



The Immediate Housing Response for Families

A Study of Families Living in Motels

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Acknowledgements	<p>We extend our gratitude to the Micah Projects Families to Home Team, who provided significant support to enable this research. We thank the families, practitioners, and motel providers who participated in this research and generously shared their experiences and knowledge.</p> <p>This research was supported by the Australian Government through the Australian Research Council’s Centre of Excellence for Children and Families over the Life Course (Project ID CE200100025) and ARC Industry Fellowship (IM230100850). It received in-kind support from Micah Projects.</p>
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Date prepared	<p>August 2025</p>

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Foreword

I'm speaking not just for myself and my daughter. I'm speaking for the countless women, men and young people across Queensland who are homeless and stuck in emergency hotel accommodation. We're people who fled violence, survived trauma, battled addiction, lived with disability and illness. We are mothers, fathers, carers and young people, all left waiting for help that takes too long, if it comes at all. Emergency accommodation is not care, it is crisis containment. And for too many of us, is the only option left.

I want to express my deep gratitude to Micah services and other frontline workers who stepped in when no one else does. Without them, my daughter and I would have been living in my car, or worse. Their support saved us, but we should not have to be saved by overworked caseworkers and emergency responses. We need a system that prevents crisis, not reacts to it.

The reality of emergency hotel accommodation. Emergency hotels are not safe. They are not therapeutic. They are often chaotic, violent and filled with triggers for people already living with trauma. Men, women and young people are placed in these environments without adequate support, safety planning or protection. Those of us in recovery—from trauma, mental illness or addiction—are placed in situations that risk our process and our lives. We are locked in our rooms, too afraid to go out. There's no kitchen facilities, no rest, no privacy and no peace. Cockroaches infest our food. The noise never stops, and there is no sense of home.

The emotional cost. This isn't just hard, it's devastating. When people are left in these conditions for too long, suicide and substance use become real alternatives. Not because we want to die, but because this kind of living slowly breaks the human spirit. Men in these hotels are using to numb the pain. Women are re-traumatised. Young people are

giving up. I've met people who've lost everything and now feel like they've lost themselves. My daughter and I both have experienced suicidal thoughts while in hotel accommodation. We are not alone. We are surrounded by others—men, women, teenagers—who feel abandoned by a system that is supposed to care.

Services are failing to keep up. They are overwhelmed. Waiting lists are months long, sometimes years. Strict eligibility rules make help hard to access. I've been on the social housing transfer list since 2019. I'm on a seven-month waiting list for sexual assault counselling. My daughter, who lives with complex trauma and illness, can't access youth services because she's too complex or too old. Men told me they're turned away for not having children. Families are separated because of a lack of appropriate, inclusive housing. Parents are burnt out and trying to protect their kids without help.

What needs to change? We don't need more band aids. We need a system that heals. Urgent investment in long term trauma, informed housing, supported age inclusive accommodation for people with complex needs, 24/7 therapeutic housing for youth and adults, integrated outreach services for housing, mental health, addiction and recovery, flexible person-centred systems that recognise lived experience and urgent need.

I have a diploma in Community Services. I want to work, to contribute and to give back, but I can't move forward when I don't know where I'll be sleeping next week. I can't heal when my daughter and I are trapped in a room we're afraid to leave. None of us can. Emergency accommodation is not a home. It's not safe, it's not healing, and it's costing lives. Please invest in solutions, not survival. We don't want pity. We want partnership. We don't need handouts. We need homes.

Authored by a Micah Projects participant

Executive Summary

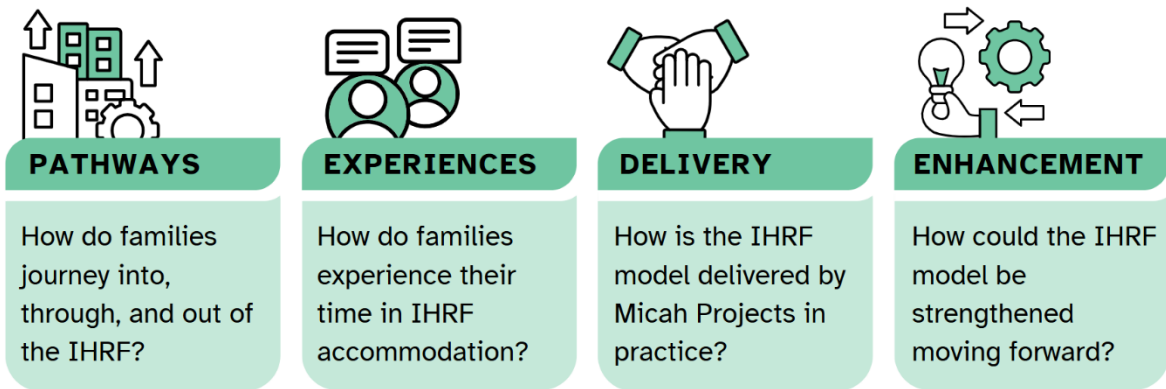
The Immediate Housing Response for Families: A Study of Families Living in Motels

Ella Kuskoff, Helen Mols, Maile Walker, Karyn Walsh,
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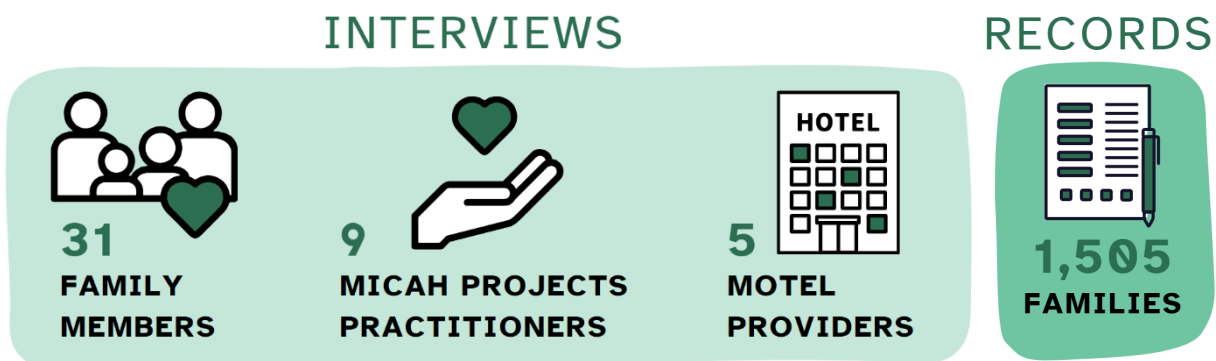
What was the research about?

This research investigated the Immediate Housing Response for Families (IHRF), with a particular focus on families currently being accommodated in motels. We aimed to understand how the IHRF is delivered in practice, as well as the experiences and outcomes of families who are accommodated through the program. Given the ongoing effects of the housing crisis and increasing strain on the service system, it is both timely and important to examine how the IHRF operates and the impact it has on the families involved. To this end, the research addresses the following four key research areas.



What did the research entail?

To investigate the above research areas, we used a mixed-method study design. Drawing on various forms of interview data from several stakeholder groups, along with Micah Projects' administrative records, we designed the study to capture a breadth and depth of knowledge and experience. The data we drew on includes:



What were the key findings?



PATHWAYS

- Micah Projects has supported 1,505 families across the life of the IHRF program. These families included at least 2,080 children, with 752 of these children being under age five.
- 59% of currently supported families have been living in a motel for more than three months.
- The number of families Micah Projects assists through the IHRF has approximately doubled each year.
- Only 22% of all families supported across the life of the IHRF have exited into long-term housing. Of these, the majority (68%) were accommodated through social, community, or permanent supportive housing, with fewer (32%) able to access the private rental market.
- Of the families who have exited the IHRF, 53% exited into crisis accommodation.

EXPERIENCES

- Families faced significant challenges regarding their living conditions and the difficulties of living everyday life in the restrictive environment of the motel rooms, which were not designed to accommodate families for the long term.
- Rather than experiencing motels as places where they could safely settle and have the space to work towards housing goals, families experienced significant instability and further marginalisation, which impacted on their family functioning.
- Children's connections to school and childcare were disrupted, as was their freedom to play, explore, and develop. Parents felt unable to be the parents they aspired to be.
- Families' experiences in the motels were largely influenced by which motel they were living at, including the ways in which the motel environment impacted their sense of safety and autonomy.

DELIVERY

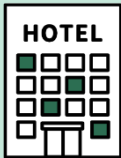
- Families deeply appreciated Micah Projects' flexible approach to delivering housing and multidisciplinary support, particularly the consistent weekly on-site drop-in sessions.
- The large volume of families supported through IHRF along with the high acuity of many families meant the practitioners often felt they were unable to provide support that was consistent with their own values.
- Building and managing relationships with the motel providers, on whom the program relies heavily to function, was seen as critical but time consuming.
- Motel providers invested significant work into implementing strategies to support the IHRF, but at times faced issues with maintaining health and safety standards.
- Across 2025, Micah Projects' average cost of accommodating families through the IHRF was \$1.83 million per month.



ENHANCEMENT

The recommendations below are directly informed by the data and evidence presented throughout this report. The recommendations can be characterised as aiming to mobilise change at two different levels: (1) improving the way the IHRF is funded and operates, and (2) reimagining the role of the IHRF within the broader system. Changes across these two levels must operate in tandem to enhance the experiences and outcomes achieved by families being supported through the IHRF.

Revising and improving the IHRF model



Separate motel management from support provision

Formally distinguish a motel management role within IHRF providers to create the conditions for positive relationships between IHRF providers and motel providers and to support the operational effectiveness of the model.



Determine a sustainable practitioner to participant ratio

Deliberately and purposefully structure funding to enable IHRF providers to employ practitioners and better meet the needs of participants in line with the intended objectives of the IHRF.



Grow a culture of excellence characterised by reflection on unmet need

Support practitioners' sustainability and work satisfaction by enabling them to practice in ways that demonstrate excellence while recognising that unmet need is a reality that does not indicate a failure of excellence.

Reimagining the system



Identify clear and sustainable housing exit pathways

Systematically create appropriate exit pathways, recognising that there is not one type of housing that is appropriate for all families. Rather, families' housing needs are diverse and require a purposeful housing match.



Embed the IHRF within a systems approach

Enable and fund collaborative work across the suite of government departments and resources, in addition to the formal and informal resources and supports provided through the community.



Reconfigure the IHRF to advance children's interests and wellbeing

Draw on evidence-based interventions to target children's interests, respond to the immediate priorities and interests of families, and facilitate the realisation of later life benefits to family and community functioning.

Chapter 1. Introduction

1.1 Background

Families in Australia are currently facing unprecedented challenges to accessing secure and affordable housing, with the cost of housing reaching record highs in 2024 (Schatz & Thomas, 2024). In Queensland, the rental market is posing a particular challenge to low-income families. As the most recent Rental Affordability Snapshot soberingly demonstrates, in 2024 only 0.1% of rental listings were affordable for a couple on jobseeker payments with two children. This number reduced to 0.0% for a single parent with two children (Anglicare Australia, 2024). Social housing options for families unable to access the private rental market are similarly scarce. In Queensland in 2024, over 25,300 households were on the waiting list for social housing; more than 7,800 of these households were families with children (QCOSS, 2024). With social housing dwellings representing only 3.6% of all dwellings in Queensland (Australian Institute of Health and Welfare, 2024), the wait-time for social housing is approximately two and a half years (QCOSS, 2024). With limited social housing availability, families unable to access the private rental market have few alternative housing options and face high risks of experiencing homelessness.

Given the increasing difficulties low-income families are currently facing to accessing affordable and social housing, it is perhaps unsurprising that the number of families with children presenting to specialist homelessness services is reaching record highs (Homelessness Australia, 2024; QCOSS, 2024). In Queensland alone, over 13,100 children presented to specialist homelessness services with their families in 2022-23 (Homelessness Australia, 2024). The rate of families experiencing or at risk of homelessness is particularly concerning given the clear evidence that when families experience homelessness, they also experience social exclusion, shame and stigma, and compounding forms of disadvantage (Hastings, 2023; Hulse & Sharam, 2013). These experiences are often traumatic and have long-term implications for a family's overall stability and functioning, as well as for children's developmental, social, and educational outcomes (Cutuli & Herbers, 2014; Hastings, 2023; Murran & Brady, 2023).

