write a support letter saying to Housing, "Please, we're working with this gentleman." When it comes to the weekend—say I get a client on a Friday. They have got nowhere to live and they have got a heap of stuff. I will write a letter to Housing and say, "I'm not in tomorrow. Take it to Housing and show them." Housing will give them until Monday morning. It is like, come on, I've written a support letter. "I'm going to be back on Monday, feet on deck, ready to go, but you're kicking him out already." People

front Housing every day with, sometimes, shopping trolleys and stuff. They get two nights of accommodation. They have got to pack it all up. They have to cart it all back down. That is when they start losing their belongings, too. They say, "You know what? I'm going to leave this one bag." Then the next day they cannot be bothered. "I'm going to leave this other bag." I know Housing cops it—

Ms MELANIE GIBBONS: But when there is someone who is assisting them, giving you that time to assist them is really important.

Mr PRESTON: Well, they know that this person is willing to engage.

Ms MELANIE GIBBONS: And when you finally get to that point, if they are willing to seek those services and be open to those—

Mr PRESTON: Yes. You do not always get a good run out of it. I made a complaint about the last Housing officer with that gentleman that passed away because she sent me—it was all being done via email. I was doing it on my day off. She knew that I was not in on Fridays. She sent me an email that needed to be—she wanted it answered that day. She sent me two more very quickly. The last one I did not answer because it was two hours later that I got to it. "Bad luck. He's out." It was that sort of communication. It was horrible. It should never have happened. I explained, "This guy's got no phone." He was very ill, this man. He was in a mental health crisis but he would not engage. That is just a little case study for you.

Ms MELANIE GIBBONS: I appreciate that.

Ms JENNY LEONG: It is really important, Mr Preston. One of the things that was talked about earlier this morning was the fact that this Protocol is just about dealing with people and how people interact with people when they are on the street and sleeping rough in public spaces. But, as we heard from Homelessness NSW this morning, you want to prevent people getting to that point. You do not want to just do that. I think it has been coming through loud and clear, and that story is a powerful one to make it very clear that just having the Protocol is not enough. You have to have enough before that so that you do not need to use the Protocol very often because there is actually less people finding themselves homeless in the first place. It is really important to have that in the mix.

Mr DAVID HARRIS: Mr Coventry, you mentioned that it was difficult to start with to move out to Concord, away from Newtown, which is where you were comfortable. Obviously with the change of housing in the inner city and those areas, is that a big problem, where people get offered accommodation and they say, "It's too far away?" They lose all their support networks and everything, and so it then becomes unsuccessful.

Mr COVENTRY: For me, it was—I put down that I did not want to be in the city. I wanted to get away from that, away from those people again. I wanted to be close to my daughter so I put down Concord. And when I put down Concord, someone said, "There's no housing commission in Concord." So, I had given up on that. I did not really know. I just thought, "I'll go anywhere they tell me to go." All of a sudden they came up with Concord. So, it was nice for me and it did not take that long. I have not really dealt with Housing. I have had social workers do it for me, so I cannot really talk about it too much. But, yes. It was a bit of a confronting thing for me, away from my support. When things went a bit haywire in my head, I would go to the neighbourhood centre and I would just stand there. I did not have to talk to anyone. I just realised that the energy in there was good.

Seeing the guys on the street that I want to help now—I do not want to see them out there anymore. I want to see the ones that are really hurting out there—we just mentioned the guy who passed away, Timmy. I do not want that to happen anymore. I want to stop that somehow. I do not know how. I do not know if it can be done on a Parliament level. I do not know what level it can be done on, but that is what I want to do now. I was not ready to think about that just then, but—yes. I did move away from my support. The neighbourhood is changing now. The neighbourhood centre is changing a little bit. Changes have to happen. I am not good with it, but I guess it has to happen. It is different there now. Newtown has lost a little bit of vibe because of COVID, but it is still my spiritual home and so I go there. I will get on the bus and I will travel. If I had to walk from Queensland to get there—if I felt bad, I would do it. I do not know what it is about Newtown. It is just a special place.

Mr DAVID HARRIS: Thank you.

Mr COVENTRY: So are the Blue Mountains and so is everywhere else, by the way.

Mr PRESTON: I just wanted to say that obviously housing is the end game for us as homelessness workers. We want our people housed. But it comes with a lot of challenges and there needs to be a lot of support there. I will have a guy say, "Guess what, Jay? I just got offered housing. Can you take me down to have a look?" One of the first conversations I have with them is, "This is an awesome day." I do not try and burst their bubble. "This is an awesome day but just be careful. The next three or four weeks are going to be some of the most challenging weeks you've ever had in your life." Whether it be the anxiety of just trying to pack a small amount

of belongings to move—that may never happen. I can call and say, "You need to move out tomorrow." They say, "Yeah, I'm going to pack," and I go around there and nothing has been packed because there is a lot of anxiety around it.

The next point is, alright, we need to get a bed. We need to get a fridge. "I've never had a fridge before." We need to put electricity on. I had a gentleman who did 37 years in jail and he had never paid an electricity bill in his life. He was an elderly gent; he was in his late 80s. I had to explain to him, "We'll go and pay an electricity bill." I did it with him two or three times and now he is successfully doing it. But a lot of the emphasis needs to be along that, because a lot of people go, "It's a silver bullet. Easy. They've got a house. What are you complaining about?" You move into a house with nothing—no curtains. Nothing.

Mr COVENTRY: Yes, what's this "no curtains" business?

Mr PRESTON: Some people have never, ever had that opportunity that we take for granted to go and put the power on. If you do not have that support, that is a problem, as well.

Mr DAVID HARRIS: Yes. I had not even thought about the fact that they are not furnished or anything like that.

Mr PRESTON: We have a lady at Newtown that comes to Newtown. I think she might be close to 90 years old. We always thought she was homeless. We do not see her a lot lately; she is in and out. She says, "No, no, no. I've got housing in the Blue Mountains but all my friends are here, so I just go for a shower once a week." She lives on the street. I have got a gentleman—I will just call him Alex. He is in his mid-80s now. I say, "Alex, why don't we sit down and do a housing application?" "Oh, I don't want to be tied down. I go to the city and there's always some guy in a suit that's going to give me \$100 here and there. I don't want to miss out on that."

Support needs to be spread right across, you know? Obviously it is a form of a silver bullet but it comes with a lot of challenges. Some people find it too hard. Gentlemen coming out of jail—they have had everything done for them. I had a gentleman recently who was 17 years out of jail. I put him into a boarding house. It just became too hard. "I need to pay rent. I need to go to my job provider. I need to eat. It has become too hard." He cut his bracelet off just to go back to jail. He was not a bad bloke. He was not going to do anything wrong. He just cut his bracelet off so he would get taken away and do another six years. It was easier.

Ms MELANIE GIBBONS: Mr Preston, I can see why you moved from Qantas to casework. The passion for it just shines through.

Mr PRESTON: Qantas was a horrible place.

Ms MELANIE GIBBONS: But I can just see how much you love what you do.

Mr PRESTON: Yes, I do.

Ms MELANIE GIBBONS: You obviously invest so much into it. Even on days off and whatever, you are still thinking about people, which is beautiful.

Mr PRESTON: I think I was on triple the money at Qantas but I would never go back. I would not go back. I cannot go back now anyway.

Ms JENNY LEONG: I was going to say, there is not much of an industry now.

The CHAIR: Thank you both very much. You are both extraordinary people.

Mr PRESTON: Thank you.

Mr COVENTRY: Thanks.

Ms JENNY LEONG: Thanks so much for sharing all you did. It was really powerful.

Ms MELANIE GIBBONS: And I am very glad these gentlemen were on before we have a bit of a longer break, because I think our brains are now really going, "What can we do? How can we help?" We kind of need a moment to think it through.

Mr PRESTON: If anyone needs any questions answered later on, too—I know Ms Leong has probably got—

Ms JENNY LEONG: I mentioned before, as well—but we should put it on the formal record now that we are doing it—that if the neighbourhood centre wants to submit additional information about the volunteer outreach program that they do for rough sleepers, they should submit that to the Committee because that was not in the initial submission. It would be good to have a record of that.

Mr PRESTON: I do not know too much about it. It is another program altogether. But that is well and truly happening at the moment. We did it in a small capacity in the Newtown area and now we are moving into the CBD, so I hear it is well and truly up and running quite well. A lot of volunteers—

Ms JENNY LEONG: It would be great to get that information submitted.

The CHAIR: And if we have any other questions we will email them.

Mr PRESTON: Please do. That would be awesome. Thanks, guys.

The CHAIR: Thanks a lot. It was lovely to meet you both.

(The witnesses withdrew.)

(Luncheon adjournment)

NICOLE RENE YADE, General Manager, Lou's Place, affirmed and examined

The CHAIR: Hello everybody. Thank you for coming today. The hearing is being recorded both visually and by audio. It is quite a formal space but do not feel intimidated; we are all very grateful that you are here and we want to hear your story.

Ms YADE: Thank you everyone very much for having me today. My name is Nicole Yade, I am the general manager of Lou's Place. I thought to kick off today I might tell you a little bit about Lou's Place. I know some of you might be aware of the service. You are all invited to visit any time you like. Lou's Place is a centre for women in King's Cross. We have been running for 21 years now and out of the same premises. We serve women and their children who face all kinds of vulnerabilities. Of relevance for you today would be that approximately 30 per cent of our clients at any one time are rough sleepers; so they are the women that you are thinking about at the moment. Importantly for you, we offer a service where those women can drop in. We do not receive any government funding at all at Lou's Place, which enables us to meet women at their point of need and provide services to them for as long as they need those services. We do not really have any strict eligibility criteria; we are open to women who need us.

What you will find on a typical day at Lou's Place is someone will ring the doorbell, they will be welcomed into our service and they can move around the service freely. We refer to ourselves as a day refuge. While we do not have clients staying with us overnight, we still refer to ourselves as a day refuge because of how women can engage with the space. So it is a bit of a home away from home for people. Sometimes the women we are working with will drop in and just sit in our lounge room and watch a bit of tele; sometimes they are dropping in to do their laundry or have a shower; sometimes they are dropping in for a feed. A lot are dropping in for company, and case management for them is not compulsory; so they do not have to be participating in a group or have an appointment with a case manager to be in our space; they are welcome regardless. We think that is really, really important in terms of having engagement with the people we serve.

For so many of the women we serve, they are reluctant to engage sometimes with formal services; many of them have had experiences with the care system, so social workers are not someone they always trust. For the women who are coming into Lou's Place we really let them take their time to get to know us, to feel safe in our service, to be able to engage with us. I think, really importantly, we also work with people who are in the thick of addiction; every day at Lou's Place there are people who are using. We do not screen those people out. Every day at Lou's Place we work with psychotic women. Again, we do not screen those women out of our service. Very sadly, we find that engaging those women with other services is part of the challenge that we have in our work as well because we cannot do everything they need; we need to be working closely with the health system, with housing services, but very often those women are screened out of those other services, and that is part of why we believe they are still in the situation they are in.

I hope that gives you a bit of a sense of the cohort that you are looking at today for your inquiry. Lou's Place does work with other women as well as homeless women; we are open to everyone. A big part of our work as well is supporting women who have children in out-of-home care through a program we run called Always Mum. That program is a 10-week therapeutic group for mums to improve their relationships with their children in out-of-home care as a big focus for us. We also work with anyone who walks in the door. We provide case management services, we run therapeutic groups around domestic violence. Prior to COVID we were a very, very busy service. A typical day for us would see between 35 and 62 women just before COVID through our centre a day.

I feel it would be remiss of me to not mention the transgender women that we work with, and I hope that I can represent some of their issues as well for you today. Approximately 10 to 12 per cent of the clients that we see at Lou's Place are transgender women. I would suggest that they are over-represented in the rough-sleeping community, and they are a very welcome group at Lou's Place. So we have a lot to do with that community as well and I am happy to take any questions there. Thank you for the opportunity to come today. I hope I can be useful.

Mr DUGALD SAUNDERS: You mentioned that you do have women in with children and some without. I am on another committee where we are looking at children with parents in corrective services and coming out. Is that a big part of it as well?

Ms YADE: A lot of the women that we work with who have children in out-of-home care would be in that group. That is certainly a very vulnerable group of women. We find that the child protection system is a difficult system to engage for women who are leaving incarceration and have often had separation from their

children. Sometimes we see reasons for restoration, but that is certainly a really drawn-out legal process and long journey for women to be reunited with their children.

