T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Homelessness in Victoria

Shepparton—Wednesday, 11 March 2020

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WITNESS

Ms Rebecca Lorains, Chief Executive Officer, Primary Care Connect.

The CHAIR: We will get started. As you can see, this is being recorded. All evidence taken at this hearing is protected by law, and that is under parliamentary privilege. That is through our *Constitution Act* and the standing orders of our Legislative Council. This means that you will be protected here for what you say, but if you were to repeat it outside you may not have the same protection. Any deliberately false evidence or misleading of the Committee may be considered a contempt of Parliament. As I mentioned, Hansard is recording this, so you will get a draft transcript of today, and we encourage you to look at that and make any corrections. If you would like to make some opening statements, Rebecca, then we can open it up to questions from the Committee.

Ms LORAINS: I thought long and hard about how to present this to the Committee, but I thought I would start with an overview of Primary Care Connect and then—I think you guys would be bombarded with the evidence; we know that homelessness exists and how it exists and why it exists and things—a little bit of a local snapshot about where it intersects with the multiple programs that we run at Primary Care Connect.

Primary Care Connect is a community health service. We run over 30 different programs to the community, ranging from financial counselling, family violence, alcohol and other drug, allied health, chronic disease management, refugee health nursing, torture trauma counselling and a needle and syringe program, just to name a few, but we are not a specialist housing provider.

We work on the premise of a social model of health, so that health is more than the absence of disease, and we try to create an inclusive community healthcare service system through collaboration. So our partners and most of our stakeholders are really important to us, about how we knit together the fabric of the community and health sector that is so fragmented to get our best outcomes for our clients.

I kind of looked at housing or homelessness through the lens of the social model of health. I think it goes without saying that it is complex. Through our family violence program we know that it is a leading cause of homelessness for women and children. We also reaffirm—I think VAADA made a submission—that AOD issues often are a symptom of homelessness, not a causal factor of homelessness, and that the majority of problematic AOD use actually occurs after someone becomes homeless and that mental health often perpetuates someone's stigma in society but also the situation that they find themselves in.

What we are finding at Primary Care Connect is that there is inadequate housing stock, but also the inappropriateness of some of the options that we can provide. For a lot of women that we have got escaping family violence, they are put in motels. It is a week-to-week proposition. We get to Thursday night, and we have got no secure accommodation. Do we source another week of accommodation? Caravan parks do not take our calls anymore because of the perceived clients that we might put in there. Private rental is unattainable for the majority of our clients. There are no hostels really in Shepparton, and if we look at Maslow's hierarchy of needs, how on earth can you work someone through their torture trauma issues or their AOD issues or their family violence issues when their basic needs of safety and feeling of belonging are not met?

It led me to then when someone gets a house we assume they have had an upbringing or some social skills that allow them to maintain that house. So then I looked at our financial counselling program, which has really tight criteria for eligibility. You need to be extremely vulnerable and at risk in your financial situation, but what I learned—my background is youth work—is that most often our clients do not have the life skills. They do not really know what it is to have a budget and pay bills and do those kinds of things. Do not even get me started on same-day lenders and what they have done to a majority of our clients—you know, someone in recovery who is then trying to parent on top of getting out to secure accommodation.

So while housing will fix homelessness, I think the supports that are around someone to maintain that house are sometimes even more important. And often we get a house and we just go, 'There you go. You've got a house. Yay!'. That is for those who are sleeping rough, but one of the things that we also know is the sheer amount of people who are couch surfing and living from dwelling to dwelling, and usually in quite volatile situations around fractured family relationships or outstaying their welcome with friends.

So we know the outcomes of homelessness. We have got poor life outcomes. It is an increased cost on our health and social welfare system and nine times out of 10 at least a criminal justice issue. So we start to criminalise people's behaviour because they are homeless—because they cannot simply afford to do the things that we would want them to do. The great news is that homelessness is preventable. I also wanted to kind of reinforce some of the narrative going around that an increase in Newstart would go some way to allowing people to move out of that poverty trap.

I do not know how much more you want me to go on, but the Primary Care Connect experience is a conglomerate of all those issues. We are in the middle of Shepparton. We have got a prime location. But we are also a place where clients obviously feel safe. We would often have at least six or seven homeless people living in and around our building at any one time. It is kind of lovely that they feel comfortable and confident and that we have got security cameras and they feel safe; and there is a larger cohort or majority of women who feel safe, who are also working at night to maintain a lifestyle. But the co-occurring mental health and drug and alcohol use, trying to protect my staff when someone is having a particularly bad day because they have been woken up—it really brings home a sense of helplessness, that for a whole range of reasons this will continue for these people who are living out the back of Primary Care Connect. Then there is the stigma around the community and, you know, people accessing the laneways. So the experience is not only through our clients but what we see coming to work every day about people living in circumstances that should actually be unacceptable in Australia.

