

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Homelessness in Victoria

Melbourne—Wednesday, 1 July 2020

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Mr David Limbrick

Mr Edward O'Donohue

Mr Tim Quilty

Dr Samantha Ratnam

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WITNESSES

Ms Jocelyn Bignold, Chief Executive Officer (*via videoconference*), and Megan (*via teleconference*), McAuley Community Services for Women.

The CHAIR: I declare the meeting open again. This is the Standing Committee on Legal and Social Issues Inquiry into Homelessness in Victoria. Thank you, Jocelyn and Megan from McAuley, for taking the time to meet with us. I will just read out a statement that is for your information. All evidence taken at this hearing is protected by parliamentary privilege, and that is under our *Constitution Act* but also the standing orders of the Legislative Council. This means that any information that you provide today to this hearing is protected by law, but if you were to repeat any of those comments outside, you may not have the same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament. Again thank you so much. We would welcome some opening comments and remarks, and then I will open it up for a more general conversation and discussion with the committee members. Megan, we really appreciate you making the time, and Jocelyn, thank you.

Ms BIGNOLD: Thank you very much to the committee. McAuley would have loved to have hosted you in McAuley House Footscray. Some of you have seen it. Nevertheless, we are here. That is good. The homelessness that McAuley sees is primarily caused by family violence, whether it is an immediate or a recent incident right through to childhood and longer term. We see around 1000 women and children each year; 46 per cent of those come from culturally diverse backgrounds; 16 per cent of all of the women have got no income, which has huge implications for their future; 65 per cent of all women accommodated with McAuley have a formally diagnosed or recognised indicator of mental illness; and most women have multiple issues that they are trying to address simultaneously.

Because we can only support a fraction of the need, we believe that it is our job to equip women with the best that we can do for what they need to get back on their feet. We do this through our model, through our partnerships and through building prevention into everything that we do. Our model is made up of a few things. One is accommodation itself. We have a range of accommodation options, from crisis accommodation with an average of around a 10-day stay to independent properties which are best suited to families, women and children particularly; supported housing through McAuley House Footscray and Ballarat; and of course support for women to remain in their homes or to be able to maintain housing when they achieve it. So one of the platforms is accommodation.

The next is case management, which is an extremely important tool for supporting women to work through all of those issues that they want to get through. Also important is our independent living skills and social and recreational program, which offers informal peer support, intergenerational support and the opportunity to develop skills that help them create a home wherever they end up going—that is an important feature of that. We also have volunteers—as many volunteers as we do staff members—and our partners. I will mention the critical partnerships which we think are part of the keys to success: one is the Bolton Clarke nurse, another is the primary health network-funded psychologist and the other is the WEStjustice financial and legal clinics, which all operate on site.

So this combined model produces good outcomes, which has been verified through the *Social Return on Investment* report, which I think the committee has. We commissioned this report through Deloitte Access Economics last year. They analysed 30 case studies. At the time we thought that they would aggregate up the results so that we would know what our overall value contribution was. Instead they said that they could not do that, because what our 30 case studies demonstrated was that we were able to provide individualised support to every single woman according to her needs and we were able to do that repeatedly for each of the case studies. I think it is worth just quoting one small thing from that report. It said that Deloitte found that:

Of the 30 case studies analysed, 26 ... demonstrated a positive or equal return on investment.

They said:

That the vast majority of—
cases—

explored generated a positive return on investment is a significant finding given the level of complexity of the case studies analysed. In effect, this study demonstrates that even for the most complex clients, the services that McAuley provides generate positive ... and economic returns.

I will just note that we said that for 1000 women and children a year we have 93 beds, and yet we are considered one of the biggest providers of women's housing, which really tells us something about the size of the women's housing sector and the need, I think. We operate with around about a \$6 million operational budget; \$3.7 million of that is state government funding, so around about a third of our income is generated through donations, trusts, philanthropy and 3.8 per cent of rents, which is commonwealth funding.

What works really well in the partnerships—the PHN-funded psychologist has been magnificent. She operates through the federally funded CAREinMIND program. She is only part time, and at the moment she has got 12 clients. She treats clients particularly around complex trauma. She connects them to other health services that they need, and she holds them when we are unable to get them to other psychological services that they need. During COVID she quickly switched to telehealth very, very effectively, and the outcomes there are avoided costs—we do not need to call the ambulance and police and do emergency presentations as much as we would have without her. There is a problem with that particular contract, which I might go back to, but the opportunity for that to extend across the homelessness sector I think is an important one. The same with WEstjustice. A feature of these particular partnerships that I am describing is the fact that they do the complicated work. It is not a referral-based system. Again, WEstjustice's results speak for themselves. In an 18-month period with 91 women, they resolved \$450 000 worth of debt—just an amazing result. Now, their work, too, could be easily replicated in other homelessness services systems. So you can think about all of those impacts that would go towards outcomes for people who are homeless.