Within the context of the current housing crisis and increasing need demonstrated by families and children experiencing and at risk of homelessness, it is critical that effective policy and programmatic responses are implemented to facilitate more positive family outcomes. This report presents the findings of a study that was conducted to develop critical empirical evidence about Queensland’s current overarching response to families experiencing homelessness—the Immediate Housing Response for Families (IHRF)—as delivered by Micah Projects.

1.2 The Immediate Housing Response for Families

Having commenced in 2022, the IHRF recognises and responds to the increasing number of families experiencing homelessness within the current context of rising costs of living and difficulties accessing affordable housing (Queensland Government, 2022). The IHRF provides funding along with operational guidelines to enable frontline service providers to facilitate access to short-term temporary accommodation for eligible families who are experiencing or at imminent risk of homelessness. This accommodation is predominantly provided in the form of motel/hotel-style accommodation (henceforth referred to as ‘motels’)¹.

Below, we provide a brief overview of the current *Immediate Housing Response (IHR)*² *Operational Guidelines* (Department of Housing and Public Works, 2025), including eligibility, scope, and available funding. It is important to note here that the current operational guidelines were introduced in March 2025, towards the end of our study’s data collection. As such, the findings presented in this report are strongly informed by experiences under previous iterations of the guidelines.

Eligibility

Through the IHRF, service providers can support families who are experiencing or at imminent risk of homelessness to immediately access short-term temporary accommodation. Figure 1 provides a high-level overview of the key eligibility and exclusion criteria as detailed in the current operational guidelines (Department of Housing and Public Works, 2025). Importantly, compared to previous iterations of the operational guidelines (Department of Housing and Public Works,

¹ While motels, hotels, serviced apartments, and other forms of accommodations are used to support families through IHRF, we use the term ‘motels’ consistently throughout this report for simplicity. Our use of the term ‘motels’ also encompasses hotels and similar forms of purchased short-term accommodation.

² The Immediate Housing Response (IHR) has two streams: one for families and one for individuals. While this report specifically focuses on the Immediate Housing Response for Families (IHRF) stream, the Operational Guidelines are applicable to both streams.

2024), the current guidelines include much stricter eligibility criteria, as well as a list of exclusions to the program that did not appear in earlier iterations. The current guidelines also include a list of circumstances under which providers may exit families from the program.

Figure 1. Current inclusion/exclusion criteria



It is also important to note that under the previous guidelines, families were not required to be eligible for social housing to access the IHRF. Given the current housing crisis and high costs of rental accommodation, as evidenced above, the addition of this criterion means there are now likely to be many families whose incomes are too high to access support through the IHRF, but too low to access the private rental market. For such families, few support options exist.

Scope

If a family meets the above eligibility criteria, an IHRF provider may source motel accommodation, noting that such accommodation “must represent a cost-effective option” (Department of Housing and Public Works 2025, p. 2). While a family’s initial motel booking period is to be assessed case-by-case, the current operational guidelines state it should be for no more than two weeks. After the first five days in their IHRF-funded accommodation, families are required to pay a co-contribution towards their accommodation costs. This payment is made directly to the motel and ranges from 0 to 25 per cent of a family’s income. In the previous iteration of the guidelines, such a co-contribution was only required when the families’ circumstances supported it.

While the current guidelines provide some scope for IHRF providers to seek temporary accommodation options that suit individual families' needs, meeting family preferences cannot be guaranteed. The guidelines allow only one reasonable offer of IHRF accommodation to be made to a family, with the exception of families experiencing exceptional circumstances, such as domestic and family violence. Families who decline a reasonable offer, according to the guidelines, will not receive a further offer.

The guidelines also include a requirement for families to respond to an IHRF service provider within five business days of being contacted, and to work with the provider to develop a plan to access longer-term accommodation. Indeed, families are expected to actively seek alternative accommodation, and IHRF providers are expected to actively engage with families throughout their time in the program to provide the supports required for families to access other housing options. Within seven days of accessing IHRF-funded accommodation, families are required to have lodged an application for social housing.

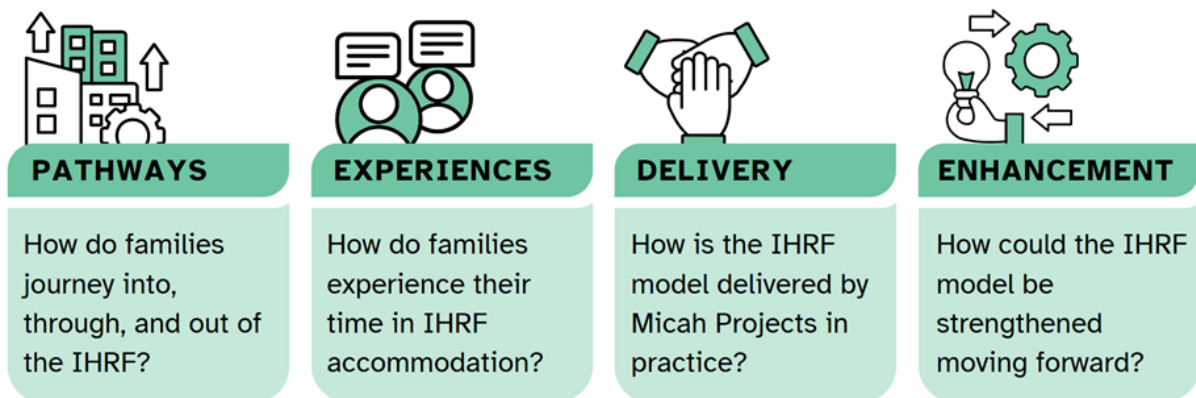
Funding

The IHRF provides support services with funding to deliver the program through two components: (1) support worker funding, and (2) emergency brokerage. Support worker funding enables IHRF service providers to employ support workers to deliver case management support to assist families to access and sustain motel accommodation and transition to longer-term housing. The emergency brokerage provides funding for IHRF service providers to purchase short-term temporary accommodation, as well as items that are essential for supporting families to commence or sustain a tenancy. Brokerage can also be used for goods or services that support families to transition into longer-term accommodation.

1.3 The study

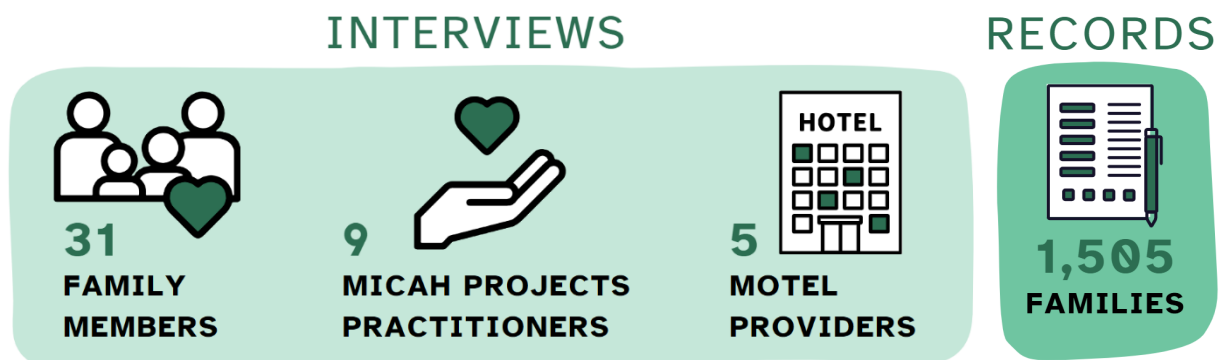
This study was designed to generate comprehensive empirical evidence regarding how the IHRF is delivered by Micah Projects in practice, as well as to provide insight into the experiences and outcomes of the families accommodated through the program. Given the program is now in its third year, it is both timely and important to examine how the program operates and the impact it has on the families involved. To this end, the study addresses four key research areas depicted in Figure 2. The evidence presented in this report will be critical for mobilising change and enhancing the experiences and outcomes achieved by families being supported through the IHRF.

Figure 2. Key research areas



To investigate the above research areas, we used a mixed-method study design. Drawing on qualitative interview data from several stakeholder groups along with Micah Projects' administrative record data, we designed the study to capture a breadth and depth of knowledge and experience. The forms of data we collected and analysed are summarised in Figure 3 and briefly discussed below. The collection of these data was enabled by the generous support of the Micah Projects Families to Home team.

Figure 3. Data used for the study



Qualitative interview data

Qualitative data were collected through semi-structured interviews with participants from multiple stakeholder groups. After ethical review and approval by The University of Queensland's Human Research Ethics Committee (2024/HE002289), in-depth qualitative interviews were conducted with families being accommodated through the IHRF, practitioners delivering the IHRF, and motels providing accommodation for IHRF use. These interviews were focused on gaining insight into how families and motel providers experience the IHRF, as well as how Micah Projects delivers the IHRF in practice.

Family members accommodated through IHRF (n=31): Interviews with families accommodated through the IHRF took place across four motels between February and April 2025. As part of their regular service delivery, practitioners from the Families to Home team visited motels four days a week to deliver in-person services to families. Researchers accompanied practitioners on eight of these visits across the two-month fieldwork period. All adult family members being accommodated through the IHRF who were encountered on these visits were invited to participate in an interview. The 31 family members represent all those who consented. The interviews sought to understand how families came to be living in the motel, their experiences of living in the motel, their experiences of receiving support services, and their future goals.

Practitioners delivering IHRF (n=9): We also conducted interviews with Micah Projects practitioners who had practical experience with, or deep background knowledge of, service delivery in the IHRF context. These interviews examined practitioners' views and experiences of the IHRF model, its strengths and challenges, and its impacts on families. They also explored the practicalities and challenges of delivering services and housing support to families in the program.

Motels providing rooms for IHRF (n=5): Finally, we conducted interviews with motel owners and managers with experience providing rooms for use by families in the IHRF. These interviews explored motel providers' experiences engaging with the families, experiences working alongside Micah Projects to deliver the IHRF, and perspectives on the strengths and limitations of the program. These interviews offer an important perspective on the IHRF given the program's reliance on motels to function.

Quantitative administrative records

As well as qualitative interview data, the study also drew on quantitative administrative data held by Micah Projects. The data spans from the commencement of the IHRF in July 2022 through to June 2025 (inclusive). We draw on this data throughout the report to provide information on families' demographic characteristics and composition, the duration of their support through IHRF, their reasons for needing support, and their housing outcomes upon program exit. We also draw on Micah Projects' administrative data to conduct analyses of the financial cost of providing IHRF.

The administrative data that we draw on throughout this report was collected and recorded by Micah Projects practitioners through the course of their day-to-day practice, and was thus not

collected specifically for the purpose of this research. This makes administrative data a valuable form of real-world data with the capacity to provide critical insight into the realities of IHRF delivery and family outcomes. However, the nature of administrative data means it has unique limitations that must be considered when interpreting the data. For example, when using administrative data it is not uncommon to encounter missing records or find differences in practitioners' conceptualisations of items when entering data. Where particular limitations arise in the analyses we present in this report, we discuss these limitations explicitly within the context of the data we are presenting.

1.4 Conclusion

This report presents the findings of our mixed-methods study of Queensland's Immediate Housing Response for Families as delivered by Micah Projects. Considering the current difficulties low-income families face in accessing secure and affordable housing, along with rising costs of living, it is imperative that effective policy and program responses are implemented to support such families and enable positive outcomes. This report engages with a range of stakeholder voices to examine experiences, strengths, and challenges of the IHRF. The report concludes by offering a range of recommendations targeted at improving the experiences and outcomes of families who are struggling to access secure and affordable long-term accommodation.

Chapter 2. Families' pathways

2.1 Introduction

Every family is different, and so too are their needs, experiences, and pathways into and out of support. Drawing predominantly on Micah Projects' administrative data including all families that Micah Projects has supported to access the IHRF since its inception, this chapter examines families' pathways into, through, and out of the IHRF. This includes how many families Micah Projects supports through the IHRF; the demographics and composition of the families; families' movement within the program; and where families exit to when they leave the motel accommodation. This chapter's use of administrative data to map families' entry points, exit points, and pathways through the IHRF provides critical context to set the scene for our qualitative exploration of families' firsthand experiences of the IHRF in subsequent chapters.



PATHWAYS

How do families journey into, through, and out of the IHRF?

2.2 Families in the IHRF

Numbers and demographics

Between the commencement of the IHRF in July 2022 and our final data collection point in June 2025, Micah Projects supported a total of 1,505 families through the IHRF. Of these families, 1,137 (76%) were single parent families, 179 (12%) were young families (i.e., families with a parent under the age of 25), and 459 (30%) identified as Aboriginal or Torres Strait Islander. In addition, 636 (42%) families in the IHRF reported experiencing domestic and family violence. Of the 447 families that accessed motels from the 12 months from June 2024 to June 2025, 115 (26%) had an open investigation with child safety, and 30 (7%) had an ongoing intervention.