The CHAIR: Thank you, Rebecca, and it is a very sobering point to finish on. If I could dive right in, one of the things that has been brought to our attention is sometimes that the funding models do not actually match what assistance is required. Have you got any thoughts on how we might improve how we fund services? It might not be more; it just might be differently.

Ms LORAINS: Yes, I have a few thoughts on that. I have spoken at length to the department. Things that come out of central office are great, and we all know that we are accountable to Treasury and we have got to count widgets. But that is all we do—we count widgets. So being able to be creative from a local environment, being able to have a flexible support—not to buy people accommodation, but what do people really need and what does that look like in the context of being truly client centred and not 'I need to meet my key performance indicators'? And that is a rub for lots of services around what we are funded to do and then what we do because we know that that is what a good community health service would do. We talk about 'place-based' and we talk a lot about local solutions, but our funding models actually prevent us doing that. So you either have to siphon some off the top and be able to do that work self-funded or have a conversation with our funding bodies and say, 'You know what? In Shepparton we think if these five agencies got together and we could actually use 20 per cent of our funding to be flexible, this is our plan. Can we give it a crack? No, we're not going to solve it all, but what would it look like if we just did 10 clients and what would we learn from doing those things?'. But we seem to, in Health and Human Services, pilot things for a long time and then go, 'Well, that didn't really work'. You know, being able to rapidly change something—kind of using a design-thinking model and being a bit more business focused around how we actually start to move the behemoth that we all work in. Quite often we will say, you know, 'We've constructed this. Surely we can deconstruct it'. I think my staff are sick of me saying, 'Clients actually don't get paid to navigate the system but, man, they should be'. They should be paid to navigate the system that we have created. I am not saying we need to throw out all the key performance indicators. But just the ability to actually do locally based things—from what we know about our community, what are the levers that we think we can pull in order to get some better outcomes for our clients?

The CHAIR: Yes. Whether that is keeping someone in a home that is providing services that do not fit into nine or 13 weeks—

Ms LORAINS: At the end of the day—I go back to financial counselling—financial literacy and budgeting really does not fit in anyone's realm. It is kind of: we do not do it. The criteria for financial counselling changed about five years ago to be really quite strict on who could access it, and you have kind of got to get into that space before you can actually even enter financial counselling. And I know my financial counsellors would love to do some more downstream work.

The CHAIR: Yes, of course.

Ms LOVELL: So talking about a place-based approach to funding, what about a collaborative funding arrangement if the department would look at something more creative, saying, 'This is the bucket of money. Now, we want collaboration between the services so we'll re-tender in this area, all of you can apply to be part of this place-based approach, but it's going to mean funding on a collaborative basis and also funding for outcomes rather than throughput'?

Ms LORAINS: Yes. I think we have got a model in Shepparton at the moment. For the last five years Primary Care Connect, FamilyCare, the Bridge Youth Service and ConnectGV, who have all got locally based boards, have come together as a bit of collaboration to look at how we do things differently and how we do things ourselves and kind of push up government a little bit and say, 'We can do this stuff, and we can do it locally because we know our local communities'.

I think what gets in the way—and I will be really honest—is the bureaucratic process of how we are accountable for that money. The department could take a little bit of a leap of faith with organisations—that we are trusted service providers, that we do do our work, that we have trust with our community—when we say, 'This needs to be tweaked because we think we'd get a better outcome. This is the lever we need to pull now', and actually go on that journey with us rather than saying, 'Actually, your funding and service agreement says that you will actually deliver 10 cars—10 cars is all we want'. So, yes, it is being able to take that leap of faith. I think you would have heard that agencies are very up for that and want to be responsive, but how are you still accountable? Those levels of accountability need to look different to how they have looked over my journey in this kind of sector.

Ms LOVELL: But being realistic, having been a minister, I understand that to do something that is a leap of faith like this there is not going to be a whole new bucket of money. So it is not going to be your funding arrangements now plus, 'Oh, there's all this money. Let's do this wonderful thing'. It is going to be a re-arrangement of the money that is there now, and the services and the providers have to be up for that. So do you think that there is an appetite for that?

Ms LORAINS: I think there is. I think there really is an appetite for that.

Ms LOVELL: Good.

Ms LORAINS: Because I think, as a CEO—and I listen to my other CEOs and executive managers and even staff—they are really frustrated with doing the same things the same way and expecting a different outcome, and we are not getting the outcomes that we want.

