



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

**HOUSE OF
REPRESENTATIVES**

STANDING COMMITTEE ON FAMILY, COMMUNITY, HOUSING
AND YOUTH

Reference: Homelessness legislation

WEDNESDAY, 28 OCTOBER 2009

CANBERRA

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HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON FAMILY, COMMUNITY, HOUSING AND YOUTH
Wednesday, 28 October 2009

Members: Ms Annette Ellis (*Chair*), Mrs Moylan (*Deputy Chair*), Mr Abbott, Ms Campbell, Ms Collins, Ms Livermore, Mrs Mirabella, Mr Morrison, Mr Raguse and Mr Trevor

Members in attendance: Ms Campbell, Ms Livermore, Mrs Moylan and Mr Raguse

Terms of reference for the inquiry:

To inquire into and report on:

The content of homelessness legislation.

The Committee will make inquiries into the principles and service standards that could be incorporated in such legislation, building on the strengths of existing legislation, particularly the Supported Accommodation Assistance Act 1994.

The Committee shall give particular consideration to:

1. The principles that should underpin the provision of services to Australians who are homeless or at risk of homelessness.
2. The scope of any legislation with respect to related government initiatives in the areas of social inclusion and rights.
3. The role of legislation in improving the quality of services for people who are homeless or at risk of homelessness.
4. The effectiveness of existing legislation and regulations governing homelessness services in Australia and overseas.
5. The applicability of existing legislative and regulatory models used in other community service systems, such as disability services, aged care and child care, to the homelessness sector.

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Committee met at 10.07 am

MITCHELL, Ms Debbie, Branch Manager, Participation Policy Branch, Social Inclusion and Participation Group, Department of Education, Employment and Workplace Relations

PIGRAM, Mr Derek, Manager, Employment Pathways Branch, Specialist Employment Services Group, Department of Education, Employment and Workplace Relations

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HART, Ms Virginia, Assistant Secretary, Mental Health Reform Branch, Department of Health and Ageing

PODESTA, Ms Lesley, First Assistant Secretary, Ageing and Aged Care Division, Department of Health and Ageing

TRACEY-PATTE, Mr Keith, Assistant Secretary, Community Programs Branch, Ageing and Aged Care Division, Department of Health and Ageing

ACTING CHAIR (Mrs Moylan)—Good morning. We are all faced with considerable time constraints this morning, as I am sure you are also. I extend to you a welcome from the committee. Thank you for making your time available and for the excellent briefing notes that you have provided to the committee. I declare open the fourth public hearing for the inquiry into homelessness legislation. The homelessness legislation inquiry was announced on 24 June 2009, written submissions were called for and 96 submissions have been received to date. Although the committee does not require you to speak under oath, you should understand that these hearings are formal proceedings of the Commonwealth parliament and giving false or misleading evidence is a serious matter and may be regarded as a contempt of parliament. I invite representatives of the departments to make an opening statement.

Mrs Gumley—The Department of Families, Housing, Community Services and Indigenous Affairs is pleased to appear before the inquiry. We have provided both background briefing and a detailed submission and would be very happy to clarify any issues that may have come up for you either in reading those submissions or as a result of your discussions with the broader community.

The government commitment is to ensure that people who are homeless or at risk, a very vulnerable group, receive quality services. We also have challenges with homeless people in that they are a very vulnerable group, often interacting with the most complex service systems that exist in our country—child support, justice, criminal systems, health and Centrelink. Some of those services link very well to one another; others do not. As a result, you have got very vulnerable people navigating those very complex service systems. We want to put in place a framework that will support them systematically. The white paper released just last year set out a

vision around the quality improvement that is necessary to introduce the level of reform that would make homelessness everyone's responsibility and extend it into mainstream services from the specialist, much smaller sector of specialist homeless services.

In order to achieve those reforms, a transformational response is really needed in the sector. The sector stretches from small, cottage-industry-type providers up to large national providers, so quality is mixed. It is necessary to get some uniformity so that homeless people are able to move out of that period of homelessness as quickly as possible and so that the professionalism and quality of those services is increased to reduce the long-term impact on the individual.