Detailed family composition data was available for 1,195 of the families who accessed motel accommodation since July 2022, all of which were supported by the Families to Home Team. As Figure 4 shows, these 1,195 family units represent 3,456 individual people, including 2,080 children. Of these children, 752 were under the age of 5.

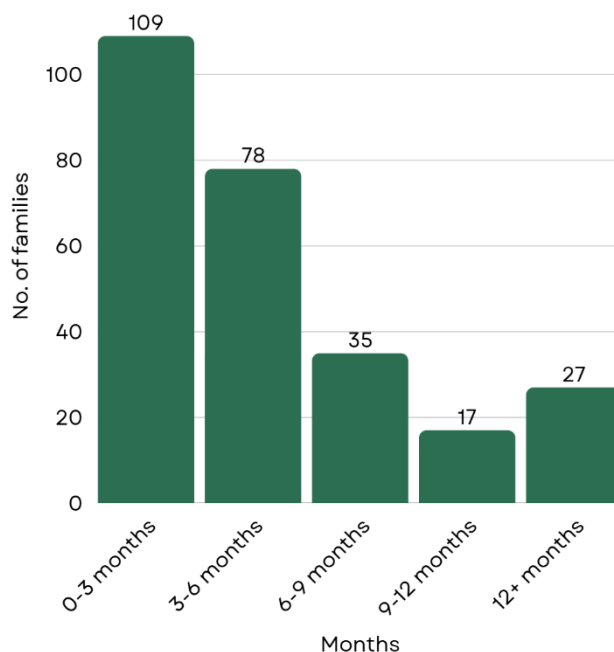
Figure 4. Family composition



Length of time in motels

On 30 June 2025, Micah Projects was supporting 277 families in motels through the IHRF. Of these families, we were able to access data about the length of stay for 266 families. As Figure 5 below demonstrates, the majority of these families (n=109, 41%) had been accommodated through the IHRF for 0-3 months, followed by families who had been accommodated for 3-6 months (n=78, 29%). A smaller but still substantial number of families had been accommodated for 6-9 months (n=35, 13%), and 9-12 months (n=17, 6%). Twenty-seven (10%) families had been living in motels through the IHRF for over one year.

Figure 5. Length of time in IHRF for currently supported families



For the families who have exited the IHRF (n=970), the average length of stay was 84 days, or just under 3 months. A small number of these exited families (n=75) were supported by the IHRF for two weeks or less and did not return. This suggests that for a minority of families, the crisis they experience is indeed short term and the IHRF may be functioning as intended. However, for most families this is not the case, and they find themselves living in the motels for several months.

The length of time families spend in the IHRF indicates that, for the majority of families, the program is not functioning as the short-term temporary accommodation it was originally intended to be. This issue was raised in the qualitative interviews with families, practitioners, and motel providers alike. Across the 31 family participants that we spoke to, they reported being in their current motel for a mean of just over four months, with a range of two weeks to eight months. However, some noted that the time they had spent in their current motel did not accurately capture the length of time they had spent living in motels overall. These family participants reported moving between motels, often multiple times. For example:

Been in the whole system thing for a year, in the whole thing of going through motels. (Family)

It's my sixth motel in a year and a half... I've been here seven months. (Family)

Micah Projects practitioners working to deliver the IHRF, as well as the motel providers, also spoke of the length of time families were spending living in motels, and discussed how what was initially designed to be a short-term and crisis-focused response had morphed into a longer-term and untenable solution. For example:

What it used to be was very different. And it was that immediate needs of maybe two weeks at a time, and there was no extended period of a family being in crisis accommodation... The higher systems that are failing this cohort has pushed our role into being that longer term, from two weeks to two years. (Practitioner)

We've got multiple families who've been in IHRF accommodation for over a year... If people weren't sitting in crisis for a year and sitting in transitional forever, we would not need the crisis system to be this big. (Practitioner)

This is crisis and emergency accommodation. But some people have turned and said... How long will I be here for? Well, how long is a piece of string? What's the definition of short-term stay? We've had people that have been here for over year. (Motel Provider)

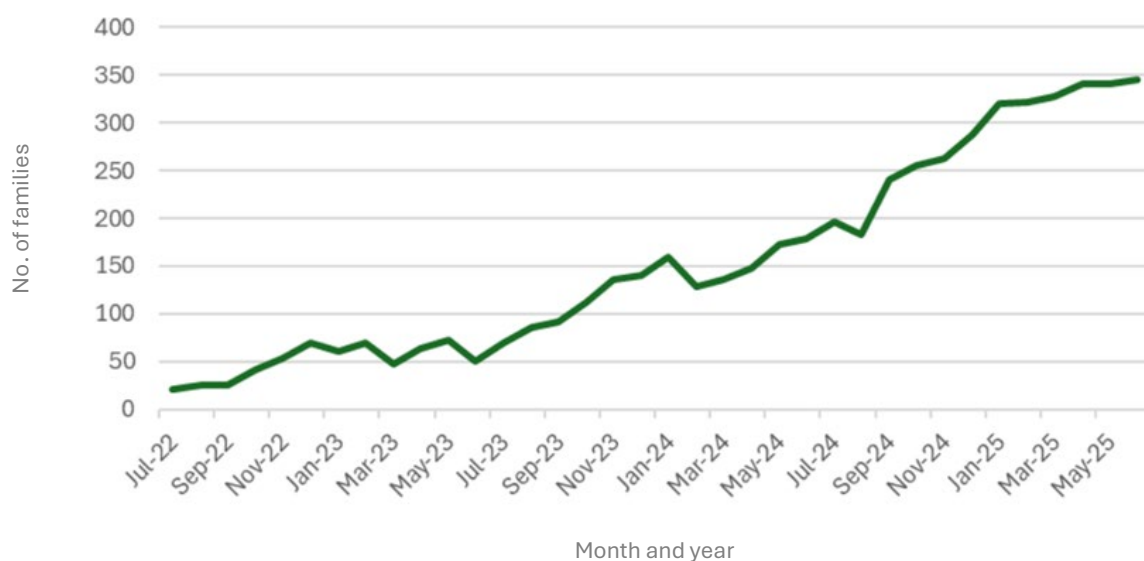
Later in this chapter, we discuss in detail the factors contributing to families' long term stays in the IHRF, including barriers preventing families from moving out of the crisis accommodation. In the following chapter, we discuss at length families' experiences in the motels, including

implications of extended motel stays on families' and children's lives, wellbeing, and functioning.

Increase in families supported

In addition to supporting the long-term accommodation needs of families in the IHRF, Micah Projects is also seeing an increase in families accessing the IHRF. This is clearly demonstrated in Figure 6 below, which shows a steady increase in the total number of families assisted each month since the IHRF was first introduced in July 2022.

Figure 6. Total families assisted each month (new and continued)



The qualitative interviews provide some insight into the reasons underpinning the increase in families presenting to Micah Projects in need of IHRF support. Practitioners spoke at length about seeing families heavily impacted by the current cost of living crisis, as well as the housing crisis that is seeing rapidly rising costs of housing along with extremely low rental vacancy rates. As some practitioners explained:

The government... they've underestimated the need, and it coincided with the rental crisis and the raising, you know. It just, coincidentally or not, I think we broke all predicted [numbers]. But it coincided with all of those other systemic issues that have meant that the numbers have been much more than what was expected originally. (Practitioner)

A lot of families are just priced out of the rental market, have never been homeless before, have always had a property, have always had a tenancy, have a job, and unfortunately, have found themselves in a situation just because of the cost of living crisis and the housing crisis, and it literally could be anyone. (Practitioner)

For these practitioners, families were understood to be accessing the IHRF due to being no longer able to access affordable—or indeed, any—housing on the private rental market. However, this cohort of families was seen to be a relatively new cohort who perhaps would not have needed to access supports such as the IHRF in previous years when housing was more accessible. As one practitioner explained:

Contemporary homelessness now that, you know, a family had minimal barriers, were in a private rental their whole life. But because they were working class and rent increase, they've now ended up in crisis accommodation where that would have never happened five, even five years ago. (Practitioner)

In addition to this ‘newer’ cohort of families in need of predominantly housing support, practitioners also spoke about a more vulnerable cohort of families with high and multidisciplinary support needs. These families were understood to have experienced more chronic forms of homelessness or housing instability and often extensive trauma backgrounds, which contributed to their intersecting support needs.

In the world where there is no other options, people are doing what they can out of the options that are available to them... Some of those options might be real bad in a lot of really nuanced ways, worse than the streets in some cases, because of the level of violence, exploitation or whatever people are in... and that's what a lot of the families who are now in here used to be in. (Practitioner)

They are all very different in their needs, is the main thing that I think about with families, that the needs of the family that I saw for five minutes, versus the ones I saw for 40 minutes, are very different. And across our families are really, it's such a broad range of need. (Practitioner)

Practitioners’ experiences delivering the IHRF in the context of increasing demand therefore speak not only to the exacerbation of existing levels of marginalisation and need among highly

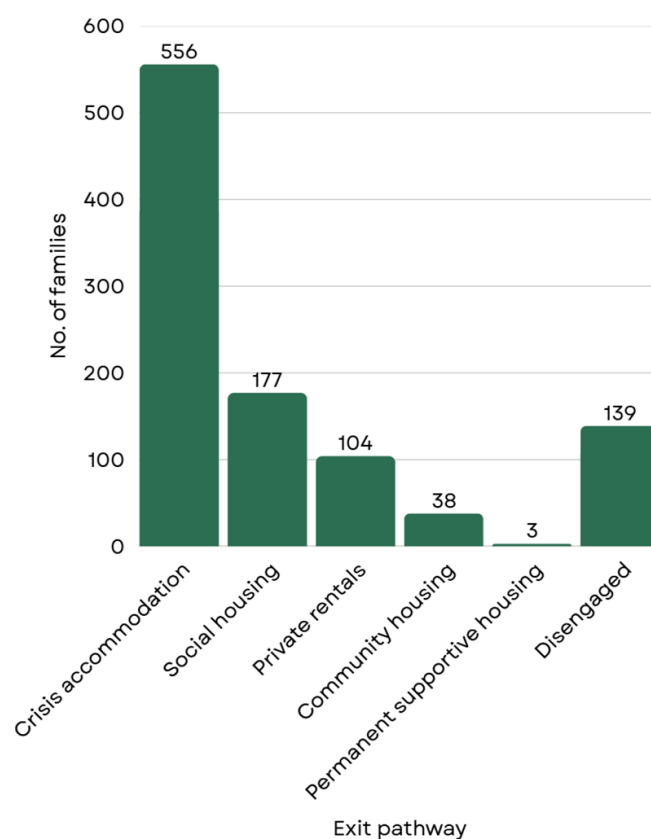
vulnerable families, but also to increasing levels of need among an emerging cohort of families unable to maintain their access to the private rental market.

2.3 Exit pathways

The ability of families to exit the IHRF into more suitable long-term housing is a critical point of consideration; indeed, supporting families into exit pathways is a key focus of the IHRF (Department of Housing and Public Works, 2025). Drawing on Micah Projects' administrative data, we found that between the establishment of the IHRF in July 2022 and our last data collection point in June 2025, 1,046 families exited the IHRF³. Of these exited families, and as presented in Figure 7, approximately 556 (53%) exited to alternative crisis accommodation (e.g., couch surfing, moving to another service provider), 331 (32%) moved into longer-term housing, and 139 (13%) disengaged from the program (e.g., departed their motel without telling the provider, were evicted and unable to be re-accommodated).

The aforementioned 331 families who successfully exited into long-term housing represent 22% of all families who have ever been accommodated by Micah Projects through the IHRF, including families currently in the program. Of these 331 families, we were able to access data on the type of housing for 322 of them. Of these 322, the majority were housed in social housing (n=177, 55%), followed by private rentals (n=104, 32%), community housing (n=38, 12%), and permanent supportive housing (n=3, 1%). While two families who had exited into long-term housing did cycle back into

Figure 7. Exits from IHRF



³ There are some limitations with this administrative data, as exit data was not always consistently collected for the first year of the IHRF program. This data may therefore be underrepresenting the number of families who have exited the IHRF.

IHRF, for most families, the identification of a permanent long-term housing solution marked an end to the family requiring motel accommodation, and the need did not recur.