Our preventative approach is very, very deliberate. Again, we can only support a fraction of the need, so we need to build prevention into everything that we do. So some of the examples are infant-led practice, strengthening the mother-child bond, because we know that in the family violence sector we are at risk of losing adolescents from the age of 12, and we know that there are 12- to 14- and 15-year-olds that are couch surfing in an effort to stay connected to school.

We have our community activities to build that peer support, so Christmas lunch. We have school holiday programs, because they choose to come to us because they want that peer support. We have respite built in, so anyone who has got permanent accommodation can come back if they are not well. Our tutoring, again we are advancing our tutoring program for children, and COVID has given us another push forward in that we are going to be putting that tutoring program online, which means the tutoring will be able to follow children as they leave our service and still continue to move around the state. So that is a really important initiative—employment and education courses and our partnerships.

The other thing that we do spend time and attention on is developing our evidence base. We want to prevent wasteful expenditure and demonstrate costs avoided. Our prevention is about preventing recurring homelessness and further harm and promoting human capital and individual capacity to fulfil their potential. So what stops us? Some things that stop us are outcome payment contracts. We have got two at the moment: McAuley Works and CAREinMIND. They are very specific, and they are not really paying attention to the outcomes that the women want to achieve for themselves. So that is a problem. What we need are outcomes—we are not afraid of outcomes; we are determined to achieve outcomes—but we want them based on what is real for women and children. And we need investment. So McAuley would probably have invested around \$300 000 over a two-year period to really build our evaluation capability. The short-term funding cycles is another barrier. You know, we cannot build momentum, we cannot pay attention to our quality improvement when we are constantly looking for funding. We cannot build our workforce capability with short-term contracts. So we are looking for five- to seven-year contracts.

Evidence-based policy is what we all talk about and what we want to see. At the moment McAuley has been looking at whether or not to take on a commercial lease at a motel. We think we can do that with onsite security and with onsite support at \$120 a night, where the state average is \$165 a night. So that is a potential HEF saving—HEF being Housing and Emergency Fund—of around \$650 000 a year. We cannot contemplate this because our colleagues in the homelessness sector have to be able to close their books when their HEF money runs out midway through the month. So HEF is highly rationed, and it just prevents us from exploring innovative models. So we are at a sticking point with that particular motel because our colleagues cannot join us in this initiative.

The other thing too: we are seeing a push for crisis accommodation at around three days. So again, where is the evidence to say three days is effective? We know the problems with crisis accommodation, but at this moment in time we have to have it, so what is the best solution in crisis accommodation? The other side of crisis accommodation, at the prevention end, is Safe at Home. We are not paying sufficient attention yet to having Safe at Home as the preferred option or preferred model of addressing family violence. Now, when you consider that family violence is the main cause of homelessness for women and children, we need to be paying a lot more attention to what this means.

Now, again, COVID has given some opportunities to look at. Victoria Police with Operation Ribbon is demonstrating how effective active monitoring of perpetrators actually is. Victoria Police have recorded the highest level of family violence incidents in the state, at over 100 000. Now, 47 776 are breaches of family violence incidents. That tells you that women are not safe in their own home, so that active policing is part of the solution to this. Overall we need to be looking at this in a much more comprehensive manner. We have a national framework due out next year on Safe at Home, and I think Victoria needs to be thinking about how we engage with that piece of work.

Then my final comments are: we need at least 6000 more houses, public housing, and we need disaggregated data on women and children. Thank you.

The CHAIR: Thanks very much, Jocelyn. That was great—right on time—and put some solutions in there as well as raising issues. I am wondering if, Megan, you would like to speak now and maybe tell a little bit about your story, or would you prefer to just be involved in the questions?

MEGAN: I would love to speak. Excuse me, please, if you have some background noises; I am actually at an airport, of all places.