At the moment, within the sector as well as among other agencies, there is considerable scope for and quite a lot of goodwill towards introducing those reforms in order to reduce homelessness and meet the government's target. One of the commitments from government is to introduce legislation. We would look for the legislation to drive collaborative action between agencies and also to put in place some of those rights and protections for homeless people in order to ensure a level of service quality similar to that in place in the current Supported Accommodation Assistance Act.

A very big part of that development—including that of national standards and a time frame for implementation—needs to be made in conjunction with the community and the sector so that we understand what quality is. Of course, state and territory governments are a very big player in that. I will leave it there and allow the committee to ask questions.

ACTING CHAIR—If the committee agrees, we will have each department make a statement and then go to questions. That way, if we have to move off, we have at least covered the basics. Does the Department of Education, Employment and Workplace Relations wish to make an opening statement?

Ms Mitchell—We do not wish to make another statement—we would just reiterate everything that Kate said.

ACTING CHAIR—Does the Department of Health and Ageing wish to make an opening statement?

Ms Podesta—A very brief one. We welcome the opportunity to participate. We are an active and supportive part of the whole-of-government approach in this area. We have made this a focus of our work for some time. In June this year there were some changes to the principles under the Aged Care Act to recognise homeless people as a special needs group. There have also been a number of new initiatives subsequently, and we have continued to identify the work that we can undertake on pathways, particularly with regard to mental health, substance abuse, capital grants, access to residential and community care for homeless people and supported accommodation for the frail and aged. We will continue to work with our colleagues in these areas. We understand that this needs to be an integrated approach.

ACTING CHAIR—Thank you. We will now go to some questions.

Mr RAGUSE—Both speakers mentioned cooperation and collaboration. Some of the concerns, I think, are cross-agency. What are some of the practical strategies that you are putting

in place to make that collaboration or cooperation work a little better given the constraints of the sector and the constraints of process?

Mrs Gumley—The white paper set out that framework. It was a whole-of-government response, not just a departmental response, so it did draw in contributions from aged care, employment and Centrelink as well as setting expectations about what would be delivered by states and territories through the agreements that we have in place with them. That set the framework. We have agreements—the National Partnership on Homelessness and the National Affordable Housing Agreement—with the states and territories. Under the national partnership, states have to prepare implementation plans. It was not originally intended as part of that agreement that there would be a Commonwealth implementation plan, but that has certainly been an innovation introduced by Minister Plibersek around trying to drive integration across the Commonwealth and to hold the Commonwealth to the same accountabilities as the states. That implementation plan will take us forward to the 2013 interim targets that have been set by the white paper. It is being drafted now and we expect it to be out around the end of November. That will set out both the targets and the outcomes that the Commonwealth is accountable for, but also, given that outcomes can be long term, there will be some assurances around the level of output that Commonwealth agencies will have. That will ensure that we are working towards the right trajectory to meet the target.

In addition to that, there are some interdepartmental arrangements that allow us to meet regularly with the departments and keep on track about developments, and there is also fairly regular contact between the different departments on a bilateral matter about particular initiatives that they might be putting into place.

Mr RAGUSE—And that same sort of approach is agreed amongst agencies?

Mrs Gumley—Yes. We have input from all of the agencies into the plan. It is just a matter of pulling it together now.

Ms LIVERMORE—We had before us last week some representatives from the private sector—private providers of accommodation to homeless people. I was wondering what role you see the private sector playing in providing services for the homeless, in terms of accommodation but also health and pathways to training and employment, and how they would fit within any quality standards framework that we might work towards in any legislation.

Mrs Gumley—Was that the Queensland Supported Accommodation Providers Association?

Ms LIVERMORE—That is right.

Mrs Gumley—They had some discussions with us earlier. They currently meet the accreditation standards for disability accommodation in Queensland. I think one of the challenges for us is around the supported accommodation. There is a different variety required for different groups, and we need to make sure that there is a good distribution of those and that they again are of a suitable quality. States and territories have a bit of a mixed system of accreditation for those. Most states do have some sort of accreditation system in place for those housing providers. That would need to then articulate with the system, if we were looking to put in place quality assurance systems for homeless providers and for homeless people accessing

services through mainstream services. Some of the things that I think we covered off in our submission were around reciprocal recognition. I think a particular concern for the private providers was around how they access the additional funds that have been provided by government to states and territories. Those arrangements have been provided under the new federal financial arrangements. The Commonwealth is less prescriptive on our inputs and focuses more on the outputs and outcomes in those arrangements, so those purchasing decisions about which sector they go to and the extent of private sector involvement are really state government decisions, but I think we would want to be able to see that, regardless of sector, there is a level of quality in place, that providers are able to meet that and that homeless people can get an assurance of a good level of quality, whether it be a service that are accessing for mental health or referral to a social worker or accommodation options.

