



COMMUNITY SUPPORT AND SERVICES COMMITTEE

Members present:

Mr A Tantari MP—Chair
Mr SA Bennett MP
Mr MC Berkman MP
Ms CL Lui MP
Dr MA Robinson MP
Mr RCJ Skelton MP

Staff present:

Dr A Lilley—Assistant Committee Secretary

PUBLIC HEARING—INQUIRY INTO THE PROVISION AND REGULATION OF SUPPORTED ACCOMMODATION IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

Friday, 23 February 2024

Brisbane

FRIDAY, 23 FEBRUARY 2024

The committee met at 9.00 am.

CHAIR: Good morning. I declare open this public hearing for the committee's inquiry into the provision and regulation of supported accommodation in Queensland. My name is Adrian Tantari. I am the member for Hervey Bay and chair of the committee. I would like to respectfully acknowledge the traditional custodians of the land on which we meet today and pay our respects to elders past and present. We are very fortunate to live in a country with two of the oldest living continuing cultures in Aboriginal and Torres Strait Islander people, whose lands, winds and waters we all share. With me today are Mr Stephen Bennett MP, member for Burnett and deputy chair; Mr Michael Berkman MP, member for Maiwar; Dr Mark Robinson MP, member for Oodgeroo; Ms Cynthia Lui MP, member for Cook; and Mr Robert Skelton MP, member for Nicklin.

This hearing is a proceeding of the Queensland parliament and subject to the parliament's standing rules and orders. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath or affirmation, but I remind witnesses that intentionally misleading the committee is a serious offence. I also remind witnesses that they should not use the name of a person or organisation unless strictly necessary to render the question intelligible and it can be authenticated.

These proceedings are being recorded and broadcast live on the parliament's web site. Media may be present and are subject to the committee's media rules and chair's directions at all times. You may be filmed or photographed during the proceedings and images may appear on the parliament's website or social media pages. I ask people to turn their mobile phones off or to silent mode. We have a really tight agenda today, so I will be asking for opening statements of around three to five minutes. Then each witness will be asked some questions. If we can stick to those time lines, we will get through and everybody will get to have their say.

ALEXANDER, Ms Matilda, Chief Executive Officer, Queensland Advocacy for Inclusion

ARMSTRONG, Ms Paige, Consultant, Queenslanders with Disability Network

MACLEAN, Ms Alison, Consultant, Queenslanders with Disability Network

MOSS, Ms Michelle, Chief Executive Officer, Queenslanders with Disability Network

VEERABHADRA, Mr Vinay, Senior Solicitor, Queensland Advocacy for Inclusion

WIGGANS, Ms Sophie, Systems Advocate, Queensland Advocacy for Inclusion

CHAIR: Good morning. I invite each organisation to make an opening statement. Then the members will have questions for either one or both organisations.

Ms Alexander: Good morning. Thank you for the opportunity to take part in this public hearing. My name is Matilda Alexander. I am the CEO of Queensland Advocacy for Inclusion. We would like to begin by acknowledging the traditional owners of the land upon which we meet here, the Turrbal and Yagara peoples. We would like to acknowledge the experiences of First Nations Australians with disability and the intersectional disadvantage they experience. We pay our respects to First Nations elders past and present and in particular to our president, Byron Albury.

Queensland Advocacy for Inclusion, QAI, is an advocacy organisation and specialist community legal centre for people with disability. QAI has a 35-year history of campaigning for the deinstitutionalisation of people with disability, because people with disability deserve to be in every part of our community and our community is richer for having people with disability included.

To assist this inquiry, QAI conducted over 30 visits and spoke to over 200 residents. It was common to hear people say that they were too scared to make a submission for fear of losing the roof over their heads. It was also common to hear people say that they had no idea what services their money was buying. We heard of 30 people sharing three toilets and three showers; of a hot-Brisbane

water system that had not worked for more than two years; of people unable to leave their rooms; of unpaid labour; of people spending upwards of 20 years in accommodation designed to be temporary; of injuries and requests to call an ambulance that were ignored; and of a restriction of money, identification and communication devices due to behaviour that is not considered pious or Christian. We heard of people who are hungry, people exposed to drugs and violence and people self-harming. We saw rats and cockroaches. We saw loneliness and disconnection, dirt and mould. We felt the extreme of this summer's heatwave natural disaster, exacerbated by poor design and unmitigated by fans or air-conditioners. While not every place was like this, it was evident in every person's story that the tenants had little power over their own lives.

Research commissioned by the disability royal commission concluded that congregated accommodation settings such as institutions, hostels and boarding house like facilities need to be closed. They are unsafe and unable to deliver on the expectations of, and obligations imposed by, the United Nations Convention on the Rights of Persons with Disabilities and the objectives of the National Disability Insurance Scheme Act.

International human rights law defines both institutionalisation and its opposite, adequate housing. From the UN guidelines on deinstitutionalisation which QAI—both myself and Sophie—participated in drafting at the UN in New York a few years ago, there are certain defining elements of an institution, such as: obligatory sharing of assistance with others, and no or limited influence as to who provides the assistance; isolation and segregation from independent life in the community; lack of control over day-to-day decisions; lack of choice for the individuals concerned with whom they live; rigidity of routine, irrespective of personal will and preference; identical activities in the same place for a group of individuals under a certain authority; a paternalistic approach to in-service provision, supervision and living arrangements; and a disproportionate number of persons with disabilities in the same environment.

On the other hand, a general comment on the right to adequate housing says that a home is defined as having security of tenure, availability of service, affordability, habitability, accessibility, location and cultural adequacy. We would add 'accountability' to this list, in recognition of the complicated framework of regulation and massive gaps identified initially by the OPA report prior to this inquiry and confirmed by what we saw in our visits. We would also see a vital need for disability advocates to be funded to ensure residents are adequately represented in their needs and wishes.

Our submissions convey the experiences of the residents we spoke to—in particular the confidential submission provided—and they also convey the work we have been undertaking in this space for 35 years. What is needed is a way through this complicated issue to support people and to ensure access to homes that are safe, suitable and appropriate. QAI strongly recommends, as did the DRC, that we transition people away from boarding houses and towards community-based supports with real choice and control. This will result in lives where people can live in the community and fulfil their goals. The only way to do this transition is to invest in the people currently residing in these accommodations. We want to see a future of supported people, not institutions. Thank you.

Ms Moss: Good morning. Thank you to the committee for the opportunity today. I, too, start by acknowledging the traditional owners of the land on which we meet and pay my respects to elders past, present and emerging. I also acknowledge people with disability. I am here today with my colleagues Paige and Alison.

Having a place to call home is a fundamental need and human right. It is important that people have rights, choice, control and inclusion. QDN also believes that it is important that, where people live and where people need support to live in their home, there is separation between who provides the support and who is the landlord. For almost 8,000 Queenslanders, supported accommodation facilities are delivering a model of housing and support, and they have done so for many decades, for many people in need, particularly people with disability. However, QDN notes that, whilst supported accommodation was always intended to be transitional accommodation and support as part of a suite of options within the housing and homelessness services, they have now evolved into facilities where, across a number, there are many long-stay residents who have been there one to five years, and some have been there for 10 years or more.

The year 2024 is a significant moment in history, one of change and reform across disability with the disability royal commission and the NDIS review. QDN has supported people in supported accommodation over many projects over the last decade, including most recently in the 22 facilities supporting over 750 residents, and we have engaged over 50 times in visits to these facilities to give people information about the inquiry and support people who want to make an individual submission. I wanted to raise a few key issues today.

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For supported accommodation residents, we know that largely people are referred through state government services such as health, mental health, corrective services, the departments of communities and housing, as well as NDIS support coordinators and the Office of the Public Guardian. However, there is little focus of this referral being seen as part of a transitional arrangement, assisting people to have choice and support going forward outside these existing facilities. There is little support about how to have those planning conversations with people about their supports and their housing. Whilst agencies are very well versed in referring residents into these facilities, people have told us about the challenges they experience in trying to access fundamental supports like health, mental health, housing and the NDIS. We know that this becomes critical when people become unwell, when they become escalated and have issues and they cannot access those appropriate health and mental health services. We see that it is critical that there are referral pathways that are immediate and that people are able to work in an integrated way to deliver services to residents and the supports that they need.

QDN supports the DRC recommendation for the need for planning with residents around their accommodation support arrangements. We that know in the 22 facilities we visited about 75 per cent of people were on the NDIS; however, few people were able to tell us that their plan had a focus on home and living supports. We heard about people not being able to access the supports they wanted on the weekends. We heard about people turning up to do community access shifts where they sit and watch TV with the person, and this does not equal a definition of 'quality disability support'. Many people told us that they do not feel safe and that they do not have privacy or dignity. We saw that 20 per cent of people did not have any supports at all. We think it is critical that this is immediately addressed.

We need change. We need to support people to have a voice and a say and that it is done in a safe way. We need to support people to understand their options around housing and support so they can make informed decisions going forward, and people without supports need additional supports. It is critical that there are coordinated, collaborated and integrated supports across all of those systems of health, mental health, housing and the NDIS and that those supports are provided to people where they need it, when they need it and how they need it. It is critical that there is monitoring and that there are safeguards in place. Most importantly, we need to make sure that people living in supported accommodation are not further disadvantaged by the digital divide. We know that people are being left behind in getting access to basic information and the supports they need to know how to use devices and access information and get supports. Most importantly, people with disability, from the beginning, need to be part of the design, delivery, monitoring and evaluation of services. I would like to hand over to my colleague Alison, who will also make some opening remarks.

Ms Maclean: I lived in level 1 supported accommodation in inner-city Brisbane. I had my own bedroom, but I did not really like that as people would barge in and I did not have my privacy. Where I lived, I had to share a bathroom with other people. Sometimes I had to wait hours to use the washing machine. There was a kitchen that we could use, but there was no-one there to teach me what to do or help with my independence. I want to tell you about my life now.

I live in my own one-bedroom department of housing unit with my dog, Banjo. I have my privacy. I can do what I want when I want and I have my own bathroom. I can do my washing when it suits me as well as cooking in my kitchen and have my support workers to help me with support I need when I need it. I am on the NDIS and have choice and control about what happens in my own life. My support workers support me in different ways with personal supports, doing shopping and going to appointments, and they help me learn a lot of new skills. I now want to share with you about the work that I have done with QDN.

I am part of the QDN team that worked with residents in the level 3s in different places across the south-east. We gave people information in a fun way and told them all about the inquiry. It was important for us to let them know that we did not work for the government. We gave people a chance to have their say. What did we hear? We heard from lots of residents. Some of the things that stood out for me were: people did not like the lack of food choices. Some people told us about their health conditions and how the food did not cater for their needs. Some people said they did not like that they did not have a choice about who they lived with and where they lived. Some people said they wanted to move. Some people said they were paying more money than other people and they did not know the benefits they were getting. I think it was very confusing for people. I heard people talk about being on the NDIS. Some people said they did not get the support they needed. Some people told me about their dreams to get a job or volunteer. Some people talked about wanting to go out more so they could meet people and make friends, but they said that their NDIS supports were not helping them with that. Other people told us about having no other supports, just what the staff of the level 3s helped them with.

I hope this inquiry can get better outcomes for people living in level 3s as well as other people in 1s and 2s. I think it is really important as a person with disability that residents can have a voice. People need their rights to decision-making and to get the supports they need.

