

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

(Reference: Provision of social housing)

Members:

MR S DOSZPOT (The Chair)
MS A BRESNAN (The Deputy Chair)
MR J HARGREAVES

TRANSCRIPT OF EVIDENCE

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Secretary to the committee: Ms G Concannon (Ph: 6205 0129)

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

WITNESSES

and the Consumer Law Centre of the ACT	. 73
HARDY, MR MICHAEL, Senior Investigation Officer, ACT Ombudsman's office	. 83
MAY, MS FIONA, Chief Executive Officer, ACT Disability, Aged and Carer Advocacy Service	. 54
MAYES, MS LEASA, Housing Financial Counsellor, Care Inc. Financial Counselling Service and the Consumer Law Centre of the ACT	. 73
McGILL, MS BRIANNA, Senior Children and Young People Adviser, Human Rights Commission	. 44
McKAIL, MS BROOKE, Executive Officer, Mental Health Community Coalition	64
MERRYFULL, MS DIANE, Senior Assistant Ombudsman, ACT Ombudsman's office	. 83
VIERECK, MR SIMON, Policy and Sector Development Manager, Mental Health Community Coalition	. 64
WATCHIRS, DR HELEN, Human Rights and Discrimination Commissioner, Human Rights Commission	. 44

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Amended 9 August 2011

The committee met at 9.29 am.

WATCHIRS, DR HELEN, Human Rights and Discrimination Commissioner, Human Rights Commission

McGILL, MS BRIANNA, Senior Children and Young People Adviser, Human Rights Commission

THE CHAIR: Welcome to this second public hearing of the Standing Committee on Health, Community and Social Services inquiry into the provision of social housing. We will start this morning with the Human Rights and Discrimination Commissioner and the Children and Young People Commissioner's representative.

Welcome, Dr Watchirs. Thank you once again for coming at this late stage of the year to give your thoughts on this matter to us. I remind you about the privileges statement. I presume you have sat through enough of these committees to know all about that. We have a slightly truncated committee here today. Mr Hargreaves was not able to join us so he sends his apologies. It will be Ms Bresnan and I who will be looking into this hearing from your point of view. Would you like to make an opening statement?

Dr Watchirs: Yes, a brief one. The commission has always been supportive of the Human Rights Act including economic, social and cultural rights as well as civil and political rights. The 2003 Charlesworth report recommended that. We have recommended it in the one and five-year reviews of the Human Rights Act. The ANU has done two comprehensive studies—a five-year one on the whole current Human Rights Act and one a year ago on just the issue of economic, social and cultural rights. We are expecting a government response to that early in the year. It identified a number of rights, but the three that we have focused on in our work—in terms of having special rapporteurs from the UN visit, holding forums and participating in UN events—have been housing, health and education.

In relation to housing, we have noticed in the discrimination cases we have been reading the obligation to provide appropriate accommodation for people with disabilities. Our casework has noted quite an improvement in terms of people with a disability being accommodated when they make a complaint. I cannot talk about people who do not make complaints, but hopefully that kind of practice would inform their whole operations. We have also noticed with the refugees without accommodation that they have been provided with emergency accommodation. Housing ACT recently won a multicultural award for that reason.

The reason economic, social and cultural rights have not been afforded the same status as civil and political rights is really a historical one. International human rights were established through treaties post World War II because of the horrors of genocide and other human rights abuses. But the actual treaties making that concrete—we have got the general Universal Declaration of Human Rights—were split in 1960 because of the Cold War and there was a big difference between the US approach and the approach of the USSR.

The Vienna declaration made it clear that economic, social and cultural rights and civil and political rights are of equal status. More modern treaties, like the Convention on the Rights of the Child or the convention on the Rights of Persons with Disabilities,

likewise do not make a distinction. So we are very keen for the Human Rights Act to include the right to housing. There have been a number of cases concerning housing under the existing Human Rights Act. I think that highlights the importance of economic, social and cultural rights, but people have had to come through the civil and political rights angle.

There is a case of Y where special circumstances were taken into account. The right to a fair trial was referred to by the court in the case of Peters, a person who required a rental rebate for repairs. There was an issue about the percentage of market rental being disproportionately applied. That was in 2006. A more recent case is CAMFACS v Watson on 29 October last year. A father and three sons were not evicted because of section 11 of the Human Rights Act—that is, it was an unlawful and arbitrary interference with the rights of the home and the family to kick out a father and three sons who would then be subject to primary homelessness.

There have been a number of South African cases. Under their constitution there is equal status between economic, social and cultural rights and civil and political rights. In 2000 in the case of Grootboom, a number of squatters with children were not removed because the Constitutional Court found that the state had failed to cater for the case of desperate and immediate need. That meant that parental duty towards children could be not fulfilled because of government policy.

In another one in 2003, involving Cape Town, the court found that they had to look beyond the extent of people's time on a waiting list and look at actually assessing real need rather than just having a list, thinking that that solves everything. Also, in Port Elizabeth in 2005, another one said that squatters could be evicted but only if there was reasonable alternative accommodation.

I am aware of media reports today saying that we have 289 homeless and 30 people sleeping rough. Of those people who are homeless, two-thirds are women. That is what we have seen through NGOs referring cases to us, particularly the Women's Legal Centre—that women who are subjected to domestic violence or relationship breakdown then have huge economic problems and need to go to shelters, but they are so short term that they cannot provide a long-term solution.

The children's commissioner had the main carriage of the youth justice report. My part of that report was in relation to Bimberi. It noted that there was a need for stable, safe, affordable and secure accommodation in order to prevent young people from being in the youth justice system. They have often breached bail, and that is why they end up in Bimberi. There needed to be better through and after-care; that is, planning when a young person is in Bimberi, to enable support workers to visit them and establish relationships, to have accommodation when they leave, and after-care in order to make sure that they are supported and not reoffending as soon as they leave.

Some concrete recommendations were that there be a transition release in Bimberi and an actual pre-release conference of caseworkers, which is what happens at AMC for 18 to 25-year-olds. We also recommended that day release would be a good idea before children are permanently released, so that they can see where they are going to be accommodated, if they cannot be accommodated with their family. We did note that some out-of-care residential programs had human rights issues and that there

needed to be more resources to provide a wider range of options for young people with challenging behaviour and complex needs, in that they cannot be with their family and the state needs to pick up that, to make sure those people do not fall through the cracks and end up back in Bimberi.

THE CHAIR: Thank you, Dr Watchirs. I will come back to Bimberi; I have a few questions on that. First-off, you mentioned disability and housing issues. We have had a number of complaints or concerns raised by people from the disability community, parents looking after disabled children who are basically not children anymore but they are still in the parents' care, obviously. Has the issue of tenancy rights been brought up with you for disability housing tenants?

Dr Watchirs: They have more probably gone to the disability commissioner, Mary Durkin. We have had disability discrimination complaints but they have mainly been from parents, not with severely disabled children but with ordinary needs children. I am aware there was a Discrimination Tribunal case about the needs of children with autism, but that case was not successful. In my view, the Human Rights Act has made those obligations much stronger. Certainly in the complaints we get, we are getting much better outcomes for people with disabilities. But they have to make the complaints. If we had more resources, of course, we would do own-motion matters, but we do not.

THE CHAIR: I am getting somewhat concerned at the severity of the cases that are being brought to our attention. Parents are saying that currently their disabled children, living in disability group homes or otherwise, have absolutely no rights in terms of where they are placed. Parents are asking how they can be given some protection rather than just be moved from one location, which could be from one side of town to the other. In a particular case a parent has sold their house to be closer to her daughter, and no sooner had she sold her house than her daughter was moved, without any consultation, to another location. That is what I am wondering about. We are getting the complaints but you are not—

Dr Watchirs: We currently have a similar case but it is about which school that person's child has a right to go to, in terms of where their accommodation is and where their education is. So, yes, those cases come up.

THE CHAIR: It is slightly different. We are talking about tenancy rights for people with disability. As I say, we would be very interested to know what questions have come to you. I guess the second part of it is that, if there are no questions coming to you, there are also concerns from the people that we are talking to that if they raise an issue, their child could suffer a lack of service. It seems fairly draconian to think that that sort of thing would occur, but that is what they think can occur to them. I am not sure whether that is prohibiting them from coming to you.

Dr Watchirs: I did chair an NGO called ADACAS in the late 90s and found that retribution was a huge fear of people making complaints, and a fairly legitimate one. My impression is that that has improved. Under the Human Rights Commission Act there is protection against victimisation, so if a person makes a complaint and is victimised then we can do something about that.

THE CHAIR: What sort of protection is available?

Dr Watchirs: It is treated as a complaint in its own right, of being victimised. So the person can come to us, particularly if it is a discrimination case. We can conciliate the matter and give them an outcome that they have not had before. If that is not successful then they can go to the administrative and civil tribunal. But they cannot for disability cases and for children and young people cases. There is no tribunal beyond the commission.

THE CHAIR: If there is an implied threat of loss of services for their children, would that qualify for you to examine that sort of claim?

Dr Watchirs: I do not have human rights complaints. The government has rejected any recommendations that I do. The disability commissioner may have, if I could take that on notice. She is on leave as of today.

MS BRESNAN: I have a couple of questions first-off about some of the recommendations and the points that were made in the report, specifically about housing. One of the things mentioned here a couple of times was the fact that homelessness is a contributing factor for involvement in the youth justice system. There are quite a lot of reports on that. You have also mentioned that there is an expense in terms of establishing housing, or that is put up as a reason, obviously, by the commission. When we consider that, if accommodation is not provided and we know that it is a contributing factor and that those costs are going to be borne at some other point and are probably going to be greater—

Dr Watchirs: I think the costs of a criminal justice system are much higher than the costs of decent housing.

MS BRESNAN: You also mentioned in your opening statement the transition. I know that the government is going to respond to some of the things you have raised. What has been the response from the government in actually recognising that we need to establish more transitional housing, in terms of having that option about not going straight into housing but having something which transitions?

Dr Watchirs: I might need the aid of a staffer of the children's commissioner about the government response on that particular recommendation.

THE CHAIR: Ms McGill, are you aware of the privilege statement that is available for you to have a look at, the blue card?

Ms McGill: Yes.

THE CHAIR: Would you care to respond to the question or do you want to hear it again?

Ms McGill: Yes, could you repeat it? It was about transition.

MS BRESNAN: Yes. One of the things that Dr Watchirs mentioned was about having that transitional option for young people who might be exiting Bimberi. What

has the government's response been to recognising that need and saying that it is something we can do?

Ms McGill: We have had reports that there has been increased investment in the transition program at Bimberi, and a new transition unit, which would indicate increased planning and preparation for people leaving Bimberi.

MS BRESNAN: So there has been a recognition that there will be something concrete?

Ms McGill: Yes, that is just from discussions with the staff at Bimberi, and some of the young people are aware of it as well.

With respect to the government response, one of the key messages in the chapter was the need to look at the nexus between homelessness and the youth justice system and to understand the dynamics of that. There is a lot of research evidence available nationally demonstrating the connection. We also have a lot of anecdotal reports from young people and their families about the impact of the accommodation setting when they leave Bimberi and the preparation leading to that accommodation setting and the impact of that on recidivism. So one of the messages in the chapter was encouraging the government to analyse the level of housing need, particularly for young offenders leaving Bimberi or involved in community youth justice. The government response does indicate that they are trying to focus on through-care and transition planning, and we imagine it will be part of the blueprint that is under development.

MS BRESNAN: But you have not heard for sure if it is going to be part of the blueprint?

Dr Watchirs: The response is agreed in principle.

MS BRESNAN: So you do not know. The other thing noted was that there were examples of young people being released not just to unsupported accommodation but to homelessness. In terms of the children and young people that were being released, was that common or were there just a couple of cases?

Ms McGill: The core data was not available. One of the key themes in our message was that with transition planning we need to understand where young people are leaving to and what is happening to them in the weeks and months following their release. Certainly we did get anecdotal reports of young people feeling unsupported in their accommodation placement when they left, and family members reporting that being a factor in recidivism. Obviously we could not verify those instances, but they were reported to us anecdotally.