Mr DUGALD SAUNDERS: Do you do programs around that engagement?

Ms YADE: Yes, we do. In the last probably 18 months we developed a program called Always Mum. Always Mum particularly targets women who have their children in out-of-home care. For some of those women they have been incarcerated and they are exiting incarceration now. For others there has been domestic violence, there has been mental illness—a range of different reasons—but it is a notoriously difficult system to engage, I would suggest. We have had some great success over a relatively short period in that work, but we have certainly got a long way to go.

Ms TRISH DOYLE: I am sorry that I was late. As is usual in this place, you use your lunch hour to go and work and address something else, so I apologise for being late. Thank you for being here today. As the shadow Minister for women and the shadow Minister for the prevention of domestic violence and sexual assault, I am really pleased to have you here as part of today. If I was to make a comment and then ask a question, my comment would be how critical it is that we look at protocols through a gendered lens and I think that you offer some really important insight there—what you do, what your team does, what you know. For organisations that have any kind of operational presence in public places around homelessness or those who drift in and out of homelessness, not just the operational presence but those referral pathways that exist or do not, where do you think some of the gaps are there? If you would just like to comment through that gendered lens on the gaps?

Ms YADE: Absolutely. Thank you for the opportunity to respond to that. Homelessness is a gendered experience. In our service, as a feminist service, we routinely say homelessness is a feminist issue. Women experience homelessness differently to men. That is not to say that there is not a need for more social housing for everyone, but certainly women experience homelessness in different ways. Women often have the care of their children. Women are often fleeing violence. Women are often survivors of childhood abuse. At Lou's Place over 90 per cent of the women who we work with have experienced childhood abuse. I am not saying that is necessarily typical of other services in our sector. Maybe that is because at Lou's Place the women who seek out an all-women's service have that kind of background in terms of issues.

Certainly that is a massive part of experiences that we see with the group that we support. I think that also means that those women bring that trauma and that background and that history with them into their future selves. And even though they are working so hard to make positive steps in the right direction, very often the services that enable healing around those traumatic experiences are not there. We often at Lou's Place talk about that missing middle in mental health services. If someone is right up the top end where they are feeling suicidal or threatening to harm someone else, we can get them into hospital. It might not be a long stay and in our experience on the ground very often when we work with someone who is suicidal, they are back in our service before we close business at the end of the day. They have got to the hospital, the hospital has taken a bit of a look at them, they are exhausted, they have actually been assessed at the hospital as safe to go home. The problem is though the hospitals release people back to the streets. I know that there are initiatives around trying to prevent that from happening, but unfortunately on the ground we are not really always seeing that. That is a huge challenge for us.

Ms TRISH DOYLE: You are being very diplomatic.

Ms YADE: I am. The other thing is that at the other end of mental health services we see some great work in our community about raising awareness about anxiety and depression, and other forms of mental illness, enough probably to give the general population the view that there are a lot of services available for people. But in our work we really find that linking people up to services that are sustainable and can be around for the length of time that people need them in their lives do not really exist, to be honest.

Ms TRISH DOYLE: So that is a huge gap.

Ms YADE: We cannot look at homelessness in isolation. We have to look at it at the intersection with mental health. We have to look at it at the intersection with domestic violence, and we have to look at it at the intersection with addiction. If we do not as a community have better services for people with addiction and for people with mental illness, we will not address the homelessness issue, in my view.

Ms Trish Doyle: Good points. Thank you.

Ms JENNY LEONG: Can I follow up on the gendered nature? It is something that the Committee staff raised in terms of the other suggested topic areas and looking at the Protocol as it stands. The Protocol itself is about public spaces. We know, and we have heard from Homelessness NSW, that 7 per cent of homeless people sleep rough. Obviously there is a need to look at the value of this Protocol versus all the other places where people

are homeless. That is particularly true in a gendered lens. I wonder if you have thoughts around how this Protocol could be expanded to capture services approaching and supporting women, who may not necessarily be sleeping rough in a public space, maybe in a car, maybe somewhere else, and how the Protocol could be expanded from your experience of where it would capture women who come in and have the support of Lou's Place?

Ms YADE: I think it is a huge challenge about where we pick up women in those different areas, not to imply that it is simple for rough sleepers either. At the end of every day at Lou's Place we know of at least half a dozen women who are catching the train tonight down the coast or up the coast because that is the safest option for them for where to sleep tonight. We know of a couple of women every day where we have not been able to find a bed for them, so they are headed to the 24-hour McDonald's. They are not necessarily under a tree in the park. Some of those women are though, and I think that is also important to include. We are not necessarily seeing the same numbers of women in the park, but those women are also there. I think sometimes there is this idea that they are not, but they are. I would say in our experience at Lou's, nearly everybody who we meet who is headed to the McDonald's, who is on the train, who is at the park, has some formal diagnosis of schizophrenia and is being let down by the health system really.

Concerningly though, we have seen an increase just in the three years that I have been at Lou's Place with older women coming into our service experiencing homelessness, and in my experience it has been more likely that those women are sleeping in their car. The most common story we hear at Lou's Place is, "I was sexually abused by my father. I told my mother. She didn't believe me. I ran away from home. I was kicked out of home", or, "I was put into foster care. The first chance I could get out of foster care, I left and I met and married the first bloke"—often—"who halfway smiled at me. He was a nice guy, better than my dad, but in the end he turned out to be an awful person as well. Along the way I picked up an issue with an addiction, a mental illness. I was living in violence and I've got no safe home base to go back to. I really need the services to work. I'm currently homeless." And that would be for the vast majority of people I am working with.

The other story that is very common that we hear, and we are hearing more is, "I was recently widowed", or, "divorced. I'm retired. I've gone through any super or savings I had. I'm unemployed. I'm in private rental and I can no longer afford my rent where I'm staying because I'm not receiving a pension"—me and my husband together. Very often we see women in that kind of scenario who are saying to us, "I've got no other option. I've slept with my daughter for a little while. I can't really stay there. They've got a new baby"—or something else is happening. "I went with my other daughter. Stayed there for a little while. I'm now on a friend's couch." People slowly start to run out of supports and options. At that point sometimes there is no other option but the car. We desperately need more housing in our community for vulnerable women. Nothing is harder than at the end of the day at Lou's Place packing someone off to sleep in the train tonight. In our community we should not be left with that. We can do better as a community and some of the issues are complicated but they are not impossible.

Just to come back to the issues around addiction and mental health, for me that is really something I am very passionate about because those women are often the women who end up on the street because they get screened out of other services. Even if we made an investment of more beds with the services that we have at the moment, those women would still get screened out because those services are not made for people who are in the thick of addiction or have complex mental health presentations. So we actually need to see services that are tailored for people with those complex mental health presentations and for people with addiction. It is an obvious thing to say, but nobody recovers from schizophrenia sleeping rough. Nobody is going to start their recovery from addiction when they are sleeping on the street. If we want people to get well we have to start with housing. But, it does not end there.

The housing has to be there in the beginning but then let us make sure that we are giving people the trauma informed support for a long enough time for them to actually make the recovery that they absolutely can do. I always have my grandma in my ear here, she used to say to me, "You know, Nicole, problems that have been five years in the making are not going to be resolved overnight." She is so right. The cohort that we work with at Lou's Place, we are talking about entrenched complex issues that have developed in childhood. People have had complex trauma after trauma after trauma for years. These issues are not going to go away overnight. We need to have a long-term commitment to these women, but it is possible. The good news at Lou's is that we do see women get well, we do see women recover from horrendous childhood experiences, we do see women recover from addiction and we do see people getting jobs and rebuilding their lives and leaving violence and recovering from addiction. It is possible but we need the investment in those services to help people along the way.

Ms JENNY LEONG: You say that people are screened out, is that because of the criteria on services with their funding and what they can do? Is that because individual services do not feel that they are equipped to deal with it? Are there actual fixes that could stop that screening out? Obviously a screening out, you are going off something that then screens people out. Obviously you cannot expect every service to have the skill set to

handle that. What does that look like in practice? What is the minutiae of why that is a reality and where do we fix that?

Ms YADE: I think that is a huge question. Maybe someone who is actually running one of those services can answer that better than I can. The women's refuge sector and homelessness sector do an incredible job, I am certainly not here to say anything other than that. I think there are people with complex needs who are not going to be an easy fit into a refuge with someone where the only issue that is happening in their lives is domestic violence and with some support and care they can recover relatively quickly. There are different types of experiences that need different types of responses. Someone in the thick of addiction needs a different type of response and someone with an ongoing psychiatric illness needs a more intensive response. I do not understand how those services are funded and their criteria entirely, but I know that the women we see at Lou's are the ones that fall through that gap and they are the women that we would see better responses for. We believe they are the women who end up on the street.

Ms MELANIE GIBBONS: Just to clarify, do you offer drug and alcohol counselling at Lou's Place?

Ms YADE: We do not offer drug and alcohol counselling, we refer that on. We do offer case management services.

Ms MELANIE GIBBONS: You know where to refer them?

Ms YADE: Yes, absolutely.

Ms MELANIE GIBBONS: How many staff do you have, or volunteers?

Ms YADE: We are tiny, we are five paid professional staff at Lou's Place and we have, approximately, 102 volunteers last month through the service, in a typical month.

Ms MELANIE GIBBONS: On a typical day would there be the five staff and how many volunteers?

Ms YADE: On a typical day at Lou's Place, you have five professional staff, you always have a couple of interns. At the moment we have two masters of social work interns and a community services student every day; so there are five of those over a week. And then on rotation we have volunteers that bring in different skills through the service, approximately 100 through the month. There are a lot of people around.

Ms MELANIE GIBBONS: When you are seeing 35 to 62 women every day. That is a lot of work.

Ms TRISH DOYLE: You are working beyond capacity, it would seem.

Ms YADE: I would say so, yes. The other thing that I would try to sneak in if you will allow a little time.

Ms JENNY LEONG: That is why you are here, do not hold anything back.

Ms YADE: It is around the transgender women that we serve at Lou's Place. They are such a beautiful, amazing and resilient group of women that we are so proud to support at Lou's Place, but their experiences are some of the most disturbing that I see in my work. Very often we have transgender women come into our service talking about the discrimination that they face in the community, not only from general members of the public but from services. A lot of the transgender women who we work with are sleeping rough and talk to us constantly about issues that they have with the police. There seems to be an issue there perhaps with training or awareness about experiences for transgender women. We have seen out the front of our service police search transgender women but refer to them as a male name, even though someone is asking to be called "Nicole". There is certainly an issue there that is relevant to your inquiry.

The CHAIR: Can I ask how people find you? Is it word-of-mouth?

Ms YADE: I would say the majority is word-of-mouth, to be honest. I think we have been in the same spot for 20 years and we are very well known. We certainly do not do a lot of promotion of our work, we would be overwhelmed. We have close working relationships with the police, actually, and the local domestic violence liaison officer. We work closely with the courts. We work closely with all of the services.

The CHAIR: Thank you for coming and representing Lou's Place.

Ms TRISH DOYLE: Please pass on our thanks to everyone at Lou's Place for their incredible work.

Ms YADE: Thank you, we greatly appreciate the support. Good luck, and thank you for all of your hard work as well.

(The witness withdrew.)

NATTLIE SIBERIA SMITH, Director for Policy and Evidence, Aboriginal Housing Office, affirmed and examined

The CHAIR: Today's hearing is being recorded. Do you want to make an opening statement?

Ms SMITH: Absolutely. My name is Nattlie Smith. I am a proud Wiradjuri woman. I am also the Director for Policy and Evidence for the Aboriginal Housing Office and we are part of the New South Wales Department of Planning, Industry and Environment cluster. The Aboriginal Housing Office is a statutory body, established under the Aboriginal Housing Act 1998, New South Wales, to ensure that Aboriginal and Torres Strait Islander people have access to affordable, quality housing. The vision of the Aboriginal Housing Office is to ensure every Aboriginal person in New South Wales has equal access to, and choice in, affordable housing. The Aboriginal Housing Office has a limited history in driving homelessness initiatives delivered by the Specialist Homelessness Services [SHS] sector. However, more recently, the Aboriginal Housing Office is working with Department of Communities and Justice who has carriage for homelessness to inform the recommissioning of homelessness services and development of a Department of Communities and Justice Domestic and Family Violence framework.