CHAIR: I will ask for questions now. I will hand over to the deputy chair, the member for Burnett.

Mr BENNETT: What a week and what a couple of months. I have an observation to start with. Matilda, I take your point about some of the issues. In terms of our observations this week, I would do a shout-out to the providers who took the time and the advocates who showed us around. I witnessed genuine care, a sense of family and a lot of satisfaction from tenants. Of course, nothing is perfect and we certainly acknowledge that. Can I come back to your comment, Matilda, about investing in people? Could you stretch that out for me? Obviously money is in this somewhere—or everywhere. Could you tell me what that looks like, in your opinion? I guess the NDIS can of worms that has been opened here is another debate we will have to have. Can you talk more about investing in people?

Ms Alexander: Thank you. It is a really great question. Certainly we would not say that all of the places were terrible. I was giving those examples to demonstrate the difficulties and the abuse that can happen in institutional environments.

Michelle mentioned that 20 per cent of the residents did not have supports, so that is a really clear place to start investing in people. If they have difficulty accessing the bathroom in their supported accommodation, maybe ask more broad questions. Rather than just building a bathroom there for them, say, 'Why is it that you can't get a rental house with an accessible bathroom? Do you want to buy your own house and put in an accessible bathroom? Do you need department of housing to build an accessible bathroom that is not in the bricks and mortar of the supported accommodation?' It is about ensuring that people with disability have a wide range of choices and not just investing in the bathroom so that becomes the only place they can live. We saw people living there for 20 years, and that was never intended to be the purpose of these places.

Mr BENNETT: Are you saying there needs to be a broadening of the access to the National Disability Insurance Scheme?

Ms Alexander: And the state equivalents of that. It is the perfect time to plan for this future without institutions in light of the Homes for Queenslanders announcement of 53,000 social homes. We look forward to working with the Miles government to ensure that those homes are disability accessible.

Mr BENNETT: We all want to see those houses accessible.

Ms Wiggans: What we know from our international human rights obligations is that for a person with disability to be fully independent and be included in the community, accessing safe, secure and affordable housing is a big part of that—as well as those individualised and personalised supports that a person might need to complete their activities of daily living. That is why we are talking about investing in people, not institutions. If a person with disability is willing to have choice and control over where they live, that decision should not be tied up with, 'I have to live here because that's the only place that I can access support for showering or medication assistance,' or that kind of thing. If a person with a disability needs assistance to complete those activities of daily living, they will need that regardless of where they live. They should be able to access those support services irrespective of their housing preferences. That is what we are talking about in terms of investing in those support services.

Mr BENNETT: In a perfect world.

Ms LUI: Thank you all for your time this morning. Matilda, your submission is quite critical of the current supported accommodation industry and recommends major reforms. On the other hand, we have organisations like Queensland Health warning that these facilities play a vital role in the community and recommending extreme caution in regulating them. The concern is that over-regulation could cause the industry to collapse and this could lead to fewer housing options. I think the committee had the opportunity to see some of the facilities in Queensland—not all, but some—and it gave us a really good insight into the livability and we got to hear some of the experiences that were expressed by residents. How do you anticipate that we could balance this?

Ms Alexander: That is an excellent question as well. The short answer would be: very carefully. It is not something we can or should rush into. The issues that we saw here were urgent. There need to be some urgent fixes. When we are talking about the perfect world or at least a better world, what we want to see is increased funding transitions that ensure a careful, staged approach. We saw the conclusion of the last phase of institutionalisation in Queensland with the closing down

of major government institutions and homes for disabled children—those kinds of things. They are now a thing of the past, but that transition was not done carefully and many of those people ended up on the streets or in the criminal justice system. We do not want to see that happen again. We want to see a real investment in people to build up their capacity, build up their choice and build up their control over their own lives.

Mr Veerabhadr: If I could add to that, we are talking about transitions from inpatient settings. The reality is that we are already at a crisis point. In a lot of settings, even in Toowoomba, housing is a critical issue. We have patients in inpatient settings who are ready to transition but there is no space to transition into. Oftentimes they require trials in the community to be able to transition fully into the community. However, without the ability to access their one to two days of overnight leave in order to test their ability to be in the community and to assess what they might need to be in the community, they continue to remain in inpatient settings, at which point they are around people who might actively be unwell. Even though they have gone through the process of getting better and they have the supports in place to assist them, the housing just is not there.

The fact is that, yes, it is playing a crucial role, but it is not sufficient and it is going to reach an end point—I feel like we are already there. Like I said, it is a crisis situation where there is not a place for a lot of people to go to. To keep up these current institutions that are not doing the job sufficiently I think is not acknowledging the fact that there are so many other people who are still requiring it and that reform will actually assist that.

CHAIR: Would the QDN like to comment on the question asked by the member for Cook as well?

Ms Moss: Housing supply is obviously an issue across the community. As Matilda has talked about, there does need to be a staged approach. I think work needs to be done in terms of working with residents to look at what supports are currently in place and how to maximise their NDIS supports. We cannot make major shifts and provide different options for people that are not there and it needs to be part of the larger work that is happening. If we go back to the premise of choice and control, people do need to have a suite of options available to them, but they do need the right supports in place, whatever that option may look like.

Mr BERKMAN: I think you both—but certainly QAI in their opening statement—mentioned the importance of separation between the landlord and the service provider, and it has been really interesting to see how that plays out in reality in our site visits. On the one hand, we have heard from service providers that their viability as an operation is absolutely dependent on having a parallel arm that is an NDIS service provider on top of the supported accommodation. We heard from some residents that they were familiar with the people they worked with in their accommodation and that would be their preference, but clearly that is not the case in all circumstances. We saw some shocking examples where the accommodation that people were living in was absolutely subpar, and whether or not they were receiving any services was entirely unclear. There is this full spectrum of preferences and pitfalls around that dynamic.

I am trying to get any additional reflections from you about how government can most effectively ensure that people's needs are met, especially in a context where the NDIS availability is patchy at best. If we take, for example, that cohort of folks in supported accommodation who do not receive NDIS yet they are full-time on a disability pension—go figure how that works; I do not know—how can the state step into that space most effectively?

Ms Armstrong: I will start by answering this one and then hand over to our QAI colleagues. We think it is important to have some separation between the landlord and support services wherever possible. However, we also understand that this is a very complex industry and there are some circumstances, especially in regional remote areas but also for practical reasons, where we can understand how doing some of the personal care work, especially showering—essential daily things that people need—may fall within the ambit of the provider. We have seen some good examples of people who are supported through the NDIS but they get supports only at certain times, and if those providers are not available to provide personal care supports it falls back on the providers of supported accommodation services to do that.

We can understand that there are some instances where there could be an opportunity for supported accommodation providers to provide some of those fundamental supports, especially for the estimated 20 per cent of residents living in facilities who have no funded supports at the moment. Equally, as we have travelled around the state and worked in these facilities we are aware that currently numbers of residents are having their external community access supports or social connection supports provided by external providers. Wherever possible, we would still like to see some separation.

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Going back to some of the questions that were raised before, one of the things we have also observed is that currently there is an oversight process by the Community Visitor Program that is operated through the Office of the Public Guardian. We are hearing feedback from residents that they raise issues and yet there does not seem to be great take-up of issues when they get raised if they have some concerns about what may happen in a facility. When it comes to overall regulation, governance and safeguards around people, it is interesting for us that some of the referring agencies, beside the issue that Michelle raised at the beginning, often are not there when people really need them, especially when they are needing extra supports or escalating. Some of the agencies also in place to provide safeguards and protection may need to re-look at how they provide those services.

Ms Wiggins: I was going to add that we acknowledge that of course there are probably cost benefits of accommodation and support services being provided together, and some residents may be more comfortable with that, but I think this inquiry is an opportunity to strive for best practice and what contemporary understandings of our human rights obligations are. I think it is important to note that we have just had a very lengthy disability royal commission which has examined and heard extensive evidence of the abuse, neglect and exploitation of people with disability that can happen in settings, particularly where there is that dual role for providers to provide accommodation and support services, and it actually was a key recommendation of the inquiry for that to be separate. Not only did the disability royal commission recommend that to be separate; the Independent Review of the National Disability Insurance Scheme has made a similar recommendation for the provision of accommodation and support services in the context of specialist disability accommodation. I would note that the principle of having them separate is part of Queensland's Housing Strategy principles as well. It is an important principle and it is not necessarily going to be easy to get there, but it is the right thing to do.

Mr SKELTON: We have heard that there are a lot of issues with the regulatory framework. People living in residential services experience a pretty complex environment with regard to regulation. They deal with the NDIS, state-run health services, the RTA, the department of housing and a whole lot more. How can this be optimised?

Mr Veerabhadra: At the end of the day, assistance is required to navigate all of these fears. Having the ability to fund an advocacy service or a case management service that allows the individual to get support to navigate these services is crucial. Coming back to a previous question, services are tough to come by and supports are tough to come by, but what is important is transparency in what is actually being offered in these services. When there is a transparency, we have a good understanding of what is available and what is not available in order to make up for it.

At a previous hearing the Public Trustee made a statement that they were finding it hard to assist individuals they were supporting because they were being provided contracts without any clear idea about what is being paid for within these particular agreements: 'We are not sure what the accommodation specifically costs; we are not sure what the food specifically costs.' The Public Trustee is struggling with that. One of the comments they made was that if they had a better idea about what each of these services actually cost they would then be able to determine if there is an additional service externally that they could access that might be cheaper for the individual or that might be better for the individual. Transparency is required on behalf of these accommodation services in order to show what exactly is being provided by them. In addition to that, if there is funding for case management and advocacy services, there will be an ability for them to navigate these fears for better outcomes at the end of the day. The support is ultimately what is required but also transparency on behalf of the accommodation providers.

Ms Moss: Could we add that it is really important that the role of advocacy and the role of navigation and case management and supports are separate. We also see that there is an important role for the voice of residents. Certainly there are models in other states, particularly one in Victoria, where residents are part of that monitoring—a trained team of people with disability with lived experience—to provide that lens of what is important from the perspective of people with disability as part of that monitoring process. That needs to be accompanied by a resident voice and mechanisms for residents within that safeguarding system that is created.

Mr SKELTON: You are talking about potentially setting up an independent statutory body to navigate between residents and government and private services?

Ms Moss: Yes.

Dr ROBINSON: Thanks to each one of you for the work that you do. We have seen some firsthand experiences of what happens at the coalface where there is great need and great demand. Thank you for all that you do in your support. I have a question to QDN first but I will open it up. In

your submission you recommend a stronger safeguarding framework—I suspect we have already been starting to answer that—in terms of supported accommodation. Can you elaborate on how you see that working?

Ms Moss: As we have said in our submission, we see a greater role for the community visitor that Paige has talked about and those clear referral processes. We also see that it is important that mechanisms are in place for someone to follow up on that. I think that is what we have just started talking about: there needs to be resourcing that provides people with the supports they need to navigate for the coordination and integration of services. As you would all be well aware from constituents that I imagine come through your doors every day to talk about the siloed approach of the way services are delivered, certainly we would see that part of that needs to be integration. We think that would allow improved information sharing between agencies, because we know that when people are not sharing information is when people's safety is compromised. It heightens people's risk when there are not those good practices in place and the regulatory framework in place to monitor fee increases and the different regulatory safeguards that are there.