Dr Watchirs: One example was of a young person with an intellectual disability and there was no-one to pick him up on release and he had to wait for an hour; is that correct?

Ms McGill: Yes, that was the report.

MS BRESNAN: Yes, I saw that example in there.

Dr Watchirs: And other cases of young people not going to the accommodation that they had been assigned, and reoffending, so straight back into the youth justice system.

Ms McGill: And young people in the week leading up to transition reportedly not knowing where they would stay the night they left. Whether they were informed and there was planning in place but they were not fully aware of that—we are not drawing conclusions that there was no planning—but young people not reporting that they were aware where they would be living.

MS BRESNAN: I should know the answer to this, but in terms of the actual plan that goes ahead and the paperwork or having something there that says: "This is what is going to happen; we have a record of knowing where this person is going," is that a core part of what happens? That is meant to be the goal of national plans as well, that we are not releasing people into homelessness when they are released from whatever setting. Is that a key part or a set part of what is being done in terms of the planning?

Ms McGill: It should be.

MS BRESNAN: It should be, but there is no evidence to suggest that it—

Dr Watchirs: We have found a problem with record keeping generally at Bimberi; the data is not there and has to be collected. I am concerned with some of the submissions from a community organisation that has FOIed housing documents and found that there was no record of decision making, let alone that they took human rights into account when making that decision. If people do not know what the decision is it is much more difficult to challenge. There is no complaint to us because any recommendation for us to have a complaint handling role has been rejected by the government.

A number of community groups have asked us to do a human rights audit of disability group homes, and I would be very keen to do that work, but we are not resourced to do that level of work. For the Bimberi review we were given resources of about \$200,000 over six, seven months.

THE CHAIR: What sort of additional resources would you need?

Dr Watchirs: I would say at least two staff for between six and 12 months.

THE CHAIR: Has this been made a priority? Have you requested this additional funding?

Dr Watchirs: Definitely. We have put in budget bids consistently. This year we made the most comprehensive budget bid we have ever made, so we are awaiting that. Part of it may be tied to the economic, social and cultural rights—whether the act is amended next year to include housing.

THE CHAIR: Following on from what you were talking about, 11.2.5 notes that people in the youth justice system can be accommodated through the care and protection system, being accommodated with family, relatives or foster carers. What

special considerations are required in these kinds of accommodation arrangements for people in the youth justice system as opposed to children or young people in the care and protection system but not in the youth justice system?

Ms McGill: I apologise but I do not quite understand your question.

THE CHAIR: What are the special considerations that are required in the kinds of accommodation arrangements for people in the youth justice system as opposed to children or young people in the care and protection system?

Ms McGill: Obviously there is some overlap in the population group, as you would be aware. Some young people in child protection are involved in youth justice as well, but not all young people under a youth justice order or in Bimberi are involved in child protection. The history is—

Dr Watchirs: There is definitely an over-representation of—

Ms McGill: Young people in child protection in Bimberi, sure. Earlier in the report we talk about the factors contributing to involvement in youth justice, so some of the diversionary issues, and they are quite complex, obviously—in this context housing, education, access to education, engagement in school, family support. There are significant health issues, drug and alcohol issues, mental health issues, with many young people in this population group. Without wanting to generalise, there would be a significant overlap in the needs of young people either in youth justice or child protection, but what we would be emphasising is the need for individualised support in an accommodation setting. Whether that can be provided in the family home in the case of some young people or an institutionalised setting or foster care for other young people would depend on the nature of their situation.

The issues contributing to involvement in youth justice are identified earlier in the diversion chapter. I guess our thinking there was highlighting the need for and the significance of housing in that context and highlighting the need for support in young people's housing settings, whether it is in the home or outside the home.

THE CHAIR: What we are trying to dig down to is what are the special support services, over and above normal care and protection services, that are required in these cases? Are there specialist roles that currently are not available?

Ms McGill: Yes. One of our recommendations was to review whether the current suite of homelessness services and supported accommodation services for young people is adequate to meet the needs of young people in the youth justice system. We are just highlighting that we do not know whether those services are meeting those needs; probably further work needs to be done there.

Dr Watchirs: We did hear information from young people in residential accommodation, out-of-home care, that there had been unlawful uses of force. The report documents the uses of force in Bimberi that we were unhappy with. We did not have the resources to do an inquiry into that but there are allegations of uses of force for young people who have been in the youth justice system or diverted from it.

THE CHAIR: This comes back to an implied question there as to what are the special skills that the workers need. Do we have people trained correctly for the role that they are playing with these children or is there a shortage of skill in that area? Do we need to address that in a more concentrated fashion? I guess these are the logical questions.

Ms McGill: The training available to community workers is not something that we looked at directly in this report, but we are certainly aware of the need to provide adequate training and supervision to staff, as well as appropriate remuneration in the community sector for the workers doing this work, because it is very difficult work.

Dr Watchirs: One critical need for training we identified in 2005 in Quamby is deescalation training. The AMC does it well, the AFP do it well and there is no reason why youth justice staff and community people cannot do that kind of training. In fact the public service is required to do it because we can ask people to leave premises, so it is a central core training skill.

THE CHAIR: You have touched upon this next question but I wonder if you can add a little bit more to it. What special transition from care arrangements are needed for people in the youth justice system who are being accommodated under the care and protection system?

Ms McGill: Do you mean young people on a community-based order?

THE CHAIR: When they are in transition from one order to the other.

Ms McGill: Our statistics for young people not in the child protection system?

THE CHAIR: Yes.

Dr Watchirs: So they cannot go home, basically?

THE CHAIR: What I am asking is: is there a special transition from care arrangements to whatever they are transitioning into, whether it is back or into further protection?

Ms McGill: Elsewhere in the report we encourage greater communication within the Office for Children, Youth and Family Support. Somehow people at Bimberi have a child protection worker as well as a community and justice caseworker. The communication between those officers is, obviously, really significant for outcomes for the young people. Communications and planning between those officers are critical—between child protection and youth justice—for transition success.

Dr Watchirs: We identify with the high caseload of those workers, meaning that they cannot often do their job properly because of the sheer workload.

THE CHAIR: They are under-resourced, is that what you are saying?

Ms McGill: It is difficult and complex work and they need to be well supported.

THE CHAIR: Is there any idea of this under-resourcing? Can we quantify the under-

resourcing of this? Do we know how many people would be required?

Dr Watchirs: It is the caseload number, isn't it? It would be about 25 and we recommend it at 12.

Ms McGill: We did have a lot of discussion about caseload for youth justice workers. Anecdotally, there are reports that workers have a caseload of 20. When we asked workers what they felt would be a safe and healthy workload, one in which they could work intensively with young people, they indicated about eight, I think—eight to 12.

Dr Watchirs: So it would be double or triple.

THE CHAIR: Than what we currently have?

Dr Watchirs: Yes. Another kind of systemic recommendation we made was justice reinvestment. The costs of running places like Bimberi and the AMC would be lowered if we plugged in resources early for support for families before they became dysfunctional. Because people with mental illness and people with disabilities are not adequately catered for, they can end up in the youth and adult justice system.

There have been a lot of successes in the US and the UK using justice reinvestment. We have had a number of meetings with the Indigenous community about having some pilot done here in the ACT.

THE CHAIR: Thank you. I am aware of the restrictions on your time. I pass over to Ms Bresnan for a last question.

MS BRESNAN: This is a housing question. One of the things you have noted in here is that the census data on youth homelessness does not include people sleeping rough or with friends or relatives. Obviously that is something that you cannot look into in detail, but have you heard anecdotally as well that that is the case? It probably goes to what you mentioned this morning about what is in the media. The census does say that we have got 30 people. What we are actually hearing is that the number is far greater than that. Would that also be the case, you would suspect, with young people?

Ms McGill: We did hear reports of that. For example, a young woman who was meant to be placed, intended to be living, in an institutional setting did not wish to stay there and left that facility and stayed with friends. Her decision to move was because she did not feel comfortable about that setting. That was referred to our risk division and needed attention. That was one of the stories that we heard.

Dr Watchirs: Certainly the NGOs tell us about couch surfing. That is one way that young people deal with that lack of services for them.

I have just had my attention drawn to recommendation 5.6. We said that resourcing for community youth justice should allow caseloads to be capped at eight to 10 clients for each case manager.

THE CHAIR: Thank you. I understand you have to leave at 10 o'clock. We thank both of you once again for coming in. If any further information should come to hand

that you think this committee could benefit from in our inquiry, we would certainly appreciate your making it available to us. A transcript of this hearing will be provided to you. Thank you for coming.

MAY, MS FIONA, Chief Executive Officer, ACT Disability, Aged and Carer Advocacy Service

THE CHAIR: Welcome to the second public hearing of the Standing Committee on Health, Community and Social Services inquiry into the provision of social housing. We began with the Human Rights and Discrimination Commissioner. We thank you, Ms May from ADACAS, very for coming along. Before we ask you for an opening statement, you may have heard me refer to the privilege statement. Have you had a chance to read that?

Ms May: I have, thank you.

THE CHAIR: You are comfortable with it?

Ms May: Yes.

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

Ms May: Yes, please. Mr Doszpot and Ms Bresnan, thank you for the opportunity to participate in the hearing process for this important inquiry. While the submission was prepared on behalf of the member organisations of the ACT Disability Advocacy Network, and I was the lead author of the submission, I am here representing my own organisation, ADACAS, today.

Without reiterating the content of our submission I would like to make a few comments that draw upon the key themes of the submission and go to the core of the issues identified in the Ombudsman's report concerning Ms A. In essence, much of the concern with the process of housing allocation and priority housing in particular relates to communication within and between Housing and other agencies, such as Disability ACT, and between Housing ACT and its client group.

Housing ACT now identifies itself as a human services provider. It notes that its client group no longer comprises people who are simply unable to afford private housing; rather, its client group comprises people who experience financial stress along with other social disadvantages like being a carer, having a disability, living with a mental health condition, being older or having ill health. Housing has recognised that it needs to be more than just a landlord to its client group. However, its service provision does not adequately meet the needs of these vulnerable clients. Housing ACT needs to make a significant shift in its approach, its processes and its culture if it is to live up to its aim of being a human service provider.

Since preparing the submission to this inquiry I have given further thought to the concerns that our clients express with regard to the housing process. This led me to investigate the service standards that Housing ACT sets for itself. I would like to provide you with copies of the customer service charter commitment that is currently available on the CSD website. You have a copy, I think. The document headings cover the business, the service and the obligations of Housing ACT and the rights of clients. I note that Housing ACT has set just one obligation on itself: it will treat you as a valued and respected client. Its other obligation statement actually

sets an obligation on clients rather than the organisation. However, it does establish some service standards for itself. In particular, I note that it states:

- We will provide you with accurate and consistent information so that you can make informed decisions as to your housing options
- We will provide reliable and effective repairs, and maintenance service
- We will respond to your enquiries in a timely manner

Taken together, these three commitments, if delivered fully, would go a long way to addressing the concerns of clients and the community regarding the service provided by Housing ACT. I have not been able to find any reflection by Housing ACT as to the extent that it meets its own charter or any standards or benchmarks that enable Housing to monitor its performance against its own service charter.

ADACAS recognises the intentions of Housing ACT in establishing the charter and strongly encourages the organisation to set more concrete service standards which it can then monitor and report against. A standard regarding the time frame within which calls to clients or advocates will be returned, for instance, would support a positive culture of customer service, inform key performance indicators of Housing staff and improve communication between Housing and its clients.

In addition to the charter, I refer the committee to the ACT Ombudsman's report *Room for improvement* in which the Ombudsman provides a 10-point plan to improve ACT government service delivery. Again, communication within and between agencies and with the community is a strong theme. The recommendations seek to change the culture of the service to be more customer or client focused.