The Aboriginal Housing Office also advocates for Aboriginal-specific investment in Aboriginal organisations as essential partners in providing culturally appropriate support for Aboriginal people experiencing homelessness. Following significant discussion with many Aboriginal communities and the Aboriginal social housing sector, the Aboriginal Housing Office developed Strong Family, Strong Communities, the New South Wales Government's 10-year Aboriginal Housing Strategy to improve the wellbeing of New South Wales Aboriginal families and communities through housing. Through Strong Family, Strong Communities and in alignment with the Homelessness Strategy, the Aboriginal Housing Office has committed to delivering additional housing and housing options for Aboriginal people across the State. All of the work of the Aboriginal Housing Office contributes toward reducing the incidence of homelessness, including a focus on prevention and early intervention, access to safe and secure housing, sustained and secure tenancies and improved health and wellbeing.

If we look at the statistics, for example, in the 2016 Census, 2,278—or 6 per cent—of Aboriginal people were counted as homeless in New South Wales. Based on the pattern of expressed need in New South Wales, that is, the Specialist Homelessness Services registrations, the Census data appears to be an undercount of homelessness in the Aboriginal population. Also, Aboriginal people experience homelessness differently to other Australians. We are also more likely to be sleeping rough and/or be a victim of crime and/or domestic family violence. According to the 2016 Census, the Aboriginal population in New South Wales is more likely to be young, unemployed and live in over-crowded dwellings when compared with the non-Aboriginal population. The Aboriginal Housing Office is concerned that any COVID-19-related economic downturn will have a marked impact on young Aboriginal people, which in turn, may increase demand for social housing and homelessness services.

While it is recognised that the Protocol for Homeless People in Public Places provides important guidance to preserve the dignity and wellbeing of those experiencing homelessness, it is essentially a safety net for those who have not been able to access family, community or government supports necessary to gain and/or maintain housing. Ensuring these supports are available should be the primary pathway to protecting the dignity of all New South Wales residents. The high proportion of Aboriginal people experiencing homelessness indicates an immediate need to ensure ready access to culturally appropriate housing and wrap around supports. Another important note is racism and discrimination is still a constant issue in the lives of Aboriginal people and it has effects across a number of social welfare indicators. It continues to negatively affect Indigenous Australians to this day.

Aboriginal people in New South Wales recorded the highest rates of rental stress in Australia—44 per cent in the 2016 Census. Of that, New South Wales recorded the highest rates of rental stress in Australia. Noting that New South Wales has the highest housing costs, which is reflected in the rental stress by Aboriginal people. There is considerable evidence that Aboriginal people, and others from minority groups, are treated negatively in the private rental market. This discrimination has a flow-on effect for demand for social housing and homelessness services. Eight per cent—about 7,823—of Aboriginal households in New South Wales versus 5 per cent of other households were reported as being overcrowded in 2016. Also Aboriginal people have been shown to have access to poorer quality housing, in greater need of repairs than the non-Aboriginal population.

We need a cultural lens on overcrowding and homelessness that exists in Aboriginal communities. Specifically, more consideration should be given to cultural definitions of overcrowding and homelessness. The true number of Aboriginal people who are homeless remains hidden due to overcrowding attributed to kinship obligations and familial structures. It is worth noting that there is an association between overcrowding and

poorer quality of housing. More important for me is that throughout the Protocol—and hopefully you guys are suggesting a new Protocol—we weave culture within the Protocol as opposed to just having a little section for Aboriginal people. We should also be reminded that people are not "the homeless people"; they are people first. We should also through this the intersectionality between sometimes Aboriginal people, LGBTQIA people and sometimes when you put a mental health and disability issue, all of a sudden you have got triple and quadruple discrimination.

The recommendations of the Aboriginal Housing Office are that all sections of the Protocol be reflective of the different needs, including cultural needs, and experiences of Aboriginal people. We need to see the strengthening of Aboriginal voices in the design and delivery of a Protocol for Aboriginal people experiencing homelessness and also specialist Aboriginal services for Aboriginal people. The Aboriginal Housing Office recommends that the New South Wales Government, in partnership with Aboriginal Communities and service providers, strengthens its commitment to holistic client-centred services for Aboriginal people. It also recommends that the Aboriginal Housing Office be a signatory to the Protocol and that ongoing locally developed cultural awareness training delivered in partnership with local Aboriginal communities be compulsory within signatory agencies, given the overrepresentation of Aboriginal people experiencing homelessness.

The Aboriginal Housing Office recommends that the Government, in partnership with Aboriginal Communities and service providers, look for innovative approaches to increase access to transitional and emergency housing. It recommends that the Protocol be reworded to refer to people experiencing homeless as opposed to the homeless people to better reflect the transitory nature of the homeless experience. We need to change the stigmatising, deficit-based language that defines homelessness, for example, the homeless. These are real people with real stories who are facing social inequity. The Aboriginal Housing Office recommends that the Protocol for Homeless People in Public Places is communicated with relevant non-government service providers by the relevant government agency to develop partnerships and strengthen local communication at an agency and individual level. The Aboriginal Housing Office recommends that the Protocol be amended to reflect the role of the not-for-profit service providers to people impacted by homelessness.

Throughout the Protocol we should also acknowledge the regional and local diversity, acknowledge the high and complex needs of Aboriginal people facing homelessness and ensure resources are directed to the priority areas of need. More research and data is needed to better understand the extent and nature of homelessness in Aboriginal communities. Throughout the protocol we should also acknowledge the regional and local diversity, acknowledge the high and complex needs of Aboriginal people facing homelessness and ensure resources are directed to the priority areas of need, and more research and data is needed to better understand the extent and nature of homelessness in Aboriginal communities. Thank you.

Ms JENNY LEONG: Thank you so much for that. We have heard a number of different people speak today so I guess putting in a bit of context for you, a lot of people have talked about the need for looking at prevention and looking at the pathways from when the Protocol is enacted to then the housing available. Focusing in on the Protocol element for a minute, what recommendations would you give the Committee on how to make sure that there is a genuine integration of consideration of cultural respect for Aboriginal people in the Protocol to develop that as opposed to have token bits of words here and there, because obviously in the work the Committee is doing we are not necessarily rewriting the Protocol; we will make recommendations for how that is done. So it would be really great to get your views on what you think would be the best way for us to recommend how this was approached to make sure that it was not about token words, it was co-designing and working with community to be able to do that.

Ms MELANIE GIBBONS: You just took the question.

Ms JENNY LEONG: But people use the word "co-design".

Ms MELANIE GIBBONS: It is a perfect question. I was going to ask a similar question. You used the words how do you weave culture in—

Ms JENNY LEONG: Give the clear instructions, because we can put those as recommendations if we agree but we need to get it from you to be able to put that in.

Ms SMITH: Absolutely. I think that if you were to hold a series of different Aboriginal consultations where you were able to take the Protocol out to different communities—Aboriginal Affairs has their Local Decision Making groups across New South Wales, also we have got Closing the Gap and the Coalition of Peaks. So there is a whole bunch of different Aboriginal communities, Aboriginal organisations, Aboriginal Local Decision Making groups that could be consulted with this Protocol to ensure the reflection of Aboriginal voices within the design of the actual protocol. Also now, particularly for the Aboriginal Housing Office and now starting with the Department of Planning, Industry and Environment, we put an acknowledgement up-front in each of our

documents to acknowledge and remind people that we are on the land of Aboriginal people and we pay our respects to Elders past, present and emerging. I think that is really important for a Protocol, that the first page you open is a page to remind people that this is Aboriginal land.

Ms JENNY LEONG: Can I just say I noticed that because I just made our submission to the NSW Housing Strategy discussion paper and I noticed, with very pleasant surprise, that that was the first thing that was there and I think when you are talking about a housing strategy it is even more powerful to have that than usual in a document. So I noted it.

Ms SMITH: We have to thank Jody Broun, the Chief Executive Officer and Group Deputy Secretary for Aboriginal Strategy and Outcomes for making sure we had that in there.

Ms JENNY LEONG: It is amazing. Thank you.

The CHAIR: You just mentioned culturally appropriate housing. Can you define a little bit more what you mean by that?

Ms SMITH: Absolutely. Most of my life I have worked for different parts of the New South Wales government, whether it be health, whether it be ageing, disability and home care, and I always thought it was around ensuring that we had culturally appropriate services, whether it be otitis media or whether it be an Aboriginal home care service delivering culturally appropriate supports to Elders, like domestic assistance. Coming over to housing, what I realised was that we need to ensure that housing is co-designed or collaborated with the families that are actually moving into those homes, particularly if we are building new builds. So what we need to ensure in our new builds is that we have rooms that can be syphoned off and be additional bedrooms when needed; to have a study nook—because of COVID-19 more people are working from home and if we are trying to encourage our Aboriginal people in social housing to get educated or start working, then they need little study nooks or little additional places where they can syphon that off to be able to aspire and be part of the community.

I think a lot of people have realised now maybe open space does not work when you have got two or three people in a place; you do need to be able to syphon off sections so that we can do that. We are also looking at the design of homes, whether that be taking in the passive light so that we are able to reduce the costs of housing. We are also looking at hydro panels particularly where a lot of places it is bore water or it is water that families do not feel safe to drink, so they are going off to the local store and purchasing in bulk water. So we are helping to make homes healthy for people to live in but also asking people, particularly when we are building granny flats for Elders and bigger homes for Aboriginal families, "What is it that you want in this design?", and what you are finding is we have got bigger kitchens because that is where a lot of the mob gather. So we are making homes that are well for people to live in.

Ms MELANIE GIBBONS: What is the average size when you are saying bigger kitchens? I know families come in all different sizes and things, but with what you are designing and your concept what sizes are you looking for?

Ms SMITH: I would have to take that on notice, but I do know that at the moment we are either building bigger homes—I think potentially four bedrooms plus—for Aboriginal families or we are building granny flats or appropriate seniors accommodation for Elders.

Mr DAVID HARRIS: Do you have any role at the moment under the current protocols that if Aboriginal people are leaving incarceration that there is some form of consultation about appropriate housing for them to move into or are people just released back into the community? Because one of the issues with recidivism is that people keep going back into the situation they were leaving and there does not seem a good way to break the cycle, and that seems to be a failure of protocol.

Ms SMITH: Looking at the Protocol it looks like we aren't a signatory of the protocol and I think also what needs to be reflected is the machinery of government changes to departments, that you suddenly have departments drop off. That is absolutely a concern for Aboriginal families and particularly when you have got Aboriginal men who cannot go back to the family home. We have got a program called Housing for Outcomes. We are looking at potentially repurposing some of our houses from business as usual to particular needs, whether it be women and children fleeing domestic family violence or whether it be Aboriginal men coming out of custody. We are in the very early stages because yes you can repurpose a home and you can refresh it out and fit it all up, but you also need the wraparound supports to actually go in, and that is where we do not sometimes have the money to put the wraparound supports around this house. So we are having to negotiate with specialist homeless services to be able to say, "In partnership if we were able to give a little bit of money would you be able to help support the cohort that moves into this home?", so that they can have a better opportunity to not reoffend or reduce that down so that they can transition back into communities. If you have got any spare coin send it our way.

Mr DAVID HARRIS: It is an interesting point. I have visited quite a few remote communities and one of the issues out there is around maintenance; some of them are not liveable so people are taking to living outside because it is actually safer—because of mould and things like that. So the structure is there but it is not liveable; in a number of the communities people were living rough not because there was not a house, it was just that they could not live in it.

Ms SMITH: There are different types of housing out there, whether it be government housing, whether it be Local Aboriginal Land Council housing, whether it be Aboriginal Community Housing, that we have not funded, but all of a sudden it comes under one banner and people think, "That must be your house". I think that one of the important things for us is we are going to launch very soon a new rent policy because we realise that if we collect a fair amount of rent that is reasonable, depending on people's circumstances, that helps to improve property. Yes, it would be kind to maybe charge someone \$10. But we are not being kind to them, in the sense that this will not be able to pay for general repair, wear and tear. So, I think it is about in the next couple of years ensuring that we collect fair and reasonable rent in partnership with our Aboriginal tenants so that we can maintain quality homes and also maintain quality staff, as well.

Mr DAVID HARRIS: Committee members may not be aware that there is a nexus that has occurred where maintenance is not done, so people stop paying their rent, so maintenance cannot be done.

The CHAIR: Right. It is a catch 22.