Ms LIVERMORE—I know that the white paper specifically talks about the involvement of the private sector in meeting our homelessness targets. Is there a deliberate strategy within your departments for how the private sector will come on board to do that?

Mrs Gumley—There is through the National Affordable Housing Agreement and the different housing packages such as the economic stimulus plan. We have been working with the states and territories on where government funds can be used to increase the amount of accommodation and leverage additional private sector investment. The private sector is an important part of meeting the longer term supply of affordable housing.

Ms Podesta—Within the HPF, we provide information, encouragement and support on aged-care services, both residential and community, for private sector providers. Because of the change to the principles, this will be the first round of approvals seeking applications for new places where we will specifically target areas of need for homeless people. Providers, including private providers, who are able to demonstrate their capacity to meet those needs will be in a more competitive position.

Ms LIVERMORE—Thanks.

ACTING CHAIR—Jodie has had to go, so I guess it is over to me. I have lots of questions. One of the things that have become evident in the submissions the committee has received to date is the high level of mental health issues among homeless people. It seems that it is a cycle of tragedy. We had two homeless people here to give evidence, and their problems were myriad, including mental health issues that were sometimes undiagnosed and certainly untreated. We also had other agencies that gave evidence that, even when people are diagnosed and need emergency assistance for mental health issues, it is almost impossible to get services.

The two homeless young men who came in here gave some disturbing evidence. One of them said that he had been thrown out of his home at age 13. The system does not seem to pick up this category of person. They do not fit neatly into a situation where they become a ward of the state. They go into accommodation, mostly completely unsupervised, and then begin a downward spiral into drugs, drinking and lack of opportunity to complete their education. What level of coordination is there currently and what practical steps can be taken to have a greater emphasis on case management? Would any of you like to comment? I know this is really difficult. The other criticism we had was that there are Rolls Royce models of care for some people while others fall right off the edge of the system—there are no services available at all.

Ms Podesta—We are happy to comment. We agree with many of the observations that you have made. We also recognise that co-morbidity in homelessness is a critical policy issue and a critical issue in regard to effective program delivery, intervention and support. Virginia Hart, the Assistant Secretary of the Mental Health Reform Branch, will comment in more detail.

Ms Hart—As you point out, there is often a difficult cycle where vulnerable young people, in particular, are concerned. If there is a mental illness or just a psychological vulnerability, that adds to the trajectory, and there might be additional problems associated with substance use.

There are a number of programs which try to coordinate across the specialised mental health service system, specialist drug and alcohol services and the broader support services. Probably the best statement about those principles and that framework for a whole-of-government approach is imbedded in the new, fourth National Mental Health Plan. That was recently endorsed, in September this year, by health ministers. The important characteristic of that plan is that it does try to focus on the mental health needs of people in the broader service system, so it has a focus on coordinating mental health care with housing, education and vocational support, employment and labour force support, and a range of other services that might come into contact with people with a mental disorder—emergency services, policing and so forth. That is a newly endorsed the plan and the Commonwealth and the states and territories are in the process of implementing that. Within that, though, there has been a strong commitment through the COAG National Action Plan on Mental Health, which was agreed to in 2006, and in the mental health policies and programs at Commonwealth and state and territory levels.

The Commonwealth in particular has a focus on trying to supplement and fill gaps in the service delivery system and there are a couple of programs I will touch on very briefly. As well as the specialised services run by state and territory governments, there are a couple of services that focus on young people—the point you made was about early intervention before that spiral becomes entrenched. The Commonwealth funds a service called headspace, which you might be familiar with, at about \$17 million a year. It is a youth service that attempts to be holistic. It is a one-stop shop. If you come along as a young person with a range of troubles and service needs you can get mental health support, drug and alcohol support and referral where possible to stable accommodation services. The idea there is that it is non-stigmatising, so through that we can have community based youth-friendly services and also some degree of outreach to people who might be homeless and would not normally access, for example, a general practitioner or specialist service.