The Ombudsman's focus is a whole-of-service one, and indeed our clients face significant barriers because the ACT public service does not operate as a cohesive whole. Take a long-term client of ADACAS, for instance, who remains in hospital because Housing maintains that a house cannot be allocated until support services are in place, and Disability ACT maintain that they cannot set up support services until a house is provided. One result of this lack of cooperation is a client who has become institutionalised to such an extent that he now fears to leave hospital and now resists Advocacy attempts to resolve the impasse.

The focus of our submission is the availability and appropriateness of the social housing stock for people with disabilities or people who are older. We note that nationally half of the people who live in social housing are either older or have a disability, and we assume that the figure for the ACT is comparable. People with disability face particular difficulties in finding and maintaining appropriate housing. The ACT government's social housing policies and priorities need to take into account the challenges faced by people with disabilities and seek to address them. For instance, a person with disabilities is significantly disadvantaged in the private rental market as there is no onus on landlords to provide or modify properties to make them more accessible.

I urge the inquiry to consider, in particular, the plight of people with disabilities

who do not meet the income tests that usually apply to social housing but who are unable to find suitable housing in the private rental market. Our submission makes a suite of recommendations that seek to establish a housing system that is responsive and supportive of the needs of people with disabilities, that has sufficient capacity to provide appropriate homes for people in a timely way and that recognises human rights. The people of the ACT deserve a social housing system that enables people to live their lives with peace and dignity and values individuals for their inherent worth. I would be pleased to respond to any questions that you may have.

THE CHAIR: Thank you, Ms May. If I can just take you back to the last part of your opening statement. You mentioned the person having to stay in hospital because there was no accommodation available. Is that a current case that you have got?

Ms May: Yes, that is a current case. This man is in hospital and has been in hospital for a very long time.

THE CHAIR: How long?

Ms May: More than a year—two years.

THE CHAIR: There was a similar case where it took three years for someone to get out of hospital. ADACAS was involved and my office got involved as well. That is why I am interested to know whether this is a fresh case. I thought there would have been a few lessons learned from the last one about the provision of interaction between departments to ensure that while the hospitalisation is required something can be done to progress the next stage of that person's path through the medical system. Would you like to add to that a little as to how the current state is where it is?

Ms May: This client has very complex needs and needs a very high level of care, which he is getting in hospital but which, unfortunately, neither Housing nor Disability are prepared to work together sufficiently in order to enable that to happen in a non-hospital setting at this time. It is very difficult.

THE CHAIR: The representation you have made to both areas—what sort of response have you had back?

Ms May: Our advocate has been working for this man for quite a long time. We have now started to think it is time to go to the political representatives and seek support in that area to try and get it resolved. As I said, he now does not want to leave hospital because he feels safe there. He is so institutionalised now. It is a very difficult situation.

THE CHAIR: It is something that, as I mentioned at the outset, has been known to us. It is quite regrettable that we are back in the same scenario.

Ms May: It is still happening; that is right.

THE CHAIR: Ms Bresnan.

MS BRESNAN: One of the issues you have listed in your submission relates to recommendations about the cap. It is interesting that it has been mentioned in a couple of the submissions. Is it something that has been communicated from Housing to organisations?

Ms May: It certainly was not communicated to ADACAS in the time that I have been at ADACAS—let's put it that way. As you say, a number of the submissions made the same error in terms of currency around the cap.

MS BRESNAN: When I read it I thought it did not seem like it was something that was being communicated to organisations—that this does not exist anymore—which is concerning of itself, if that is the case.

Ms May: The whole situation with how much we know about the size and scope of the homelessness situation and the need for social housing is something that concerns ADACAS, as well as a number of other organisations. We know so little about how many people really are looking for social housing.

MS BRESNAN: This is probably slightly off what you have got in your submission, but we have got First Point and we have got the data. We understood that originally that data was being communicated more regularly to organisations. Is that something which you are being made aware of? Have we got this data now? Is that being transmitted to organisations?

Ms May: I guess the source of data that I have used is the Housing annual report, but it is not comprehensive in the way that it reports—for instance, knowing what proportion of people in social housing in the ACT have a disability. That is not reported by Housing ACT. We found national data, but we could not find local data. Those are the sorts of things that I think would inform Housing's planning. If they know how many people who are looking for social housing have a disability that will inform how many houses they need to build that have the right sort of accessibility or the right sorts of neighbours—so somebody with a mental health issue can exist in a setting that is appropriate for them.

MS BRESNAN: You mentioned in your opening statement, and you referred to it in detail in your submission, training in communication skills and so on. One of the things that have been mentioned—and the government have already appeared—is the gateway quality improvement project. Are you aware of that project?

Ms May: We have not had much in the way of detailed conversation with Housing ACT. It is something that I think I need to do as well.

MS BRESNAN: I asked quite a few questions of the government about this. They are saying, "This will fix some of those issues because we're going to focus on communication more." In terms of the contact with your clients, is that something you are starting to see improve or is the situation basically the same?

Ms May: From time to time the advocates come to me and say, "I got a phone call straight back from Housing, that's fantastic." But more often the file notes for a client record, "Left a message with Housing." A few days later, "Left another message with

Housing." A few days later, "Left another message with Housing." Even if they do not have an answer, the courtesy of returning that call and saying, "We're working on the issue for your client," will make a difference to the client's sense of security and wellbeing around their waiting time.

MS BRESNAN: In terms of having that knowledge and understanding of what is happening to somebody and considering information if the case has changed, again, they said, "Yes, we're going to deal with that." Have you started to see any improvements around that at all?

Ms May: Only very few.

MS BRESNAN: So it is a bit piecemeal?

Ms May: It is piecemeal and it does come down to the energy and commitment of individual staff. I think this is endemic across all services. An individual staff member who perhaps goes that little bit extra for a client can make a difference quite quickly, whereas with other staff, if they are feeling particularly overwhelmed by their load or whatever else, it can be a very slow process.

THE CHAIR: You have made quite a number of supporting recommendations, and they are all very good and logical recommendations. Have you had discussions with the actual departments concerned? Have you raised these issues with them before?

Ms May: Not yet, no. My intention is to go and meet with Housing ACT and have a conversation with them. There have been some specific issues around clients and Disability ACT that we have raised specifically with them.

THE CHAIR: What sort of feedback have you had from departments where you have raised it?

Ms May: Again, it is mixed. There are times when Disability ACT have been able to act quite quickly and resolve an issue for a client, particularly around some supported accommodation issues, but there have been times when they have been incredibly slow to resolve issues as well.

THE CHAIR: How many clients are you actually acting for at the moment?

Ms May: I did not bring that number with me but I would be happy to provide it to you.

THE CHAIR: It would be very interesting to have a bit of an understanding from our point of view as to the number of cases you are dealing with.

Ms May: Certainly.

THE CHAIR: And also a breakdown of, say, social housing and disability housing, to get an understanding. You gave us some stats at the beginning as to the age breakdown, but could you give us an understanding of the number of clients that are coming to talk to you, separated into those two areas.

Ms May: Yes. I will get you the total number of clients that we dealt with in the past 12 months and also how many of those were housing issues.

THE CHAIR: And disability and social housing.

Ms May: Yes.

THE CHAIR: With your 14 recommendations, are they in any priority order?

Ms May: They are not, no. I would say probably that some of them are contingent on others. For instance, if some of the communication issues were resolved within Housing, that would impact on clients' experience of waiting times and all the rest. Clearly, if there was more stock that was accessible for someone with disabilities, that would impact on their experience as well. Some of them are threshold recommendations. We are certainly aware that a client with disabilities who has particular needs can spend a great deal longer on the priority housing list than a client without disabilities who can be placed in a wider range of accommodation settings. That causes particular issues as well, whether or not you want to say it is discrimination against people with disabilities, but it makes it very difficult for them to find appropriate homes.

THE CHAIR: In your recommendation 7 you state:

That Housing ACT implements a training program to improve communication skills of staff and increase understanding of the role of advocates.

Do your people have a problem with adequate responses to your inquiries?

Ms May: Absolutely, yes. From time to time the workers at Housing will call ADACAS with the assumption that our advocates are in fact caseworkers and will undertake the role of casework or casework coordination on behalf of Housing with a range of people. Advocates are not caseworkers. They take instruction from their clients rather than from other services, because we advocate on the express wish of our clients. So there is a fundamental lack of understanding in Housing of what the role of advocates actually is. That is something we would like to change. I understand that my predecessors within ADACAS have offered some training opportunities to Housing before, but it is something that has fallen by the wayside. It needs to be reinvigorated, I think.

THE CHAIR: Another step from that same question: is there a need for improvement in communication between the departments themselves that cater for the needs of your clients?

Ms May: Absolutely, yes. I quite liked the Ombudsman's recommendation that there be a single coordinated caseworker in the ACT government for a person, so that they had a caseworker rather than one in that department and one in that department, and possibly one over here as well. I can see there could be challenges in setting up such a system but I can see the logic of his recommendation on that.

MS BRESNAN: Following up on some of the issues around advocates, you mention on page 3 of your submission that people who have an advocate are likely to get a better outcome and that Housing ACT should address this inequity. What would be the best way to address it? Would it be to resource organisations like ADACAS to have more advocates or is it an inequity in the system that people require advocates to get a better outcome? What do you think would be the best way to address that?

Ms May: I think that the inequity in the system absolutely needs to be addressed. We believe in empowerment of individuals. So we do not say, "Everybody should have an advocate because we can do something for you." We would much rather that if somebody is able to do it for themselves, they go ahead and do that for themselves because it is a much better outcome for them. But the system does throw up a lot of blocks and hurdles along that journey for someone who is applying for priority housing, which is why having an advocate to take some of that load, particularly for someone with disabilities or a mental health concern, makes such a difference.

MS BRESNAN: Mr Doszpot asked before about the training. I mentioned the gateway quality improvement project. Was there any involvement in terms of the development of that? You said that you were not aware of any. Were organisations asked to provide input?

Ms May: If they were, it would have been before my time at ADACAS.

MS BRESNAN: It would seem to be a good idea—you said there has been an offer of training before—to involve organisations such as Advocacy or have that expertise in the actual training of staff.

Ms May: I am not aware whether in the gateway process that happened. I am aware that at the moment Housing ACT are looking at employing some new workers specifically to deal with antisocial behaviour in housing tenancies, and they have sought input from the community sector around how they set that up and what the model looks like, which is a welcome initiative on behalf of Housing. ADACAS has participated in that process as well.

THE CHAIR: We asked a question about how many clients you have. How many advocates have you got?

Ms May: We currently have 11 advocates.

THE CHAIR: What are the skill sets of a typical advocate?

Ms May: Advocates generally come to advocacy following experience working in the community sector in other roles. We have advocates who have worked in domestic violence, in disability, in aged care. They come to us with a really good understanding of the service system that our clients are experiencing. Then we do quite a long induction process to enable them to develop those skills around advocacy. There is no course you can go and do to become an advocate.

THE CHAIR: On what basis do you employ the advocates?

Ms May: When I am recruiting advocates, I look for a sound understanding of the principles of advocacy—understanding the role of an advocate and where an advocate stands, understanding principles like personal bias and how that might impact on advocacy, and conflict of interest and how that might impact on advocacy. When I am doing a recruitment process, I actually ask applicants to have a look at some case studies and respond to some case studies. We do some quite thorough investigation, if you like, around their understanding and their get of what advocacy is about.

THE CHAIR: My question related more to the remunerations aspect. Are they paid, are they volunteers or a combination?

Ms May: ADACAS has paid advocates. They are paid under the SAACS award.

THE CHAIR: Do you have volunteers as well?

Ms May: No. All of our advocates are paid people.

THE CHAIR: Could volunteer advocates be an option for you as well?

Ms May: It is not something that I have explored yet in my time at ADACAS. I know that the role of citizen advocacy in the ACT has declined dramatically. Essentially, there are no citizen advocacy services here. It does still operate in other states. I think it would be something that would need to be very carefully thought through and carefully managed, because there are potentially great risks in the way somebody who perhaps is not trained and fully supervised is working with somebody so vulnerable.

THE CHAIR: Do you have a sufficient number of advocates to meet your current case load?