Everything raised is exactly on the lines of where I really struggled. So family violence is my past and how I became homeless. After 22 years of marriage, sadly it got very, very violent. I had at that stage two children, teenagers, and this was three and a half years ago now. You get through what you can each day once you are out of the home. But sadly I was also in a rural community, so it was very hard to even contact anyone, know where to go. We did manage to take one phone when we did flee the house, but then again even just to be able to afford prepay was a problem. I lost my income, my son was finishing his year 12 and we found ourselves homeless. Your mind is not in the right set to be able to think clearly to start with, so there needs to be, I felt, one place that you can go to get help that then can branch off to many others to keep it as basic as you can for the needs of the people going through this—the children and women. I found that was quite a troubling stage because I did not know—I was making so many phone calls everywhere—who to call, what to do. Someone would put me on to somebody else.

Then finally I did get a safe house. We were offered, but the trouble is it was 2½ hours away from where my son went to school. So this is the housing issue and the safe housing issue, especially in the country, where it just was not sustainable fuel-wise, anything, with no income coming in, and so that is how we ended up homeless. So we lived out of the car, my son and I, and at that stage we had friends in the community, small community. But it is social suicide, of course, for these young children, these young teenagers. They do not want anyone to know what was happening, as it is a taboo subject. Hence we lived in the car. We used the McDonald's facilities because there was just nothing offered around. I am very proud my son got through year 12. He passed his exams.

But then from there, just as we think, 'Right, we'll get back on our feet', this was another problem for us, our little three of us in our family. Every time we would scramble to our feet, something else would be in our way—for example, mental health. We had no idea, of course, and nobody understands until you go through it or you know someone who has been through it, of course, that the mental health side of this is devastating. And so then when my daughter went to try and find a job—she had to come back from university because she could not afford uni anymore; she needed to find a job—she ended up with terrible anxiety from just everything that was going on with the domestic violence that we had been through. In the end she did six months where she could not even leave her room.

And then my son had to find a job as well if we could afford rent. See, this was our big thing. He did. He found a little job, but it was just a temporary job. And then myself, I was actually ill at that stage as well, so no

income. So that was three in a household, no income, no support. I went to Centrelink. They were able to give us \$300, and that was all they could help with with everything that had happened. So in the end we were homeless for three weeks in a car and then homeless for a total of three months where we either went and stayed on people's couches or went everywhere trying to find places, until we ended up just by chance coming across McAuley, and that is where we found that they did a beautiful job.

I had a terrible outstanding debt with the bank that was—I do not know whether you would call it achieved—put there by my husband, and he withdrew everything out of the joint account and then shut it down. I had been struggling with the banks time and time again ringing—and it is not just the banks; it is the phones, it is everywhere that of course you owe money because of the situation. I just kept on explaining it every day on phone calls, whereas when I got to McAuley they then put me also in touch with Westjustice. They actually came to McAuley so I did not even have to go anywhere. And on the next day—I am pretty sure it was the next day or two days later—they had managed to wipe that whole debt clean. So I was one of those people for whom McAuley has changed their lives. As soon as that had gone, just the amount of clearer thinking that I could do on things that were really important helped immensely.

From there, McAuley has helped out then with rent with the place we were staying in as well while we got back on our feet. Financially they helped us out with the rent because of course we somehow needed to get back on our feet and we needed that chance. Yes, we have. We have managed to. My son has actually just finished an apprenticeship. My daughter is back studying. By no means—it is still very tough, but I think this is the big thing. It made our lives so much easier. To have things sorted out for you instead of you trying to go to all these different places was definitely the key factor in making it a lot easier for me.

The CHAIR: Megan, thank you so much. I think it is just so important for all of us to hear your story. Look, congratulations on your extraordinary resilience, just listening to what you were going through. To you and your son and daughter, please pass on our best wishes to them. It is amazing how resilient you are. I just wanted to touch on something that Jocelyn mentioned, whether it would have assisted you in your circumstance—a Safe at Home. Was there ever going to be a way that you could have gone back to the home?

MEGAN: This has been my whole thing probably the whole way. Of course being at home would have been the most perfect situation. It just makes sense, I think, to everybody, but I was sadly again one of the statistics. My husband breached the intervention orders 13 times, and sadly I was in tears twice at two different police stations where the sergeants had told me that—well, one actually even said, 'Well, it's sort of your fault', whereas by no means was it. My son had videoed a lot of what had happened and everything for the 20 minutes we were bailed up in a place where he was not supposed to be. To this day, not one police officer has looked at that and were not interested in looking at it. So it is really a big issue because being at home would have been the perfect solution because you have got—well, we did not have family because originally we had moved from New Zealand—but you have got your friends around you, you have got everything there that you need, you have got your community. At least that is not ripped out from under you. But I, in the end, in two years we had to shift where we were seven times because of the breaches and for our safety of course, and it was an absolute nightmare and also very costly.

