



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON FAMILY, COMMUNITY, HOUSING
AND YOUTH

Reference: Homelessness legislation

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HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON FAMILY, COMMUNITY, HOUSING AND YOUTH
Wednesday, 16 September 2009

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

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

Terms of reference for the inquiry:

To inquire into and report on:

The content of homelessness legislation.

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

The Committee shall give particular consideration to:

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

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Committee met at 10.13 am**BRAD, Wesley Mission client with personal experience of being homeless****CRONIN, Ms Micaela, General Manager, Community Services, Wesley Mission Melbourne****GRAHAM, Ms Maidie, Support Worker, Wesley Mission Melbourne****SHAWN, Wesley Mission client with personal experience of being homeless**

ACTING CHAIR (Mrs Moylan)—Welcome. I declare open this public hearing of the inquiry into homeless legislation. The homelessness legislation inquiry was announced on June 2009. I now call on representatives of Wesley Mission Melbourne to give evidence. Although the committee does not require you to speak under oath, you should understand that these hearings are formal proceedings of the Commonwealth parliament and that the giving of false or misleading evidence is a serious matter and may be regarded as a contempt of parliament.

Thank you very much for your written submission. I found it very interesting and also very comprehensive. I now invite you to give a brief introductory statement.

Ms Cronin—I would like to make a brief statement, because I know that you are much more interested in listening to what Shawn and Brad have got to share with you. Firstly, I would like to say thank you very much for the opportunity to present to the committee. Wesley Mission Melbourne really appreciate that. We are very committed to working with homeless people and have done so for a long time in Melbourne, particularly in the eastern region.

The main points that I want to reiterate from the submission are that Wesley feels that it is very important that the legislation should assert the right of individuals to have a home, that the outcome of the legislation and the service system changes should be around reduction of homelessness—there needs to be a focus on reduction targets being enshrined in the legislation—and that, from our experience, one of the very important things in delivering services is that it be a whole-of-government approach. All the portfolios need to be bound to contributing to joined-up action. Our experience of the focus being on SAP services responding to the needs of homeless people is that we end up picking up a lot of people who fall through the cracks in the system. They include young people who are coming out of the child protection system, people who are not being adequately supported by the mental health system and people who are being discharged from hospital too early. We pick up lots of people with these sorts of issues; therefore, there needs to be a whole-of-government approach.

The other point that we wish to make very strongly is that, in balancing the need for homelessness reduction targets, there also needs to be a focus on outcomes, particularly on the quality of services—service standards—that treat people with respect and dignity and that acknowledge individuals who have needs that vary enormously. The system needs to be flexible in responding to them. The current system is very much designed around time limited, short episodes of care that are one size fits all. It is very difficult for us to tailor services to respond to individual needs. A family with three children has very different needs from a single adult male with a dog. A system that is able to provide accommodation that meets the needs of these people,

that treats them with respect and that allows them to maintain their dignity needs to be flexible. Those are the main points that we wish to reiterate from our submission. Thank you very much. I would also like to say thank you very much to the team for their support in getting us here. They have been very flexible and helpful with that.

ACTING CHAIR—Ms Graham, do you have any comments to add?

Ms Graham—Yes. I will be brief, because I would like Brad and Shawn to speak. I would like to note the frustration one experiences from working in a crisis homeless service when there is a lack of options for people who present who do not have lots of financial resources and who often have issues. They do not have much support in terms of their family or their community, they may have mental or drug and alcohol issues, they may have experienced violence and they may have legal issues that need to be attended to. These people are quite unsupported and often the only option that we have to offer them is accommodation in pretty crummy boarding houses or in motels on a short-term basis.

It is taking much longer to move people from the really short-term options to the long-term options because all the public housing is taken up and it is much harder to get private rental—all those sorts of things. Over time, we have seen that get worse and worse. I think it is particularly serious for single people. The majority of people we see are single people—young or older single people. There are very few reasonable options for people who are single.