Ms May: Having just employed a couple of new advocates, we actually have more advocates at ADACAS than ever before. We are able to meet the current intake of clients that we are getting. As a rule, though, ADACAS has had to operate on what we call our priority policy. If somebody does not meet priority, which is around homelessness, danger to self or others, danger of incarceration, those kinds of things, we would need to try to refer them. This last couple of months is the first time in, I understand, a long time that ADACAS has had sufficient advocates.

THE CHAIR: Do you have a waiting list?

Ms May: We do not keep a waiting list, no. What we do if we cannot take somebody on is we try to refer them to somewhere that can assist them straightaway.

THE CHAIR: Whom would you typically refer someone on to?

Ms May: Quite often it is somewhere like the Welfare Rights and Legal Centre or it is Legal Aid. It could be another advocacy organisation, an organisation that deals with their particular disability. We might refer someone whose issues are around epilepsy to the Epilepsy Association. It is those sorts of things. We still try to find quite a targeted referral for them if we can.

THE CHAIR: Do you have any pro bono types of activities from the legal fraternity to assist you at all?

Ms May: Directly to ADACAS, no, but I am aware that there is a lawyer in the ACT who will provide a half-hour free consultation to people who need it. We will use her if we need to.

THE CHAIR: Ms Bresnan.

MS BRESNAN: One of the points you made in here about disability accommodation was that the issue was a combination of things rather than where someone wants to live or whom they want to live with. I was wondering whether you could expand on that a little. What are some of the problems that creates for people? I know you have provided some really good case studies.

Ms May: I think part of the issue for people with disabilities or the parents of younger people with disabilities who are trying to find somewhere for the person to live is that they fall into the trap of accepting what is available rather than trying to create what they think might be the most ideal situation for that person. That is because of the limited supply and availability of options. For people with disabilities and how they might live, we do not really have a great variety of models in the ACT of how someone with a disability might live. That is something that I know there is work happening on to try to change. A few different models are being promoted at the moment, which could be a good thing.

The reality is that if somebody is in need of accommodation quickly, particularly if their natural supports fall down and there is a need quickly to find a way to support somebody or give someone somewhere to live, the choices are very few. They may end up in a situation that would not necessarily be of their choosing.

THE CHAIR: Thank you, Ms May. We have reached the end of our allotted time. Was there anything that we have not covered and that you particularly wanted to make further mention of?

Ms May: I would mention that I did read a number of the other submissions that you have received. I was pleased to see how much common ground there was in the submissions and the acknowledgements of the Mental Health Community Coalition and the Welfare Rights and Legal Centre and so on. I support a lot of the recommendations that they made as well.

THE CHAIR: There is one other question I have, if you do not mind. Have you got time to answer it?

Ms May: Sure

THE CHAIR: We have had a number of people raise issues of people within disability housing not having tenancy rights and people being moved from one location to another without any consultation. Do you have many requests for assistance in that regard?

Ms May: We support a lot of people who live in supported accommodation in the ACT, around a whole range of different issues. I am not aware that we have a case currently where that is going on at ADACAS. I am aware that Advocacy for Inclusion does have a case of that sort currently. It certainly is happening in the ACT at the moment.

THE CHAIR: Specifically, you have not had any?

Ms May: It is not that we have not had any but right now we do not.

THE CHAIR: Thank you once again. A full transcript of this hearing will be provided to you. We look forward to getting that additional information.

Ms May: I will get that data to you.

McKAIL, MS BROOKE, Executive Officer, Mental Health Community Coalition VIERECK, MR SIMON, Policy and Sector Development Manager, Mental Health Community Coalition

THE CHAIR: Welcome to the second public hearing of the Standing Committee on Health, Community and Social Services inquiry into the provision of social housing. We have already heard from a number of organisations this morning, some of which you may have heard. Before we start, have you read the privilege statement that is before you?

Ms McKail: Yes.

THE CHAIR: Are you comfortable with that?

Ms McKail: Yes.

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

Ms McKail: Yes, very briefly, thank you. Thank you for the opportunity to speak to you today. As you probably know, the Mental Health Community Coalition is the peak body for the community managed mental health sector in the ACT. The community mental health sector provides a diverse range of services to people with a mental illness, and their families and carers, in our community, including psychosocial and accommodation support.

I will reiterate a couple of points from our submission, just to put our appearance here in context. I think it is pretty widely accepted that there are strong links between mental illness and homelessness and housing uncertainty. There is a little bit of disparity among some of the figures, but some studies suggest that as many as 80 per cent of people experiencing homelessness also have a mental illness. We do not have very extensive local data here, unfortunately, and I think that was in line with what we heard from ADACAS around the lack of data available about the ACT. But a recent study in Melbourne showed that of more than 4,000 people experiencing homelessness 30 per cent had mental health issues prior to becoming homeless or developed them after they became homeless.

We also know from a whole range of studies that people with a mental illness have lower average incomes than the general population, and we understand that that is also the case in the ACT, and are significantly less likely to own or to be paying off their own homes. This can restrict access to a range of government initiatives such as affordable housing, which is not necessarily targeted at that low income group. It is also a sign that many people with a mental illness will be looking to or relying on the public housing and social housing system, because they are virtually locked out of the private rental and buyers market.

An example of why that is the case is that here in Canberra a single person with no children on the disability support pension, which can be the case for many people who are unable to work for a particular period due to their mental illness, would be receiving about \$334 a week. On my understanding, and the information I have seen, an average rent in Canberra for a one-bedroomed apartment is significantly higher

than that; it is up around the \$400 mark. So it is just not possible for many people to be in that market.

In terms of why housing is a priority issue for MHCC, we have many studies, lots of research, as well as anecdotal evidence, that secure, stable and affordable housing has a dramatic impact on recovery outcomes and social inclusion goals for people with a mental illness. The alternative to safe and secure housing for many people with a severe mental illness can be hospitalisation or in fact prison. Not only does this go against our goals of recovery and of deinstitutionalisation that we have in the community; it is also an unsatisfactory economic outcome for government.

To give you an example of that, our sister peak in South Australia, the Mental Health Coalition of South Australia, a few years ago did a study that estimated that the operational cost of providing support in a unit of public housing is \$5,900 per year. A prison bed costs \$65,000 per year and a mental health hospital bed for a year costs \$150,000. I recognise that the costs here would be slightly different, and those figures are a few years old, but I think the comparison is still valid.

To give one more statistic, it has been estimated in a range of places, including the green paper on homelessness, that 40 per cent of people in acute mental health inpatient beds could be discharged if we could find appropriate accommodation and support for them. So, if this housing was available, we could be making a real difference to people as well as finding savings.

In line with some of the evidence that you have heard from ADACAS just before, one of the most important things for MHCC is having a variety of housing models and support models available for people. We are aware that a large number of consumers indicate a preference for independent housing with appropriate supports, so independent public housing with appropriate supports for them, rather than, for example, group homes. Things like demand and the waiting lists for services like home in Queanbeyan that you might be aware of show that there is also a need for other options, like home in Queanbeyan and like group home type services that might be more appropriate for some people, so having a diverse range of options.

We would like to acknowledge that the ACT government is already doing some work in this area and the big item that we are happy to talk to, if you would like, is the HASI program, the housing and accommodation support initiative. I am sure Simon would be able to give you some more information about the numbers and details on that. It is the type of initiative that we would like to see expanded and explored.

We are also of the opinion that some of the principles of the HASI program could easily be extended without huge financial costs but with significant benefit to individual people. For example, a key component of HASI is improved communication between Housing ACT case managers, consumers themselves, clinical managers within the mental health, justice, health and alcohol and drug programs, so the community mental health teams, and community service providers. That is through, I understand, regular conferences and meetings. Frankly, it appears to me there is no real reason why that kind of principle needs to be confined to a HASI program. That sort of communication, extended, could be one way to address some of the communication problems that were explored in the Ombudsman's report that I

know you will have seen. Some of these issues are obviously going to be particularly acute for people with mental illness or who are experiencing anxiety and stress and that is impacting on their mental health.

One other thing that I will mention, and that I heard you mention to ADACAS, is that in our submission we did recommend lifting the cap on priority housing placements. We understand now that that did happen in September, October. We recognise that that has now occurred but there is obviously a need for some more information to be shared about that and for some way to get that information out.

In summary, we see housing as a top priority for addressing mental health issues in our community. It is one of the things we need to be focusing on. Public housing with appropriate support is a key aspect that we need to be looking at, but we need to be looking at it in partnership with other initiatives like affordable housing, alternative community housing models and increased outreach support around sustaining tenancies and sustaining existing tenancies.

THE CHAIR: Thank you very much. I would like a little clarification on MHCC. You are the peak body representing the not-for-profit community mental health sector.

Ms McKail: Yes.

THE CHAIR: Do you provide advocacy or support to individuals or is it through the groups that you represent?

Ms McKail: Yes. We are the peak body; we do not provide individual advocacy. We do undertake systemic advocacy on behalf of the sector. Our membership is made up of about 40 community mental health providers, so the non-government mental health providers here in the ACT. As well, we have a membership of a similar number of mental health consumers and carers and an advisory group that ensures that the work that we do is consumer focused. We are informed by the on-the-ground work that our member organisations do, but we do not engage in individual advocacy.

THE CHAIR: Do you have any sort of feel for the size of the customer base, for want of a better word, that your groups look after—how many people fall into this mental health—

Ms McKail: I can give you the statistics that you probably already know about—the high numbers of people who experience mental illness. Our sector is very diverse in that we cover the whole spectrum of mental illness. We have a number of providers that are providing crisis support when people are really at that crisis point where they need very intensive support. We have transitional services that will support people as they come out of the psychiatric services unit or other inpatient facilities when they have been through a period of quite unwellness. But at the other end of the spectrum we also have some early intervention services and mental health promotion services that are going out to all our schools and community groups to educate people about mental health, about risk factors where they might be able to access support. It is difficult to make a judgement call.

In terms of the numbers of direct outreach support and accommodation support, it is

not something that I have on the tip of my tongue, but I would be happy to get some information. Do you have any idea?

Mr Viereck: Not an exact number. Again it is hard to quantify exactly what services deliver what. I believe about 90 people have gone through the adult step up, step down program over the last 18 months. There is a new outreach program operating on a similar model called TRec, which has a capacity of 15 people at any one time. So they are relatively small numbers, I think.

Ms McKail: We understand that HASI at the moment has about 15 places; is that right?

Mr Viereck: Yes, and it will be growing.

Ms McKail: And we will be extending that to 40 in the next 12 months or so.

Mr Viereck: I guess the simple statistic is to say that Mental Health ACT, the public mental health service, see around 7,000 individuals per year. Our services would see a substantially smaller number than that, I would say, but the need is quite substantial.

THE CHAIR: When you talk about 7,000 overall, is there duplication? Would one person be dealing with a number of those organisations?

Ms McKail: Quite possibly, because of the diverse nature of the sector. They may have a house through the HASI program and they may have at the same time what we call a PHAM worker, a personal helper and mentor, which is a federally funded program. At the same time they may also drop into the Mental Health Foundation's rainbow program, which is day activities, or a day-to-day living program, which is around building social inclusion. They may also access an employment support program, some of whom are also our members, particularly the ones that are targeted at people with mental illness. So it will depend on where they are in the spectrum and what their individual needs are as to what services are going to be appropriate for them. Because our services are so diverse, it is a little bit hard to estimate.

MS BRESNAN: One of the points you made in your opening statement and also in your submission was about the difficulty of getting an accurate picture of the need in terms of social housing for people with a mental illness. You mentioned services in the housing sector in terms of their not being well integrated. You also mentioned that there are not well-established relationships in terms of accommodation services through First Point with respect to mental health. Could you expand on that a little bit more and tell us about some of the issues?

Ms McKail: It is not something that we have talked a whole lot about. It is not dissimilar to the disability sector in the sense that we do have a number of mental health providers who are offering accommodation that are funded through mental health. HASI is the most recent example of that; some of that will be funded through Health. There are also other accommodation services that have been in existence for significantly longer, but because they are not seen as part of the homelessness sector they do not operate through the First Point model. So I think it is about how we build links.