Through Access to Allied Psychological Services we also fund some outreach services. These are relatively modest, but there are a couple of models that I think are particularly relevant—one is a van that goes out. Under this service, in Perth and the Freo doctor in Fremantle, normally the van will include a GP for physical health needs and allied mental health service providers such as psychologists. It will go out and try to identify and assist people who are homeless and give them support across a range of services with a big focus on mental illness and comorbidity issues—drug and alcohol issues.

The other program that we support is called Day to Day Living. Day to Day Living is, I suppose, about social integration. Its primary focus is on trying to provide people with some social support and integration where they have been marginalised rather than therapy or psychological interventions per se. It operates as a structured program and, probably more

relevantly for people who are homeless or at risk of homelessness, through drop-in centres. People can just drop in and talk to people and have a cup of coffee or do a whole range of things—cooking, work or gaining referral to other services.

Those are some of the relevant services. There are also about 200 non-government drug and alcohol services across the country which focus on people who might have a primary drug and alcohol problem and also on how to better identify and support people who have comorbidity problems, because we know that the rates of co-occurrence of mental illness and drug and alcohol problems are very high in the population of people who are homeless.

ACTING CHAIR—It is pleasing to hear that the headspace youth service is like a one-stop shop. I just wonder if it is possible that we have other models to draw from like carers and so on. Again, one of the concerns of people in the sector and people who are homeless is often the difficulty in knowing where to go for help and then properly coordinating that help. The second issue that has arisen—I am not quite sure how other members feel about this, but this is certainly the impression that I got—was that there is actually a lack of available services in job placements, training and mental health attention when it is required. For example, I went to Wintringham in Melbourne. They specialise in aged care. They say that sometimes it is just almost impossible to access a mental health service on a weekend. So, when somebody is having a really serious turn, that is a major problem. Is there an opportunity to better coordinate services to the homeless in a total one-stop shop? Is it practical or feasible?

Mrs Gumley—There are probably a few things in that—certainly the service aspiration and the need for complex case management. A lot of homeless people are dealing with a number of different issues and they need support from a range of different services. One of our main contact points, particularly for young people and homeless people, will be through Centrelink because they go there for income support. One of Centrelink's white paper measures is about developing a flag which will enable Centrelink staff to identify homeless people and refer them through to a social worker so that they can make referrals more broadly.

We have a number of Commonwealth services through the Department of Health and Ageing and through employment services, but there is also a very large state service system out there. Often I think that the issues are around how you navigate that as a 13-year-old potentially without any identification and without the life skills to manage that. So we have put in place community contact offices, which will provide outreach.

ACTING CHAIR—I will have to hand over to Mr Raguse to chair. Thank you for attempting to answer my question. I will look forward to reading the rest of it. I had a heap more questions, but I am sure that my colleagues will be on the ball and ask lots of questions.

ACTING CHAIR (Mr Raguse)—We will try to keep the meeting short, given that we are now down to only two members. Do you have any questions, Ms Livermore?

Ms LIVERMORE—You are very kind. I think my question follows on from the question that Mrs Moylan asked. Point 7 in FaHCSIA's submission mentions that 'homelessness is everyone's responsibility', and you talked about this in your opening statements. Most of what we have been talking about today is how we join up those responses to the needs of homeless people.

How do we frame and express that in legislation? Who or what agency do we want or need to put those legislative obligations onto once the legislation is in place?

Mrs Gumley—At the moment those principles under SAAP cover the previous supported accommodation assistance providers. I think the issue is that we are just bringing in mainstream services now, so we do not want to put such an onerous burden on them that they will not be there to provide for homeless people. In our submission we talked about a two-stage approach, one which might start with some quality and accreditation for specialist providers as well as nationally consistent standards and then perhaps a charter, much like the ACT government's. If you have not seen that charter, I am happy to provide that to you; I have brought one with me today. It sets out expectations for mainstream services.

Many of those mainstream services, such as hospitals and the employment services arrangements, already have some kind of client charter in place. There are a number of different ways that we could do it. One would be to put out a charter for homeless people and standards-of-service expectations for mainstream services. Another one might be working with different agencies to say, 'Why don't we modify your charter so that it picks up some of the issues that might be more relevant for homeless people?'