Ms Alexander: It is not hard to find some solutions because it is such a mess, looking at all the different ways the space is regulated. We need a new independent body to oversee this as well as things like monitoring and regulating the use of restrictive practices, standardising the fees and charges, minimum staff ratios and things like that. Also really important is providing residents with access to independent disability advocacy and legal advice. A lot of this is actually consumer law issues. Now that we have all been going in there, we want to keep doing the work that we started doing and addressing the problems that we have started to see.

CHAIR: Thank you. Time is up. Would I like to thank QAI and QDN for being with us here today. I would also particularly like to thank you, Alison, for coming and sharing your story with us.

KIPPEN, Ms Bronwen, Campaign Coordinator, Housing, Queensland Council of Social Service

O'LEARY, Mr Ryan, Manager, Community Engagement, Queensland Council of Social Service

CHAIR: Welcome. Would you like to make an opening statement of around five minutes, after which we will ask you some questions?

Ms Kippen: Good morning, everyone. I would like to start by acknowledging the traditional custodians of the land on which we gather today, the Yagara and Turrbal people, and pay my respects to elders past and present. My name is Bronwen Kippen and I am the housing campaign coordinator at QCOSS. I am here with my colleague Ryan. We would like to thank the committee for the opportunity to speak this morning. We acknowledge the important work of the committee and that of the Public Advocate in providing the '*Safe, secure and affordable?*' report. QCOSS supports the inquiry's goals of considering the appropriateness of supported accommodation in Queensland.

QCOSS is the peak body for the social service sector in Queensland. Our vision is to achieve equality, opportunity and wellbeing for all Queenslanders. With more than 300 member organisations across Queensland, QCOSS receives extensive feedback on the impact the housing crisis is having on our communities, service delivery and also workforce sustainability. Queensland's current housing crisis has laid bare the vulnerabilities that exist in the housing system. Our frontline services are currently witnessing distressing levels of housing need and the human impacts of the same. The Pawson report last year found that over 150,000 households in Queensland have an unmet need for social and affordable housing and over 7,000 people in Queensland are living in supported accommodation at the moment. For many, it is an option of last resort and only becomes a person's residence due to lack of alternative housing or supports. This lack of appropriate housing includes a significant undersupply of social housing, with over 25,000 households currently on the waiting list for social housing in Queensland. People living in supported accommodation almost always have low incomes and can experience a combination of physical and mental health issues, intellectual disability and/or substance abuse. This increases the support and wellbeing needs and heightens the risk of abuse and neglect and exploitation being experienced.

The current regulatory framework and its delivery approach do not adequately protect people's rights or support individual wellbeing. The regulatory framework for supported accommodation, including levels 1, 2 and 3, must be reformed using a human rights based, person centred approach to design reform measures that respect and protect rights and to support people to maintain wellbeing and to achieve goals. The Queensland government must invest in housing to ensure people have access to homes that are community based, meet minimum standards and are appropriate for the person's needs. This should include investment in public and community housing.

The Queensland government must also invest in a review of the supported accommodation service delivery model with a view of transitioning to an evidence-based, person centred, housing-first approach. This transition must include investment to undertake a comprehensive assessment of people's needs and their goals to establish permanent supportive housing solutions, to provide independent case management support and also to increase investment in delivery of psychosocial supports.

In addition to the above, which reflects our submission, QCOSS would also like to express support for: the Human Rights Commission's recommendation to consider whether residential services should be public entities under the Human Rights Act; the Public Advocate and Queenslanders with Disability Network's recommendation to establish a safeguarding framework; and, lastly, specific rooming and tenancy reforms outlined in Tenants Queensland's submission to improve rooming and rental rights. In conclusion, the regulation and provision of supported accommodation must be reformed to provide safe, secure and appropriate housing and support services that foster wellbeing and the achievement of goals. Thank you.

Mr BENNETT: There has been a lot of talk about regulatory reform in a lot of the submissions we have been presented with and it has been mentioned here again this morning. Are you aware of reforms in the Northern Territory or New South Wales? Some of the evidence we gathered this week indicates that people have been referred from interstate due to reforms that have happened in other states.

Ms Kippen: I am not aware of the specific details of those. From our perspective, the reason we are recommending regulatory reform is that, overwhelmingly, the consistent feedback from our members is that the current system is not working for the people who are living in supported

accommodation. The framework that exists now is not supporting people's wellbeing and needs, and we need to transition to a contemporary, person centred, evidence-based approach for supporting people in the community.

Mr BENNETT: The observation of statistics is a wonderful thing, but during this week of travelling I overwhelmingly saw more people who were very content with their arrangements and would probably have a lot of difficulty with what has been presented in evidence this morning about transitioning and a lot of other things. How do you think we should go about making recommendations about those people who are very content in their current environments?

Ms Kippen: It is important to acknowledge that, as was said earlier, there is a broad spectrum of supported accommodation providers and that some people, as you say, are very happy living in supported accommodation. We have had that feedback through our members. One of the key recommendations we made is that a starting point for reform should be to really understand people who are living in supported accommodation, what they want and what their needs are. At the moment there is not a comprehensive picture or understanding of that. As we have heard from previous witnesses, people are in supported accommodation almost by default because there are no other housing solutions and support services available. We have recommended that any reform process needs to start with the people living in supported accommodation and those who may be using supported accommodation in the future. Any design of the reform should incorporate co-design with the people who will be living in supported accommodation or whatever model is in the future.

Ms LUI: You recommend reforms to strengthen rights such as rooming and tenancy rights. Specifically, what would you like to see changed?

Ms Kippen: Some of the feedback we received—particularly around boarding house environments—is that there is a real lack of privacy and security. In terms of really short-term evictions, people can be immediately evicted from their property. There are not a lot of grounds required to be evicted. In boarding room situations, people can be asked to immediately leave, and there is essentially nowhere for them to go so they are evicted into homelessness.

Mr BERKMAN: In terms of your recommendation around investment in a review of the delivery model in supported accommodation, similar recommendations have been made by other organisations around a formal review of the statutory framework—the legislation. Who, in your view, would be best positioned? Do we need to look for an existing body or a new body to undertake that kind of review and make recommendations? I ask that against the backdrop of both the Public Advocate's report and the recommendation that we undertake a parliamentary inquiry to answer that long list of questions from Dr Chesterman. I guess I am just looking for your guidance on what the next step might be for review and, importantly, for that co-design you have talked about.

Ms Kippen: I am not able to suggest a specific body. We would support earlier discussions in terms of establishing a separate body to then implement the changes, but I am not able to point to a specific body.

Mr O'Leary: In this conversation today I do not think we can point to a specific organisation but I think ones that are able to have really robust processes that include the voice of lived experience—people who are living in these current accommodation settings—and ones that have a proven record of being able to facilitate that process of a review up to a high standard that holds that principle of being person centred.

Mr BERKMAN: I appreciate there obviously is not a ready-made organisation to do this kind of work; otherwise, we might already see it being done. There is a bit of a history of punting sticky regulatory issues to the Law Reform Commission. Would they maybe play a role in further review, or is it not that kind of detailed legalistic and regulatory review that should be the priority?

Mr O'Leary: I am really not too sure. I think it would have to have some oversight of a range of different perspectives and expertise. I think there would be organisations that have the capacity and capability to do it. As a peak body for the community service sector, it is difficult to name specific organisations.

CHAIR: Ms Kippen, in your opening statement you mentioned a safeguarding framework. In your view, what would that look like?

Ms Kippen: The feedback from members was that, essentially, there was not enough safeguarding in place in terms of protecting people's rights and people feeling enabled to advocate for their rights. It would be really important, as was mentioned in the previous discussion, that there be community representatives going in to visit people, to understand people's needs and to assist them with advocating, and having those processes in place to protect people's rights.

Dr ROBINSON: In terms of the regulatory environment and regulations around the service providers of different levels, do you think we need to strengthen regulations around level 1 and level 2 providers? If so, how? In terms of a comparison to level 3, do we need to bring them up to level 3? Do you have any thoughts in that area?

Ms Kippen: From feedback from our members, we are not saying that the same sort of regulation is required for all three levels of supported accommodation as they exist now. For example, through doing an assessment of people's needs and goals you may find that some people living in level 1 supported accommodation could quite happily—and want to—live in social housing in the community, with support being provided through NDIS. Obviously in that instance, the regulatory framework is shifting, so they may not have the same regulatory framework because they are not actually in supported accommodation anymore; they are living in social housing with supports from other services. As you move up to higher levels of need, potentially level 2 and level 3 as they are described now, then that would be where we would recommend, based on feedback from our members, that the regulation be increased and improved so there is increased transparency.

I should have mentioned this before when you were asking about regulation, but introducing minimum standards for care, minimum standards for housing, having formalised complaints processes that are managed and transparent—all of these elements would contribute to regulating the people who require higher levels of support and care when they may be in some form of supported housing that is reflective of the level 2 and level 3 that we think about now.

Mr BENNETT: I have been watching with interest your submissions about housing and needs over a couple of years now. Would you extrapolate for the committee, please, the Housing First approach in your submission and how you see that being a solution?

Ms Kippen: We pointed to the Housing First approach because it is an evidence-based approach that has been around for a long time now. It prioritises housing first for people and it prioritises permanent housing first. In the overall support and housing system at the moment, in a lot of instances people are stuck in temporary or crisis accommodation or, to relate it to the inquiry at the moment, in supported accommodation. The Housing First approach is really about prioritising people using and having access to permanent housing first and then being supported by the necessary supports to sustain their tenancy—it might be case management support, as we talked about in our submission—and it is informed by more contemporary practice that is person centred and trauma informed. The goal is to enable people to have good wellbeing support, to support them to achieve their goals and to sustain their tenancy. It is an investment model that sometimes people might see as expensive. Actually, some of the research demonstrates that long-term it is cost-effective because there is a lot of evidence to show that it reduces instances of hospitalisations, interactions with police, for example, and also constantly cycling through potential crisis and temporary accommodation.

CHAIR: Our time is just about up. I want to thank QCOSS for coming along today and being with us.

CANIGLIA, Ms Fiona, Executive Director, Q Shelter

CHAIR: Welcome. I invite you to make an opening statement of around five minutes. Then I am sure members will have questions for you.

Ms Caniglia: Q Shelter is a peak body with the vision that every Queenslander has a home. We work to influence policy and investment in solutions. We also have a significant role in system capacity building to ensure the entire housing ecosystem is in a good position to deliver those evidence-based solutions.

My first engagement with hostels and boarding houses, as we called them at the beginning of my career, was in 1986. I was working at a neighbourhood centre that was heavily engaged with local hostels and boarding houses. It was very apparent just how institutionalised people were in those facilities, having left other types of institutions. The really important point of deinstitutionalisation was to assist in transitioning away from institutions that controlled every aspect of people's lives. It was guided by principles such as human rights, the least restrictive alternative, greater self-determination and genuine choice over life decisions. Probably the most important thing is that people would be located and included in community life. It would be a life that many of us treasure and that everybody would aspire to.