MS BRESNAN: I appreciate that you might not be able to answer this: if someone was accessing First Point, and that has obviously been set up as being where people need to go, or theoretically that is where people need to go, have there been issues with them not being referred on to projects?

Ms McKail: Most of the housing that is provided as mental health housing is actually in arrangement with the community mental health teams. So people are not going in through First Point at all. That is my understanding; I am happy to get some more information about how that happens. But most of the access to those programs, including the transitional support and the HASI programs, are negotiations or allocations through mental health, between community teams and the providers. So they are skipping the First Point system altogether, which is not necessarily a problem because it is important to involve the mental health community teams in those allocations. But it does mean that it can create some confusion for people and it creates a distance between the housing that is being provided by the community housing sector and the housing that is being provided by the mental health sector, which is not dissimilar, and they are providing the same sorts of supports.

MS BRESNAN: A point that has been made in your submission, and others as well, is that there is a significant proportion of people with mental illness who are going into social housing as well. Have there been any issues in terms of that? If someone is accessing First Point, are you concerned that there might not be an understanding of the situation there? There was also the point you made about getting an accurate picture; if people are not going through First Point, for whatever reason—

Ms McKail: We are not getting the data that we need about how many people are actually accessing First Point with mental health issues; absolutely. The point that we were making around what works in HASI, with that improved communication, is that it is a sign that we do have some concerns that that is not happening in other parts of the public housing sector; that there is this disconnect and that Housing ACT case managers are not necessarily speaking to mental health case managers or the mental health community supports that are available, when the person's work is in that area.

One of the examples that we have been working with Housing on is something else that we mentioned in our submission, which is their antisocial behaviour response. That is about how Housing ACT supports those people in their tenancies who may be exhibiting antisocial behaviours or who may be unwell. Do you want to comment on that, Simon? You have been working closely with Housing.

Mr Viereck: I have been part of that process. It is clear that the frustration around the lack of communication and coordination is as evident within Housing as it is in our sector and, for that matter, within the public mental health system. It is frustrating that it does not happen when there do not seem to be any particular barriers to it happening, as such. That is not to say that is not part of the issue around that. If you compare that with, for example, the HASI program, an important component of the HASI program is that people are housed in appropriate housing, which presents its own problem because there is not a lot of that and it is difficult to house people.

In relation to the antisocial behaviour response program, that is more around the

people who are housed in your standard social housing, which often is substandard and in very heavy demand, an environment that is very difficult to sustain their recovery in. Often the source of the behaviour or the problem can be the fact that they are suffering mental ill health. We know that sufficient, adequate and appropriate support can relieve that situation. We also know that the housing they are in is likely to be always a factor that will prevent them really overcoming the problem. There is a substantial problem there around the housing that is available and the impact that that has on someone's ability to recover.

I suppose the other thing to mention in that respect is that there is frustration on all parts about the lack of coordination. We try to have input into this process as well. We need for Housing to work closely with communities who are support providers to break down that assumption that Housing will deal with all the issues that any tenant has. That is something that they do. That is a model that they do want to work on, and they do want to work on it also at an earlier stage, before it gets to the crisis point where they will put in a specialist response. There is clearly a way to go to make that actually happen in terms of both parties coming to the table with the right amount of coordination and sustained support.

MS BRESNAN: I was going to ask about the antisocial behaviour project. As you just mentioned, there is that disconnect between mental health and housing services. You said you put in a submission to that project. A lot of people in that housing have mental problems and antisocial behaviour. People impacted by that are going to be people with a mental illness. There does not seem to be an understanding of the specific nature of all those things as well. Do you have any concerns that there might be a disproportionate impact on people with mental illness because of that disconnect and that there may not be an understanding of what the best situation would be?

Ms McKail: The one thing that we can say about that is that we did put in a joint submission with the Alcohol Tobacco and Other Drug Association. We recognised that there would be a lot of the same factors that may be leaning to what is classified antisocial behaviour. I would like Simon to comment further.

One of the things we have found is that Housing have been quite willing to work with us. We did feel that at the beginning. When we put the submission in, we were quite concerned about this program and that it would be, I suppose, disproportionately targeting people who were exhibiting antisocial behaviours as a result of a health issue. It is certainly in the submission that threats and risks to the tenancy were unlikely to help somebody in that situation. What they really needed was health intervention.

Quite soon after we put the submission in, we had contact from Housing ACT recognising the value of that contribution. There were submissions they had not thought of and they would like to work with us to make sure that the program would better meet the needs of those people. I think that was a quite positive outcome. It remains to be seen what will happen if the program develops. We are certainly feeling good about the response we got from them.

Mr Viereck: Definitely. The response from Housing has been very positive in that sense. We have been invited to come to the table and be part of that conversation about how they develop that model, which is really positive. We are definitely getting

the sense from those interactions that Housing are very concerned to be working with the tenancy approach. They are definitely aiming to support people to stay in their tenancy. Part of their issue is how to manage the people around that tenant who are making the complaints and are wanting to see an immediate response to their complaints. They recognise that they are the last resort in housing. They recognise that they have a very important responsibility to support people to stay in their housing so that they do not enter into a cycle of homelessness and reintegration. It is a positive response but it is obviously quite a complex problem to resolve.

MS BRESNAN: You mentioned about Housing being the last resort. I think that point has been made in a couple of submissions—whether or not that is because we are not investing in other housing examples, whether it is disability, mental health or other areas. Is it an issue for you, coming from the mental health sector, that we may not be investing in these things so that people are ending up here when they probably should not be?

Mr Viereck: Very much so. Obviously, again, there are no simple solutions to it. There is a great need for a long-term investment in more appropriate housing, clearly housing that is built on universal design principles et cetera, so that it is for a range of people. It is also appropriate in the sense of how it is integrated into the whole community.

The issues we find at the moment with the complexes that are now filled with people who are old, disadvantaged and, to some degree, dysfunctional in their capacity to live a normal life are that those environments become, essentially, detrimental to anyone recovering from or rising above that situation. There is a great need to redevelop those complexes and to find other options for housing so that we do not end up with that kind of ghetto-isation.

Obviously that needs a long-term strategic approach. That needs to be done in conjunction with the transport strategy et cetera that are out at the moment, looking at how we make sure the social housing that we develop in the future is located so that it allows people access to the range of services that they actually need. It is quite a complex planning issue but certainly it is clear that those complexes that we have now that tend to be the places where the property has come up and become available for social housing are not good environments for anyone to be in. Certainly for someone who is suffering mental illness, they can be a source of ill health.

THE CHAIR: One of the areas that cut across all the areas of discussion so far is the actual application process and communication. You mention that many people are confused by or put off by the complicated application process. You make recommendations about Housing working closer in partnership with consumers and assisting them to understand the processes or make the application processes less onerous. It is a bit of a catch 22, isn't it, because you need the information in order for everything to be considered, but the amount of information required is obviously causing some confusion for people. Has any thought been given to just having a process where people can be helped with the application process itself? It does not matter how much training is given to the departmental staff, they are still not going to be able to cope, I guess, beyond a certain level. The information that people have to provide will not change any of this. Is there a happy medium there, perhaps? Is there

some other way of addressing that?

Ms McKail: I think there are two parts to that. You are quite right: the key point is supporting people through the process so that they are not confused and they have the information that they need. I think that came out very clearly in the Ombudsman's report. People are contacted to let them know where they are at in the process and if they have got someone they can talk to about it, it makes it a lot easier. I suppose they are supported through that process if that is required. That could be through having more access to support people or advocates to help them in the application process.

The other part is that I still think there is a need for the workers, the housing managers, to have some more information and some more education about mental health specifically, mental health consumers and the particular things that might be unique to the situation of a person with mental illness. One of the things we have already talked about is that their situation and their illness may be quite episodic. They might be up and down. They might require different levels of support at different times.

One of the things we were talking about in the office this morning, for example, was that if a person did end up hospitalised for a period, what impacts might there be on their tenancy? If the housing manager has some information on how to manage that they will know who to contact if the person has been put in hospital so that in two or three months time, or however long they are in hospital—maybe not that long; that is an extreme example—they do not come out and find that their property has been lost, vandalised or whatever or that, because they have not filed the right form, they are in a disadvantaged position.

Perhaps the issue is not so much the information that needs to be provided but how people are informed about it and supported, and that there is regular communication as to where their application is at and whether further information needs to be provided so that they are not feeling more stressed than they need to be. The other part is ensuring that the people they will be working with and their housing managers are provided with the information and the education that they need to be able to work effectively with people, who may be in a different situation to someone without a mental illness but they just understand some of those concepts.

THE CHAIR: I guess another question there is the amount of information required and the number of times that same information is required by different agencies. Is there any privacy issue with, having filled out information once, the information being provided to the other agencies that they need to go to as well? Is that a consideration?

Mr Viereck: Clearly there are privacy issues, but it certainly is a manageable process. It is managed around how you handle consent, essentially, and the consent forms—how often people need to complete consent forms and how often the consent needs to be renewed, as well as how specific you are around the sort of information you will be providing, to whom and for what purpose.

The Human Rights Commission, both in the Bimberi review and in another situation, has been quite vocal around trying to overcome the barriers that privacy tend to throw up at the moment, which are largely because service providers are overly cautious. They are worried about overstepping people's privacy, or overstepping the privacy

regulations. That is, in a sense, good, but there is a space within the Privacy Act for providing the sort of information that is necessary for another agency to properly provide the support for a person. It is a manageable process. I know it is something, again, that has come up in considerations with Housing—how they can manage that process better. It certainly is not something that needs to be a barrier.

THE CHAIR: Is there anything else that we have not covered that you wanted to bring to our attention at this point?

Ms McKail: No, I do not think so. If there is any further information you would like from us please feel free to request it.

THE CHAIR: We generally do ask some questions of you in writing as well. Thank you for your very detailed submission. It is very good to have that information provided to us. Once again, thank you for coming in. We realise it is very close to the Christmas break and we really appreciate your coming in.

Meeting adjourned from to 11.03 to 11.22 am.

FRANKLIN, MS CARMEL, Director, Care Inc. Financial Counselling Service and the Consumer Law Centre of the ACT

MAYES, MS LEASA, Housing Financial Counsellor, Care Inc. Financial Counselling Service and the Consumer Law Centre of the ACT

THE CHAIR: Good morning and welcome to the second public hearing of the Standing Committee on Health, Community and Social Services inquiring into the provision of social housing. Have you seen the privilege statement provided in front of you?

Ms Franklin: Yes.

THE CHAIR: You have read it and are comfortable with its impact?

Ms Franklin: Yes.

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

Ms Franklin: Yes, I would like to make a brief opening statement to give a background on what our service does so that it will make sense of why we thought it was really important to respond to this inquiry. I will then hand over to Leasa Mayes, our Housing Financial Counsellor, to speak more directly, just a general comment about the issues in the submission, before we answer questions.

At Care we work with clients who are on low to moderate incomes and who have financial stress. The way in which we work is we provide information on people's options, we support them as they work through resolving their financial situation and where necessary we provide advocacy in relation to their financial situation. That might mean writing letters to creditors, making payment arrangements. The vast majority of our clients come to us because they have debts, usually multiple debts. Nearly half are either totally or primarily dependent on Centrelink incomes and about a third live in public housing; in our last report I think it was 34 per cent in public housing and another five per cent in refuges or homeless. Many of our clients also have other social and health issues that either cause or exacerbate their financial difficulty. So that is the client group with which we work and of course we are seeing them at a point at which their financial situation is quite poor.

We provide a range of services from telephone to face to face, community development, after hours, a no-interest loan scheme and access to the Consumer Law Centre. We do specifically have a housing financial counselling service because so many of our clients live in public housing. For the past 11 years Leasa has been our housing worker. She is working with clients who are living in public or community housing, or who are homeless or at risk of homelessness, and is working with them around issues of access to housing, assistance with rental arrears and communication with housing managers, which is a very big issue that we will talk about later. Quite often when people come to us they already have significant arrears.