ACTING CHAIR—The difficulties involved in getting accommodation for single people came out in the Victorian study that you quoted.

Ms Graham—Yes. There is very little transitional accommodation. Usually, people must share. There is very little public housing stock. Rental accommodation is unaffordable on a Centrelink payment. That is of real concern to us.

Ms Cronin—There are significant issues around safety. When people go into environments that are unsafe we cannot guarantee their safety. Such environments often exacerbate their mental health issues. The service response that we are giving is compounding the problems rather than helping people find a way out of their situation and become stable.

Ms Graham—At Wesley, we have tried to be as innovative as we can with the resources that we have, with the government resources that we have been given and with the donations that Wesley receives to provide support in a flexible way. We have set up one option. We have leased a property from a boarding house owner. We are placing families in this property rather than in motels. We still pay motel rates for the property but it means that families can cook and there is a backyard for the children to play in. Also, people can sleep in separate rooms, so it does not get as stressful as in other accommodation.

ACTING CHAIR—Does Wesley Mission have any accommodation of its own?

Ms Graham—No. We access it through the transitional housing managers in the region, and there are various other crisis services that we will apply to on behalf of clients. We try to be as innovative as we can but there is not the long-term housing to move people into.

ACTING CHAIR—Thank you. The committee will now move to hear evidence from Brad and Shawn. Shawn, do you want to go first?

Shawn—Yes. Where to begin? I started being homeless in 1996-97. I started travelling around, thinking I would be able to get housing. I did not realise that it was the beginning of the hardships. When I left home, it was very easy to get private rental. It was cheap.

ACTING CHAIR—Do you mind me asking how old you were then?

Shawn—I would have been in my early 20s—maybe 21. I went to Delegate. My uncle lives there, near the border. I stayed there for a few months. When I came back, I was put into hospital and treated for schizophrenia. I used to smoke a lot of cannabis. That was really the beginning of everything. I had a place to live in Lilydale. I was there for two years. After I left there, I was sleeping in cars. I was smoking heaps and none the wiser about how hard it was going to be to get housing. Then I got the mental health problems. I had a lot of fines from the police for trying to drive unregistered cars. I have my licence. That is where it all started. Then I had a period of time when I was just battling the schizophrenia. I was on and off my medication. Housing was really the last thing on my mind.

Ms CAMPBELL—You were just getting through the day.

Shawn—Yes, it came down to just getting by—having something to eat, a coffee or somewhere quiet to stay, even if it was at a church, in a park or in my car. It is now 10 or so years later. These days I have a lot more support from Wesley and people I know in the community who are encouraging me and supporting me.

ACTING CHAIR—What is your accommodation arrangement now?

Shawn—I have just got a swag. I have a small dog. I just sleep wherever it is reasonably quiet, because sometimes when I am sleeping in a park I might go to sleep but an hour later someone will walk past or a group of people will come past. There are safety concerns and things like that. Plus, you get dirty a lot easier from sitting on the ground. You really just have to go after the simple things.

ACTING CHAIR—What is the difficulty for you in finding accommodation?

Shawn—At the moment, I am on a general waiting list with public housing. I have been on the list for two years. Wesley Mission in Lilydale is trying to get me transitional housing so that I can put in a segment 1 application for public housing. Last year I was sharing a house in Healesville with another male. That went all right for a while. It was only a three-month lease. Towards the end of that lease, I had problems with the other tenant. He was threatening me and stuff like that. He was bullying me and carrying on. The lease ran out and I left. It is very hard for me to get property on my own for transitional housing. The only option I have is to share in either boarding houses or transitional housing.

Ms Graham—Sean, do you mind me adding to that?

Shawn—No.

Ms Graham—Sean has dog. The dog is Sean's family.

Shawn—That is another thing that makes it hard.

Ms Graham—There is really no accommodation that we can access where he can have a dog. That is quite a difficulty.