Our qualitative interviews provide insight into the barriers that may be hindering families from accessing long-term accommodation and exiting the IHRF. The family participants themselves, for example, spoke at length about the difficulties of accessing the private rental market due to high demand, low vacancy rates, and high rents. Families also spoke of feeling like it was particularly challenging for them to access rental housing when they had multiple children or were receiving income support payments, as they felt real estate agents preferred not to rent to people in their situations. Indeed, the administrative data shows that from July 2024 to June 2025, 51% of surveyed families supported by Micah Projects reported feeling like they had been discriminated against when trying to access housing or other social programs. In our interviews, families also expressed concerns about the cost of rental housing in comparison to their low incomes. For example:

A lot of people are in the same place, like rentals are hard to get. They're so hard. We applied for about 1000 of them. We got knocked back every time. Literally, we went to so many house applications and just kept falling through because we have either a child or it's because we have other things going on... So, they were like, 'No, we don't want Centrelink people'. (Family)

They didn't tell me face to face this is the reason because you're not working, but I feel like it, because I'm not working, I'm on Centrelink, they're not giving me [a rental]... because I've been applying, more than 20, more than, like every day I will find this property. Because I am looking for property under the \$500 because I'm on Centrelink benefit. So I can't go beyond, I can't go above that. (Family)

Despite these challenges, and as the above Figure 5 illustrates, some 104 families have been successful at exiting the IHRF and accessing the private rental market. Much of this success has been attributed by the practitioners to the dedicated practitioner role of working with and advocating to real estate agents, and supporting participants to engage with real estate agents and submit their rental applications. One practitioner explained the value of this role as follows:

She's not a social worker. She's worked in real estate, so she is brilliant, navigating that business and social welfare space and trying to convince real

estate agents that this is worth becoming part of, but also putting that the robust conversation of the family in place as well. (Practitioner)

Nonetheless, with the high number of families being supported and the current conditions of the private rental market, even with the support of this dedicated role, the majority of the families in IHRF still faced challenges to accessing the private market.

With rental housing viewed as unattainable, families' only other perceived exit option was social housing. However, this was often viewed as equally elusive, with many participants reporting having been on the waiting list for months or years. This long wait for social housing, along with the view that the current supply of social housing is inadequate, was also a focus in our interviews with practitioners. As the following two practitioners succinctly summarised:

What this funding is trying to achieve, is identifying housing pathways. The problem is, at the moment, there just isn't many of them. (Practitioner)

Unless there's some massive change to housing, where all these new allocations are created, the families will continue to be in the IHR for years. (Practitioner)

Importantly, families' circumstances often meant that neither social housing nor private rentals were viable exit options. These were often situations where families were employed in low-income jobs, thereby earning too much to be eligible for social housing, but not enough to access the private rental market. Critically, with the current operational guidelines' addition of the eligibility criterion that incoming families must be eligible for social housing in order to access the IHRF, it is likely that moving forward, private rental outcomes will become even more challenging for the program to achieve given the low-income threshold for social housing eligibility.

Together with the administrative data indicating that over the life of the program, only 22% of all supported families successfully exited the IHRF into long-term accommodation, the above interview excerpts foreground the critical need for viable exit pathways—which are predicated on the existence of housing stock—to enable families to transition out of the IHRF and into more appropriate and stable housing.

2.4 Conclusion

Since the IHRF's inception in 2022, Micah Projects has supported 1,505 families through the IHRF. These families have diverse histories, needs, and pathways into and out of support. While some families have experienced histories of chronic homelessness or housing instability, for others this is a relatively new experience after being priced out of the private rental market. Families' histories and support needs, in turn, have important implications for their viable exit pathways. Indeed, for most families, the lack of viable exit pathways meant they experienced prolonged stays within the IHRF. The findings presented in this chapter point to the critical need for appropriate long-term housing options that meet the diverse needs and circumstances of the families. The importance of long-term housing options for families to transition into becomes even more critical in the context of families' experiences in the motels. We turn to this topic in the following chapter.

Chapter 3. Families' experiences

3.1 Introduction

The impacts of the IHRF cannot be understood in the absence of a deep engagement with the experiences of the families accommodated through the program. This chapter explores the first-hand experiences generously shared by families living in the motels. Specifically, the chapter focuses on the experiences of families with the motel environment; how living in a motel impacts on family functioning; and the experiences of children living at the motels. Interviews with families provided important insights into the challenges associated with living in—and, indeed, experiencing crisis in—accommodation designed for the short-term stay of holidaying guests.



EXPERIENCES

How do families experience their time in IHRF accommodation?

3.2 Motel context

It is important to note the large variation between the motels that the families interviewed were residing in. Motels differed both in their physical built environment as well as their social environment. In terms of the built environment, the motel room styles ranged from one-room studios to two-room apartment-style units with separate kitchens and loungerooms. While some accommodations were more 'motel-style', with external entrances and greenspace where children could play, others were more 'hotel-style' with many rooms contained within one large building. The social environment also differed in terms of the type and extent of rules in place and the extent to which families reported witnessing violence, substance use, and criminal activity. The social environment also varied in terms of the extent to which families got to know each other and formed social bonds.

Reflecting these differences in the physical and social environments of the motels, the views and experiences of families at times differed according to which motel they were staying in. Many families had also stayed in multiple motels and were able to compare their experiences across different motels. Given the differences between the motels, care must be taken when

interpreting the findings presented below. Differences between the motels are detailed further throughout this chapter to contextualise the findings presented.

3.3 The motel environment

Room size and amenity

Where a family living in a house will typically have separate rooms for sleeping, eating, working and playing, families living in the motels reported engaging in these everyday living activities in much smaller and shared spaces. Indeed, the built environment of many of the motels meant that parents and children were often confined to engaging in these day-to-day activities together in a single room.

[Written interview notes] In terms of the place itself, the participant spoke to there not being a lot of space for them all, especially with a newborn baby now in the picture... The participant described their place as basically one room where the kitchen, living room and bedroom are all in one. (Family)

[Written interview notes] The participant described how hard it is to be confined to a room with a child. (Family)

For larger families, living space was further restricted by overcrowding. Parents with multiple children frequently spoke of the challenges involved in living with so many people, often in a single room. This also meant families had to improvise sleeping situations, with many family members sharing beds, sleeping on couches, or on the floor. For example:

My son sleeps on the couch, and the other two [teenagers] share a bed. Because there's two single beds in a room, and then there's my queen size bed. Me and my baby share the [queen] bed, and two of the girls share a [single] bed, and the other girl sleeps in the other bed. (Family)

So right now, my daughter sleep on the floor... She sleep on the floor with things spread, blanket spread on the floor. (Family)

Space was even further restricted for families who had their belongings with them. Many families, having previously lived in a house or apartment, had furniture and other belongings that they were keeping to bring with them when they found their next house. Motels, having been designed for

short-term stays, were poorly equipped to store the life belongings of a family. As one family participant explained:

I'm the only one here with all my furniture, everything, all here, all through is all mine. So it's really stacked up and because I got five little ones. (Family)

While the space restrictions were felt more acutely by families living in studio-style rooms, the constraints of living in motel accommodation designed for short-term holiday stays was a common experience for the families we interviewed.

The challenges families faced were further compounded by the lack of amenity available in many of the motels. Although the amenity and services varied across the motels—and, indeed, across different rooms within the same motels—families frequently described issues with accessing basic cooking and cleaning facilities. For example, families, particularly those in one-room motels, frequently indicated that they do not have the amenities or crockery required to cook meals for themselves:

At the moment, I only got access to a kettle, microwave and a toaster... So basically, it hasn't been the healthiest of meals, because it's basically been canned stuff or noodles, or frozen meals. (Family)

We have to cook on the veranda with an electric fry pan, which isn't sufficient to have a healthy diet... if it's pouring down and we need to cook dinner, and we have to do it on the balcony in the rain with the electric fry pan with electricity. Okay, we starve until it stops. (Family)

Not being able to cook meant that families often relied on convenience meals and takeout, and expressed concerns that this was negatively affecting their health as well as their finances. Finances were also impacted when families had to purchase their own utensils, appliances, and other home goods to enable them to cook and consume meals.

Accessing cleaning facilities was also a challenge for many families. Although the facilities and washing services again differed across motels, for instance with some motels washing towels and bedding and other motels not providing this service, families frequently described the challenges involved in not having access to a basic amenity such as a washing machine. As one family participant explained, there were flow on effects of being unable to keep clothes and bedding clean and dry:

The washing machine has not been fixed for fucking months... So now we have to wait for Orange Sky to come around every [week], once a week, to do our washing. And do you know how much washing I go through? My kids go through clothes like it's no tomorrow. And I've thrown out so much shit because of the mould. (Family)

Families thus either became reliant on services such as Orange Sky, who would come to the motel once a week, or were required to travel to laundromats in their area. For families with small children, jobs, or who need to visit other services during the day, this adds an additional burden for them to manage.

The experiences shared by families regarding limited space and inadequate amenities points to how motels have not been constructed nor designed to suit the long-term accommodation needs of families. This was acknowledged by motel providers, families, and practitioners alike:

Who wants to live in a motel? I mean, nobody. (Motel Provider)

No one wants to live in a hotel. These hotels weren't made for people to live in. They're not even set up for people to live in. (Family)

We can put band aid solutions, get additional services like Orange Sky to come to the motels and provide those cleaning services for babies and clean clothes... But the issues, it's just putting a band aid effect that they're still living in a motel room for two years. (Practitioner)

For many families, the challenges outlined in this section compounded many of the difficulties they were already experiencing and added what was seen as an unnecessary layer of difficulty to their already stressful lives.

Room condition

The use of motels in ways that were not intended, including accommodating more people and belongings and accommodating families engaging in their day-to-day living, also limited the ability of families and motel staff to clean and maintain the rooms. For instance, one motel owner spoke to how motel staff are restricted in their capacity to clean rooms when all the family's belongings are stored in there too:

We clean the rooms. But there's a limit to how you can when you walk in there and there's this stuff. Our people will go around and clean as much as possible, by no means like a normal, because there's stuff everywhere. (Motel Provider)

Families also expressed that their motels were not always set up to enable them to clean and maintain their own rooms. Some families expressed frustration at not being able to clean their rooms themselves due to a lack of cleaning equipment, and not being in the financial position to buy equipment for themselves. For example:

I had to get on the floor with baby wipes and clean each tile by hand, sit scooting on my bum. But I looked in one of the [hallway] cupboards and there was a broom, so at least I can sweep now, but I'm not in a financial position to go and buy a mop and a vacuum, all this kind of stuff. So having to sit on the floor with baby wipes and wipe your floors, not ideal, but it's what I have to do to get by. (Family)

I just want to fucking use a vacuum. So you gotta go out and fork out for your own vacuum. (Family)

As a result of these factors restricting the ability to clean and maintain rooms, families frequently described their motel rooms as poorly maintained. Some common examples of room condition issues identified by families included: mould, pest infestations, unclean or mouldy air conditioning units, and broken bathroom amenities. Many families expressed concern that issues such as mould and pest infestations were negatively affecting the health of themselves and their children.

Lots of cockroaches and bed bugs and stuff like that... We're covered in bites... And the kids are actually starting to get little red lumps on them now too. (Family)

My son, he's got severe asthma and the mould that goes, grows at my place. He's there at hospital once, once or twice a month... No matter how much you clean, how much you bleach, how much you fucking disinfect, Dettol, or fucking mould this exit shit. It don't work. It just keeps coming back. (Family)

Several families mentioned that they had raised room condition concerns with motel staff but they felt these concerns were not responded to. Families experiencing ongoing and unaddressed issues—particularly issues requiring a paid professional, such as persistent mould or damaged

piping—expressed frustration at their lack of autonomy and control to address these issues given their status as guests at the motels.

Safety

The use of motels to accommodate a large number of families experiencing housing crisis and other complex issues shapes the social environment at the motels. Families frequently reported feeling unsafe at the motels, including due to witnessing drug use and witnessing or experiencing violence. Common examples provided of these behaviours included yelling, physical violence, property damage, property theft, and drug dealing. Multiple families also shared experiences with a stranger entering their room in the middle of the night:

[Written interview notes] Someone walked into their room at 11:30pm one night with their key card... The participant said they would feel much more safe if their partner was there with them. Someone was beaten up badly outside their door so he was unrecognisable. The participant won't leave the motel after 5pm due to fear. (Participant)

Because motherfuckers get dragged into rooms and bashed and all their shit stolen, often, like it happened to me, threatened with fucking axe. (Family)

Across several of the motels included in this study, participants commonly described there being a near constant police presence, with several reporting that they themselves have called the police on occasion, particularly in response to violence.