Mr DAVID HARRIS: It gets into a cycle that just gets worse and worse and worse. There is a Mexican stand-off and then you have got literally whole communities unlivable because there is not that money up-front to actually do the maintenance in the first place.

Ms SMITH: Absolutely. A couple of years ago—the Aboriginal Housing Office has a program called Services Our Way and it is a trauma-informed case coordination service. There was a young Aboriginal mum living out in western New South Wales with a slight intellectual disability. She had her fourth young child with her; the other three were part of child protection. She was given the biggest home possible and it was a little bit run down. Because of having a disability and the fourth child and trying to make sure that she got to keep the fourth child, she stopped paying the rent because she was like, "Well, if you don't fix the place, I'm not going to pay my rent." And so, it kind of got to that stand-off.

Services Our Way was able to come in and build that bridge and say, "Okay, let's see. Let's negotiate with Housing NSW to put her into a more appropriate unit that suited her and her young child, was connected to the transport system and connected to Aboriginal community organisations." So, we were able to reconnect all of those social supports in the right place. That situation—she could have had her fourth child taken. I think that is the thing. We always think that homelessness is over there. It is those types of people over there. But homelessness is us; homelessness is people you know. We are all two or three pays—we have seen industries shut down at the moment—away from being homeless.

Ms TRISH DOYLE: I might jump in, Ms Smith, and say thank you for coming along and speaking with us today and sharing some of your insights. It is really important, as you said, to weave the Indigenous voice and Aboriginal experiences through all government services and while we are looking at the Protocol for Homeless People in Public Places—and especially to talk about stigma. That is really important. I would just like to say that I come from Wiradjuri country too, out in the Riverina, so I am really pleased that you mention country. I just want to pick up on a point you made about the importance of remembering that intersectional experience of disadvantage when it comes to homelessness in conjunction with stigma.

So, the Aboriginal woman with a disability—I hear stories like this all the time as well and it does not seem like we are moving forward with that. We acknowledge that it is an issue but we are not moving forward with it. I asked one of our aunties recently what she thought we could do here. She said that she did not know what the answer was, but she felt that there was this problem that it is not just Government that you might turn to. There are just so many in the community sector who are doing more with less—and the outsourcing of all sorts of services, and people are not quite sure where to go. The competitive tendering model that exists within the community sector—I am just wondering whether you might be able to provide us with some idea of how we deal with that multi-disadvantage in conjunction with stigma, when it is often community that has to come up with the answers. It would be a good place today because this is the Parliament and it would be good for Government to know what they could do more to help community services with disadvantage.

Ms SMITH: If you are an Aboriginal mum with a disability—add a mental health issue, add a domestic family violence issue—no one wants to touch you. You are all too hard to deal with. I think one of the things that this Protocol has got to have in it is that sense of respect for the person that is experiencing the homelessness. I think what we need to ensure is that anyone that works or supports or comes across people experiencing

homelessness and with all those additional labels on them—that they actually come from a strength of dignity and respect. I think sometimes a lot of people are quite judgemental. "I've made it. What's wrong with them?" And so, once we come from that base of being person-centred—that dignity and respect—then we should also be looking at supports that can do multiple things. Whether it be drug and alcohol—like Lou's Place, if you have those case coordinations who can actually make the other services accountable.

Sometimes it is easier to say no to people. But if you have people like Lou's Place or the Aboriginal Housing Office's Services Our Way, who go up to child protection—who go up to NDIS and say, "How do we fill this form in? How do we get this person the service?" I think that one of the things is to ensure that we have one-stop-shops. We have more supports for, say, drug and alcohol, rehabs, the mental health services—but also that we have case coordination to ensure that we make the services who can actually provide services appropriate and accountable, and give the grace and dignity that everyone deserves.

Ms TRISH DOYLE: Further to that, the Services Our Way program does not operate everywhere, though.

Ms SMITH: No.

Ms TRISH DOYLE: This is a huge problem. A number of us do not—

Ms MELANIE GIBBONS: I was just googling it because I had not heard of it before.

Ms TRISH DOYLE: We do not come from the city. Once you move out beyond where I am at—further out west—it becomes even harder again.

Ms SMITH: Absolutely. So, if you can give more money to Lou's Place, but also more money to the Aboriginal Housing Office's Services Our Way program—we are actually expanding later this year to different parts of New South Wales. Hopefully with the new budget cycles coming we will potentially get a little bit more money. In that sense we will start to be able to have a bit more of a Statewide presence. I think what is really important is that governments actually—we are very good at building things. We have got infrastructure happening. But what is the point of having a house if people are not well in those houses? We need to ensure that we have money for increased support services and those specialist services that people need.

Ms JENNY LEONG: Ms Smith, I just wanted to ask you if you can give any examples of Aboriginal community-led housing or homelessness initiatives that you are aware of? Whether it has been specific one-off instances, trials, things in other parts of the country—where you think that we could be putting our attention towards? This goes to the other part of my question. Ideally the Protocol is not needed because there is good prevention and there are enough houses. If we look at that, whether or not you can point to what you think—if there are good examples of things that are currently happening that we can look to? Obviously Services Our Way is something you mentioned. Not all of the members are aware of that. You are saying it is a good thing. Is there anything else that you think is good to put on the record, to say, "This used to work, this works here?"

Ms SMITH: Under Strong Family, Strong Communities we have a thing called our leading community demonstration sites. Instead of bringing in an American model and saying, "Make this work for your community," we held an expression of interest and we said to people, "What is your housing issue? What is your social issue? Let us collaborate and co-design together what that looks like." We are testing out two leading community demonstration sites—one in Coffs Harbour, where we are working with Abcare, which is the Aboriginal out-of-home care service provider. They are looking to ensure we can help the successful transition of Aboriginal people leaving care and we are doing a little test pilot for Aboriginal out-of-home care people where with Abcare we are going to rent two units and we are going to support them in what does keeping a house involve and ensuring that they have the right supports and cultural connections needed to ensure that they thrive, that they get all the skills needed to learn how to look after a home and then we connect them up with education and employment.

That is one of the leading community demonstration sites that we are doing, and also we are working with Gunida Gunyah. They are looking at a transitional accommodation kind of—not hotel, but kind of like an accommodation model where it is helping those who are absolutely "Oh my goodness, I'm homeless. I need help right now", and they have actually bought a pub. They are turning that into crisis accommodation that someone can come in, calm down, have the resilience needed, put the supports and services in place and then be able to move to the appropriate home. We are working with these local Aboriginal organisations because the truth is that communities know exactly what they need, they just need money or they need help with putting that together. So that is a really great innovation in the sense of working with communities to look to their own local housing communities for solutions.

Ms JENNY LEONG: Thanks so much for that.

Ms SMITH: And just a couple of other things. I just think within the Protocol, because we are moving to the not-for-profit, I think re-examining the word "official" because maybe a lot of NGOs may not think that they are an official, and also potentially maybe to add like a plain English fact sheet at the end. My time working in the client support policy unit when we had a whole bunch of different policies for group homes and large residences was workers only look at the policy when something happens. If someone dies they ring you: "What policy should I be looking at?" and I am like, "Is the person still breathing? Check to make sure that is all safe and then these are things that you need to do so we can at the time let the director-general know." So I think if you could have a very plain English fact sheet that can be part of induction, that would make it a bit more of a success.

The CHAIR: Thank you.

(The witness withdrew.)

(Short adjournment)

SHANE JAKUPEC, Regional Manager, Neami National, affirmed and examined

The CHAIR: Would you like to make an opening statement about the Protocol and what your organisation does?

Mr JAKUPEC: Neami National is pleased to submit a response to the Inquiry into the Protocol for Homeless People in Public places. Neami is a leading organisation in Sydney's specialist homelessness service system and a national leader in the provision of community based mental health services. We operate specialist homelessness services in New South Wales, South Australia and also Victoria, the spectrum of support from working with people assertively on the street, engaging them when they are on the street, right through to supporting them once they are housed and supporting them to stay housed, as well as prevention work as well.

Right in the city here Neami Way2Home is a jointly funded service with the NSW Department of Communities and Justice and the City of Sydney Council. We provide assertive outreach and case management and we have been heavily involved in the COVID response in supporting people to get off the street to isolate. We are funded under a program called STEP-Link and have been supporting people in temporary accommodation as well in all of the hotels and are now supporting them to move into housing, so heavily invested in the work and aware of the Protocol and are keen to talk about that.

We welcome the inquiry into the Protocol for Homeless People in Public Spaces and hope the process will strengthen the document to improve engagement, support and pathways into housing for people experiencing primary homelessness. This submission will address the questions in the terms of reference and we have some recommendations as well, which we can talk to. Finally, to end the opening statement, I would say it is integral to remember that Australia signed up that housing is a human right. I am sure you have heard that many times before. Our system is geared to managing crisis. That is where the majority of funding goes to and as a service provider that is operating crisis services I would love to see us not have to operate crisis services moving forward and I would love for some collective sector and government visioning to look to see how we could potentially transition the system to move away from crisis over maybe a 10-year period and more into prevention and early intervention.

The CHAIR: Excellent.

Mr DUGALD SAUNDERS: Can you tell us a bit more about the STEP-Link program?

Mr JAKUPEC: Yes, absolutely. When COVID hit in New South Wales there was a lot of uncertainty from the Australian Government around how we would support people who were sleeping on the street to self isolate if they do not have a home already. There is already a standard temporary accommodation system set up through Link2home where if someone required some accommodation they could move into a hotel but usually that is limited to about 28 days in a calendar year. The sector and government got together, when I say government I talk about the Department of Communities and Justice and local councils, and the funded services, and collaboratively looked at how to advocate to move people off the street. Through the Department and the Deputy Secretary and the Secretary there was some additional funding made to pay for additional hotel beds in hotels, non-traditional hotels such as the Crowne Plaza in Coogee, Ibis Sydney World Square and a whole range of these other hotels were engaged.

It was a bit of win-win, they did not have anyone in hotels from a funding perspective, and government wanted to get people off the street and help them to self isolate. That was the first tranche of funding. The second tranche of funding was the fact that there was inadequate capacity in the sector to provide the right wraparound support and case management and coordination for the people who would be moved into hotels, recognising that they would be moving away from their friend groups, from their normal way of life. It was voluntary to move in. There was some funding made available as well to provide that coordination and support. Neami was approached. We also deliver a protocol called supported transition engagement program which is more a housing first support and wraparound program, long-term support for people. We were approached by government and willingly accepted to take that role on.

Mr DUGALD SAUNDERS: How has that gone? We know a little bit about the hotels, we probably do not know much about how the next stage has been going.

Mr JAKUPEC: The funding was for three districts in Sydney. The Sydney south-east, Sydney northern city district, where there is a large proportion of rough sleepers; the western Sydney, Nepean, Blue Mountains district; and the south-west Sydney district were funded to provide this support. But it is not a one size fits all, homelessness is not the same everywhere. Visible rough sleeping is much less in many of the other districts outside of Sydney. We got a governance group together with directors from Housing and also directors from

commissioning and planning from each of those districts together and looked at how do we provide a nuanced approach to case management and support for people in those places. The majority of the hotels were in the city area, whereas there were not hotels being used effectively in those other districts, there were more existing supported housing providers that were being engaged to house people. People were being housed but just not in large hotels like in the city.

The approach in the inner city, as a coordination process we looked at establishing some pop-ups in those hotels. There were nine key hotels that had large numbers of people in there. It was not just rough sleepers, it was a combination of people who were sleeping rough, as well as other people who were requiring some temporary accommodation for a period of time before they moved on to family or friends, or they had to self isolate themselves. We collaborated with Health and with the Department of Communities and Justice, Housing and Neami staff and we provided weekly pop-ups in each of those nine hotels where people could come down, engage. We did COVID screening so St Vincent's Health staff and South Eastern Sydney Local Health District staff would be on shift with us and they would provide some screening and then they would assess any of the health needs of individuals who were there as well. They would see Neami staff to look through any of their case management needs and housing support and working through referring them to any other specialist supports that they required.

We also then had other Housing staff there as well, which would literally open up their file, look at their status, tell them exactly what they needed to do to get registered in the system appropriately and get priority status so that they could be put on the list for permanent housing. That was the approach we took in the inner city. It has been very successful and the challenge has been that there were more people requiring case management support than the funding could provide. Because many services that were already funded had to shift the way they operated as part of COVID, we put out a sector request or a sector survey to see if there was additional capacity that people had so that they could provide case management through the COVID response. We had an amazing response from all of the funded specialist homelessness services.