Shawn—I will not give up my dog just for housing, because then I would have the housing but miss my dog.

ACTING CHAIR—I have cats.

Shawn—I do better these days. Initially, I did not cope very well. I used to yell and scream and carry on. It was part of the mental illness. I would get in trouble with the police and occasionally I would get into fights with people on train stations or wherever. I found myself in the court system quite a lot. It was nothing too serious but serious enough to be there. In 2004, I decided that I would move to Devonport in Tasmania. I applied for public housing. I had to camp for a year in my tent at a caravan park. It was quite cold. I eventually got a one-bedroom unit out at Sheffield. I then transferred to Latrobe and stayed there for 18 months or so, and then I came back to Victoria. I sorted out some court matters. Since then, I have been doing a lot better. I have a lot more support from Wesley and other people I know. I still have not got the housing. Ideally, I would like a public housing unit or something private, self contained, maybe with a little carport and a little yard for my dog. I would be quite happy with that. It is just a matter of getting it. At the moment, I am on the general list. The officer at housing told me that it could be 15 years or more before they could offer me anything. It is almost a hopeless outlook but I have not given up.

Ms LIVERMORE—When you said the 'general list', is that the list for people without special needs? Is that how it works out?

Shawn—There is segment 1—for example, me sleeping outside. The general list is just a list that you put your name on and then wait for a vacancy. Because there are so many people on the list and there is such a shortage of houses, it is a long wait. They said that it is almost indefinite. It just depends on what vacancies come up and at what stage I am on the list.

Ms Graham—There is very little single-bedroom stock, so it is a much longer wait for singles than it is for families.

Shawn—Families get a higher priority because of the children, for obvious reasons.

ACTING CHAIR—If you had a place by yourself, would you need some support to manage it, say, with cleaning and food? You can do all of that?

Shawn—Maybe with food.

ACTING CHAIR—You can do all of that?

Shawn—Yes. I am very tidy normally. I would be able to pay the rent, pay the bills and take care of it. Obviously, I am on a low income. I have a few debts at the moment—quite a few fines. I had a car accident last year, so I am paying that off as well. That is all off the disability pension.

ACTING CHAIR—Do you work sometimes?

Shawn—I have not worked for a few years, only because of the mental illness. After I left school, I was doing upholstery, cabinet making and nursery work. I did a couple of courses and got my first aid certificate.

ACTING CHAIR—Would you like an opportunity to work again?

Shawn—Yes. I have to make sure that the mind is productive. I have to plan. If I can get housing and settle in there, sort some debts out and do whatever I need to do, I most probably would look at working again, even if it was just picking fruit or stacking bottles in a winery. That helps keep the mind occupied so that you do not think so much and it does not eat away at you.

Ms LIVERMORE—Have the difficulties you have had in getting stable and affordable housing made it harder for you to manage your mental illness or to access other supports and services that you need?

Shawn—The main thing is that I now make sure I take my medication. In the past, I would take it, feel better and then stop. I would tend to be in and out of hospital and sometimes I would get into trouble with the police, which did not help my mental state. These days I cope better. I was treated in Tassie as well when I was down there. I do not know what they did but it seems to have worked. I have not had psychosis for three years and I feel like my old self again. Sometimes I still smoke dope but it is not like it was in the past when I would smoke a huge quantity and I had a dependency on it. Now it is more a treat. I am going to push that off as well and try to turn my life right around and feel good about myself again. I want to have nice clothes, a good car that is registered. My dog is happy. I have been seeing my son. I have a 14-year-old son who I have not had much to do with, but over the last 12 months I have been seeing him every few months. My family get together for a dinner. My family have not given me any material support with housing. They say that I am old enough to look after myself, but they understand what is going on. This is not about just a few people; there are a lot of people in similar circumstances.

ACTING CHAIR—What is your interaction with the police?