[Written interview notes] The participant indicated that their family often experience feeling unsafe due to several factors including the behaviour of their neighbours (shouting, property damage), people they do not know entering and staying at the motel and activities such as drug dealing and loud arguments occurring right outside the building entrance. The participant said that the cops are always close by the motel and often go up and down the street patrolling. (Family)

Because the room that I am right now the next door live with the partner. Every time is a domestic violence. Every time is a domestic violence. Even me myself, I have called the police to come and assist, because I can hear the baby crying there a lot, and things smashing. (Family)

Some families reported that they try to self-isolate out of fear of interacting with other families in the motel.

Practitioners also spoke to their concerns regarding the safety of families residing in the motels. These practitioners recognised the challenging environment of the motels and reiterated the risk to safety that these environments posed:

Some of these places are like war zones. People are injured, people are, they fear for their safety every night. They don't want to go outside their rooms because they hear people screaming. They hear domestic and family violence next door. That's the way it is for many of these families every day. (Practitioner)

It's very hard when people would prefer to live... go back to their car and feel safer than they would in some of the places that we're able to provide because of the environment that's been created... They would feel safer to be on the street or in their car than with the families, with the other people that are out in these places and spaces. That's, it's pretty tough to work with. (Practitioner)

Over time, most of the motel providers who participated in the research began progressively implementing strategies to help address families' safety concerns. These strategies are detailed in more depth in the following chapter, but broadly included the implementation of stricter rules around behaviour and visitors, and increased security and surveillance. While these measures were appreciated by some families, they were unable to fully mitigate the fear that many felt to be living and raising their children in such an environment.

3.4 Impacts on families

A place to stay

As this chapter has so far demonstrated, living in motels is largely reported to be a difficult experience for families. Despite the difficulties, however, most families were conscious that the motels provided a roof over their heads, and they recognised this as being far better than the alternative of rough sleeping. This recognition came with a sense of gratitude towards Micah Projects and its practitioners, and an acknowledgement that their situation would be much worse without the help of Micah Projects and the IHRF:

So if these organisations didn't exist, then we would be screwed, and everybody in this hotel would be homeless on the street. I'd be pregnant, living on the street, sleeping, sleeping in my car... And then DOCS would be saying, you're not keeping your baby because we're living on the street, and that's just how it is. So if Micah or organisations like Micah didn't exist, then we would be fucked. (Family)

At the end of the day, we know that we have a bed to sleep in, and that's where the gratefulness comes from. So even though there's a lot we have to tolerate being in a situation like this, we are so grateful to have this situation... Micah has stepped in and said they won't just let us be homeless. So when we were given this [motel room], we were so happy and so grateful, and we still are extremely grateful. (Family)

Indeed, families were often hesitant to raise issues about their motel accommodation given the comparative benefits of living in the motels compared to sleeping rough. This led to a tension between families feeling grateful for what they had, while also at times experiencing sub-standard conditions that remained unaddressed. As some families explained:

It's giving us a roof over our heads so we haven't, sort of complained too much but it's just getting to the point where it's a bit much. Especially for the kids. (Family)

No matter what you do and been through and have to put up with, you're still grateful for the accommodation, but it does come with a lot that harms you. And it harms you, not only physically, but mentally and emotionally... But again, without this hotel, we would have been sleeping in the park. So it's a balance of what do we have to tolerate in where we're living. (Family)

Indeed, one family participant explicitly spoke about a long-running maintenance issue with their accommodation. The participant felt the motel did not take their complaints about the issue seriously, but they did not want to raise it with Micah Projects for fear of distracting them from helping other families:

I stopped complaining. And actually Micah Projects, I only ever told them once, because I feel like the amount of time I spent complaining about the

[maintenance issue] they might very well be spending their time for someone else to be not on the streets. I felt it's not fair. You know, at least I have a room, so I'm good. (Family)

Families' reliance on the motels and their lack of alternative options therefore put them in the difficult position of feeling like they had no choice but to accept the living conditions of the motels. The role of the motel providers and Micah Projects practitioners in upholding higher living standards is explored in depth in the following chapter.

Instability

Despite most families describing motels as being better than the alternative, many families spoke about the negative impacts associated with the motels being a temporary and at times unstable living situation. While some families identified their motel accommodation as providing a level of stability they did not have before, it was far more common for families to raise feelings of instability and discuss the negative impacts this instability had on their and their children's lives. This was particularly the case for families who had moved between motels multiple times within short timeframes. For these families, managing their children's experiences of instability and uncertainty whilst moving between motels was a particular challenge:

[My son is] starting to get confused. We're moving. And then when we tell him we're going to a new place, you like, 'Oh, this is my house'. And we don't want to confuse him all the time, so we try our best to, where we stay, we try to make it a home for him. (Family)

[Written interview notes] Participant said that her daughters often ask her about the future, and she tries to give them hopeful responses in the midst of the uncertainty they are experiencing. (Family)

The instability families were experiencing also had implications for their engagement with employment. Indeed, family participants often described how not knowing how long they would be staying in the motels for or where they might be housed next impacted on their ability to plan for the future:

With my work as well, my boss doesn't know where to put me because I could get moved tomorrow, it could be six months from now. And I have a good job. (Family)

I really want to do, finding a job, but because the distances, you don't know where you are. Today you might be here, tomorrow you might be there. And if you end up getting a job around here, and you end up going to the other side, it's like, you have to leave, maybe you have to leave your job, I don't know, because of distance. (Family)

This uncertainty and inability to plan for the future led some families to feel like they were living ‘in limbo’, with little control over their own lives as they waited for a long-term housing option. As one family participant explained:

Not knowing where you're going. You have everything planned, but not knowing where you're going, it's really hard... when you really don't have control over your life, your situation. It's really hard. So nice to be independent, be able to do your things on your own, without being constantly going after so much. It's so hard... So we just, we just waiting. (Family)

Families frequently indicated that the uncertainty and lack of control they felt in the motels acted as significant stressors impacting on their mental wellbeing. These stressors were further exacerbated by the length of time many families had already spent on the social housing waiting list, and the uncertainty around when they might be offered a more permanent home to live in.

Deteriorating wellbeing

This chapter has touched on many challenging aspects of living in motels, including the size and conditions of the rooms, a lack of safety, and a lack of stability. For many of the families, these challenges have compounded their already stressful circumstances and contributed to what some have described as a deterioration of their wellbeing. Indeed, the negative impact of living in motel rooms for months—and, at times, more than year—was felt profoundly by many of the families we interviewed. This experience is poignantly described in the following excerpts from family interviews:

We are living in a hotel room, one bed, one couch for five months.... Our complex situation isn't helped by chaos. My health is so much worse. My mental health has gone downhill. It's just everything is worse, being left in this kind of crisis housing for so long. (Family)

There are so many factors here that we have to deal with that you wouldn't even think of on a daily basis, and it's like a fight. It's a struggle to breathe, just keeping your head floating out of the water... With everything dangled just out of our reach. (Family)

As the quotes above highlight, living in the motels for such lengthy periods of time was identified by families as having serious consequences for the mental wellbeing, health, and overall functioning.

Micah Projects practitioners' accounts reflected these experiences, with practitioners expressing concern that the small living spaces at the motels contribute to the erosion of the mental wellbeing of families over time. For example:

Long term, we are observing that it's not a healthy space to live your life, and it's impacting people's mental health. So their mental health declines over a period of time in our program, just by virtue of the fact that you're in a room, one room... So just the sheer stress of living with it, with a trauma background, and living with numerous people in a small space is genuinely stressful. (Practitioner)

Practitioners also spoke to the impacts experienced by families who may have had minimal support needs upon entering the IHRF, but then acquired new vulnerabilities due to their long-term residence in motels and exposure to the environment created within them. Practitioners identified how families who develop these more complex needs as a result of their stays in the motels then require greater assistance and support to access housing.

We've got multiple families who've been in IHRF accommodation for over a year, and if you're raising your family for more than a year in a motel with degradation of your family function, of your child's educational outcomes, of your employment prospects, like the families are getting worse in the motel accommodation, because the motel accommodations are toxic and disruptive facilities. So their strengths and resilience is actually being eroded rather than bolstered by this being their crisis option. (Practitioner)

We've seen it, where families have come in, maybe with minimal barriers, but because their housing needs weren't addressed, they've gained additional psychosocial stresses. So that might be they weren't substance dependent, now

they are, and now they have a severe depressive mental health disorder. And that really impacts how you can sustain housing, and that's all from impacts of being in a motel for too long. (Practitioner)

As the above quotes suggest, the deterioration in families' wellbeing is significant not just for their continued experience in the motels, but also what it means for their ability to build their capacities and access and sustain housing in the long term.

3.5 Children's experiences

Daily life

Families spoke at length about how the motel environment was not a suitable place for children, and frequently expressed concern for their children's wellbeing. In addition to the health-related concerns raised earlier in this chapter, parents also frequently expressed concerns about their children's exposure to the surrounding social environment at the motels. Commonly, parents expressed feeling uneasy about their children routinely witnessing signs of substance use and violent behaviour at the motels:

Everyone beside us is so noisy with the yelling and the abuse that they're going through and having and doing at the time. There's so many times that she can't get to sleep. My daughter can't get to sleep. (Family)

There was bit of violence and a lady got arrested, and she was resisting arrest, and the kids seen it and there was blood all over the wall from the handcuffs... I didn't mind seeing it, it's just the kids... Every day there's ambulance or police. And for kids, that's sort of a cool thing, but it's also alarming and alerting. (Family)

Whilst most parents expressed concerns around their children witnessing or hearing violence between adults, some parents also shared active concerns they had around the physical safety of their children at the motels. For instance, one parent spoke about a neighbouring participant targeting her teenage daughter.

So there have been a lot of men that have been quite scary. We have a man that's opposite us, and he had started to follow [my daughter]. Every time she opened our door, he opened his. (Family)

The experiences of children shared by their parents suggests that their time living in the motels was characterised by exposure to health risks, such as mould and accidents, and exposure to social risks, such as substance use and violence.

Families and practitioners alike also discussed the impact of the motels on children's development. For instance, the built environment of the motels often limited children's ability to play, socialise, and burn off energy. In particular, parents living in one-room motels frequently indicated concerns that their children's wellbeing and development were being impacted by being confined to such a small living space.

[My toddler is] confined to the bed, because if she's gotten off the bed, I only have little space because of all my boxes and things. There's no space for her. She is stuck to the bed all the time... All the energy has to be in that bed... She can't even run around. (Family)

For many parents, the lack of space for children to play outside meant that they spent a lot of energy and time every day trying to keep their children inside and quiet out of fear of losing their accommodation. In turn, these parents described how their children were often bored and unable to learn and play as kids due to being confined inside in small living quarters.

They're just being in this little space. They're growing up quicker than they should be... They can't be a kid themselves. (Family)

The children, at first when we moved in, weren't allowed to play outside. They weren't allowed to be out here... School holidays telling the kids stay inside. It's not good. (Family)

Your kids cannot fucking play. They can't be kids. (Family)

Practitioners similarly raised concerns regarding the long-term impact on the children spending their key developmental years being raised in motel rooms:

They're spending a lot of their key developmental years in such a tiny, compact space, being exposed to very, very difficult behaviours. And it's hard for me to see a lot of these children, they'll most likely, the longer that they're in this they're most likely to grow up and display those same behaviours themselves, because that's all they've ever known. (Practitioner)

Indeed, practitioners spoke to the intergenerational cycle of disadvantage, and discussed how the often unsafe and unstable motel environment is not conducive to setting children up for success in later life.