We also had an amazing response from a range of other providers as well that were not funded through specialist homelessness services. Through that to date we are still working with people in the hotels, the pop-ups are still occurring at the moment. STEP-Link in the whole of Sydney has worked with around 1,200 people. In the city area we have worked with 800 people and 400 of those would have had case management, which is phenomenal considering that the funding for STEP-Link would effectively be case managed through business as usual. You would maybe be able to fund 100 or 120 people to be case managed through that process. It was impossible to do together. That is one of the things I would say, that the program has allowed the sector to come together and provide a really amazing response to the COVID pandemic which we are all facing.

The CHAIR: How quickly is the case management happening? How long are you spending with each person?

Mr JAKUPEC: Homelessness is a very disparate situation. We know from last year the End Street Sleeping collaboration coordinated to do a connections week in Sydney doing the vulnerability index-service prioritisation decision assistance tool with people, which is a screening tool to identify their key needs. Back in 2015 the City of Sydney coordinated a registry week as well, which is a similar process using the same screening tool. Across the board what we found across both of those survey periods is that you get a cohort of people that just need a house and do not need any support. The large majority of people that are coming off the street need a significant amount of support and a house, but will eventually get on their feet and do not need that support. There is probably, again, another 15- to 20 per cent at the top end where independent living is maybe not even the right place for them because they have tried it many times and not been able to manage it due to the multitude of complexities that they have. They might need some additional daily support or shared supported accommodation.

We think about that and we take that middle group, which is the majority of people. Typically, if you want to see change and help people to build agency, to build themselves up from being on the street and feeling like they have lost everything and are not able, and a lot of the time not worthy, to step up and move back into society as a participating citizen there, we would say a minimum of 18 months is what we require. One of the programs that Neami operates is called Supported Transition and Engagement Program, which STEP-Link was based off, was funded correctly. It was a housing first approach where it would support the person to move into the property and get the support from 18 months to three years as required and I was really pleased to see that. That was funded two years ago and it is a four year program.

More recently the Together Home program—I am not sure if you are familiar with that one, you probably approve the funding—that is also providing two years of support for 400 people across the State. The funding models and the design of funding is moving more to the point where it is recognised that just a house is not okay, three months of support is not okay, you need to provide that 18 months of support to help people really get on their feet, connect community, and get on top of the myriad of health, drug and alcohol, and mental health and

other issues that they have, reconnect with family. There are trauma histories et cetera. STEP-Link itself is only funded for supporting around three to six months, short-term, it is only one year of funding. It is a COVID response.

It was great when that was funded but the entire sector, including myself, was saying we need something more substantial. We have a great opportunity here and we do not want to see people who have moved into a hotel move back on to the street when the pandemic stops. The Government has funded that to provide that for people. The only criticism of that program is that it is a transitional housing program and we need to be past transitional housing programs and move to permanent housing solutions. The STEP program that I talked about earlier was actually tendered out as a transitional housing program and Neami and Bridge Housing, Metro Housing and Women's Housing—three community housing providers—did a joint bid for that tender. We said, no, we will put a non-conforming bid in because we feel that we need a permanent housing position. Government listened to that and so we managed to change that to a permanent housing program over that four-year period where the housing providers will mainstream all of those properties by the end of that program. So, case management, it is a minimum of 18 months for the majority and long-term housing placement is what is critical.

Ms MELANIE GIBBONS: Do you, as part of that 18 months, once those immediate needs are met, such as the drug and alcohol and mental health support, do you then start on getting them back into the workforce as well or is that something they can do on their own or through another program? Is that part of the three years?

Mr JAKUPEC: Yes, Neami sees employment as a critical part of an individual's well-being and life and we know that employment is a pathway out of poverty. We know that many people live in social housing and have intergenerational social housing and that is a problem. We need people to believe and aspire and give them the support to move out and get into the workforce and build their own life. Neami has an employment program called WorkWell that is not funded by anything. The model is based on the individual's placement support program and it was focused on supporting people with mental health issues to get into the workforce. It is very tailored, it is visioning with the person what they want and then it is very active in sourcing placements with employers. We have had great success in that. How we have incorporated that into our programs, in New South Wales we are funded through NSW Health.

There are programs like the Housing and Accommodation Support Initiative through the Department of Communities and Justice for SHS programs as well as the primary health networks as well. So, Commonwealth funding. Wherever we can we look to build a position into the design of a service and so with our STEP program, when we were tendering for that, I ensured that we put in an employee that would directly do that. We do not wait for the three years, we wait until the person is ready. Sometimes that is as soon as the person comes on board and they want to find work and sometimes it takes a bit of time. Moving from the street to a hotel is a gigantic change, it is a massive change. A lot of people through the COVID response have been really appreciative that they have a roof over their head, but it has been very traumatic and difficult for a lot of people with a massive change.

Moving from there and doing all of the housing paperwork, sourcing your ID, proving who you are, all that sort of stuff, takes a lot of time at a time when a person is adjusting to not having their friend group around them, adjusting to having more restrictions on what they can and cannot do in a certain place. Then supporting them into a new house where they might not get to choose where it is. We will purchase the furniture for them so they have all the essentials, so they are coming to a place that is not barren, but that still takes time and they need to adjust to that, understandably. Where are the local shops? Where do I get my medication? Where is the local pharmacy? A lot of the time if people have been entrenched in sleeping in the city they are used to going to Kirketon Road Centre [KRC] or St Vincent's health or the inner city services or Wayside or other services rather than, now I am in Sutherland and I do not know and I am not connected.

We work with the person where they are at. We engage them around employment, absolutely. Family restoration is another big one. A lot of time people have lost contact with under age children or adults that are children, family members, et cetera. Particularly where there is mental health or severe mental illness that is involved a lot of people lose connection with everyone else. With drugs and alcohol people have usually burnt most of their bridges. We work with the person where they are at as quickly as we can.

Mr DAVID HARRIS: Thank you for your recommendations. I have had contact with your organisation up at Tuggerah on the Central Coast and spent half a day with them there. The work that you do is very much appreciated. I was interested in recommendation nine and was wondering if you could talk to us a little more about the concept of the peer worker. I am pretty sure I know what you mean but I want to make sure that I definitely know what you mean.

Mr JAKUPEC: Great question. If we think to the alcohol and other drugs sector, the traditional peer worker is someone that used drugs and alcohol and has recovered from that, and is not using. There is typically a 12-step program and the like that people will bring someone in and then they will talk to their experience, and

engaging and, sort of, say "beep, beep" they are living proof that you can recover. Effectively that is what they are there for. If we move to the mental health sector, the concept of a peer worker is someone who has a lived experience of mental distress or mental illness. That has been developing in the sector for probably the last 10 years or so. It has not been as widely known as an alcohol and other drugs kind of worker but now there is a Certificate IV in Mental Health peer work that you can complete. So there is a qualification. It is recognised as a role.

There are lots of variations of what a peer worker is and that is where some of the confusion might be. Some people say "If you've just experienced having a mental health issue yourself, like you went through depression and you are just employed in a normal role you could talk to your experiences of depression if someone else has depression, but you are not paid as a specific peer worker." So there is that sort of perspective. Whereas I am sort of talking more around a dedicated, identified peer position where the person is employed for that purpose, rather than you are just in a role and you are talking to that. If we move to the homelessness sector, a peer worker or person with a lived experience of homelessness is not really a well-known concept. It is not around a lot. There are peer workers of people with lived experiences. They have been around in an organisation called StreetCare through the Public Interest Advocacy Centre [PIAC]. They provide legal support and they have a range of people with lived experiences that sit on its StreetCare team and provide advice.

The CHAIR: And Aftercare too.

Mr JAKUPEC: Yes, Aftercare is a mental health service, absolutely, similar to Neami. They do not do too much in the homelessness space but they are in the mental health space, absolutely, and they employ a lot of peer workers. Some of the agencies have different liberal approaches to what a peer worker is. That is why I gave the distinction that you might be employed as a case manager but you can use your lived experience of depression or anxiety, et cetera, in your role versus a defined position where you are employed, you have a specific job description and provided specific training. Vicarious trauma is a really critical thing. Neami has been working with the peer workforce, particularly around mental health for quite a number of years. I have been with the organisation coming on for 15 years and I will say that in the early days we did not really get it right. We did not have all the policies and processes in place to protect the person. Sometimes we employ people too early in their recovery journey. You really need to be able to employ someone that has been able to step away from that a little bit.

For example, with homelessness peer work in the city we have employed people in the past that lived homeless in the same place. It might have been years later but they have then been working but when they are going with other staff around and they are seeing people "I used to sleep there. I hung out with my mates there" that can bring up a lot of stuff for people. So there is a lot of safety that is required to make sure that the individual is safe. The organisation is set up for it; that the staff that they are working with understand it so there is no stigma, even within their own workforce. But homelessness peer work is very embryonic at the moment. Neami has partnered with Sydney University and we did some internal research around developing the peer role in Sydney here. There is a public paper that is out that you could read around that. We are moving to a second phase of research around that now, really looking at what are the structural things that need to be in place for services and sites really to allow peer workers with homelessness experience to be able to be safe and thrive and flourish.

In relation to the benefits of peer work—massive. I talked about the drug and alcohol position. You are a living embodiment that I can get off the street and that I can have hope that I can get together and that I can get on with my life and dream, and love and be loved, all of those things. The person's individuality, their own identity is demoralised when you get to the street. People create new identities and part of the challenge of people that have been entrenched in homelessness and getting them off the street is, people say "they don't want to get off the street". You might have heard people say "They've got a house but they don't want to sleep in it." This is about their personal identity has been demoralised to the point where they have had to create a new identity that is safe for them. "I have been sleeping rough. I am a rough sleeper. I understand that world. I don't understand this world now."

That is where trauma informed care is really critical in whatever we are doing to make sure that we are not stigmatising the person because of the choice they are making. We are recognising that they are at a point in time now and their history, their trauma, their circumstances have led to this point. No one wants to be sleeping on the street. It is a very unsafe place. The public scrutiny, not just the stigma, it is the discrimination that occurs for individuals when they are on the street, is astounding. The majority of Australians still think they did something and that is why they are there. It is from their own choices, bad choices. Basic situation around, okay, if I am employed and I am educated, I can make decisions for myself but that does not mean you cannot become homeless as well. A high stressed job, anxiety, depression seeps in, do something silly and people lose their money or people embezzle things. There is a myriad people on the street that have a come from a whole range of different circumstances. Part of the reason why we are here today is around the Protocol—what is it saying? What is it

going to do so that we respect the people that are on the street as an individual person, as a human, try to have some empathy, not sympathy to see that they are not necessarily there from their own choices? It is a multitude of intercepting things that have occurred to get to someone on the street.

Ms TRISH DOYLE: Thank you. I want to acknowledge the clear and concise submission that you put to us and also in your answers to some of our questions. I think that is really important to have someone who cuts through. I also like your positivity about the need to actually move away from a crisis response to some of the things that we know and we have learnt, and the experts in the field who can help all of us as a community, not just as a Parliament an organisation to focus on prevention. I want to make a couple of points. Visible street sleeping does not always reflect the situation.

In the Blue Mountains area and further out west it is too cold. My community has seen an increase of people particularly people, who at this point in time because of COVID-19 really struggle with mental ill health, living in cars and vans, shelters and parks and caves out in the bush, people who are squatting, people who are couch surfing and of course that movement from central out to Lithgow on the train moving backwards and forwards on the very comfortable old V-set trains. I might have to make sure that is noted in Hansard. In my role as shadow Minister for Women and shadow Minister for Prevention of Domestic Violence and Sexual Assault I want to acknowledge the importance of recommendation 4. I think it is fantastic to pull that out in a recommendation all on its own. I would like you to talk to this suggestion that the Protocol should outline a comprehensive referral pathway. That is something I do not think would be able to sit alone; it would be a continual work in progress.

Mr JAKUPEC: Absolutely. I am glad you asked that question. Again, talking to who is the homeless person, we know that the number of older women who are homeless is increasing across the country and it is not visible, it is not necessarily visible homelessness through a range of reasons—through divorcing and then they did not have any super because they were not working is a simple one. It is no-one's fault, that was a system of society that operated that way; the woman was at home usually and the man was at work and got super and the woman did not get any super because she was looking after the kids.

Ms TRISH DOYLE: Unpaid labour.