Shawn—I get along well with them now, but when I was mentally unwell I sort of clashed with them. I thought they were biggest enemy of my life. Obviously I feel better about that now. When it started off, I would be walking down the street and have nowhere to go, so I would be feeling like there was nowhere to relax. Someone would come and just bump me on the shoulder coming past, and I would turn around and literally explode on them—just yell and scream. If I had housing I could have just gone home and sat in a quiet room, and 10 minutes later I would probably have been alright. I was not taking my medication properly, but these days I do and it is now three years later and I have not been to hospital.

ACTING CHAIR—That is excellent. Thank you.

Ms LIVERMORE—Thank you for being so open and honest.

ACTING CHAIR—Brad, what has been your experience? Would you like to share that with us?

Brad—My experience has been that I have experienced homelessness—

ACTING CHAIR—How old were you when you first became homeless?

Brad—I was around 13 or 14 when I was moved away from home. I have been placed in rooming houses, refuges and places like that, with adult males of 30-odd. That was not a good experience. I slept on the streets a number of times.

Ms LIVERMORE—During that time, did you have assistance and support from various organisations to try to help you sort out some options for accommodation and services?

Brad—Yes, I have been through support a number of times. I have just been sort of going around in circles with the support through refuges and so on. It has not really been positive.

Ms LIVERMORE—One of the things that we are trying to work out through this inquiry is what could have been different. What would have made a difference to you, or what were you needing or looking for at those times that perhaps was not there?

Brad—Stable housing. At the moment I have got a rooming house and I am attending school, trying to do the right thing.

Ms Graham—Brad, you said that lots of the places you had stayed before were really short term, weren't they? So you were always having to move on somewhere. You always knew you were having to move on somewhere else. And sometimes it was not great support, was it?

Brad—No, support was not good.

Ms Graham—There was not enough of it.

ACTING CHAIR—When you were 13 and 14, what kind of accommodation were you in then?

Brad—I was sleeping at mates' places and going through refuges. When I was about 16 or 17 I stayed in rooming houses.

ACTING CHAIR—I have got a youth service in one of the country towns in my electorate, and one of things they have been concerned about is young people, from about 12 through to about 16 who may not become wards of the state or have any guardians, and they are living in accommodation without any support—without an adult there to help them. How do you feel about that? If you had had that option, do you think you would have taken it?

Brad—Yes, definitely. If there was more support around, definitely.

ACTING CHAIR—If you could have had your own room, say, but had someone to call on if you needed help—someone a bit older—would that have been helpful to you when you were younger?

Brad—Yes, definitely.

ACTING CHAIR—What about now?

Brad—Yes, it still would be good. If I had that sort of support when I was younger, I may have been a bit more stable now. My health could have been up to scratch and all that sort of stuff.

ACTING CHAIR—Are you facing health problems now? Are they being addressed in the system?

Brad—No, they are not. Health is not being addressed by anyone. I am going out of my way just to focus on my health now, and school.

ACTING CHAIR—Why can't you get help with your health problems?

Brad—I can't afford to pay for medical needs. There is no funding for it.

ACTING CHAIR—What sort of support are you on? Are you on Newstart allowance?

Brad—Yes. Youth allowance, because I am back at school.

ACTING CHAIR—How much is that?

Brad—It is, like, \$480, I think.

ACTING CHAIR—A fortnight? Every two weeks?

Brad—Yes, and I have to pay \$220 for rent a fortnight, so that leaves me with \$200 a fortnight—barely nothing.

ACTING CHAIR—You pay \$220 a week?

Brad—A fortnight.

ACTING CHAIR—What sort of accommodation?

Brad—Private rental.

ACTING CHAIR—Is that for a room and food?

Brad—No, just accommodation. Just the room.

ACTING CHAIR—Just a room? It is not a flat?

Brad—No.

Ms Graham—So it is a guy who owns a house, and you are staying in one of his rooms, aren't you?

Brad—Yes.

ACTING CHAIR—But you don't get any other services for your \$220? You don't get any food or things that?

Brad—No.