Ms LIVERMORE—So wherever a homeless person interacts with the system—for want of a better word—they are then going to find a way, with the assistance of the first agency they come into contact with, to have their other needs met as well?

Mrs Gumley—If that agency cannot provide it—given that they are specialising, whether it be in health or employment et cetera—the notion is that you should not have to go and keep on telling your story again and again; that there are some systematic arrangements in place that will make sure that a homeless person gets referrals to the sort of help they need immediately and for their immediate needs; and that there is some referral to services that might be able to provide for their longer term needs such as, potentially, employment and training. I think it is important to set expectations of those services and to work with specialist services. What we have through the national partnership is many of the states and territories using their specialist services to skill up mainstream providers in order to build a bit of a bridge between those and to make sure that those linkages are in place.

There are a couple of things I would say about that. One is that it is a long-term reform—it is not going to come overnight. There are a whole range of complex service systems that we need to connect. The other thing is that the quality improvement needs to be built on at the same time. I think the legislation is just one of the mechanisms that you would put in place in order to bring in that type of integration and a more connected service system. Other mechanisms might include a more whole-of-government approach and making sure that there are governance arrangements as well as other things like the public documentation around expectations such as the Commonwealth implementation plan. So there are a range of different things that would provide incentives and systematic expectations for agencies and service providers to respond to. Those would need to be put in place across both the Commonwealth system and the state government system.

Ms LIVERMORE—Okay, thanks.

Mr RAGUSE—I would like to follow on from some of the questions that Ms Livermore and the acting chair asked earlier, and I may be asking more for a viewpoint than for an answer. Based on my earlier question, in terms of the white paper and working closely with the private sector on the different agencies and the collaboration, what can you tell me about the ability to innovate? You have this sophisticated government machinery that is doing all of these things—working together and recreating the way that we engage—and then we look at the involvement of the private sector. In terms of innovation, an example might be that there is a wonderful model or option that one of your own offices or agencies or a state agency might come up with, and they might say ‘Look at this.’ How does that make its way back to government, if there are legislative requirements, or to the internal processes?

Mrs Gumley—Some of that will come through research and evaluation. There is a fund of around \$11½ million that has been set aside from the Commonwealth investment as a result of the white paper on research. Some of that will elicit both the good ideas that are coming up from the ground and a top-down approach to address some of the research gaps that were documented in the white paper. Some of it will come from that and some will come from the regional planning that was anticipated through the white paper and that states and territories are putting into place. Some will also come through buckets of flexible funding such as the Employment Innovation Fund or the flexible funding that, for instance, the New South Wales government has retained for its national partnership arrangement.

So I think there are opportunities for those things to be put forward and there is an appetite for creative responses. States and territories do have the majority of the funding specifically on homelessness, but I think a number of agencies have some capacity either to respond flexibly or to weave in a provider through another program, whether it be the new arrangements with the aged care funding, the Employment Innovation Fund or the flexible funding that is available for the Indigenous communities through FaHCSIA. There are a number of different opportunities for those things to come forward.

Ms Podesta—In case you were not aware, the National Health and Hospitals Reform Commission report has been made public. The report flags a number of innovations in service delivery models, particularly focusing on groups that have traditionally had less access to health services. At the moment, the government is engaged in a significant consultation process; I think we have now had more than 70 consultations on the paper with community. As part of the consultations, a range of models have been brought forward and they are all on the table, essentially. We are looking and listening to a range of views around better ways of delivering health services.

Ms Mitchell—Similarly, under their new contracts Job Services Australia providers are obliged to work with local providers of government and community services. We find that from the ground up there is innovation coming from the local providers and Job Services Australia in terms of new models of employment service delivery.

Mr Pigram—Kate mentioned the Innovation Fund. A number of projects have been approved for funding under the fund that are directly relevant to the delivery of services to homeless people. We also have the Jobs Fund, which is another avenue that is targeted at creating jobs for homeless people; a number of projects have been approved under that as well. So there is capacity for innovation in the delivery of employment services.

ACTING CHAIR—So you think that discussion or dialogue through the white paper process will be enough to give you flexibility—would that be a fair statement?