When deinstitutionalisation occurred, it was not underpinned by a housing and support strategy to ensure people did enjoy greater choice and freedom, living in a connected way in the broader community. Instead, we saw an industry response. I really acknowledge the significant work by peak bodies in the private sector to strive for great standards and the delivery of a great set of services. In many ways we did not achieve the intent of deinstitutionalisation, because people still did not have genuine choice over the houses and homes they had available to them, either from a cost point of view or from a sheer availability point of view. The supply just was not there. Fast-forward, we see that many of the people—if not most of them—really struggle with a range of disabilities, but also a lot of forgotten people really struggle with significant and enduring mental health problems who would struggle in some ways, even given choices, to think about how those choices might be exercised if the underpinning supports were not strong enough and independent enough to assist them to consider all of their options.

Q Shelter is really pleased to see this inquiry come forward. We would really underscore that the people who live in these types of homes are some of the most vulnerable people in our community. The inquiry needs to find recommendations that are far-reaching and structural to make sure that there are genuine housing alternatives, that people are independently supported and that people continue to be supported to exercise their right or their need for housing change over time.

Mr BENNETT: In your submission you talk about a clear differentiation between NDIS providers and the owner-operators in terms of the provision of accommodation and personal care services. Our observations are: thank goodness some of these providers have been able to establish that, because the quality of the services they are providing now has enhanced exponentially, I guess. If that is a recommendation, how do we further look at how that is eventually rolled out?

Ms Caniglia: Are you referring to the separation of housing provision and support provision?

Mr BENNETT: Yes, 100 per cent.

Ms Caniglia: We really need to acknowledge that these types of facilities are in the community because we have had a lack of alternatives. One of our recommendations was to deep dive and have an additional layer of resources to really unpack the individual housing needs of each person living in level 3 supported accommodation so that we could understand, in fact, how many people would, given a genuine choice, prefer to stay and how many people would prefer to perhaps have other pathways into other types of housing. The first type of independent support, in our view, would be to assess people's housing needs and their aspirations. Going forward then, whatever the housing outcome is, it is quite important as a principle and as a practice to separate support from housing. The support needs to be an absolute guarantee, regardless of the housing choice that the person has. When housing is tied to support, if for any reason that home needs to change—people need to move, they want to be closer to family or whatever the reasons—it can cause a much deeper disruption to their lives because the support does not necessarily go with them. I guess it is also just the features of institutions. If everything you need is tied up in one relationship, it does introduce a level of vulnerability that I do not think I would aspire to if we were talking about people I knew and valued in a personal way.

Mr BENNETT: Pardon my ignorance about the National Disability Insurance Scheme—it is on record, I guess—but my understanding is that a package is a package. If someone has a choice about transitioning or making a choice about relocation, that package goes with them. I think you were just saying that it does not. Going forward, though, the housing crisis has allowed the providers to do what they do. My point about the delineation of the issue has been raised a lot. My observation of the ones we have witnessed this week in particular is that it has been a real bonus for those facilities and those clients. I just wonder if it is such a real issue that we have that separation, because it is separate. They are separate entities providing amazing outcomes for those residents.

Ms Caniglia: We are not saying that every outcome is not a good outcome; we are just saying that people probably need an opportunity to review the delivery of their housing and their support so that we can be really certain and very confident that people are genuinely able to make choices about where their support comes from and the type of home that they have. I do not think that with an in-depth examination of individual needs we would find that everybody would want to move or would change their arrangements, but we do not have a really clear picture of whether that is the case.

Ms LUI: Thank you, Fiona, for your time this morning. We have heard from previous witnesses about transition support to empower residents to move into more independent living. If there were a transition to that approach, what are your thoughts around how we could better support that?

Ms Caniglia: When deinstitutionalisation occurred through the nineties, there was a Project 300. I think we need a 'Project 1,500' or whatever to help with unpacking people's individual needs and aspirations to develop the plan. In the broader housing system, we are on the record in many submissions calling for additional investment in something called supportive housing. It is underpinned by a principle where the support and the housing are provided independently of each other but in a very integrated way so that people have access to housing and support. I can see a landscape in which those kinds of homes increase, which I understand is part of the housing plan that the state government has handed down. For some people, that would be a really viable alternative. We are also on the record calling for a funded tenancy sustainment program in Queensland which would be a preventive program where support was available to help people focus on their housing and the sustainability of their housing. If more people had access to that kind of support, there would be several options for how people could consider a transition. I want to be clear: we are not talking about a mandatory transition; it is really unpacking if people have genuinely made the choice that they want and they have the housing that they want with the support that they prefer.

Dr ROBINSON: Fiona, in terms of some of the changes you are foreshadowing and in terms of legislation—the Residential Tenancies and Rooming Accommodation Act 2008—are you suggesting that there needs to be legislative change, that there are aspects of the legislation that we need to reform and amend in order for this to happen?

Ms Caniglia: I acknowledge that people perhaps do not have the same legislated rights as tenants around some matters. I am not an expert in the legislation, but we would obviously like to see people having as much protection as possible around what happens if they are being breached or if there is a problem with their tenancy due to behaviour. It is about how the legislation adds to a framework of rights that people can exercise to remain in their home or move but for that transition to be optimal in terms of protection of rights.

Mr SKELTON: There is a lot of talk about the blurring of the lines between being a provider of support and being a landlord. In remote and regional Queensland, the only alternative for some people with different needs is to go to the nearest centre of care. We heard earlier about people from northern New South Wales now coming to Queensland for that level of support. Obviously best practice is to separate the two, but it makes it really difficult when we are talking about a decentralised state such as Queensland. How do we manage that?

Ms Caniglia: The pressure in terms of decentralisation is real, but we cannot afford to pursue a suite of offerings that puts all of the pressure on the tenant. We are writing submissions all the time and sitting with various decision-makers all the time to talk about increasing the supply of supportive housing throughout Queensland. In our minds, it is not just a Brisbane option. We really think there needs to be a rapid scaling up of supportive housing so that people have more genuine choices. Supportive housing is based on Housing First as a principle. Yes, it is the only alternative at the moment, but I think the whole point is that we need to create more alternatives to meet the diversity of needs of people seeking a home who need intensive support.

Mr SKELTON: That is obviously everyone's long-term goal, but it is so difficult to get the relevant supports, particularly in those regions. They are usually transitional. When we are talking about the different needs of people and their carers, it is a very personal relationship. The fly-in fly-out of services really interrupts. I do not think anyone can answer the question.

Ms Caniglia: I think it is really important to confirm that we are not saying that this accommodation type should not exist; we are just saying that for some people it may not have been a choice out of a range of choices. It is about whatever we can do to increase the options and increase the number of models. We proposed some co-design activities with community housing providers, architects, people with lived experience and support providers to really examine what kinds of support options there could be. I take the point that in a decentralised state it is tough. We are not saying, 'Do not have these types of homes'; we are just saying that we need to make sure the system can offer genuine choice to people and that people are well enough supported and independently supported to make those choices.

Mr BENNETT: Moving around this week and seeing the old buildings, we could not get out of looking at standards and other things. I note that in your submission you talk about enforceable standards and temporary expectations. What might that look like?

Ms Caniglia: Can you just repeat that, sorry?

Mr BENNETT: Under 'Standards and regulation', point 1 of 'Summary of our recommendations' talks about enforceable building standards to reflect contemporary expectations. Can you flesh that out for me, please?

Ms Caniglia: We also recommend some funding programs to support capital improvements, but obviously we want to see every facility with the opportunity to rise to a reasonable standard that anyone would expect in terms of safety, separation of bedrooms, people having bedrooms to themselves et cetera. There is a whole host of ways that contemporary expectations about how we live need to be reflected in these facilities. We obviously want to see great staffing ratios and a lot of individualised support so that people can pursue what they want to do individually, based on their needs and aspirations. For us, it is not a recommendation without also saying, 'This might need some assistance to help the industry pursue.' There is a history to this. When fire standards were brought in there were a variety of grants available, as I understand it, from the state government and also from the Brisbane City Council in the case of Brisbane. We really endorse that. We understand that industries do need support.

Mr BENNETT: Something like separate bedrooms is not really a building standard; it is an aspiration, isn't it? With all due respect, I would say that it should not be embedded in a building standard. Community expectations around those sorts of things are desirable and preferable in terms of the Human Rights Act and everything else, but building standards are pretty onerous now.

Ms Caniglia: You make a really important point about teasing out the language. Building standards, fire safety and all the rest of it are important. We have come an awfully long way. The industry has really risen to that challenge. There are other things about standards that are about reasonable expectations—that people have a bedroom to themselves, they can eat their meals when they want to and they can make choices about what they eat.

Mr BENNETT: Close doors in bathrooms and all of that.

Ms Caniglia: Yes.

CHAIR: I note that one recommendation in your submission talks about considering a time limited funding program for capital improvements based on previous grants and loans. Do you have a feeling about what that would look like? Are you talking about short-term, conditional on other contributions from providers and that sort of thing? Have you thought a little bit more about what that recommendation would look like?

Ms Caniglia: I think a grants program. Working with partner organisations such as QDN, we understand that there might be a need to make capital improvements. In recognition of the needs of the industry, we think it would be helpful. It could probably borrow from history. In the past, there was a combination of grants and loans with some conditionality—if you get an uplift through a capital grant, perhaps it is tied to how long you can continue to offer that accommodation for example—so that it is not just money out the door as such. If that particular provider cannot continue, what might be some settings that are reasonable expectations for the community in terms of value for money and how that money goes further to help people be accommodated?

Mr SKELTON: With regard to money for infrastructure, some boarding houses, particularly in inner-city areas, are leased from a landlord and run by a provider. Why would the government put money into such a boarding facility when it is actually owned by an interstate landowner?

Ms Caniglia: I think the ownership structures are really interesting to analyse further. I do not know so much about the entire landscape and where the ownership actually sits. We have a range of challenges in terms of how we house people. I really have listened carefully to the advice of Brisbane

organisations like QDN that if we just rapidly change standards without providing some industry support that may be not the right recipe in terms of making sure we can sustain the tenancies that are there, or the resident circumstances that are already there, housing people in a really important way; and that when we are scaling up in terms of supply and other models we are embedding the voices of people with lived experience in a structural arrangement that gives them genuine opportunities to shape the industry and shape the future. As those alternatives come online, that becomes another way to strengthen the entire system. To the point, I think a grants program or a loans program would need to be carefully teased out. There could be eligibility criteria about who is eligible under what ownership structures and what conditions are put to that, just like the not-for-profit sector has many conditions in grant contracts about what they can do with either capital funding or funding to deliver services.

Mr BENNETT: This is a comment more than anything, but thank you for raising the case management issues of people being discharged from state government facilities to our providers. Across the board, it was somewhat problematic—the true history, the health issues and the challenges that some of these vulnerable people are raising. I think it is an important point that you raise for us and maybe you have an example for the committee that comes to mind. I have just made a statement and we can leave it at that. It is up to you.

Ms Caniglia: Only that the Queensland state government funds a service integration initiative in about 13 locations. There are regional facilitators bringing services to the table to coordinate housing and support plans for individuals. In Brisbane it has been heavily engaged with Corrections, for example, to assist people leaving prison to not just land on a footpath with no real housing option. It is not in anyone's interests if that occurs. It does take coordination, it does take integration and it does help if there is a range of housing choices on the table so that there is the right environment—for example, somebody who does not want to live in shared facilities because they are trying not to drink alcohol in case other people are. People have the choice and a right to take substances, I guess, and to use alcohol, but we have talked to many people who have really specific goals that they are trying to achieve. Housing choice is really important. That initiative has assisted—I would have to take it on notice how many—a couple of thousand people leaving correctional facilities whose help had been facilitated and coordinated. We really obviously favour that. In some instances it may be a boarding house, but in other instances we have been striving to find even private rental tenancies with the right support. That is why that tenancy sustainment program is so important, because people can sometimes do really well in the private rental market if they have support.