ACTING CHAIR—If you are paying \$220 a week, how do you support yourself in terms of food?

Brad—I just buy food with all the money I have. That is all I can afford, really.

ACTING CHAIR—Do you have cooking facilities?

Brad—No, that is supplied within the house.

ACTING CHAIR—You do have access to cooking facilities?

Brad—Yes.

ACTING CHAIR—So what do you think would have helped you most or would help you now?

Brad—Housing would help me. If I had a stable house back then it would have helped me. This place is not even stable now. It could go at any time.

Ms LIVERMORE—How did you find this accommodation arrangement?

Brad—I just found it myself.

Ms LIVERMORE—A friend of a friend?

Brad—I found it myself. I went around looking. I wasn't getting the support I needed so I thought, 'I'll go out and do what I want to do, and see if I can get something myself.' But now Wesley has been supporting me a bit, and helping me with school funding. I would like to see it happen for more people.

ACTING CHAIR—So you are getting assistance. Are you going to technical school?

Brad—No, I am just doing my VCE again.

ACTING CHAIR—At a local high school?

Brad—No, at TAFE.

ACTING CHAIR—What about the health issues? Is Wesley Mission able to help you with that?

Brad—No, there has been no funding with that, nothing.

ACTING CHAIR—Are there any other questions? Do you have any other questions, Kirsten?

Ms LIVERMORE—I don't think so. I don't want to grill you.

Brad—I would just like to see more housing options for people and better health care for people who need it.

ACTING CHAIR—What if you had case management, someone you could go to on a regular basis, perhaps the same person, when you run into difficulties?

Brad—That is what has been helping me maintain my schooling—regular support from Wesley.

ACTING CHAIR—Does it only help you, though, with schooling, or are there other matters? It is not helping you with your health issues, for a start, is it?

Brad—Not really, no. But with drug use, I do not use drugs anymore. I used to be a marijuana smoker. That is maintained. It is keeping me off drugs. It is making me feel good that I have someone I can talk to.

ACTING CHAIR—Were you quite seriously addicted to drugs? If so, how did you manage to break the habit?

Brad—I was pretty much addicted to marijuana. I broke the habit through trying to make something of my life, I suppose, and with help from Wesley.

ACTING CHAIR—You got help from Wesley Mission?

Brad—Not with drug problems.

ACTING CHAIR—Did you get help from anyone, or was it something you just decided you were going to stop doing?

Brad—I wanted to stop myself, because I did not want to see myself go through that. I suppose Wesley's regular support has helped me stay positive and made me not want to resort to that sort of stuff.

ACTING CHAIR—Do you have any family support?

Brad—No. I have seen people without support ruin their lives because they feel there is no other option.

Ms LIVERMORE—How long have you been back at TAFE?

Brad—I have nearly finished year 11 now. I have been there since February at the start of the year.

Ms LIVERMORE—Has going back to TAFE helped you? Have you made some mates and met people there who can support you or does it feel almost more isolating being in a setting like that, where people might not understand what you have been through?

Brad—That is not what I want to talk to people at school about. Those are personal issues. That is why you need people you can talk to about it. Friends in the public are not too concerned about helping people—not everyone.

Ms LIVERMORE—And you do not want that to define who you are or define your life anyway. I can understand that.

Brad—Yes.

Ms Graham—Brad was a bit concerned about presenting today, because he said what has happened in the past is private. He wants to make a new start and does not want people to know what has happened in the past, because they might judge him for that. I think it is really to Brad's credit that he has gone back to study, but that is a very hard thing to do. You have to have the right housing environment to be able to do that, so it would be very difficult to do in a boarding house or something. It just would not be conducive to studying.

Brad—Yes.

Shawn—It is like working and living on the street as well.

Ms Graham—That is right; you cannot really do both.

ACTING CHAIR—Brad, do you sometimes think that sharing the difficulties you have had would make people a bit more sympathetic and helpful to you? Or is it the opposite—do you feel excluded?