Parenting

As this chapter has explored so far, there exist significant concerns around the health, safety and wellbeing of children within the motel environment. Given these concerns, a difficult compromise made by some parents has been to change their caring arrangements to reduce children's exposure to the motels. For instance, one parent explained that their concerns around the safety of the motel environment led them to leave their child in a family member's care. This parent described the impact of the motel environment on their ability to parent as follows:

It means we can't be with our kids. The lack of stability means that my daughter's not going to be happy here, because she needs to have stability to be a healthy, happy child. And everybody knows that stability is a massive thing, especially in [a child's] life. Instability means that I can't be the mother that I know I can be... because she needs that to be a healthy, happy, growing child, and I can't give her that here... We just want to be good parents and we just want to do the right thing. (Family)

Other parents whose children did live with them at the motels described how they employed numerous strategies to try to limit the amount of time their children were spending at the motels. For example:

I'm getting childcare... That's why my child is spending less time in the motel, she goes to daycare all five days. So that's my, that's why I'm not, I'm okay. I'm okay for her to live here, because I'm making sure where possible, she's not here. Over the weekends... I'm always taking her to park. (Family)

I can just ask [my teenagers] to go. They're very independent, like going around [mall] you know, just walk around and come home. (Family)

Importantly, these strategies were constrained by the rules of the motels. For example, while parents in some motels would take their children to play outside, other motels had restrictions preventing children from playing in common areas. Parents living in motels with restrictions such as these frequently spoke about how living as a guest at the motels, rather than in their own

home, undermined their parenting preferences and autonomy. One parent described how they rely on screen time to entertain their daughter, which conflicted with their parenting values and how they had parented prior to living in the motel.

[My child] has never been on phone or laptop before... She never spent so much time on the electronics, because that's how I brought her up. And now I'm going back to that, because being in the bed, how long can I ask her to play with the toys? She will be bored. So that's one compromise I have to do is, I'm giving her the phone right now, and laptop. (Family)

As this example, as well as the others provided in this section suggest, parents were required to adapt their parenting to the motel environment, often feeling a lack of control to parent in the ways they wanted to. Fundamentally, parents expressed that their ability to parent was undermined by living in the motels. Within a context of limited power, parents reported making difficult decisions and compromises to their parenting to try and protect their children from the harms associated with living at the motels.

Education

Families frequently spoke to the challenges associated with keeping their children connected to school whilst living in the motels. For example, given their housing uncertainty, some parents explained that they decided to keep their children out of school until they were able to find more stable accommodation:

My youngest, she hasn't been able to go to school since we've been homeless because we keep moving all the time... She's not able to go to school because we don't know how long we're going to be here... I don't want to put her in school here, and then in a couple of weeks, we get a house, and I've got to move her again. (Family)

[Written interview notes] One of the uncertainties the participant identified was whether she should enrol her daughters in the next school term in a school nearby the motel temporarily or wait to enrol them in a school in the location where they ultimately end up living. Not knowing how long they will be staying in the motel was described as making this decision hard to make. (Family)

Other parents spoke of keeping their children enrolled in their original school to help maintain a sense of stability, but also explained that this came with challenges. For example, these parents often experienced lengthy and complicated commutes to and from school each day.

It's taking two hours per trip, to go in and back. Two hours... So it doesn't give us much time to actually sit down and relax and chill, we're always on the go... And that's one way, each time we go in, that's two hours in and out, one hour in, one hour out. (Family)

Some families were getting their kids on three different busses to go to school because they didn't want to pull their kids out of school for this one motel when they might have to move again. But now it's two and a half hours away from the school, it's really challenging to go to. (Practitioner)

As a result of these long commutes, these parents described having a small window of time in the middle of the day to engage in activities, such as looking for work, accessing social services, attending rental viewings and cleaning their rooms. As one practitioner succinctly summarised:

Getting your kids to school and then you're getting back now it's 10am and you got to start that all over again at like, 1:30, 2:00, so you've got this window. And there's often a two hour wait [for services]... How effectively can families engage? (Practitioner)

As well as difficult commutes, some parents also spoke about the financial costs associated with enrolling their children in school, particularly when their children have already been enrolled at multiple schools due to repeatedly moving between motel accommodations.

And I don't know if I want to transfer them to here, because I don't know if I'm gonna have the funds to do their school uniform and books all over again. And was already four months into the, they're already four months into school. (Family)

The only thing I'm facing with my daughter... [she] require an iPad, because over there is required iPads. That's also some stress, because I can't afford iPads... And my daughter has assignment to do. She's constantly in my head, 'Oh, when can I get my iPad'. So it's really stressful for her. (Family)

The various risks to children's education emerge from the stories shared by families living at the motels. For families living in crisis accommodation, particularly those moving frequently between motels, getting children to school was described as more expensive, physically further away, and sometimes altogether not possible.

3.6 Conclusion

Although families' experiences of living in the motels were diverse and often varied according to the motel context, this chapter has presented numerous shared experiences and challenges that families frequently found themselves facing. These challenges were deeply tied to the conditions families were living in, including the physical living conditions of the rooms themselves, as well as the psychological stressors of instability and unsafety that characterised families' experiences in the motels. Far from experiencing the motels as sites where they could safely settle and have the space to process their situation, address their underlying needs, and work towards their long-term housing goals, families instead reported feeling further marginalised and having their vulnerabilities compounded. The impacts on children were a particular concern for parents, who felt that the motels undermined their ability to be the parents they aspired to be. Tying together the many themes presented in this chapter is one key and significant thread: motels were not designed to be, nor do they function as, suitable long-term accommodation options for families.

Chapter 4. Program delivery

4.1 Introduction

A service's approach to delivering a program has important implications for how the program functions. Drawing predominantly on qualitative interviews with Micah Projects practitioners as well as motel providers, this chapter examines how the IHRF is delivered in practice. In particular, the chapter focuses on Micah Projects practitioners' approach to providing support; practices of working alongside motel providers to deliver the IHRF; and the cost of delivering the IHRF. Through the investigation of these themes, this chapter provides insights into how Micah Projects is working not just with family participants, but also with multiple other stakeholders to ensure families are provided with support services alongside continued access to motel accommodation.



DELIVERY

How is the IHRF model delivered by Micah Projects in practice?

4.2 Providing support to families

A flexible approach

The qualitative interviews with families and practitioners alike foreground the value found in Micah Projects' approach to service delivery. As made explicit in the IHR operational guidelines (Department of Housing and Public Works, 2025), there is an expectation that service providers delivering the IHRF actively support families into safe and stable housing. However, as Chapter 2 illustrated, limited viable exit pathways mean many families experience extended stays in motels. One practitioner described the implications of this for how support is provided by the Micah Projects team, and what forms that support takes:

Housing work is expected to be done as part of our ongoing support for family while we're paying for them to be in a motel... We also do crisis response, because once that housing work is done, which doesn't actually take that long, then it's a waiting game for a pathway, either into social housing, community

housing or private rental. But in the meantime, as happens in any family's life, there's other crises that happen, whether it's a mental health crisis, an AOD crisis, whether it's, you know, need to get kids into education... All of those things that just happen in a person's life. (Practitioner)

The above excerpt identifies the importance of not just focusing on families' housing pathways, but also providing supports to facilitate family functioning and build families' capacities while they are living in motels. To achieve this, Micah Projects practitioners take a flexible approach to service delivery, meeting families where they are at and actively engaging them in the process.

Families and practitioners alike articulated the value that they found in this flexible approach. For example, many families appreciated how responsive practitioners were to their concerns. Families gave examples of practitioners supporting them to move to different motels or motel rooms that better met their needs, and providing food or transport during particularly tough times for the families. For example:

They've done some of rearranging and end up getting us in [this motel]. So yeah, and I'm really grateful for that... Makes a lot of a difference now and my kids seem happier. (Family)

They've been pretty good and that and yeah, they're gonna go ahead and help me out with some frozen meals and different stuff like that. (Family)

As well as the practitioners' ability to respond quickly to ad hoc needs, families also appreciated the way support was delivered. Practitioners host 'drop in' support sessions at each motel on set days of the week. This structure and in-person presence was identified as highly valuable to the families as it offered a sense of stability and the knowledge that the practitioners were there to help should they need it; knowledge which some described as making them feel cared for and comforted. For example:

It's a lot better than having to go and into the office and stuff like that. So it's easier for them to come here. Just, and having the kids too means they don't have to, they can stay in the room and do their own thing while I come down here. (Family)

If I feel overwhelmed, like I could just come down here and speak to them, they will be able to help... This has been reassuring, having them here, knowing that they'll be here like, do you need help? (Family)

I'm very grateful to those people, to be honest. I'm very, very happy with Micah, very pleased with everything. Like every [week] they're here just to, just to talk to us, whoever is in need, how they can help. (Family)

The motel providers also spoke to the importance of the support work done by Micah Projects. From their perspective, having Micah Projects deeply engaged with the families and providing regular on-site support is a valuable way of creating a supportive structure for families, as well as facilitating a sense of personal responsibility for families to stay connected to support.

We're actually also dealing with two other institutions but Micah is much more organised... Micah is by far the most involved. The others drop them off at the front and they don't want to know about them. (Motel Provider)

Micah is really, really good. We encourage [families] to maintain contact with Micah and stuff like that. And, again, sometimes it's, 'Oh, Micah doesn't do this. Micah doesn't do that.' How many times have they rung you? They're out here every [week]. Where have you been? (Motel Provider)

Although in many cases the flexible approach to service delivery worked well for families, some did express that their support needs were not being fully met. In the majority of these cases, families recognised that this was not due to a lack of or inadequate response from Micah Projects or its practitioners. Indeed, families were well aware of the far-reaching impacts of the housing crisis and recognised the high levels of demand that Micah Projects was facing.

[Practitioners] bend backwards for people, I feel like maybe [Micah] need to re look at how much they're putting onto their staff and what their staff can actually do because they're putting too much onto their staff, and it makes them feel like crap when they don't deserve it. Like I said, she bent over backwards, putting together a house... but I've seen the way people treat her. (Family)

They got us [into this motel], and they do, they help and they can. I think they're overrun, to be honest. I think Micah's snowed under with too many families and too much going on. I don't think it's the workers' fault... I guess it'd be good for Micah to get some support, more, really, to try and help us all. (Family)

As the above excerpts suggest, families valued the work of the practitioners and understood that limitations in service delivery were a product of the high level of need, and resultant high workloads for the practitioners.

Practitioners also identified their flexible approach to service delivery as a key strength of the team. In particular, practitioners spoke about the importance of engaging with families to identify their needs, and then drawing on their connections both within Micah Projects and the sector more broadly to link families to appropriate supports to address these needs. For example:

Linking them in to do, like the play groups and other teams, like the HHOT and the ADHHOT teams from the hospitals to support with health issues that the participants and the families are experiencing. Getting the Department of Education in there, which we've started at some sites, but needs to expand, to get the kids back into education. (Practitioner)

Addressing those things by linking people in with the services that we know is one of the key strengths of our team, and that everybody has links to services, and being able to say, okay, meet with this person so that we can maintain something while you're here in the motel, so that that's not an ongoing issue. (Practitioner)

Linking families to multidisciplinary supports was seen as critical for two reasons. First, it was seen as creating structure for families within the IHRF program, both to support them to sustain their motel accommodation and to set them up for success in long-term housing. As one practitioner explained, by linking families to other services, Micah Projects is:

Trying to provide more structure to the program, rather than just putting them in the motel, getting them to complete their housing apps and then waiting. (Practitioner)

Second, linking to multidisciplinary supports was seen as necessary due to the complexities of the families' lives being beyond what a single service could reasonably respond to. Bringing in other services was identified as critical for adequately responding to families' level and diversity of need. This was explained by one practitioner as:

It is a very complicated issue, and there are many facets to it, which I don't think any one support service is able to field... We don't have any real power to address some of these concerns. We are simply providing support and access to the

crisis housing, which isn't enough to remedy the myriad of issues that the families are experiencing. (Practitioner)

Together, the findings discussed in this section speak to the value participants found in Micah Projects' approach to delivering both housing specific and more interdisciplinary supports. However, some families' experiences of unmet need, along with the high volume of complex need that practitioners are responding to, foreground the importance of a system-wide response to supporting families in the IHRF. The necessity of a system-wide response is further supported when considered alongside the challenges Micah Projects faced to providing support. It is to these challenges that we now turn.