Ms LOVELL: You cannot do the same thing and expect to get a different outcome.

Ms LORAINS: No. I think that is the definition of insanity, isn't it? Other people will disagree with me, but I do not actually always think it is about more money. I think it is about how we—

Ms LOVELL: Using it more wisely.

Ms LORAINS: use our resources more effectively to join up our systems.

Ms LOVELL: Absolutely.

The CHAIR: Yes, there does seem to be some overlap purely because of the rigid models that you are required—

Ms VAGHELA: Thanks, Rebecca. How often do you get women approaching you with children, and how easy is it for you to find suitable accommodation for them when they have little children with them?

Ms LORAINS: Not very—it is not easy. I often say that sometimes we have to use V/Line therapy, which is putting someone on a train to get accommodation outside our local area. They lose their connection—

Ms MAXWELL: That is traumatic in itself.

Ms LORAINS: Yes, that is exactly right. They lose connection to their community. Kids are taken out of school. So again, it is caravan parks and it is hotels, which are really inappropriate for women and children to

be living in. I know that we have got a shortage of accommodation for single people and those without children, but then we go to the extreme where we have got big four-bedroom houses. Gone are the days where we put families together, but trying to place women and children is extremely difficult. We want them to remain in school; we want them connected to their community. Some of the reforms in family violence have been around being able to keep women safe at home and in place and remove the perpetrator rather than women always having to leave their housing. And then couch surfing and kind of living between becomes really difficult for those who have got little children. We find that women stay because there is no housing option for them.

The CHAIR: Are you seeing a change in that—I mean, given that we have had the Royal Commission into Family Violence, where the Government has supported every recommendation, and they are rolling out services? I know that every community we go to would like to see more of that, but are you starting to see a change in your approach to family violence in particular?

Ms LORAINS: Yes, definitely. I mean, the flexible support packages and the safe-in-home and the personal safety initiative coordinators and being able to provide that level of safety for women has been a game changer. We have been really lucky in Shepparton having a wonderful security company to work with who actually understand family violence and who are very responsive and respectful to women and their children's needs. We still get down to there being a blockage because there are simply not enough houses; even with priority houses, even with the houses that have been brought online, there still is. And there are times where homelessness is created and there is just a blockage in the system. So again, then we are going to the inappropriate places like hotels and caravan parks.

I think of one young girl who we put in a tent, and she was in a tent and was paying an astronomical amount—a hundred and something dollars a day—because she had power to it. But she was in a tent and she was presented at ED twice. It was 45 degrees in Shepparton, and we were waiting for a house. Again, we know that it takes a long time if a property has been damaged to get in—that sense of hopelessness—but that is pretty heartbreaking when you are sending off a young girl who is trying to do all the right things to get her kids back. And we know that if she had a house and we could support her in that we would be making some inroads into her recovery and becoming a mum again.

The CHAIR: I know. You just think financially about the money that we are spending looking after her children out of home; if we could somehow, you know, use that money to put her in a home so her kids could live in the same home, I think we would be in a plus.

Ms LORAINS: Yes, and the rub with private businesses is that I think this young girl was paying $120, for a powered site with a tent on it, a week.

The CHAIR: I know.

Ms LORAINS: I do not pay that in electricity a week in my house, and I have got five people living in my house.

The CHAIR: Yes, exactly.

Ms MAXWELL: Rebecca, thank you for coming. You talked about the key performance indicators. Homelessness organisations are always pressured to meet these targets: 'You only have X amount of weeks to do it. Here's some funding'. An enormous amount of that funding will have to actually go into administration fees, so that instantly takes away from the care that you are actually able to provide. I am wondering whether we could see it as a recommendation that if organisations were able to have that MOU and that funding as a trial process to see if together collaboratively you could come up with ways in which you can better support a young person, caravan parks or housing areas could actually be a part of that MOU and funding could also go to them so that they do not then have that reason, 'Oh, well, we're not going to put so and so, who is homeless, in our home', because they are actually being supported through that process. Would that create more housing?

Ms LORAINS: I think it would. I mean, there are rumours around that if you get on the rental blacklist, you are on the blacklist for life, and in a small regional community—

Ms LOVELL: It is not a rumour.