Brad—Sharing has a really big negative impact on your life, especially with people who use drugs and are older than you. They always rant and rave. They influence you to do drugs. If you want to go back to school, you have no support there.

ACTING CHAIR—So your personal experience is that it has not been helpful to share the fact that you have had a struggle in the past.

Brad—No.

ACTING CHAIR—It is better to keep that part private.

Ms Graham—You were talking about sharing accommodation, I think, Brad.

ACTING CHAIR—No, I am talking about how sometimes when you are straight with people—

Ms Graham—You tell them—

ACTING CHAIR—We have all had situations in our lives that may have affected us, but sometimes it helps to share it with people that you feel you might be able to trust. But that has not been your experience.

Brad—Not really.

ACTING CHAIR—That is what I am hearing from you. Is that right?

Brad—Yes.

ACTING CHAIR—Do you particularly want to talk about the health issues? Are they general health issues?

Brad—They are general health issues—dental issues and all that.

ACTING CHAIR—Dental health?

Brad—Yes. There has been no support in that, and I need to go to the dentist.

Shawn—Same.

ACTING CHAIR—You both need dental care? Have you tried?

Brad—Yes.

Shawn—I have not; I have just heard there is a long waiting list. It is not painful. I am just putting it off.

Brad—I just got off the waiting list. I have an appointment coming up.

ACTING CHAIR—Good.

Brad—I have been waiting for a while.

ACTING CHAIR—And that is in the public health system?

Brad—Yes.

Ms LIVERMORE—Maidie or Micaela, in your experiences, when you are trying to assist Shawn or Brad, for example, what are the barriers that you come up against? We talked about the lack of availability of appropriate housing. Are there other—

Brad—Support issues.

Ms Graham—Support issues to go with that, yes.

Brad—That is what I was trying to say before.

Ms Graham—I think those are really big problems, and it is also the number of people presenting. We see between 350 and 400 people a month who present to our service, and we are not able to assist many of them as well as we would like to. We try to do some preventive work with people who present and their housing situation is fairly tenuous, but then we have to prioritise people who are homeless on that day. That is a frustration—just the volume of people who have housing issues and for whom there are not any quick and easy solutions. Then you are having to refer them to places that are not really ideal, and then there is not the support to link up. You are thinking, ‘We don’t want them to go through this cycle and just come back again.’

ACTING CHAIR—Have either of you sought homeless shelter and been turned away?

Shawn—This is a few years ago now, but initially I went to a crisis place in St Kilda. I was sitting and waiting for a while before I could be processed, but in the end it turned out to be just a single bed in a hallway. There were a lot of drug users there and different things, and I chose to sleep in my car rather than in that environment.

Brad—It is the same here. Like I was saying earlier about being placed in rooming houses with older males, I left those properties because I felt really unsafe and there was no support for me. There were just bad influences from these older males.

Ms Cronin—I think one of the things that is really difficult that we observe in terms of working with people is that the way the system is designed it assumes that people will have short episodes of homelessness and then move on. Because it is designed like that, it means that people will go through a whole series of workers. We would all choose to tell a very limited number of people our personal stories and the things that are most difficult for us to talk about. People who are experiencing homelessness have to tell a whole string of people and build relationships with one worker after another—and they are expected to trust them, because that is what workers often expect: ‘You will trust me’.

What you were referring to before in terms of having a case manager that people can trust and work with and who will follow them would help, particularly with young people. That is one of the other issues. If people are having to move regions, they can be on a waiting list in one region for a particular service and then, because they need to find housing, they need to move to another region and they lose the place on the waiting list, so they have to get on it again. They

have to find another worker; they have to talk to somebody else. Having some stability around case management, having a stable support person who would follow you through a whole range of things would make a bit of a difference, wouldn't it?

Brad—Yes, definitely.

ACTING CHAIR—You would use that kind of service if it were available? You are using it in part now.