Challenges to providing support

Despite many families expressing that they valued the support provided by Micah Projects practitioners and found it useful, practitioners spoke at length about the challenges they faced in providing the amount and depth of support that they wanted to provide. As suggested by the families quoted in the previous section, many of these challenges stemmed from the high number of families in the IHRF. This number meant that the support practitioners could provide was necessarily light touch, as they did not have the capacity to build a deep understanding of each family's needs, nor to tailor support to meet those needs in the way the practitioners would have liked to. As some practitioners explained:

So that part of the work is genuinely heavy, because you can see a need, but you know you might not have the exact amount of time or to respond to it... That is the art, is tailoring support according to need, but you need time and space to do that well. So that is a trickiness that the team has... that you're seeing a need but not always being able to respond to it appropriately, or as deeply as you might see that it needs to be done. (Practitioner)

It's getting increasingly difficult to be able to provide a service that's, A, culturally relevant to everyone. B, is effective for people... It is difficult, and when people complain about that or express their concerns... we can put more focus in on that person to make sure that we're delivering the service more effectively for them, we're putting somebody else out in doing that. So it's really difficult to spread that delivery at the moment so that it is appropriate for everyone. (Practitioner)

The challenges that practitioners faced in providing appropriate supports for all families were described by practitioners as having impacts both on the families and, in turn, on themselves. In terms of the impacts on families, practitioners discussed how their inability to provide tailored supports meant that they were often not able to support families to overcome the underlying factors that contributed to their need for the IHRF. For example:

So we're not able to holistically support families because, of course, having a roof over your head is just one part of, one part of the support. The other part is addressing all the causal factors that brought the family through the door in the first place. (Practitioner)

Unless you're on fire, unless you're in a dire circumstance, often the team is not even able to go out and see you or support you... That does bring on feelings of hopelessness or powerlessness, like we don't have the ability to meet the challenge with the resources that we have. (Practitioner)

Being unable to support families to overcome these underlying factors was identified by the practitioners as a limitation of the current resourcing of the IHRF not being commensurate with the large and increasing number of families accessing the program.

Practitioners also spoke about the difficulties they faced in knowing that the motels were not always the most ideal environments for the families, but being unable to offer more suitable alternatives. Some practitioners felt complicit in working for a system that, at times, they saw as actively harming the families. As some practitioners explained:

Some people regress because obviously they get so overwhelmed and undervalued as a person to not have a right of housing, and they can fall into a really, really depressive episode... They get dragged into regressing and having less capacity to reach their housing goal. (Practitioner)

If we really think about it, some of their basic human rights aren't being met. So that's a really hard pill to swallow, but we have to sit in that really uncomfortable space. (Practitioner)

I've had people tell me that there's lack of dignity there, and that's really hard to listen to and know that we've got nowhere better to put them. (Practitioner)

As the above quotes suggest, practitioners viewed families' extended stays in the unstable motel environment as having a negative impact on their lives, and at times, as failing to uphold their dignity and human rights. Practitioners' inability to address these concerns for the families was experienced as inconsistent with their values and the aims of their practice. Indeed, some practitioners expressed a sense of powerlessness, and a feeling that no matter how hard they tried, they felt like they were not able to do enough to support the families. These practitioners spoke of the difficulty they faced walking away each day knowing that "it's an instable and non-stable environment that we're leaving families in each and every day and night, and a very large, vulnerable cohort all together" (Practitioner focus group).

4.3 Working with motel providers

Building relationships

As well as examining how Micah Projects practitioners delivered support to families, our interviews also explored how Micah Projects worked alongside motel providers to ensure the IHRF could function in practice. The relationship between Micah Projects and the motel providers is particularly important to consider given the IHRF's heavy dependence on the participation of motels to provide accommodation for families. Micah Projects practitioners and motel providers alike spoke of the importance of building and maintaining a strong working relationship. Through these relationships, Micah Projects and the motel providers were able to develop memoranda of understanding (MOUs), which streamlined the process of accessing motel accommodation and supported Micah Projects and the motel providers to work together to address issues as they arose. As some practitioners explained:

*Because the way it worked in the beginning, what [Micah Projects] did was that if a family presented, or an individual, [practitioners] would just go on the booking.com that would look for a vacancy online. Which is, it was a logistical nightmare. So [we] moved it towards preferred providers, and tried to establish locations where we could target in resources to support the families.
(Practitioner)*

What we have done... some of us call them MOU some of them call them partnerships, but to enter into specific agreements with specific motels, and none of them are legally binding, but that is very helpful, because we can secure

a certain number of rooms. We can set out expectations really clearly at the outset. (Practitioner)

Having a smaller number of preferred motel providers was seen as particularly valuable as it enabled practitioners to work more closely with the providers to enable a more cohesive and effective social responses for families. This work was important given the fundamentally different principles underpinning Micah Projects' and the motel providers' functions. As the practitioners explained:

They're business people. They're not necessarily social workers and the whole program is contingent on them working with us. (Practitioner)

We rely on motels... we rely on a business solution to a social problem, and that is very complicated, because many of these moteliers are, I think, genuinely wanting to help, but they're also needing to make money... That's that interesting intersection between the business world and social welfare world... It is new for them. And they're fundamentally interested in profit margins and sustaining their business, and we're fundamentally interested in the welfare of a family. (Practitioner)

Despite these differences, the relational work between Micah Projects and the preferred providers, as well as the social motivations contributing to the preferred providers' willingness to participate in the program, was able to help mitigate these differences and positively impact the functioning of the program. As one Micah Projects practitioner explained:

[We have] maybe 10 providers that are, like our key partners, who are great on communication, and probably get the work that we're doing and work with us about supporting participant families... They're sort of meeting us halfway, in a social work type of way to support the program. (Practitioner)

Working together to respond to and support families was also a key theme in the interviews with motel providers. Indeed, the motel providers who participated in the research all spoke of the strong relationship they have with Micah Projects, with some even explaining that this relationship was integral to their participation in the program. For example:

What we do when we hear something, we pass it back to Micah... We've had good support from Micah. They've supported a lot of our suggestions, and it's working now. (Motel Provider)

The relationship we got with Micah is really good, very open, very transparent... They are really, really supportive, which is great... but they put a lot of trust in us as well. It's a two-way street. (Motel Provider)

Otherwise, I wouldn't do it, because [Micah] are very good, friendly... I think they do a good job... What else do I want? Nothing. (Motel Provider)

Although the strong relationships between Micah Projects and the motel providers was seen as critical for the functioning of the IHRF, it is important to note that building and maintaining these relationships took a great deal of practitioners' time and skill. As discussed in depth in the previous sections, Micah Projects practitioners reported feeling overwhelmed by the level of need that families were presenting with. While they recognised building and maintaining relationships with motel providers as incredibly important both for the program and for the families, they also recognised that time spent managing these relationships was time that they were unable to spend supporting families directly. As one practitioner explained:

A large part of our role as well is managing relationships with the motel... it's all interpersonal connections. And if you put a lot of time and effort in building those rapports and relationships, there is bigger impacts for our families. But we are finding just the sheer acuity, we can't do everything. But it's a large part of our role, appeasing to people that are providing the actual accommodation. (Practitioner)

This sentiment speaks to the importance of understanding and, importantly, appropriately resourcing the work involved in navigating complex relationships with motel providers—relationships which are vital for the functioning and success of the program.

Reliance on motels

One factor that made managing relationships with the motel providers more complex was the IHRF's heavy reliance on motel providers to function. Practitioners discussed how this created a power dynamic whereby in instances where health and safety standards were not being upheld by some motel providers, it was difficult to challenge the motels and request higher standards

due to a fear that the provider could choose to stop providing their accommodation to IHRF families.

All of these measures of accountability with the motels is sometimes a little bit tricky. There's no body that regulates standards in motel... So there's not a regulatory body where we can say, hey, this person doesn't meet fire regulations. Can you please go and talk to them? (Practitioner)

What we find is difficult though, is standards of safety in motels, just standards of room cleanliness and hygiene. Now that's a little bit both ways, but some motels don't insist on coming into rooms and cleaning them, so that we might, unbeknownst to us, the room might be very badly damaged, and we've only found out about it months later because they haven't actually gone into the room to clean. And there's complexities around that too. The cleaners may be fearful of forcing themselves into a room, you know this, but that is a significantly difficult part of the program, because we rely on motels being willing to have our families. (Practitioner)

The difficulties involved in asking motels to raise their standards were exacerbated by the steadily increasing flow of families into the program, as demonstrated in Chapter 2, and the increasing scarcity of motel accommodation that providers were willing or able to provide to IHRF families. As some participants explained:

If we continue influx of families, we will actually not have any motels left, because another barrier of just getting crisis accommodation is that it's dependent on the third party, which is the motel owner. If they don't want to provide a service to community orgs, they don't have to. So we are in a position where we've fallen into the trap of allowing crisis accommodation providers to not provide the best facilities, because they will take our families on. (Practitioner)

There have been days when we've had like, zilch accommodation available... There's a number of motels that won't work with other IHR providers because of the nature of our cohort. It's a bit too risky for them. (Practitioner)

I wish Micah would have been like strict about [health standards], but probably they're in a place that they wouldn't find many motels who would allow homeless people. (Family)

The reliance on and scarcity of motel accommodation led to a power dynamic in which motel providers were seen by practitioners as holding a level of power that prevented practitioners from requiring motels to uphold higher standards that would enable families to live with dignity. As some practitioners explained:

That power ratio. It's very difficult to walk that fine line of making sure that we're sustaining that relationship, so that our participants have a roof over their head, but also ensuring that that roof over their head meets all qualities of human rights. (Practitioner)

For the cost of what we're functionally propping up private motels' business models with and these private motels are not clean, are not in good repair, are not providing much to the people we support. We are funding them at top dollar, and they are providing a really minimal service because they know we don't have anywhere else to go, because most motels won't take our referrals. (Practitioner)

This power dynamic was also felt by the families themselves. As discussed in detail in Chapter 3, family participants discussed the many health and safety challenges they faced while living in some motels, as well as feeling like they were receiving sub-standard treatment. Families described how themselves and Micah Projects were paying co-payments to live in the motels, and as such, they should be treated like any other paying guests. However, they felt that because of their histories and circumstances, some motel providers thought they could get away with treating them as 'less-than'. As some families explained:

They just know that these are homeless people, and they can treat them however they like. That is not ethical... This hotel is not doing the charity. They're getting money from Micah and Micah should fight for what they're paying for. That's like, these are middle people trying to take advantage of people's situation, like people like me, who cannot speak up. So they're getting money, but they're getting away with not doing providing the services they're supposed to. (Family)

[Written interview notes] Participant expressed the view that if Micah is paying for families such as theirs to stay in the hotel, they should be able to ask that standards are maintained in line with the service they are paying for. (Family)

While these families were grateful to have access to accommodation, the conditions of the accommodation had important implications for how they did or did not experience dignity while living in the motels, and how they felt they were treated and valued as human beings. Ensuring that motel providers uphold health and safety standards and treat families with dignity and respect is clearly a complex issue, but is a critical consideration for the IHRF moving forward.

Motel management

While the previous section highlights experiences where some motel providers have not upheld health and safety standards, it is also important to understand the work that many motel providers have done to pivot their business models under often challenging circumstances and work alongside Micah Projects to navigate the unfamiliar terrain of delivering a social program. The motel providers that participated in the research spoke of being motivated to confront these challenges and participate in delivering the IHRF for two core reasons. The first was to help families experiencing hardship, and the second was because they were able to continue functioning as a profitable business while doing so. As they explained:

I have always had an interest in it and, I suppose, a side concern about what's happening and that sort of thing... I agreed to participate because I had in mind to rebuild the hotel anyway. I thought they come and do a bit of damage. It's not the end of the day for us. (Motel Provider)

We're not here for the money. I can tell you that right now... We do get a lot of satisfaction out of, you're helping people. And I guess through my life, I guess for me personally, it's me giving my little bit back. Cause I've taken, taken, taken, taken for many years, and just to do something to help people. (Motel Provider)

More stable money... More secure... I like to be a useful person. I don't want to retire and sit down and do nothing... Feel proud of what I'm doing... more people have home to stay and benefit to me. (Motel Provider)

The motel providers also explained how working with Micah Projects to deliver the IHRF was an 'all or nothing' proposition. Indeed, all of the providers we spoke to explained that once they

began participating in delivering the IHRF, it became too difficult to continue providing accommodation to the general public. As one provider succinctly explained: “I close up [to the general public]... So I have to close one door, and open for Micah only”.

This shift from being a traditional motel to becoming an IHRF motel provider required considerable restructuring of how the motels were managed. Motel providers described a difficult initial period of trial and error throughout which they and their staff were required to adapt quickly to overcome challenges and implement policies and processes to help the motel run smoothly.