The CHAIR: Of course, and thinking about your son and his school. Given the limited time, I think, members, we have got about 3 minutes for each question.

Dr KIEU: Thank you, Megan, very much for sharing with us your story, and congratulations and best wishes for you and your family in the future.

MEGAN: Thank you.

Dr KIEU: Thank you, Jocelyn, for the good work that McAuley is doing, particularly in the novel thinking that you are trying to do and also the hard work you have put in, particularly for case management. It is very time consuming and very costly. I just wanted to ask one question. You said about 59 per cent of the people coming to you come from domestic violence, and that could be a very vicious cycle affecting not only the women but the children. Sometimes people have to come back to their home despite the physical, the financial and the mental abuse because they simply do not have any place else to go. So how often do you have returning clients, and how could we stop that vicious cycle?

Ms BIGNOLD: It is actually much higher. The statistics of women experiencing family violence in our service are much higher than that. There are very few that have not experienced family violence. In the family violence crisis service that we have—it is about 250 women and children here—we can only get around 3 per cent of those home safely—into their own home or community safely. We have been recording data about the number of women that might leave because they are just frustrated and need to get back or the perpetrator has sort of drawn them back through saying, ‘You need to come home’. It is less than 5 per cent of the women that we see who will go home under those circumstances, and even then they are telling us that because they have been at our place they understand now what they can do if they need to come back.

There are a couple of things to say about that. One is that we know that young people do not tend to come in with their mothers, and often they are staying with the perpetrator of violence. So that can be a very manipulative tool to get women back home, because they can threaten to harm the young person. Over a two-year period we looked at what we call the ‘missing adolescents’, and we documented around 100 kids a year that were not coming with their mothers—so that is that pool. The other is that one of the stats that horrifies us is the fact that if we can only get 3 per cent home safely, where are the rest going? The rest are pretty much going into unsatisfactory housing situations like Megan just described and giving up with the hopelessness of what their future can hold—is it better the devil you know or the devil you do not know? So they are some of the reasons. But the stats are quite low in terms of going home unsupported or unprotected. There are different studies across Australia that will show you that it is anything between 30 and 50 per cent who will leave a motel room to go home because it is too hard, which is why the support in a motel room is so critical.

Ms MAXWELL: Jocelyn and Megan, thank you so much for attending today. We constantly hear so much of the same information in regard to what is needed in homelessness, and we hear a lot about early intervention. Jocelyn, I would be really interested to hear from you in regard to what we have heard about early intervention to date in these inquiries. For me it does not go back far enough to early intervention. To me we are not intervening early enough. We should be intervening with families when these children are born, when they are in primary school. We should be watching these potentially vulnerable families. We should be supporting them to grow and thrive. Unfortunately what I keep hearing in the homelessness sector is, particularly for young children who are having to move out: where has that support been in their younger years to keep that family together in those earlier instances?

For Megan’s situation—Megan, I would be interested to hear whether you would feel that a community hub could be something, because it is an absolute nightmare for people who have been traumatised to navigate the system. If you could walk into a No Wrong Door and every service that you may require was within arm’s reach and if you had one case manager who could support you and walk you through that and help you to make those referrals, would that be the assistance in that area that could actually have helped you?

Ms BIGNOLD: Shall I start?

The CHAIR: Yes, thanks, Jocelyn, and then we will turn to Megan. I am sorry; I am just conscious that we have got the clock against us.

Ms BIGNOLD: Yes, you have hit on an important point. Part of the answer though is, ‘Whose job is it?’. Homelessness has a particular role to play and is one of the least funded, so how much can they do within their job? That is why we do think it is important to build preventative aspects into everything. So the infant-led practice was because women were not actually able to attend to their infants’ needs. The mother-child bond stuff is because we know that we are going to send them back out into the world, and if you look at Megan’s situation, with potentially another attack. So the stronger that they are, the more likely they are to prevent a breakdown in that young child’s homelessness trajectory. So I think it is incumbent on all of us, whichever part of the system we are in, to build preventative strategies into what we do. It does not fully answer your question, though.

Ms MAXWELL: No, that is great. Thanks, Jocelyn.

The CHAIR: Megan, would you like to add to that?