Brad—Yes, exactly, and it is making a huge difference.

ACTING CHAIR—Why weren't you able to access that service before?

Brad—Because the majority of people do not do that. I do not know why.

Ms Graham—It is a bit linked to what Micaela was saying, I think. Agencies are funded for a support period, like of 13 weeks. It is expected then that they will have solved that and they will move on to someone else. I think some of the refuges and places that Brad would have stayed at, and after he left there the support ended—

Brad—Exactly.

Ms Graham—so then there was a new service.

Ms Cronin—You are not supposed to stay in touch with them.

Brad—Regular ongoing support for one to two years would be great, because it would help you get back on track. I have had regular support for about a year now.

Ms Cronin—There would be much better outcomes and it would be a much more efficient use of resources. People are cycling in and out of the system, so they are actually getting those resources but they are just not getting them well directed, because it is a whole string of different people whom they have to tell the same story to every time. It is not respectful. We would go back to the same GP and talk to the same person over years. We would all choose to stick with the one support person. We are not allowing people who are homeless the same kind of dignity to be able to work with the one person they have built a relationship with.

Shawn—One of the things I found when trying out boarding houses was that you have to pay the first two weeks rent just to get into the boarding house—Wesley, for example, will pay the two weeks rent—and I think some landlords might cash in on it. You have to pay two weeks in advance when you move in, yet after a week if you have problems with other tenants or if there have been fights, or something has happened, and you move out, the landlords keep that second week's rent. That is probably government money that has been funded for that purpose. That is something I noticed. You cannot get a refund on that second week's rent that, say, Wesley has paid for.

ACTING CHAIR—How are you supported financially at the moment?

Shawn—I am on a disability support pension.

ACTING CHAIR—How is that?

Shawn—It is good. I find it stable. I have never had any problems with Centrelink. Without that, it would be a whole different story. I would have major hardships.

ACTING CHAIR—You have a healthcare card with that?

Shawn—Yes, a pensioner's concession card, and I get concessions on the car registration and free travel within the state.

ACTING CHAIR—Are you managing to get the health care you need?

Shawn—Yes, it is all fine; I go through a GP now. I do not have a psychiatrist because they are only allocated to the people who need them the most. Provided I take my medication and see my GP every couple of months to get more scripts, it is good. So long as I take my medication, everything is good; as well as eating well and stuff like that which is not always easy.

ACTING CHAIR—That is good to hear. You sound like you are getting it together.

Shawn—I am, yes.

ACTING CHAIR—Are there any further questions?

Ms LIVERMORE—No, I think we have covered everything.

Brad—I would just like to say it would be good if there were more housing options to help young people and people with homelessness issues and if there was more funding for young people who want to go back to school.

ACTING CHAIR—Was there an option for you to be reunited with your family?

Brad—Yes, there was, but to be reunited with my family as they are is not a good option.

ACTING CHAIR—When you first became homeless you were quite young—13, you said. If somebody had assisted you in that process at that time, I wonder whether it would have been an option, or is it just not possible?

Brad—It is probably not really possible. I went through the ACS but they still had minimal support for me. They did not really help.

ACTING CHAIR—Did you seek help from any agency at that time when you first left home?

Brad—I did not know anything about agencies or stuff like that.

ACTING CHAIR—You say you just left and that was it, and you were on your own?

Brad—Yes. I did not live, I was—

ACTING CHAIR—Okay.

Shawn—Floating around.

Brad—No, I was kicked out.

ACTING CHAIR—On behalf of the committee, can I thank you very much. I think you are very courageous to come here and share your stories. It is very helpful to us when we have to write a report and make recommendations to government on future policies. We really appreciate you being so frank and open and assisting us in our work. Thank you very much too, Micaela and Maidie.

Ms Cronin—Thank you very much for the opportunity.

ACTING CHAIR—We have to authorise the evidence and close this hearing. Thank you to everyone for attending.

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

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

Committee adjourned at 10.53 am