Mrs Gumley—I think that the governance arrangements are in place so that we can identify opportunities for innovation and for linking services at a local level. That is something we want to encourage strongly. We also want to strongly encourage Commonwealth and state services innovating together to make those connections. Some of those are also about our setting expectations of our own services. For instance, through the FaHCSIA portfolio we fund 107 Reconnect providers, which help young people resolve conflict with their families. They focus particularly on homelessness but they also tackle a range of other issues that young people have.

One of the expectations we have placed on those providers is that they connect with new state government services that are being rolled out in their areas and that they get involved at the local planning level. When those connections and discussions start at a local level, that is when those other ideas are going to flow, I think, and the broader opportunities will come through.

Through the national partnership agreements—and I am very happy to provide details about these to you later—states and territories have also come up with some quite different and innovative ways of tackling issues. Some states have initiatives running out of their accident and emergency wards to make sure that homeless people are being serviced promptly, that they are getting the right sort of support and that they are released into accommodation rather than back onto the streets. Similarly, work is going on with pre-release in prisons in quite a few states and with child protection services as well. Different networks and connections are being made but there is always room for greater innovation and for the ideas to keep on coming forward.

ACTING CHAIR—If a potential model is put forward that fits the Innovation Fund, how does it become a recurrently funded program? Given that the Innovation Fund is there, obviously, for innovation, is there, through the white paper and through the arrangements, an easy way to connect with all the other agencies and say, ‘This is now a program that will have recurrent funding because it achieves these outcomes’?

Mrs Gumley—The funding from the Commonwealth has been provided to the states to deliver those services. For the national partnership that funding is being provided over four years. The National Affordable Housing Agreement is also over four years but will be negotiated for a longer term. For the national partnership there is scope for states and territories to provide those innovative programs over the longer term. Some funding is limited; some is pilot funding provided for 12 months to showcase the program, after which it is looked at to see whether it can be incorporated longer. Some funds, such as the Jobs Fund, may well provide funding over a longer period. Derek, you may want to talk about those sorts of arrangements.

Ms Mitchell—The Innovation Fund has had two rounds and there is no decision yet about whether there will be another round of innovation funding. From the Innovation Fund projects we will do an assessment of the types of projects that have been put out there and then from that future policy will be formed and we will be able to move forward. The Innovation Fund is very significant in looking at pilot type projects so that we can inform innovation going forward.

In the contract of Job Services Australia there is a particular requirement that they link in with local homelessness services. From a DEEWR perspective, we believe that one of the barriers to

housing is unemployment. We are very focused on ensuring that homeless people are linked in very closely to all Job Services Australia providers. But we also have five specific homeless job service providers across 39 sites. As I said before, a lot of the innovation comes from the ground up in that the providers, because they work in their local communities and know their local employment services, come to us and say, 'This is the sort of service that we require in this area'. We are able to respond through the Job Services Australia contract and the through the Innovation Fund program.

Mr RAGUSE—That is good. Is there an example of something that may have been considered innovative that is now considered mainstream? What I am looking for here in terms of our inquiry, white paper and reform is if there is a mechanism in place that allows agencies to then be able to make those moves rather than come back to government or push a policy process that might take a long period of time. Is there a model that exists, or an example or is it something that we need to look at as government in terms of the mechanics of it? It can simply be a view. I am trying to get my head around this myself in terms of how we might better give government agencies that ability to continue to innovate not just through funding but to say, 'Here is an idea, we can program it and play with it,' or do whatever and then it becomes mainstream.

Mrs Gumley—Some programs do have that sort of flexibility. The other thing is about making sure that there is a good evidence base for what we fund and what we do not. In taking decisions there is a limited pool of government funds. The government has to make careful decisions, which will involve trade-offs around whether we invest here or there. So the capacity for the innovation or policy cycle would go to whether it would be an area for demonstrating or piloting good practice, evaluating that and taking that on board. Some of that might actually be incorporated into mainstream programs and services or components that might work; areas where you might say, 'The effectiveness of referrals would be improved if we used the arrangements that were in place from this pilot project.'