MEGAN: Yes, absolutely. I will do what I can. It is absolutely important. Once again I cannot stress enough how important it is just to have that one place to go and to know you are safe, know everything is going to be dealt with. And also, just the whole structure thing, with your children then it is actually then promoted down

through the system and through them as well that people are helping, people are doing something. It is not as stressful, which is going to be better for those children. Also, in the long term then, they then understand as they grow up that there is something you can do about it and it works. I think that is what it is. I think it is that: you lead by example.

The CHAIR: Thank you, Megan.

Ms VAGHELA: Thanks, Megan, for sharing your personal story about you and your children, and I really commend your resilience. Thanks, Jocelyn, for your submission and for your time today. It was great to meet with you when I attended McAuley House with local MP Katie Hall and Minister Ben Carroll. I have seen firsthand the work that you do at the house. Because of the time constraint I am just going to keep it simple. Do you think, Jocelyn, we can do better in the coordination of the homelessness sector and all its different organisations? And do you see any opportunities to fix potential overlap in the sector, especially in terms of funding and resources, and how?

Ms BIGNOLD: Yes, I think the homelessness sector is faced with unprecedented need. McAuley is a little bit protected from that, which gives us a bit more space to think about innovation, I think. You will hear from our colleagues today, but we do not have people lining up at 8 o'clock in the morning and around the block, and we do not have the phones ringing off the hook, like Safe Steps. So when you are faced with that constant need—they cannot even think about women actually in prison, what they might need to plan for their future. I do not think anybody is really willing to really address the unmet need. And how do we do that and think creatively about what the future needs? I mean, our experience is if we can relieve some debt and, as Megan said, relieve the burden of that, if we can attend to mental health and at the same time if we can attend to physical health, then just overall we have lightened that burden for women or people to think about what happens, what goes next. So what we would say is what we are doing can be done in all of the other services if we have some advocacy around, some state and federal conversations around, 'How do we actually get these contracts working well?'. Then I think we are starting along the way.

Dr CUMMING: Jocelyn, thank you again for your submission. It is very holistic. I might say that last year I had to bring up the point in Parliament that you were obviously concerned about your funding and your ongoing funding. I think you make a really good point that you should not be relying yearly on funding and worry every financial year if you are going to get funding for the next year. There should be five- or seven-year or some kinds of contracts that are a lot longer. This is not a problem that is going to go away overnight, and you need to have the security of funding for the good work that you do.

I would like to say also that your model is holistic as well as comprehensive and it should be individual. Individual needs are really the root of the problems that we have, and I think prevention is obviously better than cure as well as nipping things in the bud—so looking at children, from babies to children in school to teenagers, but also having those services within schools. Schools do not know how to handle a child that is homeless. They do not know how to handle a child that has come from a background of family violence. They need those support networks as well and to have that connection.

Megan, your story touched me greatly. Nobody knows when they are going to become homeless, if their circumstances are going to change or if they are going to face family violence. I really do believe that within your services what you are actually doing should be duplicated if not replicated all over. You should be commended for the building that you have in Footscray. Nobody would know that it is there. You do wonderful work, and you should have the security of your funding. I guess it is more of a statement than a question, because you have done a very comprehensive submission, but I have just been shaking my head at the thought of your short-term contracts.

The CHAIR: Thanks, Catherine. We will take that as a statement, and a good one. I think it does certainly reinforce the great work McAuley is doing and the strength of Megan.

Mr BARTON: Megan, as a society we failed to protect you. I would like to ask you 50 questions, but clearly the Chair is not going to let me get away with that. But I am absolutely sympathetic, and I will explore further why you had so many interventions and you were not protected. That is something we need to understand, why that happens. If I can just go back to Jocelyn, I will just go back to Dr Cumming's point. Can I

just ask you the simple one: what is your funding? Are you on a 12-month funding cycle? Because this is something that has been raised with me previously.

Ms BIGNOLD: We probably have six different government sources of funding and in excess of 30 different line items. Our mental health funding catchment, if I might say, has been restored for the time being. We will know more in the October budget. The mix of funding does enable us to do what we do. The mental health has got longer time frames for support as opposed to homelessness, which is another reason why the homelessness sector cannot do what we do, because they have got 13-week, on average, time frames. So for the moment different parts of our funding are secured for different lengths of time is the short answer to that.