Mr BENNETT: We heard some examples, particularly out of Corrections, that it might be four or five o'clock in the afternoon by the final facilitation of the release. Accommodation is somewhat fragmented. There really has not been any coordination. I guess the question is: what could go wrong with those poor vulnerable people trying to find accommodation? It is a really good point and I thank you for making it.

CHAIR: Thank you, Fiona, for being with us and thank you, Q Shelter. The committee is wondering whether you might be able to provide some data regarding the service integration initiative you were talking about.

Ms Caniglia: Absolutely.

CHAIR: That would be great. Thank you for your submission to the inquiry and for attending here today.

ARMSTRONG, Ms Paige, Consultant, Queenslanders with Disability Network

CARR, Ms Penny, Chief Executive Officer, Tenants Queensland

MOSS, Ms Michelle, Chief Executive Officer, Queenslanders with Disability Network

CHAIR: Welcome. I note you have requested that QDN be at the table with you. I ask you to make an opening statement representing Tenants Queensland of around five minutes and then we will have some questions for you.

Ms Carr: Thank you to the committee for inviting us here today and allowing us to submit our written submission. The reason I was asking to appear with QDN is mainly that we are very busy at work and we have not had enough time to fully prepare. We do a fair bit of work with QDN around renters with disabilities, so it is a good opportunity to make sure we cover off the issues together. Our submission supports QDN's submission but also highlights three key issues: terminations and evictions for rooming accommodation residents, the provisions that allow an immediate eviction without tribunal order; self-eviction if a police officer is present; and ending an agreement at the end of a fixed term. Those three provisions make rooming accommodation renting already fairly insecure. It makes rooming accommodation renting particularly insecure, because there can be an allegation of serious breach, for example—anything, to be honest—but if you do not leave on the end of the notice you can be self-evicted, so most people would leave whether or not they agreed with the allegation made against them. Some of those issues are behavioural issues. What we see is complicated tenancy agreements where it is hard to work out what type of agreement it is and what is included in the agreement. We see a lot of mixing of support and accommodation in agreements where they are tied together inextricably, so if you do not want the support or other services you are also putting your accommodation at risk. They are the key points in our submission at the moment. Thank you.

Mr BENNETT: Welcome. I appreciate that you have QDN with you today. I wonder from your perspective about access to tenants or clients. QDN have been doing a mountain of work moving around with us and prior to that, but is there evidence that you have that access to tenants is problematic?

Ms Carr: Most of the people in rooming accommodation that we deal with are in level 1 and 2 services, but we occasionally deal with people in a supported accommodation facility where they are getting personal care services as well. I think the fact that we do not see too many of the issues speaks to the fact that it is hard to get to those clients. When we do work with those clients, there are often complex issues. Sometimes it is about whether they are covered under tenancy or other pieces of legislation, and then the way agreements are written can be confusing about who is responsible and about whether they could withdraw their requirement for personal care services and remain accommodated.

Mr BENNETT: From your observations, the tenancy agreement is something that you readily review and access with your advocacy work onsite?

Ms Armstrong: What we find is that often tenants are confused around tenancy agreements. We would be very supportive of information raising, awareness work being done with tenants as well as in some cases the ability for people to access independent advocacy to understand the tenancy arrangement they are getting into to start with so that they are fully informed about what their tenancy rights are. We think the environment has changed significantly with the introduction of the NDIS, and often residents are confused around what they are actually getting in a tenancy agreement in a supported accommodation service compared to what they might be getting separately provided through their NDIS supports. That confusion is often because there is a lack of clarity for them. It may be written in an agreement, but many of the tenants we work with are not literate. They may have written agreements, but unless those agreements are in read-friendly language—they not in read-friendly now; they are still in complex language—people do not understand them.

Mr BENNETT: Is there a case that their NDIS package somehow funds that advocate to sign those tenancy agreements in the first place? These are vulnerable people we are putting in accommodation. Obviously the network cannot be everywhere all of the time. Is there a case for that to be a funded service?

Ms Armstrong: I would say that there is a broader issue. The broader issue is around building the capacity of residents to have a voice to be able to better understand the agreements and to have an informed say. Not all residents will need independent advocacy. Some do have support networks around them. They still have some family connections or they will have other people they trust. Others

would definitely appreciate access to independent advocacy. I have to stress that one thing is just signing the agreement. For people to really exercise rights, they need to understand what those rights are and have that opportunity to do it. It is not just letting people come into the sites; it is also around people understanding how they can raise an issue and who they raise it with to get it resolved.

Ms LUI: Thank you for being here this morning. The committee got to meet some residents with the most complex needs and we got to hear some of their stories. Listening to the complexity around dealing with residents with very high needs, which also contributes to behavioural issues, and then listening to Tenants Queensland talk about the risks of eviction, it places them in that very high category of being at risk of being evicted. With that there is the issue around information sharing between agencies, which was a bit of a barrier for some of these facilities. I am wondering if you know of or if you can speak to some of the pathways that are in place that support people who are highly vulnerable to getting evicted to secure alternative accommodation if they were placed in that situation?

Ms Armstrong: Some of the pathways that we have seen that have worked well were especially during COVID, where we saw a step-up through hospital and health services with the placement of people such as nurse navigators or navigators in the hospital or at a hospital base. Their role was not just to connect people to equipment and health services but also to smooth a pathway to get very timely connection with health and with mental health, as well as connection across government to other supports to actually alert government and department of housing services around people who may need some immediate other option.

Dr ROBINSON: In terms of the changes that you are suggesting, what potential legislative changes do you think may be needed? Does it involve legislation that we have talked about, communication, people being more aware of their rights—those types of areas of improvement? Are there also changes to legislation that this committee in this inquiry should be considering?

Ms Carr: I can speak to the legislative changes that might assist to protect people and perhaps even the stakes a bit so they could express their rights more freely. Better protection from evictions—removing the ability to immediately evict a rooming accommodation resident, including those in supported accommodation—would go some way. There are a few different ways of doing that. You could temporarily house them somewhere else or you could just require that those allegations, where there are allegations, are tested—just like other tenancies are tested in a tribunal before they are accepted and the tenancy is terminated. Removing the ability to end a tenancy without grounds effectively for end of a fixed term would go a long way as well.

There is some precedent in Victoria around SDA providers that have special requirements to protect people against eviction into homelessness. We have written about those in our submission. They are special requirements that apply to people who are housed in an SDA facility. They are really driving towards making sure that people are not being evicted into homelessness and that they have some chance to raise unfair actions against them.

The other thing is that there are some things in current tenancy laws that do not apply to rooming accommodation. For example, if urgent applications for repair orders and emergency repairs were at least to apply to level 3 then people are protected from eviction, because if they want to take action they need to be protected from being evicted before they can take that action. Those together would also assist.

Ms LUI: One of the previous speakers mentioned diversity of needs and really unpacking people's complex needs when people are living in supported accommodation. We have held public forums in Townsville and Cairns and heard broad perspectives from right across Queensland. In terms of unpacking people's needs and taking into consideration the diversity of needs, how do we ensure we are meeting the broad needs of people with already complex needs such as people with disability or mental health issues and also First Nations people? In Far North Queensland there is a high representation of First Nations people in supported accommodation, so working towards addressing their cultural needs in this aspect as well I think is very important. How do we ensure we are covering all bases to ensure everyone's needs are met?

Ms Carr: That is a big question that I am going to defer to my colleagues on, but I will make a couple of quick comments first. From our experience, it is having well-trained people who are supporting residents and providing accommodation and also residents being empowered as far as possible to understand their responsibilities and also their rights. We have had a handful of matters where a provider or a support person might move to end the tenancy, thinking it will be easier to do that and get accommodation somewhere else. We have been able to intervene at the last minute because they are not going to get accommodation immediately, even if they are looking for social

housing. It is uplifting the skills in the sector and some of the things that Paige has referred to as well in terms of supplementing the skills in the service system. I am pretty sure QDN will be much better at answering that question than I.

Ms Armstrong: I think that would come back to a point that Michelle raised in the opening statement. We are seeing that the major referral agencies are state government agencies, be they Queensland Health, mental health services, department of housing, Corrective Services. There is a need for that planning from the beginning. This is not just that a person needs a place so let's find it. The person only needs a place because they need either transitional or a permanent housing place. In either circumstance, that person needs a planning pathway to set them up to what we consider to be the fundamental way that you protect people.

All people need safe, secure housing. They want a house that is their own, whether they end up staying in a supported accommodation facility or whether they transition into other independent living. At the moment we have people being referred out, whether it is through these agencies or with NDIS supports, where there seems to be no clear focus on looking at what are the home and living supports that these people really need and what is the end goal. It is not just dealing with their mental health supports but making sure those things are in place so that people can have a clear pathway.

The other thing that we would really like to see is that these agencies are open to providing support to people in times of crisis. Often you will find that people are being evicted from facilities because there is a lack of timely intervention, especially in the area of mental health services. The feedback that we get time and time again when we speak to residents and managers is that often people end up being evicted because they are not able to get the timely support they need or there is not that timely connection so Housing can come back and say, 'We can support another option for this person because of these exceptional circumstances.' We would see that it is making sure that there is that long-term planning, that there are commitments across the agencies and some better pathways around the NDIS supports to build the capacity of people.

Ms Moss: I think a lot of work has been done in other sectors and other environments, particularly domestic and family violence, on the notion of those integrated responses where those agencies all work effectively together with the person as a whole person and the supports that need to happen do happen around people. I support Penny's point about the importance of some investment in workforce capability and workforce training for the supported accommodation providers and the staff who work in them and also other agencies and how they can deliver better, improved services that are culturally appropriate and inclusive.

Mr BERKMAN: My apologies that I was not here for all of your earlier presentation and excuse me if I am asking a repetitive question. We have obviously seen some progress in the space of minimum standards but there remain limitations, even when fully implemented later this year, around how effective those minimum standards will be while other tenants' rights remain limited. That is particularly the case, as I am sure we have heard already, around rooming agreements. Penny, could you speak to the kinds of reforms that are going to be necessary to see those minimum standards genuinely enforceable by tenants?

Ms Carr: It is a difficult thing when enforcement and compliance are less to renters anyway because they are the weakest party in the relationship. At least for general tenancies, there are a couple of additional steps that people can take to enforce the minimum standards and they are to make applications on emergency repairs and to seek a repair order. That would be for any repair but also to meet the minimum housing standards. At the moment they do not apply. That would be one fairly simple change that could happen that would assist and empower people living in rooming accommodation to have an uplift and to have some protection against the poor properties that some of them are living in.

Mr BERKMAN: My concern is about the relationship between those very loose eviction provisions and the enforcement of minimum standards and the clearly articulated risk or fear from some residents that if they seek to enforce their rights, like minimum standards, they will not retain a roof over their head.

Ms Carr: I did speak to these earlier and I am happy to repeat that bit, Michael.

Mr BERKMAN: I can read the transcript.