Mr JAKUPEC: Unpaid labour, that is right. So no fault there; we have a systemic issue there that the female population is now increasing in homelessness due to that. Then let us take the vexed look at domestic violence. It is an abominable thing on our society at this point and the number of people that are killed at the hands of, typically, their male partner is quite disgusting. The service system is not set up adequately to protect people from that. There have been numbers of reforms where domestic violence services and shelters have had funding cuts and domestic violence is visibly on the increase—I say "visibly" because I believe it was always there; it was just maybe hidden and shunned, whereas more people are open to looking out for the signs of it and supporting people that they might know to bring it to visibility, and that makes us uncomfortable. As a man I am part of the problem here. We need to look at ourselves and look forwards to how do we fix this issue?

Back to your point about the visibility of that cohort of people, I talked about STEP-Link before. In the city here, the inner-city, technical rough sleepers that we have engaged in STEP-Link is around 290 people over the COVID period; in western Sydney, in Nepean Blue Mountains, about 40 rough sleepers; and in south-west Sydney about 40 rough sleepers. But that is the technical identifier term of "We found you on the street and we are engaging you". My colleague who covers the two western regions, says a lot of the data that comes is not accurate. When you actually start talking to the person they are a rough sleeper, but they were in a car or they were in a tent by the creek or they were in a shaky shed somewhere. So there is a large number of people that are out there.

There is an uneasiness, so the Department of Communities and Justice has unashamedly said, "We are prioritising people that are on the street, people that are rough sleeping" for Together Home, as an example. A lot of the domestic and family violence services are up in arms about that; they go, "Why is that person more warranted to have a place than the person that is sleeping in a car?" It is a resource issue, but it is also a political issue in that seeing someone on a street, when it is visible, the media looks at it; the person walking past them feels uncomfortable. It is in our face, and the more things are in our face, it is the squeaky wheel—we oil it so it is not making noise anymore. I am funded to work with that cohort; it is critical and it is needed and the funding has fallen to the point where it is supporting Neami services to help people get off the street, but we need to look more holistically around this and fund services appropriately, not just the rough-sleeping but the homelessness space, and that is a really critical thing. Back to your question around how do we build that into the Protocol—

Ms TRISH DOYLE: In terms of a referral pathway.

Mr JAKUPEC: It is not one size fits all. I would recommend that we have recommended referral pathways for domestic and family violence, for Aboriginal and Torres Strait Islander people, and then you have the intersectionality that comes with that—for youth—and step it out for people, step it out for agencies so that they can actually see what the process is. I know the more you get into the detail—I know with documents and protocols that are meant to be there for numbers of years, it is difficult to list services and things like that; the photo has changed, addresses change, agencies get funded differently. I am not saying it is a perfect system, it will not be a perfect approach, but at least more guidance around even if this is the government agency that you can contact that will be able to then guide you to the funded services kind of thing. A little bit more detail there to step that out would be beneficial.

Ms JENNY LEONG: Thanks so much. Just on that element of it and in relation to the Protocol, one of the other recommendations was around the need for it to be a mandatory practice for the signatories and specifically I noticed in the introduction to your submission the acknowledgement that the Protocol is a good thing but there is no obligation on anyone to follow it. I wonder if you have any thoughts about the best way for us to ensure that that is followed and to ensure there is accountability.

Mr JAKUPEC: Absolutely. Two things on that. If I read it correctly, I think in the longer document it talked about an official being a government employee; it does not stipulate that it should be funded services of government either. I think that should be considered.

Ms JENNY LEONG: It was raised earlier by someone else, so it is good to have that.

Mr JAKUPEC: That should be considered in there because it defined "official" as a government employee. What I would say on top of that is that every contract that is put out by government expects agencies to operate in a trauma-informed way, a culturally safe way—it says that. So the funded services are typically the most trained in that and most on the ball in relation to being able to operate from a trauma-informed approach and are looking at that. Even major trauma services are funded by government to provide training to the specialist homeless service sector around trauma-informed care practice et cetera, but it does not extend to government employees that much.

Ms JENNY LEONG: So do you think it would be useful for the Government to meet its own criteria for funding internally in their own government departments?

Mr JAKUPEC: Yes, absolutely, particularly from the Department of Communities and Justice perspective because there is an approach to move more into service delivery. There are teams like the Homelessness Outreach Support Team, which is a housing team that go out and do a survey of outreach. I will talk candidly and put it out here, when they started a number of years ago—one of our funded programs directly receives certain referrals from them, so we work very, very closely with them. We cannot accept referrals from anyone else but them for this particular part of the program, and it works really well, but when that team was established they were housing workers, they had no idea what trauma-informed practice was. They would come and shake people when they were sleeping to wake them up. Oh my God, if you talk about dignity and the street is the person's home, let them wake up and leave a card or something like that. That is what trauma-informed practice is.

We fed back and engaged and the Government listened and they provided training and the teams are getting more up to speed. But as that expands across the State, and not just the State; housing workers in the Housing Office—I know there is not as much work happening at the moment in the physical Housing Office because of COVID—staff have witnessed and Neami staff have complained to me countless times over the years where they have taken a client into the office, the client has been upset about something and the behaviour of the worker behind the desk has escalated the issue and then security is called and then there is a black mark against the name. Some basic trauma-informed practice for staff at the front, anyone coming into contact—it actually spells it out in the Protocol—even the security guard should be aware of it. It would be interesting if a poll was put out through government services that this Protocol reports to, to see how many staff actually were aware of it. I do not think many would be aware of it because they are not called on it a lot. So that would be one of the things.

I do not think it is useful if there are not some mechanisms—and it is not each department's fault; it is a thing there and there needs to be some mandated mechanisms around how to ensure that, as you said, the agencies that are commissioning services are at least trained in a similar way to understand that, because I do not think most people would know what trauma-informed practice would be. They hear it. They could say, "You need to be trauma-informed," but they would not be able to tell you really what that actually is in practice.

Ms JENNY LEONG: Some of us joined one of the outreach morning programs. We were talking earlier. It was back in March because we said it was the first novelty time that we all put hand sanitiser on our hands, which now is not so much of a novelty. One of the members in the team that I was with was from Neami—absolute

apologies that I do not have his name on me. He is an absolute credit to your organisation in terms of the understanding and approach that he took in terms of that work. It is important to acknowledge that. It is also important to acknowledge that the team that was there and the way that was done was done well.

Two things that come up in your submission that we experienced when we were speaking to people that morning was, one, the issue of pets—the reality that people are choosing to be on the street because they do not have a safe place to go with their pet. We know that people do not want to leave their pets. I think this intersects back to the conversation earlier around women and domestic and family violence, as well. The other was the issue around temporary accommodation. Now, we are very aware of it. We have a lot of people that are on priority housing waiting lists in the electorate of Newtown. I am not sure how many others are aware of the complexities around it. But when I was witnessing that team—people were being given two or three nights accommodation and I said, "So, what happens between the two or three nights accommodation and the two-year priority housing waiting list?"

They said, "Usually people come back out and then we'll see them again, have the same conversation, book them a hotel for two or three nights again." Obviously if certain people are identified as a priority to a better pathway then they might move quickly through that system, but otherwise it feels like a very bizarre process. I wonder if you can reflect a bit on that because obviously, in the context of the protocols around public space, there is an importance to be respecting people's rights. But also, recognising that if we are helping people to get off the street and they want to—that offering that for a two-day reprieve rather than an ongoing pathway is a real challenge.

Mr JAKUPEC: Yes. Look, thanks for that question. It is a bit of a revolving door for people. If we look at the business as usual protocols, there has been some shift in that. The HOST, as an example—for the last couple of years the Deputy Secretary and Secretary approved for them to approve out of guidelines TA. I mentioned the STEP program earlier and one part of that program is called STEP B. That is the one where the direct referral is from the HOST. The HOST assertive outreach team, in conjunction with the other assertive outreach teams that operate—we do some joint patrols as well. They might identify someone and typically they might have some complex needs as well. If they identify they do want to move into housing they would place them into some temporary accommodation, but it would not be ended. It would be, "We will place you into temporary accommodation until we get you another place."

Ms JENNY LEONG: Which I think would be the public's understanding of temporary accommodation, right? Temporary until you have more accommodation.

Mr JAKUPEC: Correct, whereas the guidelines are 28 days in a calendar year. But the HOST model, that was thrown to the wayside. It is much more costly and we are engaged within the first day or so as a provider when the referral is made. And then we work with that person straightaway to start getting the housing paperwork in train, getting them ID signed off and working out where they want to live. Is there any restrictions on housing, et cetera? We get that together and then Housing will find the property. As soon as they find the property then we will furnish it and we support the person in. And then we work with them to help them stabilise. We have got some guidelines that we operate under that we have jointly developed with the DCJ around that particular program.

We typically have about a month to get the housing paperwork together. So, this is a service that does this for a living, that knows the people they are working with. Typically it will take a month to get all the criteria required to get approved on the priority housing list, and that is before the housing place is sought. But luckily this program is allowing this extension. In that program we have worked with, in two years time, close to 500 people. We have not housed 500 people through it because some people fall through or move out of the area, et cetera, but it has been very successful in getting people housed. It costs a lot of money. Some people take longer. We have had people in temporary accommodation for 90 days. When you are paying \$120 or \$150 a night, that is quite expensive.

Ms JENNY LEONG: I think prisons cost more, for the record.

Mr JAKUPEC: That is true. Absolutely. From a cost perspective I think it is warranted to do it. What it does is it helps a person stabilise. They are going through a crisis point. They are connected with a support agency and they help them to stabilise. It is a costly program. What I would recommend is maybe a better way of doing it—and we have seen a little bit of adjustment with this with DCJ. It is looking at making an assessment that—you do the basics. If they have got ID and they have a Centrelink payment we make the assumption that they will get their priority housing approved. We can find a property and house them on a three-month lease while that is being done. Then you have the person in a stable place. They are not in a hotel. A lot of the time they might not have kitchen facilities. That is costly. "I need to go out and buy takeaway every day. I've got to go to Wayside to get some food. I've got to go to the van." So, it is not an ideal place.

Having the capacity to tweak the criteria to get the person into a house quicker, on a shorter lease, to then complete all of that paperwork—and then once that is done, the person can transition into a longer-term lease. We have done some trials of that. A couple of years ago we did a few trials of that. It can work, but it is a much cheaper process than having someone in a temporary accommodation place for a long period of time. Moving to COVID now, because we had already been doing that longer-term TA, that is where the idea of 30 days for a rough sleeper came in. That was implemented. If someone was a rough sleeper and they moved to TA as part of COVID, they were not given two or three days. They were given 30 days approved. There was a bit of miscommunication over that as policy process changed over time. But the reality was that 30 days was approved for people and then they would get an extension.

What has been good is if people were engaging with services and they wanted to engage and work with people, they would provide extensions, as well, so they were not pushed back onto the street. Where are we now in August? We are sort of reverting back more to business as usual situations around that—remembering that the COVID response has not just been for rough sleepers. It has actually been for a whole range of people mixed in there. But there are things that can be done to make it cheaper, but also to reduce the number of steps a person needs to take. I am a big believer of housing first. You take the person and put them in a place. You wrap around the support they need. The house has been done sometimes. I know we have got a housing shortage and a capacity issue. But typically in the past with someone who would be housed, the traditional SHS sector would be funded to work with them for three months. That is not enough.

The policy wheels have changed. Coming out of central office, they understand now. You need that longer-term wraparound support. That is heading in the right direction. I would just encourage you all to keep that in your mind and whenever there are any funding issues make sure that they are funding support. You would have heard it many times already, but that is what works. It stops people coming back out on the street. You just cycle that around. If you think from a humanistic perspective, every time that person fails in a tenancy and they are back on the street, not only is their mental health going to be in a worse place but their physical health is going to be in a worse place. There is a whole range of issues that occur and the person is almost at a lower rung down and needs to work harder again the next time they are even offered a place. We sort of want to cut through that.

Ms JENNY LEONG: Did you have any thoughts about pets?

Mr JAKUPEC: Oh, sorry. Yes. And the pets, absolutely. As part of COVID there was a committee in the city set up to focus on pets, which was a great response. It had government and sector representatives, including health, and they looked at identifying a hotel that would accommodate pets as part of that. So, it is a really critical part of the system. If you think about it, you are on the street. You are on your own. You have a pet. It could be your best friend and also could be your safety security alarm to keep you safe. Having to withdraw from that is a recipe for disaster.