One of the other issues for our client group is utility stress and we are very conscious that in rental accommodation the houses are not very energy efficient, nor are the appliances or the heating systems, so particularly the clients that we have who are in

public housing have quite high energy bills that they struggle to afford to pay. That is another issue that we deal with regularly.

Overall we think there needs to be far more transparent, clear and flexible processes when you are applying for any kind of housing in terms of the way in which communication takes place and also in dealing with things like maintenance and other requests from Housing.

I will hand over to Leasa to talk more specifically.

Ms Mayes: I want to highlight two major issues from the submission. The main one is the communication and service delivery issues. I often hear about delays in resolving problems because Housing managers and tenants have been unable to make contact with each other. When tenants attempt to make contact, they often need to leave a message for the Housing manager to return their call, and they often say that that call is never returned, or sometimes maybe very late. This can be very serious if tenants have been asked to respond within a certain time frame, especially when legal letters are involved like a notice to remedy where they have seven days to call back. The tenant can be severely disadvantaged because of that lack of communication.

Many of our client group also cannot afford to maintain a landline telephone; often they have mobile phones, and particularly the prepaid ones so if they run out of credit it often means that they cannot retrieve messages. So, even if a message is left, often they cannot get that message back because of that delay. These issues can become quite serious, because it can look as though the tenant is not being cooperative, even when they are.

This is why we believe that a triage system may be of use. When the tenant makes contact, either goes into the housing shopfront or calls, it would be good if somebody could meet them or take the call and try to assist them when they are ready to do so. I believe the contact should be recorded in their notes so that there is a record of when the person did try to make contact and, if possible, the issues addressed on the spot. This could reduce the time that the Housing managers spend returning calls and writing follow-up letters, so I think it is a more efficient way of doing business. I understand that Centrelink and the central intake service have a similar system where there might be a concierge or duty staff to find out what their needs are try to meet them as efficiently and effectively as possible.

I also hear about delays in rebate applications being processed. To be honest, I am not quite sure why that is—whether the Housing manager is away or it has become lost in the system—but I also think this kind of centralised intake service may be of use, because if they can all be dealt with right away the tenant would know what is happening and if it has not been received they can do something about it.

The other point I wanted to raise was about debt management and the current arrears policy that Housing have. At Care we support sustainable, affordable arrears, so when people do get behind with their rent it would be good that the amount that they have to repay is affordable and they can do it; otherwise their tenancy could be put at risk. Currently Housing have a policy that \$15 per week is the minimum that tenants should be able to pay. There is an option for them to say that they can pay less than

that; however, it is extremely difficult to get Housing to agree to that. Housing often refer to Care for submissions to make these kinds of requests and it is very rarely that they accept our recommendations in full. Usually they will reduce it a little bit but not to the extent that we have requested, and we feel that that is putting the tenancy at risk.

One option I was thinking of was that perhaps the amount should be reduced or Housing managers have more flexibility to reduce it if they feel the lower amount is more sustainable. I believe it would be preferable for the tenant to pay something sooner if possible rather than nothing, and I also believe it would be preferable to accept any arrangement that reduces the arrears rather than placing the tenancy at risk.

THE CHAIR: You have both brought up some very interesting points and ones that reflect some of the other evidence that has been given to us as well. I will come back to those in a moment but I would just like to ask a couple of questions, setting the scene, if you like. How many clients do you currently have?

Ms Franklin: We have a bit over 2,000 contacts per year. Leasa has a client load of between about 30 and 40. Would that be right?

Ms Mayes: Yes, maybe 30 to 45 usually.

Ms Franklin: Leasa works specifically with people in public housing, but there are a lot more clients of the service who also happen to live in public housing. The reason I cannot tell you the exact number of clients is that some people come for an information appointment and do not go on to become casework clients.

THE CHAIR: I understand. I am just trying to get a bit of a feel as to, for instance, is the number of clients you have got at the moment more than you have had in past years, par for the course, or is there more need for the sorts of services you are providing at the moment?

Ms Mayes: Looking at the statistics, we usually see probably 70 at the minimum per year and we probably see, for my service anyway, just me, about 75. This six months has been the highest that I have had, ever.

Ms Franklin: In the last six months there was a 12 per cent increase from the six months prior to that in overall service delivery.

THE CHAIR: Thank you. I am trying to understand what impact the cost of living has on the people you are dealing with.

Ms Franklin: For us the increase has been happening over a couple of years. It happened through the GFC process and it really has not backed off since that time. Each six-month report seems to be just a little bit higher than the one before. There may be other people wanting to access the services, but we have reached our capacity.

THE CHAIR: Communication seems to be a fairly hot topic with a lot of areas that are supporting the sector that you are dealing with. You are obviously aware of what the clients tell you, so you are aware of their frustrations in not getting calls returned and so on. Are you in a position to make detailed representations to the department

about the issues that the people you represent have with this non return of calls? Is there a mechanism whereby you can lodge a complaint about what is going on?

Ms Mayes: Yes, and I mention it in my six-monthly reports pretty much every year.

THE CHAIR: Is there discussion on that item or does it just get recorded and that is the last you hear of it?

Ms Mayes: They have suggested that we make complaints. It is usually up to the tenant whether they make a complaint.

THE CHAIR: And the complaint is to be made to whom?

Ms Mayes: To Housing.

THE CHAIR: To Housing itself.

Ms Mayes: I think part of the problem is that it then becomes part of the tenant's decision and that it is a concern for a tenant to make a complaint about a Housing manager if they are not sure what impact that may have on the other work that they are—

THE CHAIR: Thank you. Ms Bresnan.

MS BRESNAN: Further on that communication issue and also the application process—again, that has been an issue raised in many of the submissions—have you been aware of the gateway quality improvement project that Housing has been implementing around this? We had the government appear and they said, "Oh, this is going to solve all our problems," basically. Is that something they have consulted with you on at all in developing that? One of the things they said was that it was meant to provide better training to staff around communication skills and so on. Obviously you have not been involved in the project, but has there been any noticeable impact in, say, the last few months on some of the feedback you have been getting from clients?

Ms Mayes: I have not noticed any obvious changes, no.

Ms Franklin: We have in the past done some training with Housing. Leasa goes to regular meetings with Housing managers because they were too busy to set aside a half day. We think training is really important, particularly around communication and working with vulnerable clients.

Unfortunately, I guess part of the issue is that some communicate better than others. I suppose we continue to find that there is an inconsistent level of service. Some Housing managers are very good at returning calls. We do not only find that with our clients. I know that Leasa has said at times too that when she has left messages they do not necessarily get responded to either. There has not been any substantial change from our perspective, but I would be very interested in hearing more about the gateway project.

MS BRESNAN: It is a project that they have said they are going to implement, but

there does not seem to be wider communication with the groups, particularly those that have raised ongoing concerns. You mentioned training. Is that something they have doing on an ongoing basis, involving you in training, or does it seem to be just an ad hoc process?

Ms Mayes: It is in our contract to provide it every year. We have been doing it fairly consistently.

Ms Franklin: Yes, but we found that Housing managers were saying they could not get everybody to pick a day and turn up. So the preference was that they have a meeting and in each six-month period Leasa attends a meeting of Housing managers in each of the regions and raises with them the issues that have been brought to her attention by clients and asks the Housing managers for issues that they have, just to have that flow of information.

MS BRESNAN: Has that been put in place with the actual training?

Ms Franklin: Yes.

MS BRESNAN: Training, in terms of making sure that Housing workers understand and know how to deal with particular issues, has not been something which has been happening?

Ms Franklin: No, not recently.

MS BRESNAN: Having that feedback, does that become more of a one-way flow of information rather than changing how they might do things by the concerns you are raising?

Ms Mayes: I am not sure. Sometimes I do notice particular things where they do some follow-up. We might send them information. It does happen. Some things that are of interest to the Housing managers are often followed up on, for sure. But it is very difficult to find out why the communication issues are still occurring. If we knew, I guess we would know where to target or how to address it. It might just be how individuals handle things. All we can do is raise it—that it is important that people do have that information back—or we can say to them that the person did actually try to contact you. If there is no record of it, it is their word against—

MS BRESNAN: You said about the record; it has been raised in a number of submissions that there is no record of these sorts of things. Is that something you have found to be a systemic issue?

Ms Mayes: Yes, and it is very serious because if Housing have to present their side to the tribunal, the ACAT, Residential Tenancies Tribunal, it looks like the person has not been cooperative; it almost looks like they have not been engaging with Housing. So it can look quite bad for the tenant, even if they have tried to make contact, and I think that is quite a serious issue.

Ms Franklin: If they put in their rental rebate, a client then assumes that something has happened with that and it has been taken care of and they pay their rent on that

basis. But they are not getting the feedback about it. It happens occasionally that it gets lost or missing and they do not find those things out until quite far down the track.

THE CHAIR: You have been there for 11 years, as I understand, so you must have a pretty good understanding of the needs of the people you are dealing with. Do you have a list of people who are regulars, if you like, or do you help one group and then never hear from them again?

Ms Mayes: Occasionally people use our service again, definitely.

Ms Franklin: We have a range, from people who come one off to get information and are happy to go off and work with that, to people who might come over a period of a couple of months and things get resolved, to clients that we have had for a number of years because they struggle to be able to work it out—

THE CHAIR: That is what I am trying to dig down to.

Ms Franklin: All across the spectrum. Perhaps Leasa's might be more at the end of needing longer term support.

Ms Mayes: I do often have people who come in because of those communication issues, like a family who came in to do their rebate and they wanted to make sure it got there. They just wanted a witness, I guess, to that process, so they wanted everything recorded, they wanted assistance to lodge it because they felt like it had not worked for them over many years, twice a year, to do the rebate. Some people come in and just want that witnessed because they have had a bad experience.

THE CHAIR: I understand your position is Housing Financial Counsellor. What about credit card control and things like that? Are they also issues that you contend with?

Ms Mayes: Yes. People come about a whole range of issues. Sometimes personal loans or credit cards or a change of circumstance can mean that the person's entire circumstances need to be looked at it. We do all of that as well.

Ms Franklin: It is very rare for someone to come being behind in their housing without having a range of other debts—

Ms Mayes: Electricity bills—

Ms Franklin: Electricity, yes, and credit cards are huge.

THE CHAIR: You mentioned that a lot of them do not have landline telephones but have mobile phones. Is mobile telephone debt becoming less prevalent? As I understand it, there is a lot of education going on with prepaid cards but a lot of people did build up substantial debts through the usage of mobiles. Is that still happening?

Ms Franklin: It does still happen because I think there is a problem at point of sale where people do not really understand contracts that they sign up for and it is quite

complex. We also have people who sign up for more than one contract because they do not understand how difficult it is or that they cannot break a contract. They get offered a better deal with a better phone and they take that, not realising that they are then locked into two contracts. There is a huge amount of education that still needs to happen at that point, so mobile phone, telecommunication, debt is quite prevalent amongst our client group.

THE CHAIR: And are you in a position to renegotiate contracts with telephone companies if that is the case—

Ms Mayes: Yes.

THE CHAIR: where they have signed up for excessive contracts, for instance?

Ms Franklin: Yes, or take matters to the Telecommunications Industry Ombudsman if we believe there has been a misrepresentation around a contract. Yes, we follow up all of that.

MS BRESNAN: You mention in your submission about the asset management plan and obviously that is fairly overdue. You have mentioned the need for that. Is that particularly important because of the issues you have listed here around property maintenance and the age of properties and that sort of thing, about having that plan so that we have an understanding I guess about the overall housing stock in the ACT?

Ms Franklin: Part of this is around the fact that there is a lot more utility stress and there are houses that have such inefficient heating, for example. There are a lot of things that could be done to improve the quality of the house for someone to live there and it might mean that it reduces some of their costs in the longer term. We think from that point of view that it is really important, particularly as there is a lot of ageing stock. Leasa, you might want to add to that around the other issues.