The CHAIR: We do actually have a few minutes left. I have been hard and fast on my timekeeping. If I could just go back, Jocelyn, to the idea of Safe at Home and the fact that Megan obviously pointed out that would have just been the ideal outcome for her family in the circumstances, you mentioned active policing as part of the solution to that. What other recommendations do you think we should make around the notion of enabling people to be safe at home?

Ms BIGNOLD: McAuley is actually just doing a bit more investigation now on all of the different elements in preparation for the national framework to come out. Certainly, from the things that we have done through the royal commission, additional case management in outreach, additional brokerage and personal safety alarms are all helping and need to be continued. There are things that we could look at. I was doing a bit of an examination of the family violence Act and one of the requirements for the police, for instance, is that if they issue a family violence safety notice and it includes an exclusion order, they have to think about where the perpetrator might go. If the default position is a refuge for women, they might not put the exclusion order in because they think they can get a woman into a refuge more quickly. So there are so many little parts to this that we need to really unpick to see what is supportive of a Safe at Home approach and what is a barrier to a Safe at Home approach. I think that is the work that we should be looking into leading up to this framework. That is an example.

Dr KIEU: Jocelyn, just following up the question of coordination because there are some submissions that we have a few services which could be homing or servicing different areas, and sometimes they are overlapping and also sometimes they are just left behind. In order to do a more comprehensive and also a more effective servicing, because some of the homelessness cases are very complicated—mental health, drug and alcohol abuse and so on—maybe they need to have to share data. What is your view about sharing data and what is happening now and what should be done in sharing data so that we can coordinate the services better for the homeless cohort?

Ms BIGNOLD: Okay. Thank you for the question. Can I just go back to the Chair for one sec. The other thing in terms of Safe at Home and what COVID is showing is that it would be worth having a look too at the prevalence of cheap hotel rooms and has that made a difference with police options to get a perpetrator into cheap accommodation.

The CHAIR: Yes, precisely. Thanks, Jocelyn. We will actually ask that question of Victoria Police.

Ms BIGNOLD: Yes. So sharing data and coordination—some of us in the homelessness sector in the west have talked about this concept of anchor sites. McAuley, Wombat in the south-west, Latitude are all known physical locations for different cohorts of people who are homeless—known and trusted. The services that we have been able to demonstrate are successful, like WESTjustice, like the nurse and the psychologist, are actually movable, transportable. So what we were wondering was whether or not, if you think about the physical, geographical location as the anchor, the mobile services could work from that, whether it is through technology or literally some face-to-face contact. So that is one of the areas that, given some resources, we would actually like to explore—whether or not that is a possibility—so that the outcomes could be achieved from all. So from Latitude's point of view—and I am speaking without their permission right now—it could be that they could achieve psychological and debt reduction outcomes for their young ones through this service network.

In terms of sharing data, information sharing is really important in terms of safety, and I think we are all getting our heads around that. We have got WESTjustice, Bolton Clarke and PHN who collect their own data, as do we. We do not need to see the nurses' data unless there is a duty of care that we need to talk about, so it is more about the relationship there. But we produce data from our client group and we share it with our colleagues, or it is publicly available data, because that helps us work on what we have to do next. It was actually WESTjustice

that documented how many young people in the west are trying to hang on to school as a result of couch surfing for family violence. If we know about that data and our data matches what they see, then we have got an advocacy strategy. Does that help?

The CHAIR: Yes. Thank you, Jocelyn. Megan, just to give you the final word, is there anything that you think that this committee must not walk away from this hearing without hearing?

MEGAN: Yes, and I think it is the statement that it was family violence that led me down this, and my teenagers. I am an extremely strong, positive woman and my heart goes out to all these other women out there in this situation that are not as strong as me. And this is where we all need to be able to do something about this absolute crisis, and hopefully we can really come up with some good ideas.

The CHAIR: Thank you. I hope so. Yes, Jocelyn.

Ms BIGNOLD: May I say one more thing?

The CHAIR: Yes.

Ms BIGNOLD: The Austrian government and community have been working on Safe at Home and it has been promoted as one of the best in the world. Their law is underpinned by a very simple statement: 'Whoever hits must leave'.

The CHAIR: That is wonderful. Thank you, Jocelyn. Thank you, Megan. We really appreciate the time that you have given to us. It has been extraordinarily useful for us. No doubt you will see, I would expect, some of those words in our final report. So I thoroughly appreciate it. You will also see your words via a transcript which will be sent to you, and I encourage you to have a look at it. As I said, ultimately it will end up on our website. Thank you again. Thank you to everyone who is watching online.

Witnesses withdrew.