Ms Carr: I do not want you to think we omitted that very important thing that is close to our heart. Particularly for rooming accommodation residents, which level 3 residents are, there is an ability to immediately evict them and to self-evict them if they do not leave on the end of the notice. On top of that, we already have the end of fixed terms as a way to end the tenancy. All those things

together make living in any rooming accommodation and a general tenancy as well—but particularly rooming accommodation—particularly insecure. Even if you do have protections like being able to seek a repair order or an emergency repair, you are always balancing that up against the impact on the current and future tenancies.

Mr SKELTON: Ms Carr, we saw a very broad range of standards with regard to accommodation. We know that the standards exist, but it has been noted that their enforcement is not sufficient. How can this be improved? Do we need to have regular site visits and some sort of penalties?

Ms Carr: That is a fairly timely question given the things that have happened in the last couple of days with a landlord being charged, but I will not be speaking particularly about that issue. There was another matter over 10 years ago where an infant died in a rental property in Queensland and there was a coroner's report. One of the recommendations from that report was that there should be an independent inspection before a tenancy goes onto the market and then at periodic times after that. If we really want to improve the condition, we cannot rely on a consumer to be the enforcement mechanism. We need to have strong regulators and strong compliance action where there is noncompliance. Independent inspections would be a way to take that responsibility away from the tenant who is relying on that property for their housing. I think we need to look at better compliance activity and independent inspections of properties.

CHAIR: That is time. Thank you, Ms Carr, for presenting to us today. I also thank the representatives from QDN.

**WALBANK, Ms Sarah, Manager, Quality and Assurance, Carers Queensland Australia
(via videoconference)**

CHAIR: Welcome. I invite you to make an opening statement of around five minutes, after which members will ask you some questions.

Ms Walbank: Good morning and thank you for the opportunity to participate in the hearing today. I have been with Carers Queensland for a very long time. I can tell you that Carers Queensland is the peak agency representing the diverse needs, interests and concerns of carers around Queensland. We support carers by providing a range of services including our carer programs such as access to no-interest loans, carer health and wellbeing, and assistance with issues relevant to guardianship and administration in presenting at QCAT. We support young carers to live resilient lives and we offer carers in Queensland, Tasmania and South Australia access to employment programs. We are a registered training organisation supporting carers to return to the workforce or to upskill their qualifications so that they can have some career progression. We are also the largest NDIS partner in Queensland, delivering NDIS disability services to around 55,000 Queenslanders.

In essence, Carers Queensland is very interested in this particular inquiry because we are very conscious of the fact that people who become reliant on supported accommodation are those who are the most vulnerable in our community and those who obviously potentially have the least access to support services, particularly support from family and friends. Our concerns are driven from two perspectives (1) carers have told us that they have had difficulty accessing their (inaudible) when they have resided in supported accommodation facilities; (2) as a safeguarding accredited organisation we are very concerned that Queensland does not have an overarching safeguarding approach. We would like to see one implemented to provide these people with much better security not only of their tenure but also of their circumstances. I am happy to respond to any questions you might have.

Mr BENNETT: I notice in your submission you talk about the intake process. My understanding is that referrals come from a number of predominantly state agencies, whether it is Health or Corrections or others. You are hoping to advocate on the intake process for vulnerable Queenslanders. What does it look like in your proposal?

Ms Walbank: We understand that people access supported accommodation facilities from a variety of sources. They are vulnerable by virtue of their referral into the system, so we would be looking at an intake that was far more robust. Does this accommodation meet this person's needs? Does this accommodation provide them with access to support services that enable them to lead the best version of their life? Is that intake scrutinised externally? That is one of our concerns. We do not believe there is adequate external scrutiny of these particular processes. People enter into these facilities and they become essentially long-term residents by virtue of there being no other option. We would be looking to much greater intake, irrespective of the source of the referral. Does that make sense?

Mr BENNETT: Yes, but in reality what does that look like? Are we talking about some other third party doing the assessment before an accommodation or boarding house provider accepts a client or resident?

Ms Walbank: There would be greater scrutiny over the provider of the accommodation and the referral criteria and the ethics behind the referral criteria would be more transparent so that we know that this accommodation is suitable to this particular person's needs, and we would be advocating for greater surveillance of those processes. That is why we have been advocating for some sort of external surveillance or external accreditation.

Mr BENNETT: With all due respect, I am struggling. A referral is a referral from an agency for somebody to find an accommodation solution, but you are talking about the provider of the accommodation being part of the scrutiny. Is that my understanding?

Ms Walbank: No. I would like to see greater scrutiny of the provider. We are not saying there is not a need for this type of accommodation. We are saying that we would like greater scrutiny of the intake processes. We would like to see greater scrutiny of what the provider can offer and the validity of that provision to meet that person's needs. Obviously there has been a breakdown there. We can see that being the role of a third party.

Mr BENNETT: I am still confused, but I will move on.

Ms Walbank: My apologies.

Mr BENNETT: Who is going to undertake scrutiny of the providers? Who are you suggesting is going to do that?

Ms Walbank: At the moment we do not have a suggestion because obviously it would be improper of us to do so. Whether that be the state government or whether that be an external agency that works in the housing sector, we would endorse that quite heavily.

Ms LUI: Can you speak to the limitations of the current community visitors' powers and how these might be strengthened?

Ms Walbank: I do apologise; I cannot speak to that. I am not the author of this particular submission and I regret to say that I cannot speak to that, and that is my fault. I can ask the person who wrote the submission to provide you with context on notice if that would be acceptable.

CHAIR: That is indeed acceptable, thank you.

Ms Walbank: I will pass that on.

Mr BERKMAN: This might be similar to the last question because I was going to refer to the submission and the suggestion that providers often refuse or frustrate access to information, that being contracts or information about the properties themselves. Are you able to tell us more about that?

Ms Walbank: We have certainly had feedback from carers who have articulated their significant and persistent frustration at being able to make requests for information and being denied. We have had that commentary from carers persistently over the last couple of years.

Mr BERKMAN: Can you tell us any more about the particular types of information that is sought or refused?

Ms Walbank: Information around the agreement, the tenancy, the services that are being provided, the source of those services being dependents. Carers have indicated to us that they have been told, 'You're not welcome here because our resident says they don't want you here', or 'They don't trust you', or 'They're concerned that you have any contact with us.' It is difficult, obviously, to be given that denial if you are family and there is no specific exclusion to you having contact.

Mr BENNETT: Could you make a comment on some of the evidence we have accumulated this week about support carers, workers and their advocacy with clients and some of the claims about how efficient or outcome driven they are from your industry?

Ms Walbank: I am slightly confused. Are you talking about paid support workers?

Mr BENNETT: Yes, definitely paid support workers.

Ms Walbank: And those paid support workers have taken on individual advocacy roles for an individual client?

Mr BENNETT: I guess in most cases that is the evidence we heard, yes.

Ms Walbank: That is always a difficult scenario, isn't it? That is where we would like to see greater transparency. One of the complications for us is that the term 'carer' is used interchangeably and it is often conflated. People assume that when they say 'carer', they might mean paid carer. Or do they mean family carer? That is where we often come unstuck. I do not know the extent of the information you have received this week about the advocacy of paid support staff.

CHAIR: I know that you are not the author of the submission, but I did notice that you talk about carers providing knowledge and expert advice regarding issues here. This is a general question to you as a carer: is there anything you can recommend to the committee that you see in the current structure that you would be advocating for that we may be missing at this point in time?

Ms Walbank: I realise, of course, that the Queensland Carer's (Recognition) Act is under review at the moment. We would certainly like to see that strengthened in terms of the expert role that carers have in providing relevant information and advice about somebody that they provide care and support to. It is easy for all of us to pathologise somebody else as being the baddie in a relationship and therefore somebody else is the goodie. It is never quite as simple as that. We would like to see that if a family carer wants to make contact, unless there is a specific recorded exclusion, that contact be allowed and welcomed. If there is a specific exclusion via another legal means then obviously that should be respected, and that is what we would expect. It is difficult because the Queensland Carer's (Recognition) Act does not spread further than government departments, obviously, so in one government setting it is an act that we cannot utilise with any degree of efficacy to promote the issues and concerns of carers or to increase their advocacy.

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CHAIR: There being no further questions, I would like to thank you for giving us your time and participating here today.

Ms Walbank: Do you want me to take that question on notice and provide you with a written response?

CHAIR: That is correct, yes. Thank you for that acknowledgment and thank you for your time.

Proceedings suspended from 10.55 am to 11.17 am.

WALSH, Ms Karyn, Chief Executive Officer, Micah Projects

CHAIR: We will reconvene the hearing. I now welcome Ms Karyn Walsh, Chief Executive Officer from Micah Projects. Ms Walsh, I invite you to make an opening statement of around five minutes and then the committee will have some questions for you.

Ms Walsh: Thank you for the opportunity to talk to you today. As our submission highlighted, we have a long history of working in partnership with supported accommodation facilities. We also work with people who are homeless. We know the people who get in and we know the people who do not get in. We have been involved in advocacy around supported housing for at least 15 years. We are a partner with Common Ground Queensland in providing the support services at Brisbane Common Ground, which is 146 units of supported housing. We have had several people who are tenants there who had previously been in supported accommodation facilities.

We clearly believe that there needs to be a partnership model and there needs to be some transitional plan and framework for housing services and how housing is provided into the future. We are particularly interested in how that can happen in a way that goes to scale and that there is integration with health care and community connection so that people do not get isolated in the place that they live.

We have previously been funded for those issues prior to the NDIS with block funding. We believe that block funding does have a role to play and that some services are better funded by NGOs and some better by the providers where it is more difficult to manage—for example, personal care services, which did work well when we did have block funding.

The NDIS for some people works very well but for others it is still difficult for them to know how to engage and whether their package really meets their needs. The community connections part of people in any housing, whether it is privately-run community housing or government, is a very important safeguard part of a system so that people are not just living in isolation.

We are also in negotiation around supporting some of the SAPA with health care with a visiting GP as we run the Inclusive Health and Wellness Hub. I am happy to take questions.

CHAIR: Thank you, Ms Walsh. I turn to the deputy chair.

Mr BENNETT: You talked about block funding. I had the privilege of visiting Micah Projects in South Brisbane a number of years ago. Is Micah classed as a not for profit?

Ms Walsh: Yes.

Mr BENNETT: How would you see the difference between Micah and private providers? Do you get block funding from the government annually?

Ms Walsh: Yes. We did when we were working with people in SAPA accommodation. It used to be called the community linking program. It ceased when the transfer of responsibility went to NDIS. The problem with that is that not everybody in SAPA is eligible for the NDIS.

Mr BENNETT: Of course. What percentage of your residents or clients would have access to the NDIS?

Ms Walsh: In any of our—

Mr BENNETT: Yes—just an average.

Ms Walsh: I do not know if I could give you a percentage. I know that we are constantly trying to get people in.

Mr BENNETT: Of course.

Ms Walsh: Our role has been mainly to get the assessments done. There is a significant number who just do not want to do the assessments because they are so traumatic. They are also very complex and they just do not want to go there, particularly those with histories of trauma and sexual abuse. We have a lot of trouble getting those people who are on the street and those with cognitive capacity issues. Two of them have a cognitive capacity of only around 10 or 11. They just do not want to cooperate with the process of getting assessments because they are pretty deficit based but it also requires them to go through a fair bit of trauma. Therefore, block funding is much better for that because you can work with people where they are at and what they want and follow it through better regardless of that tight eligibility that the NDIS has brought upon this group of people.