Ms Podesta—Most programs are sensitive to recognising that future investment can yield benefits. That is, in the end, where we try to make good recommendations to government. Wintringham is a perfect example and the chair raised that. Wintringham were in some senses the pioneers around aged-care services for homeless people. What has been evident from seeing the success of that model, the evaluation and research that has taken place, has been the growth of a service model within an aged-care program. In the last two years we have now provided additional funding to Wintringham for another service out in Dandenong, not just the service in Port Melbourne. We have now provided additional money for older homeless people in Missionholme Nursing Home in Redfern. There is additional money now in East Perth for the James Watson Hostel. In one sense it is the sector that sees there is a capacity to deliver a new service model and there is some way to measure whether it works and whether it is possible.

I think most parts of government—particularly if you have, in the same way that aged care does, a growth model because you recognise that the population will grow—are always going to be open to innovation around service delivery if you can see that it works. Most of us try to trial things where there is some strong argument about not only the need but the capacity to do so. If you can see that it works, the views and models are promulgated in a broader way. I think most of us will see this as a priority group.

The aged care program is probably a classic there. Most people, when they think of homelessness, possibly do not think of aged care first, but we do. We have recognised that this is a group that does age now, and that is around other interventions. People do not die as young. What are going to be the right sorts of models? Maybe traditional nursing homes are not going to work for people because of the kind of lifestyle and transience or other things, and so you need a more flexible model. What we have seen now is a growth in different types of residential and community care models to cater for a growing group.

Mrs Gumley—I will add to that briefly. You may be familiar with the Common Ground model and the Foyer model. Common Ground is affordable housing with on-site 24/7 support for chronically homeless people—the rough sleepers. That has been picked up from New York and is operating in Melbourne and Adelaide. Most states and territories have now picked up arrangements such as Common Ground and they will build that either through their economic stimulus package funding or through their mainstream housing arrangements. Similarly, Foyer projects would provide opportunities—for the young person that Mrs Moylan was talking about before, for example—where young people can be safely and securely housed with some mentoring support while they earn or learn; they would provide that kind of accommodation. A number of states and territories are rolling those out as well.

Ms LIVERMORE—I am interested in getting your views on the record. I know the SAAP legislation has a rights-based focus and that has come up, from both sides of the argument, in evidence we have had both for and against that rights-based approach. Could I get your views on the advantages and disadvantages of framing legislation with that rights-based approach?

Mrs Gumley—It is important in terms of looking at the other recent parliamentary committee of inquiry into human rights. That committee has just put a report to government. It covers human rights more broadly and has had a very significant number of submissions, some of which have dealt with the issues of housing and homelessness. In relation to rights for homeless people, what we now have through the SAAP Act is largely around access to quality services et cetera. I think there are international examples that we have referred to in our submission, such as the Scottish approach, which confers a right to housing. There is also the international convention on rights, where some countries have adopted an approach which recognises housing as a right but within the context or limits of resources. I think that is one of the things—going back to government making investment decisions about where they invest or not, having a limited pool of funds—that we have to carefully look at, balancing expectations with the ability to deliver. There would not be much point in conferring a right if we could not actually deliver on it. That is really the issue around housing.

One of the important things, and the change around the systems that the white paper would be looking to, is around a ‘housing first’ type of arrangement, where we move from having supported accommodation—moving people from crisis accommodation to crisis accommodation—to looking at providing them with some long-term accommodation and bringing in the support services that help them maintain that tendency. Again, that is something that needs to change over time. The additional investment from the government, with the Economic Stimulus Plan, will make a big difference in the ability of people to move out of crisis housing quickly. That is certainly one of the things we need to be mindful of.

ACTING CHAIR—Going back to Common Ground, how was that funded when it arrived as an idea?

Mrs Gumley—My understanding—and I am happy to come back with some clarification if this is not the case—is that the Victorian government provided funding through their Commonwealth-state housing agreement. It was a bit of a consortium. There was investment from government but the construction firm that built the facility did that at cost and so greatly reduced the cost of construction. Then there were existing services that were run out of the service provider, who relocated those in such a way that they could redesign the service delivery so that it could step up to the Common Ground model. Instead of those services being run out of facilities down the road, they actually bring the services to the people. There was also then some redirection of existing funds for a concierge, which is one of the characteristics of the Common Ground model. That keeps the negative side of the street out and makes sure that the people inside get the support and access to help that they need.

ACTING CHAIR—Thank you for all of that.

Resolved (on motion by **Ms Livermore**):

That this committee authorises publication, including publication on the parliamentary database, of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 10.56 am