Ms JENNY LEONG: We mentioned it before to some of the other people that have come to speak to us. If there are things that you wanted to add to your submission, or additional learning from what has happened during COVID that you think would help inform the review around the protocol, it would be great to get that as well.

Mr JAKUPEC: Yes, definitely.

Ms MELANIE GIBBONS: You mentioned before that it takes about a month for your organisation, which fills out the paperwork, I imagine, all day and every day—that is one of the things you do and yet it still takes that long. I can imagine someone without your support—it would obviously take even longer. Why does it take a month? What is involved that makes it that time-consuming?

Mr JAKUPEC: To prove that you are eligible for priority there are a number of things you need. There are the basic things. You need to prove your income—where you are getting it from. You need to prove your identity. A lot of people do not have that. You historically needed to have a mailing address. I mean, you are homeless; you do not have a mailing address. There are all sorts of loops. Some of those things have been worked through. It is a much better system now. We have an online form. Our staff go out and do it on an iPad. They login and they find a number. It is much quicker. It is a lot more streamlined, but sometimes to get ID can take a really long time. The other one is living—so, for example, typically you will need a medical assessment and you also need a living skills assessment. There is a lot more flexibility these days around the living skills assessment. A lot of our staff can do a living skills assessment.

But how can you do a living skills assessment if the person does not have a home? You cannot actually observe how they engage in a home, so there are a lot of barriers to that. There are ways around that. Some of the services like Wayside will have kitchens and things like that, so we have a range of places that we will try and engage around living skills assessments but it can take time to do that accurately. Medical assessments—a lot of

the time people do not have good records. A lot of the time, through a range of cognitive impairments and memory issues and things like that, people might not know contact numbers for previous doctors. If I think back, I remember I had to get some shots one time to go for an overseas trip. I had to look back and remember, "Did I have rubella shots from years ago?" I could not even remember which doctor I had been to because I have moved around a bit—let alone if you have memory issues and cognitive impairment and things like that.

Then we do have services where we—as an example, KRC works with a lot of homeless people. Even that service—you take someone up there. Medical professionals are not comfortable signing off on a medical assessment if they have met the person for the first time. It is a huge barrier. It is also a barrier for NDIS access as well. It takes time. A lot of the time they will want to see the person multiple times and do a full physical health check, et cetera, to get the medical assessment done and signed off on. You cannot submit your application until you have done that. So, these things take time. And then, throw in that the person may have a disorganised life—

Ms MELANIE GIBBONS: Sure, and they are under stress.

Mr JAKUPEC: —and they may have stress. They may have distress. They may be using. They may be doing criminal activity. They may be all with it. There is a whole myriad of situations that can be arising. Maybe they forgot. They lost their mobile. We cannot get in contact with them. There are many, many things. One of the critical things with the COVID response is we made sure that we had brokerage funding to buy mobiles. At the hotels it was one of the first things we did. "Do you have a mobile?" "No." "Here is a mobile. Let's register it. Okay, now we've got your number. Now we can talk to you." It is those basic things. But also with the homeless population mobiles get lost, stolen and broken very regularly. The person might have a mobile number now but in a week you call it and it is not operating. There are many, many barriers to that, and that is assuming that the person trusts you, wants to engage with you and trusts the government. Many people have had poor experiences.

The other thing is that the person might have a rent arrears history, so they need to agree that they are going to have a rent payment back before they will get approved. They may have a grudge and might not want to. So, it might take time to build the trust and talk to them and engage them, and say, "This is the best option for you now. Agree to this and let's get you off the street." Many of those things take a lot of time. That is why I feel if there was a capacity to put the person in a place with a short-term lease to allow all of that work to be done—we are not saying, "Eliminate those requirements." We are saying, "Allow the person to be in a more stable place to get those requirements done." What we know is that the majority of people will get it done. And if they are in a stable place, you know where they are. You can go back to them. Whereas, if they are in a hotel room, yes, you know they are there, but they are probably not settled and they are probably going to be out and about most of the time.

Ms MELANIE GIBBONS: What happens with the living skills assessment? If someone is needing priority housing there is a fair urgency to it. If they are not able to complete the required living skills, what happens then? What support is available to get them to that level in a very short period of time, if possible?

Mr JAKUPEC: I have got to be careful what I say. I think the living skills assessment is probably more of a tick-and-flick requirement in practice than an actual, practical assessment of, "Can they live independently?" For those reasons that I said before there is nowhere really to assess that. You get someone that has been sleeping on the street for 20 years versus someone that might have been there for a week. A whole myriad of things have happened in between. It is not a great assessment tool. That is what I would say about that.

Ms MELANIE GIBBONS: It is more about what support then should be given to them after they are put somewhere—

Mr JAKUPEC: Correct. It is the wraparound.

Ms MELANIE GIBBONS: —rather than whether or not they get housing because of meeting that need.

Mr JAKUPEC: Absolutely. You put the person in the place and then you can see, "Do you know how to use a toaster? Do you know how to use an oven?" They might have a gas stove. There is a bit of an intricacy around learning how to use a gas stove, let alone starting to do some cooking. So, it takes time, absolutely. Housing first—wrap around what they need and then you move forward. I guess it is different if someone has been living with family or friends or couch surfing and things like that. They would probably have been in a house and they have been using appliances, et cetera. Whereas, if you are talking about someone on the street that maybe has not been doing that for a long time, you have got no real idea whether they can or not. They probably do not themselves. We have many people that get into a house and they say, "I haven't cooked something in 15 years." To start from there, doing an assessment on the street for eligibility for priority housing, is sort of—

Ms MELANIE GIBBONS: It should not change their eligibility. It should just change what support they get afterwards.

Mr JAKUPEC: Yes, I think so.

The CHAIR: Thank you for that very comprehensive submission.

Mr JAKUPEC: No problem. We do not get the opportunity often. I am looking forward to seeing where it lands. I would finish with my first statement: vision. One thing about COVID is that it has shown that if people want to and collectively get together, we can make change and we can push for things and money can appear across the country. Why does it have to be a crisis to do that? We are all humans. We all want to get people off the street, get them into housing and get them engaged in society. I will leave it at that.

Ms JENNY LEONG: Thank you so much.

Ms TRISH DOYLE: Thanks, Mr Jakupec. Pass on our thanks to all your team, as well, for the good work they do.

Mr JAKUPEC: Yes, I will. No worries.

(The witness withdrew.)

(Short adjournment)

MADDY HUMPHREYS, Project Officer, Homelessness, Public Interest Advocacy Centre, sworn and examined
REBECCA WARFIELD, Consumer Representative, StreetCare, Public Interest Advocacy Centre, sworn and examined

ROSLYN COOK, Managing Solicitor, Homeless Persons' Legal Service, Public Interest Advocacy Centre, affirmed and examined

The CHAIR: Thank you all for coming. Who would like to kick off?

Ms COOK: I will very briefly start by introducing the team. I am very lucky to have been the Managing Solicitor of the Homeless Persons' Legal Service for the last six years. One of our projects to address homelessness in the community is StreetCare, which is a consumer advisory committee made up of people with their own lived experience of homelessness. We used the views of that committee very extensively in our submission on the Protocol. That committee, day to day, is largely managed by Maddy Humphreys, who we recruited a couple of years ago from within the committee. Maddy also brings her own lived experience to the role. I would like to invite one of our wonderful StreetCare members, Rebecca Warfield, to make our opening remarks today.

Ms WARFIELD: Hi. My name is Rebecca Warfield and I have been a member of StreetCare for 12 months. I have lived experience of homelessness and I grew up as a ward of the State from the age of 11 to 17. On a number of occasions I have found myself in refuges and also sleeping on the street. By the age of 20 I was on a first name basis with the NSW Police Force. I would regularly interact with the police and on days I would be walking somewhere and they would see me, stop me and go through my bag. Later on in life I discovered, to my shock, they also took notes on what was in my bag and where I was at that time. They would ask me to lift my bra outwards to see if I had anything I should not have, and empty my pockets. I would be asked to leave areas and they would make derogatory comments about how I was supporting myself as a sex worker. These interactions left me feeling humiliated, hopeless and defeated.

Ms JENNY LEONG: Take your time, Rebecca. We have got lots of time. You take your time and we can wait. It is a pretty crazy room to be sitting in. Just take your time.

The CHAIR: It is not the friendliest of spaces but we are all friendly people. We are here to hear your story.

Ms WARFIELD: I was 33 when I finally paid off the fines I received in this period. To have fines hanging over my head for that amount of time caused me a lot of stress. A friend of mine by the name of Najma Carrol was found deceased two weeks ago. She was in severe distress and was fighting with the system to try to put a roof over her head. The Department of Communities and Justice were more concerned with her compliance with the temporary accommodation rental diary than providing her with help and support. Two weeks later, prior to her death, she was found by police to be in possession of a small amount of the drug ice. When police questioned her she admitted her crime and burst into tears. However, to my knowledge no appropriate referral was made so that she may be able to get the help required. Instead of giving her help and support they gave her a court date, and two weeks later she was deceased. There have been so many times in my life where there could have been meaningful intervention by police in order to help me break the cycle of homelessness and disadvantage; however, instead of helping me or asking me if I was okay, they spoke down to me, were aggressive with me, insulted me and punished me.

The consequences of these interactions lasted a lifetime and have severely limited my opportunities, particularly in employment. They have also had a negative impact on my self esteem and worth. If police abided by the Protocol they have the potential to change people's lives for the better. There were times certain police officers did help me, for example, calling the youth refuge to come to me and a group of kids who were sitting at the railway station. They have even taken me to hospital on one occasion. However, the majority of interactions I have had with police have not been helpful. The Protocol sets out ways that organisations should interact with people sleeping rough. In order for the Protocol to be effective it needs to be able to hold the police and other agencies accountable for their actions. There needs to be mandatory reporting requirements of all signatories as to how they have implemented the Protocol.

All police should also be trained in trauma informed care so they are able to interact appropriately with people experiencing homelessness and to be a force for good rather than kicking people while they are down. This training and accountability could be monitored and supported by a lead agency. They could also be someone that people could speak to anonymously about the experiences and complaints they have. The Protocol has the potential to be an incredibly powerful document to set a standard amongst all organisations to treat people

experiencing homelessness with respect, empathy and care. However, in order for it to be effective it requires leadership, direction and accountability. Thank you for listening.

Ms COOK: I think that concludes our opening comments. If you have questions for us?

Ms MELANIE GIBBONS: Pretty powerful opening comments. Well done.

Ms JENNY LEONG: Thank you Rebecca for sharing that. I think it is really important. One of the things that has come out in all the submissions that we have received has been that we need to make sure that the Protocol is not designed in the absence of people who understand what it is to be homeless, and that it is not designed in a way where the recommendations do not reflect people's experience of homelessness. It is really powerful to have you come and share your experience and be part of this today. Earlier today we had some other people share their experiences. To me it is the most crucial part for the Committee hearing from where the recommendations come. Thank you for doing it, even though this room is completely daunting. To be fair, I still find it daunting and I have MP after my name.

I wanted to ask about the idea of accountability measures. The Public Interest Advocacy Centre [PIAC] submission talks about a number of different incidents where police are clearly not following the Protocol. There are issues around the requirements for training that are raised, particularly around accountability. Can you talk about what you think that would look like, to ensure that there was adherence and compliance to the Protocol? We are dealing with many complexities in terms of the scope of the agencies and the groups involved. If anyone was to have an understanding of the intersections between those things it would be PIAC. It would be great to know what you think it would look like to have adherence and compliance with the Protocol in the way that it was set up.

Ms HUMPHREYS: I guess how we envisioned it would be that all signatories to the Protocol need to report on the efforts they have gone to to implement the guidelines for implementation into their organisation. We were envisioning that would be a yearly reporting requirement. We also think that the Protocol needs to have some kind of community of practice or lead agency so that there is an agency responsible for monitoring that compliance year to year. For us the bare minimum is to demonstrate that you have implemented the Protocol into your own organisation's practices, that you have trained all staff in the Protocol and in trauma informed care. That, to us, would be the bare minimum. But we would like to encourage a really productive relationship between all agencies who interact with people sleeping rough and have a bit of a community of practice around it so that positive culture and success stories and examples of good practice can be shared. Hopefully that can begin to shift some of the learnings that we have around this stuff.