Mr BENNETT: Was block funding on a per bed basis or on a per capita basis?

Ms Walsh: No. It was mainly numbers of people. The community linking program went through a few different phases. We found it much better when you could be flexible so you could go in every day and work with what was the most prominent need there—if there had been any issues that needed immediate crisis response—versus the planned way in which we would provide most of it.

We ran peer support groups. We ran community connection activities where they could participate in things that were in the community. We provided transport activities. Every year we have a Moonlight Magic Dinner Dance, which is an engagement where social inclusion is the goal, so half are people who have been participants or residents of SAPA and the other half are community members. It is about trying to create those initiatives where there is more social inclusion and engagement.

Mr BENNETT: We met your emcee of the ball yesterday.

Ms Walsh: Did you? Great.

Mr BENNETT: Dave. He is very excited. He loves politicians—not!

Ms Walsh: He does. He has some good insights about it all too. When I say I do not know the percentage, we have worked with over 100 people to get them a package but very rarely does that package meet all their needs. Usually the accommodation provider has to do the coordinating or someone has to do the coordinating of how is this package meeting their needs and who else is involved.

Mr SKELTON: Ms Walsh, we have heard from the Public Advocate that perhaps the supported accommodation and homelessness sectors have more in common than we might have guessed. Dr Chesterman suggested that the homelessness sector has done a lot of work that could be transposed on to the supported accommodation industry. In your view, what can we learn from the homelessness sector? How can that inform how supported accommodation is delivered?

Ms Walsh: I think the homelessness sector has two streams—that is, people who are homeless where we want to work with them to get them housed as rapidly and as quickly as possible and the other stream is how we prevent people from returning to homelessness and sustain a tenancy when they are in a tenancy. I think the overlap is certainly on the entry point.

We have been using a triage tool that has helped us identify early what the range of health social services and housing needs are that a person has and how do we match those better. That has certainly helped us pay better attention to First Nations, for example. By keeping a by name list and using the triage tool we can see who is not getting housed the quickest—what are the barriers—and then we go and address those barriers. People coming into homelessness and coming into supported accommodation have a range of needs. It might be predominantly mental health or it might be disability or it might be aged care. You have to work out what is the best support system and housing type that will meet the person's needs. As people are ageing, how long do people stay in a supported accommodation facility depending on the services that they are providing versus do they just stay there forever?

I think the homeless sector has had to learn that it is not one linear line of who you assess and what you do. You have to be open to having some triage that tells you these are the indicators of what this person is going to need on some level of priority and then how do you wrap around the services—whether it is the health system or whether it is drug and alcohol service, mental health or physical health, which is often the neglected area—and then the social and personal care that people need.

We are in a position as homeless services where we have to problem solve that every day because people do not fit into eligibility for accommodation, as well as we plan and try to advocate that we build housing on a larger scale in some cases and on a smaller scale in other cases but the principles of supportive housing have to be adopted by government across cabinet because it is all of these systems that are impacting on the quality of life of a person and the housing option that they have.

Mr BERKMAN: You might have touched on this in your previous answer, but you have recommended elsewhere trialling issue-specific supported accommodation so that services can be tailored and target particular vulnerable groups. Can you elaborate on that?

Ms Walsh: We did send you the supportive housing principles. In that model it is not just the built form or the services; it is the planning that goes into that across systems. We know that over 70 per cent of people who are homeless experience mental illness, but the differences in the kinds of illness that impact on them and what level of clinical support they need versus social support varies.

When we were overseas we visited quite a few places that targeted mental health. The best of those I would say was where there was a mix. It was either low, medium or high need or a social mix. At Common Ground we have 50 per cent, or almost 60 per cent now, of people who were rough sleepers. Among those rough sleepers probably about half of them have significantly high mental health needs and some of them have more issues around anxiety or trauma. It is not all the same.

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In order to get value for money and the level of services you need on scale, you do need some scale of bringing people together or you need outreach clinical services that can go to a number of sites to provide that clinical support and clinical treatment. No amount of psychosocial support or personal care is going to stabilise someone if they need clinical care. You need the combination of those things.

We find some people really like the peer support of living with people who have similar issues that they are confronting every day. It is about getting the size right and the scale right and how you can match that with the level of service that you need embedded in the housing. Housing design is really important as well or if you are refurbishing housing or purchasing housing. It is about making sure that you can make it as a norm of the building that people are accessing and engaging with support. It is not mandatory; it is voluntary, so it is up to services to be relevant and to be proactive. Someone does not get evicted if they are not engaged with the service. It just means that you have to try different strategies to engage the people with the services as long as they are meeting the obligations of their tenancy.

Ms LUI: Ms Walsh, in your submission you propose accommodation and support services being dispensed by the same provider. What sort of model would you like to see for supports?

Ms Walsh: We believe, and we support a lot of other groups in the sector as well, that it is best that no one organisation has complete control over the services and resources that a tenant or a person has access to. The separation of roles between tenancy manager and support provider is really important. There are some services like personal care that may need to be coordinated by the tenancy managers, because they are on site, or the property managers, so I think that there needs to be a bit of flexibility around what works best and what is affordable, how it can work, but generally the principle of separation of roles is really important, otherwise it is an institution and can very easily fall into those categories of an institution that you do not want, which is everybody is treated by their diagnosis. People do not have the rights of their tenancy or their rights to come and go. A support provider may not necessarily have to be shared with the tenancy manager or vice versa. You just do not want to breach people's rights to be able to maintain their tenancy and have proactive support so they can sustain it. For people who do not have the capacity to have a tenancy—some organisations might have a guardianship—I think it is really important then that it is just proper service coordination and communication about how it is working.

CHAIR: Thank you, Ms Walsh. With that, time is up. I want to thank you for presenting to the committee today and giving your time.

**POPE, Ms Sue, Chief Executive Officer, Common Ground Queensland (via
videoconference)**

CHAIR: I now welcome Ms Sue Pope. I invite you to make an opening statement of around five minutes after which the committee members will ask you some questions.

Ms Pope: Thank you very much for the invitation to appear today. I would like to start quickly by acknowledging the traditional owners of the lands on which I am on today, the Gadigal people of the Eora nation, and pay my respects to elders past and present. My name is Sue Pope. I am the CEO of Common Ground Queensland. We are a community housing provider that specialises in delivering supportive housing within Queensland. Whilst we are not considered a supported accommodation provider, it does strike me that in the housing sector, definitions of different types of housing are often unclear, and I would observe that the tenants we support in our supportive housing programs would be potentially very similar to the cohort of people who are accessing supported accommodation.

To give you background on what I mean when I talk about supportive housing, there are a couple of key components to supportive housing. Firstly, it has a housing-first approach. That means there is no requirement to prepare people or make them ready for housing; rather, people come straight into housing from homelessness situations, including rough sleeping. The housing we provide is permanent, secure and affordable housing. It includes onsite support services. Health care and supports are embedded into the housing and they are designed to be flexible to meet the individual needs of the tenants within that housing environment. It also includes specialist tenancy management with a tenancy manager who is focused on supporting the tenant and working closely with the support services to sustain the tenancy for as long as that is possible. The separation between those two functions, the tenancy management and the onsite support services, is incredibly important. Separation between those two functions enables the support service to also play an individual advocacy role for the tenant.

Supportive housing is also really focused on social inclusion. Whilst everyone lives independently, there are communal spaces generally for tenants to come together and also to connect with the community services, supports and activities that are available in that particular geographical region. Safety is an incredibly important aspect of supportive housing. We are housing some of the most vulnerable people in Queensland. Many of them have complex conditions, including mental health, problematic substance use, physical health conditions, disability, with many having experienced significant trauma. For many people, the reason they are housed with us is because they are unable to sustain a tenancy anywhere else, so safety is incredibly important.

Supportive housing can be delivered in all sorts of housing settings, but the most well-known examples in Queensland would be Brisbane Common Ground which we operate and also our Supportive Housing for Families program. Brisbane Common Ground is a high-density supportive housing building, operated by Common Ground Queensland, and the support services are provided by Micah Projects. We have 146 units within the building. It is fully independent living with communal spaces for tenants to come together and engage with each other. Micah Projects provide intensive support 24/7 and health care on site to our tenants. It is a deliberately diverse mix of tenants. Half of our tenants are on low incomes. Half of our tenants have experienced chronic homelessness. Half are male. Half are female. We have a really culturally diverse representation and a high proportion of Aboriginal and Torres Strait Islander people as well.

Our Supportive Housing for Families program is very similar, except it is delivered in a scattered site model. We rent 20 properties in the private rental market and support families who have experienced chronic homelessness, engagement with child protection and a range of other complexities within their life.

I would observe the key differences between supportive housing and supported accommodation would be that in supportive housing, the housing is permanent; there is no time limit on residency. There are no shared living arrangements, although there is communal space. All tenants have their own rental tenancy agreement and enjoy the same conditions that anyone else does who rents in Queensland. There is a multidisciplinary team of tenancy managers and support providers on site who work with the tenant, and a 24/7 concierge security service that is available within the building.

As far as the tenants themselves are concerned, in my submission I provided a little breakdown of the Brisbane Common Ground tenants cohort. About 24 per cent of our tenants have an NDIS package. About 80 per cent have a mental health issue. About 80 per cent have an acquired brain

injury or a cognitive or intellectual disability. Eight per cent are under the Public Trustee or the Public Advocate. About 39 per cent have problematic substance use issues, and another 12 per cent recognise they have some other form of disability.

To finish off, I would like to mention how pleased I was to see that the first recommendation from our submission has already been delivered. The Homes for Queenslanders plan has referenced the commitment to develop a policy and framework for supportive housing which we are very happy to see and very keen to work with the government around that. Thank you.

Mr BENNETT: I notice that Micah sustains 25 to 30 per cent of the rent of your clients. Are there subsidies or other government support that is a sustainable model for you?

Ms Pope: Yes. We are provided with a grant from the state government. The state government owns Brisbane Common Ground and they provide us with a grant or a top-up, if you like, because the subsidy alone does not enable us to operate. Half of our formerly homeless tenants are on 30 per cent of their income. We have a small number of tenants from our low-income group, about 20-odd, who pay 75 per cent of market rent, and the remaining 50 or so also pay 30 per cent of their income. That is in recognition of the increasing costs of housing.

Mr BENNETT: Did you end up with the commercial space underneath tenanted out as part of an enterprise? Is that happening?

Ms Pope: Yes. We do have two commercial spaces, one on either side of the entrance on the ground floor. Both of those commercial spaces have been leased to Micah Projects. Micah are our support provider. Out of one of those spaces they operate a very well-utilised, inclusive health clinic, one of the last, I think, bulk-billing primary health care clinics in the state. It is very popular and a very welcomed community asset. The other commercial space is also leased to Micah out of which they operate a social enterprise cafe. That is probably a legacy of what it used to be like in Hope Street in South Brisbane. It used to be pretty quiet—there was not much around there—but if you have been to Hope Street, you know we are now surrounded by massive high-rises with loads of apartment buildings. We have a luxury apartment building next door to us. There are a lot more people in the region. I think having commercial space in the bottom of a building like that is an asset for the community and also gives you some revenue to put back into the model.