Ms Mayes: I think the main thing is about the quality of the properties. I often go to Actew because a client has had a \$1,000 or \$2,000 electricity bill. Obviously there is something going on in the property to lead to debts that large. I have also assisted people to make complaints about particular things like heating and it has often been found that the thermostat is not working correctly and then the thermostat is removed from the heater, so then there is no way to gauge when that should cut out. That is quite a common issue.

The other issue which I guess is a little bit separate from the maintenance of the stock and which might also be a communication issue rather than a stock issue is when there is damage to a property and we request that that damage be reviewed. Often it is just not done. Often I have put in a request—I have three at the moment and one I put in in November last year and it still has not been looked at. That is with stat decs to say that this is what happened to the property.

MS BRESNAN: November last year?

Ms Mayes: Yes, and every month I contact them to ask if there is an outcome. Often in the past I have closed the file before an outcome has been received, and often years

later if I happen to see that person again it is raised again. That is with contact about every one to two months to find out whether it is going to be removed or if Housing have made a decision to not remove it. We get no outcome at all. I do not know whether that is not a priority; possibly that is the case.

MS BRESNAN: You have also raised sundry debts of the clients. Do you think because there might be that long lag between someone identifying there is a problem and then it being actioned by Housing that that could potentially get recognised as damage that the tenant has done when it has been a problem for a long time?

Ms Franklin: That is the exact issue: it is raised as a debt against the tenant and we have asked for it to be reviewed because of the reason it came about and nothing happens. But it stays on their record as a debt from that period of time.

MS BRESNAN: Have you found that to be fairly common?

Ms Mayes: Very common, yes. I have a lot of cases and often years later if I am working with the same client—I used to assume that it must have been removed and the clients have often assumed that the debt has been removed, but often we will get the sundry account and see that it is still there. That is when I have found that it has not even been looked at. Then I start the process again to try and get it looked at. But we often do not hear any outcome at all. The usual response is, "I'll get somebody to look at it" and then I hear nothing, and a month later I will ask again and they will say, "I'll follow that up for you." But very rarely is there an outcome.

MS BRESNAN: Sometimes you just do not hear at all what is happening.

Ms Mayes: Only that I raise it continuously.

THE CHAIR: In point 6 of your submission you talk about the problematic situations where a tenant receives a notice to remedy and tries to make contact with their housing manager with no success and then Housing serves the tenant a notice to vacate. How many of these notices to vacate actually lead to eviction for your clients?

Ms Mayes: For the people I see, very few actually lead to eviction.

Ms Franklin: That is largely because they do come to our service. We do not what happens and they do not—

THE CHAIR: I understand.

Ms Mayes: It leads to having a tribunal order on their tenancy for 12 months, usually.

THE CHAIR: You also mention that there do not seem to be enough records kept, if I understand you correctly. I think it was your opening statement. You do not feel that enough information is being kept by the housing managers. How serious is that?

Ms Mayes: That issue usually comes about in the kind of situation where the tenant rings because they have received something and they are concerned. Maybe the reception staff or somebody else takes the call and says, "I'll pass it on to your

housing manager." Often there is no record of those on the person's—

THE CHAIR: No file note.

Ms Mayes: No.

Ms Franklin: So if a matter ends up in the tribunal it looks like the tenant has made no effort to make contact, but that is not in fact the case. It reflects poorly when it gets to the point at which they are working out whether an eviction will happen or not.

THE CHAIR: Do the clients themselves keep file notes of these calls?

Ms Mayes: Sometimes they do, sometimes they do not. If I have been working with people for a long time I usually suggest they make a note of the date and the time they called and what the outcome of that contact was—what the person said to them, and to get a name, if they can.

THE CHAIR: I also note that clients are also saying that this problem is exacerbated by the fact that the managers change quite frequently as well, so there is no continuity.

Ms Mayes: Yes, they say that to me quite a lot. Sometimes they have spent a lot of time explaining their circumstances to somebody and then somebody else comes in. They might say, "You didn't tell us that you had somebody move in," and they say, "I told the other housing manager." There is no record so we really do not know what has happened.

THE CHAIR: Just one other question on the communication issue: is there ever a language communication problem or is that not part of the communication we are talking about—it is simply not being able to talk to the people they are required to talk to in management? Or are there other social communication issues as well?

Ms Mayes: I am just talking about being unable to contact, so messages not received. There could be, but I do not have any particular examples of where it has been difficult.

Ms Franklin: Obviously we have some clients from CALD backgrounds and that is like an extra layer of difficulty when there is that communication barrier. Quite outside of that there is a lack of effective communication across the board at the moment.

Ms Mayes: It would be much more difficult if there was a language issue as well.

THE CHAIR: We have reached the end of our allocated time. Thank you very much for coming in. A full copy of the transcript of this part of the hearing will be given to you. If there is anything else that comes to hand that you think would be useful for the committee to consider we would certainly appreciate any other information you could send through.

I should have mentioned at the outset that there are only two members here at the moment. Normally it is a three-member committee but one of our members,

Mr Hargreaves, could not make it today. We extend his apology to you.

Ms Mayes: That is no problem. Thank you.

MERRYFULL, MS DIANE, Senior Assistant Ombudsman, ACT Ombudsman's office

HARDY, MR MICHAEL, Senior Investigation Officer, ACT Ombudsman's office

THE CHAIR: Welcome to this second public hearing of the Standing Committee on Health, Community and Social Services inquiring into the provision of social housing. Ms Merryfull and Mr Hardy, thank you for coming along. Just before we get into the questions that we would like to pose, have you had a chance to read the privilege statement that is before you? If you would not mind just having a look at that?

Ms Merryfull: That is fine.

Mr Hardy: Thank you.

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

Ms Merryfull: If I might. As Senior Assistant Ombudsman I have responsibility for ACT and other territory matters, amongst other things. On behalf of the Acting ACT Ombudsman, Ms Alison Larkins, I want to thank the committee for the opportunity to be heard on this matter.

The ACT Ombudsman's office investigates complaints about administrative actions of ACT government agencies under our act. Under the Ombudsman Act 1989 we have extensive powers to review government agency records to investigate how an agency has dealt with clients who make complaints to us. We conduct our investigations privately, independently and impartially. It is important to note that we are not an advocate or an advocacy service for the complainants but, on the other hand, we are not an apologist for the agency.

The point of our investigations is to find out what happened in the complainant's case and to establish whether the agency's actions were lawful, fair and reasonable in all the circumstances and, where we can, we try to obtain a remedy for the complainant, which might be expediting process, providing an apology or considering compensation for a tangible financial loss.

If we find that an agency has gaps or flaws in its policies or procedures, especially where those gaps might lead to similar issues or problems happening in future, we draw these observations to the agency's attention, the executive of the agency. We might recommend that it changes the way it does things, that it changes it policies and procedures. Sometimes, if we think it is in the public interest to elevate an issue of concern, we will publish a formal report. That is, of course, what we have done in the case of the formal report that you have got in front of you—Assessment of an application for priority housing.

Complaints about ACT housing are our second-most frequent complaint topic, but this should not be interpreted necessarily as an indication of the performance of Housing ACT. It might be an indication of the number of clients and the kinds of clients that they service, the range and the complexity of the issues confronting the clients, the socioeconomic demography of the clients and perhaps the perception that these clients are in a crisis situation.

As you can see in the appendix to our submission, we investigate fewer than a quarter of the complaints that we receive. That is not a statistic that is out of whack with the way that we operate in the commonwealth jurisdiction as well. The reason that we would not investigate a complaint would include that the complainant has not approached Housing ACT directly in the first instance to try and seek a resolution. It is a very common response to a complainant: "Have you been to Housing ACT? Have you tried to resolve it with them first? If you haven't, try it with them first."

Sometimes we will not investigate because the complainant has not provided sufficient details for us to determine that there is actually a matter for us to investigate. Sometimes, on the face of the documents that the client has given to us, it is clear that the agency has handled the matter reasonably so we would not investigate it.

Sometimes we might get a complaint where there are issues we are aware of, where we know that there is a problem in the agency and that the agency is trying to resolve it. So we might say to a complainant: "We know the agency is trying to sort this problem out. We won't investigate it because we already know that there is something in hand to address it." Generally, if we decide to investigate a complaint it is because the complainant has told us that they tried to resolve the matter with Housing ACT but substantial matters remain unresolved, or they have tried to resolve it and the outcome has been unsatisfactory to them.

We do understand that currently the demand for low cost housing significantly outstrips housing stock. I am sure you have heard that from other people. As the agency that is responsible for allocating and maintaining public housing, Housing ACT inevitably becomes the focus for many dissatisfied clients—those who have to wait for a suitable public housing property to become available and those whose properties are in a poor state of repair.

The Ombudsman's office has a key role to play in assisting government agencies to adopt and implement best practice in public administration. We know that improved administrative processes will not go towards making more housing stock available, but improved client engagement can ameliorate the levels of dissatisfaction and distress that the complainants report to us while they are waiting for their housing to be allocated or to be repaired.

Our focus, both in the report that you have got in front of you and in our submission to this inquiry, has been about the need for Housing ACT to continue to build on and improve its policies and procedures in relation to client engagement. In our view, it is in the best interests of Housing ACT and its clients to ensure that the processes are transparent, accountable and responsive. We continue to work with Housing ACT to help them identify administrative blockages that hamper positive engagement with clients. I am happy to take questions.

THE CHAIR: Thank you, and thank you for the detailed submission that we received and all the relevant details that it contains. If I can refer to the executive summary for a start. There is a complaint that you have looked at in terms of an application for priority housing. Based on your investigation of Ms A's complaint, in this instance you have formed a number of views which are documented here. What actually

happens when you have completed the investigation? What happens from that point on? Do you go back to the department and say, "This is our point of view"? What actually happens from your having completed the investigation to saying, "The client is being looked after"? What is the response and the relationship between Housing and you?

Ms Merryfull: If you are referring to Ms A, the subject of a particular detailed report—

THE CHAIR: Yes. Let us take that as an example.

Ms Merryfull: We would complete an investigation, set out our findings and recommendations and send a draft to the agency. Obviously that is for procedural and fairness reasons and also to give them an opportunity to comment both on the factual findings that we have made and on our recommendations. Typically, we would have a dialogue with the agency about that and they would send us their comments. At that point we might proceed to finalise a report without changing it, including the recommendations, or we might adjust our recommendations or some of our factual findings.

In this instance we adjusted our recommendations a bit and finalised a report on that basis. After some period of time—this report was only finalised in the middle of the year—we will typically go back to an agency and say, "You have agreed to do something." The agency will respond to us and say, "We agree with your finding and we will do this," or, "We disagree with your finding and recommendation and we won't do what you've recommended." Typically, after some period of time—which has not happened yet in this case—we will go back to an agency to follow up and see whether they have done what they said they would do in terms of implementing our recommendations.

In relation to the client, as you know, of course, we do not have any determinative powers; we only have recommendatory powers. This particular report was about systemic issues. I do not believe we made a recommendation specific to the client.

Mr Hardy: Not in the report, no.

Ms Merryfull: Not in the report, no. Typically, in a matter like this, we probably would not recommend an outcome for a client because that is not really our place. Our place is to look at the procedures. We might recommend that they reconsider a matter, that they go back and get more documentation and that they reengage with the client. It is about their processes and what they have done in their processes in those circumstances. We would not recommend, for example, that a client should be housed in a particular way.

THE CHAIR: I guess by the time a client comes to you there has been a lot of discussion between the client and the department and their motivating factor to come to you is that there is an impasse, obviously.

Ms Merryfull: Yes.

THE CHAIR: In this instance, this took place in December 2009. It is now December 2011. Are you saying there has been no further contact?

Ms Merryfull: I do not know. Has there been an outcome for this client?

Mr Hardy: In this particular case, through our investigation we ultimately reached disagreement with ACT Housing. ACT Housing's position was that they had administered the client's application appropriately and fairly and in accordance with policies and procedures. We reached the view that the policies and procedures were deficient and this particular instance reflected those deficiencies that we felt were in the policies and procedures.