Ms COOK: I just want to briefly add that one of the real barriers that I have come up against as a lawyer is I hear from people about the negative experiences they have had and there is not an anonymous complaints process and there is not currently a mechanism for people to raise the concerns that they have without them being personally identifiable. For a lot of people who are rough sleeping and who are very vulnerable the idea of being personally identified as having made a complaint is an anathema and that is very understandable. People have a perfectly rational fear of reprisal in that situation. I cannot in good conscience tell somebody that they should go to the Law Enforcement Conduct Commission if that is going to result in them experiencing ongoing harassment and make their life more difficult. I think one of the branches of it that I would really like to see is a genuinely anonymous complaints process, or one that is accessible to people who may not feel comfortable being personally identified.

Ms JENNY LEONG: Just a follow on from that. Do you think there is a need for an ombudsman type role or some kind of oversight commissioner or do you think it can sit with the idea of having a lead agency within government? What is your sense of those things?

Ms HUMPHREYS: The role in my mind could be performed by a lead agency and we would hope that that lead agency, with police as signatories, would be able to have good communication with police and discuss the concerns and the trends and the kinds of things that are coming through that lead agency to improve practice. I want to make the distinction that we want to talk about abiding by the Protocol. So, not necessarily where police have gone to the extent where they have done something completely illegal, but where they have done something that is less than best practice and how it could be handled in a different way so that it would abide by the Protocol and best practice guide. For that reason I do not feel it needs to be an ombudsman type fourth arm of government, I think it could be a lead agency and with good faith and with invigoration of the Protocol there could be that cultural shift. That is what we think the main problem is, it is that cultural dimension to how police interact with rough sleepers that needs changing.

Ms JENNY LEONG: Ms Warfield, one of the things that came up earlier was around making sure that people that are homeless in public places are aware that this Protocol exists and there is a need for it. There was a

discussion about the need to communicate that to community members so that they can be aware of this Protocol and can watch out for people, but also for people who are experiencing homelessness can know about it as well. Are there thoughts about how to share that information? One example that I pointed out is that the Protocol has all the lists of what you are supposed to do if you are homeless, all the services. Obviously, the bureaucrat that has the Protocol does not need that list, the people that are homeless need that information. It would be good to know if there are any thoughts around how we would share the Protocol so that people would know that it is a thing that people are supposed to comply with.

Ms WARFIELD: The police could do it in brief interactions and informing people and there could be pamphlets.

Ms HUMPHREYS: Whenever we do broad community legal education we do mention the Protocol. We try to raise the flag. I just completed some training with the Newtown Neighbourhood Centre with the expansion of their Newtopian Outreachers into the CBD area. We went through the Protocol and police rights and responsibilities. We do try and get the word out there that there is something called the Protocol but I also think that there is not much point in telling someone that there is this thing called the Protocol and these are your rights under it if there is no accountability mechanism behind that because that is not actually going to help that person at the end of the day.

The CHAIR: Do you have a question?

Ms MELANIE GIBBONS: You know, I do not, because that is so well written that I think it has answered all the questions I have. You have outlined what is missing and what is needed to make it accountable. You have met what I need, particularly being the last one for the day, it is always a hard spot to fill. You can either be barraged with questions because we are confused or we have had everything clarified. You have solidified everything I have been thinking. I appreciate your coming in and my not asking you a question is not a slight on you.

Ms HUMPHREYS: No news is good news.

Ms MELANIE GIBBONS: You have put it perfectly, well done.

Mr DUGALD SAUNDERS: Similarly, thank you for coming today, I really appreciated hearing from you. You have summed it up well and you have clearly pointed out your concerns and it will be looked at in the overarching protocols.

The CHAIR: I have a question. How did you meet these two lovely ladies?

Ms COOK: We first met Maddy, was it at—

Ms HUMPHREYS: It was at Vincentian.

Ms COOK: Maybe you should tell the story.

Ms HUMPHREYS: I went to a specialist homelessness service called Vincentian House, it is on Crown Street and it is run by Vinnies, as you can probably tell. My predecessor, the person that was in my role before me, was recruiting for this thing called StreetCare and I actually got his number from a friend of mine. We became friends in that refuge and then we were friends for a while after that. I had just started university and she said there is this guy and he has this committee thing and it kind of sounds like you would want to do it, here you go, call him. So I called him and had a coffee and it kind of went from there. That was in 2016 when I joined. I was a member of StreetCare for two years before I was promoted to manage the project about two years ago.

Ms COOK: That was a very straightforward decision for us. When Maddy's predecessor left and we were striking around and I was like, "Why don't we just get Maddy to do it, she would be really good." And she has been really amazing.

Ms HUMPHREYS: And Rebecca and I have known each other for a long time. We are part of the same community and we are in the same kind of social groups and I think Rebecca's story is incredible and I think her personal journey of resilience and recovery is just amazing and I definitely wanted her to be part of the team. I asked her if she would be interested and she has been contributing for about a year now, maybe a little longer. She has been fantastic.

The CHAIR: Thank you for attending and putting in a submission, we really appreciate it.

Ms JENNY LEONG: I wanted to ask if you have any thoughts around the Protocol and the interaction with people who do not have English as their first language or who have literacy challenges? Also, the challenges for people accessing services because they are not citizens and set pathways are not open to them. We heard Neami speak before about people that are eligible for housing and that it can take up to 30 days for the qualified

and experienced people at Neami to fill out paperwork and get the right ID for people that are citizens and do qualify. If you do not have any of that because you do not qualify that is a whole other challenge. Do you have any thoughts on the Protocol in relation to those aspects, in relation to the language barrier and in terms of citizenship?

Ms HUMPHREYS: In my mind the Protocol's first point of call is to leave people alone who are sleeping rough. They have a right to be there, they have a right to use and enjoy space and unless they are in severe distress and obviously need some kind of intervention or they are a danger to themselves or other people there is nothing inherently criminal about sitting on a bench or sleeping on the street. I think it is a good idea for people to be referring into services where possible and making appropriate referrals but also to know that once that job is done there is no need for any further monitoring or intervention or compliance. There is no need to have that relationship between particularly police and people that are sleeping rough.

We also know that for a small segment of the population that are very disenfranchised and are not engaged with services at all, sometimes even with the suite of assertive outreach approaches that have been developed in the inner city, police are the only service that these people interact with because they are just not willing. They have been through it too many times before and they have been disappointed too many times before and they do not want to engage with assertive outreach. Really police are one of the only points of contact this person has with society at large. And so for those people in particular we think a model of policing which abides the Protocol and which treats people with respect and dignity and offers them appropriate services when they ask for it, really can be one of the last touches that person has on society.

Ms COOK: It is a final safety net?

Ms HUMPHREYS: Yes.

Ms COOK: I have had some experience of people who are rough sleeping who do not speak English as a first language at all. I would just say that we consider it good practice that we do work with interpreters where possible and that is something that ideally police and other agencies who have been introduced to the Protocol would also be seeking to do. Obviously I think people in our community have a reasonable expectation to receive services in the language that they speak. But I do not know that we have more developed views on that.

Ms HUMPHREYS: I would say that if the Protocol is something that is effective and is something that can be put into play, word spreads pretty quickly about good things that are going to help people in the homelessness community. I would not worry about getting the word out there if you have got something that is really going to benefit people they will let their friends know.

Ms JENNY LEONG: The only other thing I want to ask is as we have focussed a lot on police. Earlier one of the things that came up was the idea of having public space officers or similar kind of local council liaison officers that know the area, that are connected with people that is not a police interaction that could basically provide that assistance. Obviously in the city we have those kind of roles but some of our regional colleagues have mentioned that that does not exist in regional areas. What are PIAC's thoughts about the idea of having different, if you like, public space liaison officers or whatever you want to call them, that are not immediately linked in to the police or frontline emergency service workers?

Ms HUMPHREYS: I think we would definitely prefer that option. We have seen that the public space liaison officers work really, really well in the inner city. We have seen that they have really strong relationships with the homeless community and that a lot of people end up seeking a recovery path due to their interactions with those officers. We do not want more police. Our point about police is we know that police are always going to have a role in the public space and so while they inherently have that role, they need to be able to do that role in a way that is appropriate for all the different individuals that they interact with. But we would definitely support a model which seeks more of a community public space local council element to it. I think that is a more appropriate way of performing the referral and the engagement role.

Ms JENNY LEONG: My final question, given we are in Homelessness Week, and in 2017 we saw legislation introduced into the Parliament by the Government that would move people out of Martin Place and there obviously appears to be very clear contradictions between the Protocol and that legislation, what are the views of PIAC either now or it can it on notice around that legislation and the working and implementation of the Protocol?

Ms HUMPHREYS: We have seen some definite issues with this legislation. The first of which is that it gives police a really broad power to move someone who is materially interfering with the enjoyment of the public space. That power is super broad.

Ms COOK: And although it is confined to Martin Place public reserve which is a very narrow little strip just down the way here, it is sometimes misunderstood by police or by members of the community as having a broader impact. We are aware of cases in which people have been moved on under that Act, notwithstanding that they were not in Martin Place reserve at the time that that happened. That was a real concern that we had and continue to have.

Ms HUMPHREYS: Anecdotally we think what is happening is that in some cases that Act is being applied to all parks and all reserves in the inner city as this kind of broad brush. We are not sure where that miscommunication came from but we feel that anecdotally it is definitely present. I would say that I do not feel as though the legislation is necessary. I think it was introduced for a very specific purpose, and it was not even necessary for the purpose it was introduced for. I do not see what it adds to the rule of law.

Ms JENNY LEONG: It is really good to have that on record, thank you.

Ms MELANIE GIBBONS: I refer to public space liaison officers which we do not have in my area and I am interested in it. With the Protocol saying basically that someone should not be approached unless they need assistance unless they are part of providing a service, how do they have the ability to approach someone as part of what they do as part of operating that liaison? Is it the fact that that is their role therefore they can?

Ms HUMPHREYS: I think it is also because local council does provide a whole lot of services to that community, for example, if they have lost their belongings they can approach their local council or their belongings needed to be moved due to cleaning of the streets, they will approach the local council. The local council performs a lot of services that will actually bring the community to them. To my understanding—I do not work for the City of Sydney—

Ms MELANIE GIBBONS: It is sort of around the other way. It is more the person having someone to go to?

Ms HUMPHREYS: That is right, so when you are coming to me and you wonder where your satchel went I can then return your satchel to you and have a conversation in that around where you are at and if you need any help and what I can do for you. I think the main strength of that role is the lack of agenda, so that I am going to provide you services even if you do not take up my offer of housing, whereas I think some of the other services, it can be conditional. The interaction can be conditional on somebody accepting services or doing their recovery in a certain way. I think the beauty of the public space liaison officer is that that relationship can be built just on an unconditional, mutual respect and they are the relationships where we see people actually do get recovery in the end. But it does not happen overnight.

Ms COOK: If I could very briefly add to that? One of the things we hear about in regional areas is around that kind of incidental management—I mean a lot of rough sleepers in regional communities are using free camping sites or in a place like showgrounds or perhaps car sleeping. At least that is the presentations that I have tended to come across. So there will often be incidental contact, particularly by council workers in the context of just they are managing the showground or the car space sites where people happen to be sleeping. I feel like the Protocol can be a really useful guiding document but also that there is very low levels of awareness of it. But anecdotally I have heard from council workers in regional areas with whom I discuss it, that when they do become aware of the Protocol they find it really helpful as a way of potentially pushing back against directives they might be receiving to interfere in ways that they feel are harmful.

Ms JENNY LEONG: Staff from the City of Sydney will appear and we can ask them. If you have a business that is feeling unsure of what to do because someone might be sleeping in its shopfront area or whatever the benefit is that it can mean that instead of calling the police and having it escalated into action they can call the council and then there is an intersection of someone that probably already knows that person, has a relationship, checks in and there is actually much more of a de-escalated model than what the alternative might be.

Ms COOK: I know the City of Sydney gets these calls but so do we sometimes from business owners who will say "There is rough sleeper who is outside my shop, what should I do? Is there someone I should tell?" It is really useful to have that document to point them to. My sense is that business owners are generally really concerned to do the right thing and to be helpful. They are in contact because they are compassionate and they want to make a positive difference. It is very useful in that context.

The CHAIR: If the Committee has further questions we will email them after today.

Ms COOK: It will be our pleasure.

(The witnesses withdrew)

The Committee adjourned at 16:14.