Mr BERKMAN: Ms Pope, I am really interested in the role of the tenancy managers. Can you fill us in on the breadth of that role and to what extent they play an advocacy role for tenants?

Ms Pope: The tenancy manager does all the usual things that a tenancy manager anywhere in a real estate agent, for example, might do or in another community housing provider. The difference with the tenancy management that we provide is we work very closely with Micah, the support service, and the tenant in a three-way partnership to work with the tenant to address any of the behaviours or any other support needs they might have that are impacting or jeopardising their tenancy. At any one time, we will be working with quite a number of tenants and meeting with them regularly, having conversations with them, setting their goals and doing work towards addressing some of those behaviours that might be impacting their tenancy. Micah Projects are the ones that will play the advocacy role for tenants, as well as being able to provide them with support. That enables the tenant to be well supported and advocated for, but it also enables us to keep that role of tenancy manager because not only do we have an interest in sustaining tenancies for each of our tenants but also we have an interest in maintaining a diverse, happy and collegial environment within the building. We will work with people for a really long time before we exit them from Brisbane Common Ground. Sometimes we do need to exit people for safety reasons, but our sole focus is on sustaining that tenancy and doing whatever we need to, whatever we can, to sustain that tenancy.

Mr BERKMAN: That is very helpful. Thank you.

CHAIR: Are tenants limited to support services from Micah?

Ms Pope: No, they are not. A number of our tenants have NDIS packages, so we have all sorts of support providers coming on to the property to deliver support to tenants, but tenants are welcome to access their own support as well. Accessing support from Micah is not mandatory to maintaining your tenancy. Many of our tenants no longer require support. Many of our low-income tenants never required support, but, yes, Micah Projects will connect people with other organisations and other supports and services where that is better for their needs.

CHAIR: Just as a comment, I noted within your submission that you said the government and peak bodies et cetera would benefit from understanding other models to inform approaches in Queensland, particularly international models. Are there international models that you know of, just

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briefly, that you could recommend that we should have a look at? Obviously we are going to start looking at all models with regard to this inquiry, but is there anything in particular you would like to raise at the moment?

Ms Pope: Yes. Common Ground came from the US. The US have been delivering what they call permanent support of housing since the 1980s. The originators of the Common Ground model are now called Breaking Ground. Actually, Roseanne Haggerty, who first developed the model in the US, is coming out here for a visit later in the year. Because supportive housing has been delivered in the US for so much longer than it has here, I think we have a lot to learn from them. They also deliver a lot more supportive housing, so they have a whole system of supportive housing. Again, I think that we could learn a lot from looking at the US and what they do there. There are models all over the US, but it originated in New York and there is a lot of supportive housing offered right across New York. That is somewhere that I am really interested in exploring myself in the context of Queensland and what that could look like for us.

CHAIR: Thank you, Ms Pope. That is time. I really appreciate you spending your time with us today and look forward to speaking further about those models with you at some stage. I really do thank you for your presentation today.

Ms Pope: Thank you.

REYNOLDS, Mr Lee, General Manager, Skymac Pty Ltd (trading as Avalon Village)

CHAIR: Good morning, Mr Reynolds. I invite you to make an opening statement of around five minutes and then we will have some questions for you.

Mr Reynolds: Thank you very much. There have been dozens of submissions, all with differing views, opinions and solutions on how to fix the ugly duckling some have made us out to be. I felt it is important to come here today to defend my fellow good accredited level 3 supported accommodation providers. Faced with overwhelming odds, we are extremely proud of what we have been able to achieve and provide for the most vulnerable given the history of a lack of funding. Very few understand and recognise the incredible and tireless work owners and operators have been doing over the last 20-, 25- and 30-year period. There was no NDIS back then and we were not able to participate in any government block funding. On behalf of the hundreds, if not thousands, of current and past residents, I would like to thank these operators, some of whom are in the room today, for their ongoing years of community service.

More than any other party, we as providers are under the sharpest scrutiny in this inquiry. We have been served up as the scapegoat of a system failing, resulting in the passive neglect of some of the most vulnerable and marginalised community members. For over 20 years government after government has continuously ignored providers pleading to receive some form of funding to help with the needs of the marginalised people living in our services. It is clear to me from the submissions made that there is widespread and cynical misrepresentation from a number of organisations that continue to deflect and project blame on the very providers best positioned to effect meaningful outcomes for those living in our services. Some of these submissions are very hypocritical and self-serving documents from—please note—well-funded institutes. In my view, some of the submissions are unbalanced. They include damning criticisms without any mention of the efforts of the individual accommodation providers and SAPA over many years to lobby for funding needed to avoid the system's current failings.

We are constantly challenged by external organisations that are under the misguidance that our accommodation and support is government funded and we should therefore provide an all-inclusive service. Too often we are frowned upon because they believe we have a duty of care to provide everything to our residents. We would love for this to be the case, but with no funding it is simply not possible to achieve these expectations.

I would like to focus on two subjects that are continuously mentioned through the submissions—separation of accommodation providers from allowing them to provide additional NDIS support services and choice and control. Strong statements have been made, some calling that we should be prohibited from providing accommodation and supports, demonising such practices. I have no choice but to bring to the attention of the committee that these organisations, while publicly condemning this practice, are blatantly promoting the same practice within their own organisations, advertising an all-inclusive, one-stop-shop service of accommodation and supports. We find this simply hypocritical. Advocates, not for profits and charities are pointing fingers and portraying us as those 'wicked, for-profit people'. Let us be clear: they all have the same responsibility to remain financially sustainable. Fortunately for them, these organisations receive some form of government funding to help them. We equally have a responsibility to remain financially sustainable, not only for our workforce who depend on their job security but ultimately for the residents who call our facilities home so we do not end up closing down, resulting in them being displaced. Not allowing accommodation providers to provide services under the NDIS comes with severe risks. I urge extreme caution in considering this proposal.

In terms of choice and control, we totally agree with the need of choice and control and it is crucial, yet it has been weaponised against our sector. Time and time again critical agencies and organisations take the position or even mandate that internal services are harmful. This creates a fundamental barrier in the person's choice and control by removing what could be their preferred choice. This simply removes many options from residents. Do the residents not have a say in their decisions? They have a choice to perhaps want services from the staff of the accommodation provider with whom they are familiar and continuity of supports. If there are bad operators—and we acknowledge that there are—who are removing people's choice and control and providing bad services, then the regulatory bodies must enforce the power that has been invested in them.

With regard to recognising the workforce, I need to strongly emphasise a subject that no-one pays enough attention to. Operating 24/7 accommodation facilities comes at enormous staff costs—shiftwork, weekends, public holidays, overtime, penalties, payroll taxes, long service leave, just to name a few. The lack of mention throughout the submissions about what it takes to operate the engine

room for us to effectively support the residents only highlights the lack of understanding. I urge the committee to familiarise themselves with the SCHADS award, which we operate under, to get a fundamental understanding of the funds that are needed.

To conclude, our industry has been asked to do the impossible task—to provide an ever-increasing quality of care while seeking to remove all viable sources of funding. We feel unsupported, scapegoated and misunderstood by the rest of the industry. For more than 20 years our industry has lobbied for the government to help us provide accommodation and services in an industry that we are passionate about, not because of the primary purpose of making money but to genuinely care for the residents. Please provide us with support and funding to do so. Do not allow the good operators in our sector to be demonised and blamed for all of the problems in the industry. Recognise the work and the complex 24/7 environment and that there are no easy solutions. While our sector may be struggling under the weight of the regulation and lack of financial support, we remain the most cost-effective and practical solution to this very difficult challenge. Please use our sector as the core solution. Build on what we have with the right funding model and integrated support and our industry will blossom from the ugly duckling that is currently cheated to become a beautiful swan. Thank you for your time.

CHAIR: Thank you, Mr Reynolds.

Mr BENNETT: I probably will not ask you a question, Lee; I will make a statement. I then have to catch a flight, so I am going to wish you all of the very best and thank everyone for their hospitality this week and for everyone's submissions. Lee, I hear what you are saying. I can only make my observations from what I have seen of your facility and the other providers. You do need to be commended. I just point out that this is an incredibly difficult and complex inquiry. We are all struggling with where it is going to go, and I guess that is something for us, but hand on heart I think you do need to be applauded for the work you have done over a long period of time and your other providers, as do the advocacy groups as they also have a role to play. Thanks for making an extra submission here today. Thanks.

CHAIR: Thank you, Deputy Chair.

Mr BERKMAN: Thanks for coming in, Lee, and for rounding out what has been a very big week, and you are right and I agree with what Stephen said. We have seen an extraordinary diversity of service provision. The reality of it is that some of it has been pretty shocking and we need to work out how to address that. From your perspective as a service provider—and let us completely leave to the side profitability as a question—what are the most important targets for state funding to improve the service that you are able to provide as a level 3 service supported accommodation provider?

Mr Reynolds: Some form of funding. There are models, as we mentioned in my earlier submissions. They fund residential aged-care facilities in some fashion on a daily basis which we have never had the opportunity to take. With no funding what happens is that the facilities are run on shoestring budgets and it is a death spiral of what services are provided, there is no maintenance and the residents ultimately suffer, as the advocates are witnessing, and we do go into facilities that without any funding or model to be able to support them there are consequences.

Mr BERKMAN: I guess what I am trying to really touch on though is would funding ideally in your view be targeted towards the individuals in accommodation or at a facility level or something specifically to fill the gaps for those residents who do not have access to NDIS financial supports? That is kind of the level at which I am asking. With any more specificity, how do you think the state might consider targeting its funding?

Mr Reynolds: That would have to be some very clever people to analyse the statistics from Treasury, accountants and people who do those things. I can only make reference to the aged-care funding model. They have had to deal with those complications and how aged-care residential is covered on that aspect. That is the closest I can suggest—some form of funding such as the residential aged care AKA supported accommodation as a starting point of how that model works.

CHAIR: Mr Reynolds, it was a heartfelt opening there. It was really good to hear your statement and obviously the words in there were very emotional and I understand it is for you and for a lot of individuals who are in this space. There has been generally across the board conversations—it does not matter whether it be not for profit, for profit or whatever as we have gone around and viewed some of these areas—and issues raised by residents regarding the use of in-house support services. In particular, some of them have indicated that they themselves would probably like to see a separation from a company using the same people because they felt—this is the individuals themselves—that they were effectively being controlled by both. What do you see as a practical way that this committee can look at making sure that those services are provided but at the same time giving choice and control to those individuals?

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Mr Reynolds: Sure. I believe there is enough regulation in the system already with the NDIS commission, the residential services body and the Community Visitor. My opinion is that those bodies that already exist need to strengthen and do more policing action. The regulatory bodies are already in there. The acts are already in place; they are just not being adhered to. Someone needs to be a stronger police force to ensure those are done. The good operators do the right thing. We have a brand. We have a business to run et cetera, but there is enough regulation in there. It is just that they are not being policed enough.

CHAIR: Thank you. With that, we have reached our time. Thank you, Mr Reynolds, for presenting at the hearing. I want to thank all who have presented to our hearing today and note that any responses to questions on notice will be required by 1 March. That concludes this hearing. I want to thank everybody who has participated today. I want to thank the Hansard reporters. A transcript of these proceedings will be available on the committee's webpage in due course. I declare this public hearing closed.

The committee adjourned at 12.02 pm.