When it started off, it was a little bit chaotic because we didn't know what we were getting into... I then took it on myself as a project to make it work, so it's got progressively better. (Motel Provider)

We've spent probably two, two and a half years obviously putting implementing strategies to try and make it a safer place. (Motel Provider)

Indeed, similarly to the families we interviewed as discussed in Chapter 3, safety was a particular concern of the motel providers, including safety around violence, the use of drugs and alcohol, and frequent involvement of police. To help mitigate these challenges, motel providers spoke of implementing rules and expectations for families. These were different across motels, but often included restrictions on visitors in the rooms, having zero tolerance on the use of drugs and alcohol in common areas, and limiting areas where families could congregate. While for some families these rules were experienced as restrictive and isolating, the motel providers saw them as necessary to help the program run safely and smoothly. As one motel provider explained:

We're human as well, but we have a duty to care. We try and make this place as safe as we can for everybody. So it depends how they engage with us as well... we'll verbally warn them, give them a written warning. And at that time, it's like, don't put us in that position because we don't like exiting people. But for the overall good of everyone, if you're not following our terms of conditions, like everyone else, you will be terminated... It's got to be one rule hard and fast, because otherwise it is like a small community... you give an inch and it's like, then you've got favourites. (Motel Provider)

Some motel providers also implemented increased security measures, such as installing security cameras, limiting access to different floors, and increasing room rates to enable them to hire a nighttime security guard. While some families experienced these measures as punitive, for others they fostered a sense of safety. For example:

[Written interview notes] They put in new cameras in the hallways of the motel. The motel says it's for safety but the cameras are targeted at the rooms so it feels more like an invasion of privacy. (Family)

They have put in new cameras recently. However, before that, the place was completely out of control... Now they've brought in all the cameras, the key card having to swipe for that elevator. [Before that] people off the road could just walk on in anytime. (Family)

They only started installing the security when I started kicking a fuss because our rooms could be broken into. (Family)

From the motel providers' perspectives, these measures were both necessary and effective at helping them to manage the motel and minimise behaviours that may be harmful to other families.

We had to install 86 more cameras so we can see everything that's happening and then that quietens them down. They know there is a camera on every corner and everywhere. (Motel Provider)

We've put strategies in place, like now we've got speakers over the back there that we can access... CCTV... [Families] actually help more than they know, too, because couple of the cameras we've got audio and you can hear them. 'Don't do that... you're gonna get [kicked out]'. So works out when they're not getting it from us, and they're getting it from fellow guests. (Motel Provider)

The above are just some of the many strategies that motel providers put in place to support their staff to manage the transition to becoming an IHRF motel provider. Importantly, and as some of the families and practitioners acknowledged, motel providers and staff are not trained social workers and have been required to adapt very quickly to their shift away from catering to short-stay holiday makers and towards accommodating families for the mid- to long-term, many of whom are experiencing very challenging circumstances. For example:

The hotel staff are not trained to deal with this... Can't ask them to understand how to manage somebody's schizophrenic break when it's happening in real time in front of them. They are a hotel receptionist, not a support worker.
(Practitioner)

The hotel does a lot too... Props to them for putting up with all our craziness and everything like that. Because they do that, this hotel, is they try to make it as lovely as possible... [They] try and make it more comfortable for us. So tops to them.
(Family)

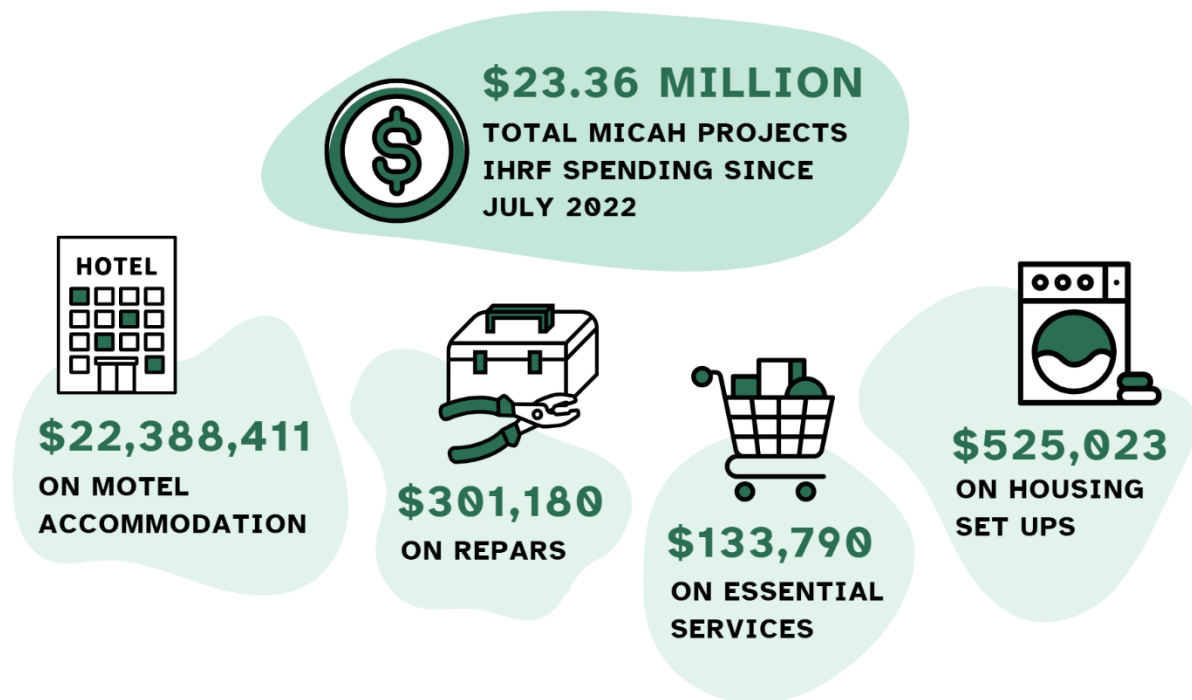
Importantly, many of the challenges explored in this section can be linked back to the difficulties that are encountered when a program such as the IHRF relies on the for-profit business sector to work within a social service model. While there are no simple solutions to these difficulties, it is imperative for Micah Projects and the Department to continue working closely with the motel providers to understand the difficulties and work together to address them in a way that is both sustainable and foregrounds the dignity, safety, and support needs of the families.

4.4 Cost

Given the large and increasing number of families the IHRF has supported and continues to support, often over several months, it is important to understand the financial costs of delivering the program. From July 2022 to June 2025, the total cost of delivering the IHRF program to Micah Projects was \$23,358,214, or an average of \$648,839 per month. However, due to the increasing numbers of families assisted by the program, these costs have increased over time and are therefore concentrated in the later months. For example, the 2025 average monthly spend was \$1,831,879.

Of the IHRF funding expenditure across the life of the program, \$22,388,411 (96%) was spent on the motel accommodation itself. An additional \$301,180 was spent on repairs where damages to the hotels or additional cleaning needs were identified; \$133,790 was spent on essential services, such as transport and food, for the families in motels; and \$525,023 was spent on housing set ups (including furniture and white goods) to support families' transitions into long-term housing. This breakdown of spending is presented in Figure 8.

Figure 8. Cost of providing the IHRF



As the IHRF program has supported 1,505 unique families, the average cost of the program was \$15,520 per family over the life of their stay, or an average of \$3,045 per family per month. This cost has also increased over time, as some motels have raised their rates, and a greater percentage of families have been accommodated for the entire month. However, the largest upward pressure on total costs has been the increased number of families served by the program.

4.5 Conclusion

As the findings this chapter demonstrate, the delivery of the IHRF is a complicated process requiring close collaboration across multiple stakeholders. Although Micah Projects' flexible approach to delivering housing and multidisciplinary supports was highly valued by the families, the large volume of families supported through the program along with the high acuity of many families meant the practitioners themselves felt they were unable to provide support that was consistent with their own values. Further impacting practitioners' ability to provide support was the time that was spent building and managing relationships with the motel providers, on whom the program relies heavily to function. Indeed, the IHRF's heavy reliance on motels has contributed to a lucrative market for motels—the IHRF is currently paying approximately \$1.83 million per month for Micah Projects families to be accommodated in motels that at times are

not upholding health and safety standards, nor respecting the dignity of families. This points to a critical need for future iterations of the program to be cognisant of the difficult power balance between motel providers and IHRF support providers, and the importance of having built-in strategies to ensure that the resourcing available for IHRF providers to support families to live in dignity and have their needs met is commensurate with the number of families being accommodated through the program.

Chapter 5. Moving forward

5.1 Introduction

The findings presented throughout this report foreground the need to move beyond the current IHRF model where families' capacities are often eroded after many months of living in motels, and towards a model where families have access to safe environments and tailored supports that enable them to work towards addressing their needs, recognising and building their strengths, and achieving their goals. The recommendations presented in this chapter represent steps that the government can take to enable IHRF providers to more effectively deliver such a response to families supported through the IHRF.



ENHANCEMENT

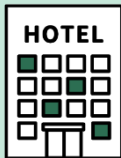
How could the IHRF model be strengthened moving forward?

The recommendations that we make are directly informed by the data and evidence presented throughout this report. The recommendations can be characterised as aiming to mobilise change at two different levels: (1) improving the way the IHRF is funded and operates, and (2) reimagining the role of the IHRF within the broader system. Changes across these two levels must operate in tandem to enhance the experiences and outcomes achieved by families being supported through the IHRF. On the one hand, the recommendations regarding changes to the IHRF model directly relate to how families experience the motels and how they derive benefit from the resources provided. On the other hand, the capacity of the IHRF to contribute towards sustainable housing outcomes with linked benefits for families and children relies on the IHRF being purposefully nested within a broader system where the resources to end homelessness are deliberately planned and deeply embedded.

All the recommendations presented in this chapter are underpinned by our recognition of—and the necessity to address—the cost burden that families in the IHRF experience over and above living in poverty. Indeed, living in the motels represented a significant cost for the families, both financially and—perhaps more importantly—for their family functioning and wellbeing. As James Baldwin (1961) famously wrote: “Anyone who has ever struggled with poverty knows how extremely expensive it is to be poor”.

5.2 Recommendations

Revising and improving the IHRF model



Separate motel management from support provision

Both the skillsets and tasks required to manage the financial and business relationships with motel providers radically diverge from the skillsets and tasks required to provide family support and advocacy. Formally recognising these two distinct roles is an important way to create the conditions for positive relationships between IHRF service providers and motel providers and support the operational effectiveness of the model. In particular, the practitioners employed to work with motel providers should be resourced and supported to clarify the responsibilities of the motel providers and work alongside them to ensure they uphold health and safety standards.



Determine a sustainable practitioner to participant ratio

A deliberate and purposeful structuring of the funding for IHRF providers to employ practitioners would enable them to better meet the needs of participants in line with the intended objectives of the IHRF. To achieve these objectives, a range of tasks must be delivered that account for participants' threefold journeys of intake and setup, family support during stay, and exits into safe, affordable, and sustainable housing. The demarcation of these tasks will enable the family support workers to dedicate their expertise and time to supporting families in ways commensurate with their time and skills.



Grow a culture of excellence characterised by reflection on unmet need

IHRF providers are encouraged to support practitioners to practice in ways that demonstrate excellence while recognising that unmet need is a reality that does not indicate a failure of excellence. Ensuring practitioner sustainability and satisfaction in the work they deliver requires IHRF providers to grow a culture where practitioners can critically reflect on how excellence in service provision can occur alongside unmet need. Collectively reflecting upon both practitioner excellence and unmet need can facilitate the identification of practitioner advocacy for systems change and resource redistribution.

Reimagining the system



Identify clear and sustainable housing exit pathways

Systematically providing appropriate exit pathways requires conceptualising the IHRF response within a broader housing ecosystem. Embedding the IHRF within an ecosystem provides the framework to first identify the specific housing needs of each family, and then facilitate timely and supported access into the housing form and type that most effectively meets their needs. There is not one type of housing that is appropriate for all families; rather, the housing ecosystem recognises that families' housing needs are diverse and require purposeful matching. An ecosystems approach likewise recognises that families' housing needs and aspirations change over time, and this provides the basis for a suite of housing and support options to meet evolving needs.



Embed the IHRF within a systems approach

A systems approach recognises that families live within systems and homelessness represents a barrier preventing them from drawing on and benefitting from the resources provided through these systems. This systems approach requires collaborative work across the suite of government departments and resources in addition to the formal and informal resources and supports provided through the community. Critical for the systems approach for families in motels is purposeful integration of agencies responsible for child and maternal health, childcare and education, child protection, and youth justice.



Reconfigure the IHRF to advance children's interests and wellbeing

Homelessness in early life produces risks of a range of later life harms and propels compounded exclusion. Focusing on children's interests responds to the immediate priorities and interests of families and facilitates the realisation of later life benefits to family and community functioning. Centring the interests of the children provides an impetus for the IHRF to be directed toward evidence-based interventions to provide immediate and sustainable exits from homelessness at the family level, and in turn increase its capacity to improve children's life outcomes.

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