I do understand that ultimately this person was appropriately housed and I believe that we have had no further concern over this particular client. Nevertheless—and this is the reason we decided to proceed with the published report—we felt that the internal processes that affected this client had gaps in them and there were flaws in those internal processes. We felt it was important to raise that in the public domain as an example of the sorts of policies and processes that could actually result in a poor outcome for a client, even if they were being implemented in the manner that the agency believed they should be implemented.

THE CHAIR: I guess my question comes back to what you said in your opening statement, that obviously you do not represent the department; you represent the person who comes to you.

Ms Merryfull: We do not represent anyone. What we try to do is impartially investigate.

THE CHAIR: That is what I am getting at. You are an impartial authority or body that looks into the complaint that was made. If you have come up with some fairly strong detailed issues regarding the way the complaint was looked at from your point of view and made some recommendations and the department does not agree with the independent assessment, what happens at that point?

Ms Merryfull: Then it is a matter that we might continue to report on and bring to your attention and the attention of the head of the agency. As I say, we are a recommendatory body, not a determinative body. Matters around allocation and priority of housing continue to be a very common cause of complaint. Again, the processes around that continue to be of interest to us. So we continue to call it as we see it and continue to report on it if we see that the processes have not improved to the extent that we think they should and they continue to cause complaint.

THE CHAIR: Would you have the authority to refer this to the highest level within the department itself?

Ms Merryfull: Yes. Typically, these reports go to the chief executive of the agency. I would be very surprised if the chief executive of this agency was not aware of this report. Typically, once we have done a formal report like this we communicate at that level, not at the officer level.

THE CHAIR: Thank you.

MS BRESNAN: In relation to the gateway quality improvement project, we had the government appear and they said this was one way of dealing with this. It was basically in response to your recommendations. They said, "We feel this is going to deal with some of those issues." I am interested in what your view is of that project. Do you feel that that project will adequately address the recommendations you have made and has it made any noticeable difference at all?

Ms Merryfull: The first thing to obviously be aware of about complaints is that they are a lag indicator. The gateway project is a relatively recent implementation so we would not necessarily expect to see—I think you mentioned earlier that they complain and they come to us after a while—anything quantifiable at the moment. Some of the initiatives in the gateway project will deal with some of the matters that we raised in the report. Others, though, go to process. They would be matters around services talking to each other and helping the client through the process. As you will recall from our report, there were issues around helping the client to fill out forms and dealing with that.

The gateway project should help with that, but we do not yet know the discernible impact. Some of our recommendations around processes, recording, transparency, accountability and record keeping, for example, will not necessarily be addressed by the gateway project, and I do not think it is meant to. It is more about helping the client through the process and providing a seamless service. Some of it might if it is implemented properly, but we do not know yet. Some of it will not necessarily.

MS BRESNAN: The government did say, when I asked, that they were working with you through the implementation. Is that right? Are they actually working with the Ombudsman's office along the way in implementing the project?

Ms Merryfull: Michael, you have more day-to-day contact with Housing ACT.

Mr Hardy: I do. As well as our complaint investigation role we also conduct regular liaison meetings with a particular business unit within Housing ACT, which includes the staff that have been setting up and doing the implementation of the gateway model. So in those liaison meetings we discuss those areas of concern that have emerged to us in the complaints that are current and on hand. There is certainly discussion at those meetings.

During the development phase of the gateway services project we were given a copy of the planning paper and were asked to comment on that. We provided some feedback in that liaison meeting situation. I think we could see that, as a changed model of client service, it was likely to have an impact on the issues that were raised. Whether it would be a solution or whether it would be adequately addressed we can only wait and see what the outcomes would be.

MS BRESNAN: Time will tell.

Ms Merryfull: We do not get regular written reports or anything like that from them about how it is being implemented and how many clients they are seeing. I do not

know if they keep those reports on how many new clients they are seeing and so on.

MS BRESNAN: One of the things I did ask them was whether or not it would be externally reviewed or whether or not there would be a role for the Ombudsman's office to do that. They seemed to indicate that perhaps there might be a role for the Ombudsman's office. I am just wondering whether that is something they have discussed with you at all.

Ms Merryfull: No.

Mr Hardy: Not in a formal sense, no.

Ms Merryfull: Not in a formal sense.

THE CHAIR: At the end of the executive summary you state:

This is by no means an isolated case. Over recent years, the ACT Ombudsman has investigated complaints by public housing applicants and tenants who have been disadvantaged by flaws in Housing ACT procedures.

Without reading all of it, you state:

Because this investigation is so illustrative of those administrative flaws, the Ombudsman has decided to make this report publicly available.

That is one of the courses open to you. The question is: what other options are there available to you? Is there any other agency that you can refer this to?

Ms Merryfull: This would normally be the way that we would bring our concerns to the attention of—

THE CHAIR: Put it into the public arena.

Ms Merryfull: Yes. Of course, these are public reports. The Ombudsman's power is like a moral authority. When we go to a public report that is when we have really got something to say and we think it is in the public interest to be brought out. That is the ombudsman model—that is, to investigate and resolve complaints but also to report publicly where we think that it is in the public interest to do so.

THE CHAIR: Obviously that is part of the reason for our inquiry. That is what we are looking into at the moment. I guess I am just trying to find out whether there is any other mechanism that perhaps we should be looking at in terms of which organisation this should or could be referred on to, apart from the public aspect of it. Do you have any thoughts on that?

Ms Merryfull: The only other alternative is another determinative model which would make appeals from decisions to not put you on relevant lists or into the relevant category, for example. That is a big call to have a determinative model that would come in over the top of the processes that are already there. I am not aware that there are examples of that happening.

THE CHAIR: You have made a number of recommendations. Are these recommendations in order of priority?

Ms Merryfull: No, they are normally in terms of going through the narrative and the story about what happened here and what happened there. Often the recommendations will be based on a particular process. So it will address individual processes and recommend: "for this process you do this" or "for this process you do that".

THE CHAIR: We have had a number of complaints regarding the lack of records kept by the department. That seems to be fairly consistent evidence that has been put before us so far. Do you have any comment to make on that?

Ms Merryfull: We would agree with that. That is something that we commonly see in the complaints to us.

Mr Hardy: The comment I would make is that the story that we receive is a tenant has contacted the Housing manager about a matter, or they tell us they have contacted the Housing manager about a matter, the matter is not resolved and when we have investigated there is no record, or there is an inadequate record, of contact having been made or, if contact was made, what the substance of the matter was. We are not in a position to verify one way or the other whether or not the complainant did raise the matter or has actually tried to resolve the matter through the Housing manager.

Ms Merryfull: If a complainant tells us something, we do not necessarily assume that that is correct. We typically go to the agency and look for the record. It would often be the case that there would not be a record. As Michael said, we would not necessarily assume, unless there was other evidence, that one side or the other was correct about that.

MS BRESNAN: It is a fairly common thing that you have found in terms of the complaints you have investigated. There is a general lack of records being kept, particularly, as you said, if someone has contacted Housing and said, "I have a complaint," or, "I have an issue."

Mr Hardy: That expression from tenants, "I've tried to discuss it with my Housing manager," or, "I've discussed it with my Housing manager," and then finding that there is not really a record of it having occurred does recur. Whether it is common or frequent I would not put an adjective on it, but it does recur.

MS BRESNAN: On a separate issue, one of the things you have raised in your submission to the inquiry specifically is about complaints indicating that Housing ACT does not have the capacity to make requirements for applicants who have high specific needs and do not fit into what would be called "disability". Is that something that you have found to be a regular occurrence over time?

Mr Hardy: I would not call it regular, but it is an interesting one that has cropped up. It presents a difficult impasse for Housing ACT. Certainly for those issues that are recognised disabilities, yes, they do have properties that are wheelchair accessible and they do try to allocate those properties appropriately to people with those needs.

We have had this interesting case where people present with other conditions that do not fall in that spectrum. Housing ACT are in a very difficult position to (a) find housing stock that meets that person's needs and (b) have a reason to hold it for that particular client, particularly if there are others on the priority list above that client in greater need to be housed.

MS BRESNAN: Do you think the age of the stock has an impact? Because it is an older property it might not have those preconditions.

Ms Merryfull: Michael has alluded to a case where there were very specific issues. We would not know and would not be able to comment on whether—it was such an unusual range of issues that that person had—it would be reasonable to expect that Housing ACT would have, no matter what the age of its stock, a particular property that would be suitable for that person's very particular needs.

Mr Hardy: I would just add that in that particular case the conversation we had with Housing ACT at the time was, "Is there provision within the policy and the budget to actively seek out and purchase a property that would be relevant to this person's needs?" I think the outcome of that was "probably not".

MS BRESNAN: Thank you.

THE CHAIR: I note the response from the department to the recommendations. I think they have agreed to a couple, agreed in principle to two and disagreed with the fourth. Has there been any further discussion between the Ombudsman's office and the department or have they just sent that back to you and that is where it is at at the moment?

Ms Merryfull: As I think I mentioned, our normal process would be to allow an agency time to implement recommendations like this in a report. We would not quite be going back so soon. I am not aware that they have actually proactively come back and said, "Just to let you know that we've done X, Y and Z."

Again, that is not necessarily an uncommon thing with agencies and it will probably require us to go back some time early next year and say: "In relation to those recommendations, can you give us an update? You agreed to implement this. Can you give us an update on what has happened?" We will probably do that in the first quarter of next year.

THE CHAIR: They have disagreed with recommendation 4. Do you have any thoughts on that?

Ms Merryfull: Again, agencies disagree with us sometimes. We did adjust the recommendation a bit based on the discussions but, still, it is disagreed. They were quite firm about that. There is not much we can do except keep an eye on that problem and see if it continues to generate complaints.

THE CHAIR: My final question regarding the way you revisit the particular case—I know you do not represent the individuals who come to you—is this: would you ever seek to find out from them how things have been resolved from their point of view?

Ms Merryfull: I do not know if we do that as a matter of practice. Sometimes we go as far as we can go with a complaint and then we will close the complaint. Sometimes the complainant will come back to us.

Because we are not a welfare service we do not follow up with complainants on an ongoing basis: "How are you going? Did you ever get that house?" That is not our role. Our role is to resolve and, if necessary, make recommendations about practices and procedures to improve them in future.

Mr Hardy: What I would add to that is that generally when we have received a complaint, particularly about the allocation process or the assessment process, we focus on: "Is this person's application on the right track? Is it being engaged with? Is the appropriate procedure being followed?"

Once we are satisfied that the person's application or the client is now being engaged appropriately according to the policies and procedures, at that point we will generally advise the client that we now believe that the agency is handling their matter appropriately and at that point we will disengage from the matter with the client.

The complainant is always welcome to contact us again further if they feel that there is still an unsatisfactory process or an unsatisfactory delay. Once we form the opinion that that person's application is now on the appropriate track according to the policies and procedures that is the point at which we step back from the process.

Ms Merryfull: In terms of an outcome—that they actually get the house in the end or the housing that they need—that is something that we really cannot be involved in. It is really about the administrative procedures being handled appropriately by the agency.

THE CHAIR: I guess that is where I am coming from. I am not asking whether the client is now satisfied that you have met all their needs, but whether the process has been fixed enough for the client to be more comfortable with what is taking place.

Ms Merryfull: Typically, we would hope to. Our job is to resolve complaints, so we would, typically, hope to get to a situation where we have resolved that aspect of their complaint—that is, the way their application is being handled. But, of course, the wider complaint may be "I don't have my housing". We cannot help them with that.

THE CHAIR: Thank you. Again, we have reached the point where it is time to move on from questions we want to ask. Just a final question to you: is there anything else that we have not discussed that you wanted to highlight or bring to our attention?

Ms Merryfull: I do not think so. We tried to be as helpful as we could in our submission to the inquiry and give you some substantive material in terms of the actual complaints that we deal with. As I say, it continues to be our second-highest level of complaint issues. We will continue to work with Housing ACT to see how we can improve things.

THE CHAIR: We thank you very much for taking the time to meet with us today.

Ms Merryfull: Thank you for the opportunity. We are always pleased to come and talk to the Assembly.

The committee adjourned at 12.22 pm.