Ms LORAINS: That is something that happens quite regularly. We have got an amazing housing organisation in Shepparton—BeyondHousing. They are superb at what they do, and some of their initiatives around STAR and working with private rental have had an impact. Even in transitional housing, BeyondHousing have only got a certain finite amount of resources. We run one particular housing program—BeyondHousing have got our stock—and it is looking at particularly women in recovery. The Commonwealth fund that, and it is looking at women in recovery and their children, so we have a family resource worker and a women-in-recovery worker. That is intensive support, and we get good outcomes. But their key performance indicator for the year is 12. So there is a recognition that the complexity of that program is only 12 women. We do not ever just see 12, but 12 would be one woman a month in intensive support. So that is also what we are talking about: it is not throughput, it is outcomes. It is also intensive, but then you think about the cost if we do not do it.

The CHAIR: That is right.

Ms MAXWELL: I am just thinking of incentives for home owners to actually become a part of this model that can support them. If there is an incentive for them to do that, we might see more housing become available because that MOU agreement knows that that person is being supported whilst being in that home, so it is not just putting someone in and then they are left to their own devices. I think that we need to include the housing industry—not so much BeyondHousing but those who own houses—with an incentive to assist in providing those options.

Ms LOVELL: Are you talking about reinstating an NRAS program—the National Rental Affordability Scheme.

Ms MAXWELL: Yes.

Ms LOVELL: But that was rorted by some people sort of exploiting—

Ms MAXWELL: Well, you would obviously have to implement frameworks and more accountability and policies so that that became not so penetrable by those who want to rort it. But we keep talking about this lack of demand of housing, so how do we increase that? Incentivise it perhaps.

Ms LORAINS: I think there has been a recognition from Health and Human Services that if we are the only people charged with solving these issues we are not going to solve them. So those private-public partnerships are vital across a whole range of things because then it leads into employment. How do you go for a job interview if you are living rough? Your shirt is not going to be ironed. So it has a knock-on effect, but again that is that private-public about how you transition through all those things. And incentives have worked in the employment market.

The CHAIR: And I think certainly government cannot do this alone. It is just impossible.

I was struck by a comment that you made about people sleeping in your office. Is there anything that we should recommend around keeping your staff safe and resilient? We were hearing from Bridge, where 159 people needed something they were able to find help for. I am expecting some of your staff are experiencing similar things—seeing people sleeping rough around their workplaces. Is there something you think we should recommend?

Ms LORAINS: As an organisation we have an unlimited EAP program that does cost us a significant amount of money. But also, you know, if I do not have my staff, then I do not have any programs. We are doing a lot of work with our staff, particularly when things are portrayed in a certain way in the media—so, around the impact that Hannah Clarke and her children had on my family violence workers and them not even thinking about it—and really ensuring that they had extra supervision around that because of what that may have triggered. There by the grace of God go us that we have not had a woman die in our service yet. Also, even running a large refugee team, with what popular media does, how do you impact with the context, the environment, being friends with people who might not be as left as you are and defending what you do as work? I know some of my staff, myself included, will often say, 'I just work in an office', because it is easier than having the conversation about, 'Oh, those people should just—

The CHAIR: 'Get a job'.

Ms LORAINS: Yes. I do not like talking about unit prices and stuff, but the unit price is not growing at the rate that everything else is growing. So the expectation to look after your staff is not only a moral expectation; we have a legal expectation. But it seems that we are squeezing more and more into the unit cost. So we talk about administrative costs; it costs money to run a business. We talk about good data and evaluation of evidence, and that all gets lumped into a unit cost. That used to be just about delivering services to the client, and it is not anymore. It is accreditation, it is administration, it is compliance burden, it is data—it is everything. I often say to people who are coming out of uni, 'You know that 60 per cent of your work will be forward facing; 40 per cent will be administrative'. They say, 'That's not why I went to uni', and you are like, 'Well, that's the real world of working in an organisation'.

So I think: better supervision at EAP. My staff use it for a variety of reasons. It is anonymous. They can have as many sessions as they like. I have got staff who have been using it monthly for two years—but if it keeps them well and safe. We have done little things—not little things; I refuse to have a security guard, but we have got better lighting out the back and a whole range of practical things, security cameras and all that kind of stuff—but I would like to see EAP be acknowledged a lot more by the departments as a cost burden. Supervision models are not even funded. We are just expected to continue to provide these. So, for me, this is about money—extra money for staff wellbeing. Actually acknowledge that if we do not have a workforce we cannot do any of this. But it seems to be something that an agency wears, and it is very different across where you work, when you work and how you work. Every agency is slightly different, and it is a tick-the-box in the compliance you have. It does not matter if it is good or bad; you just have it. So how do we actually build that into some of our expectations about how we look after our staff?

The CHAIR: Yes, it is important. Thank you so much for coming in, Rebecca. It was a really beautiful, clear image of what it is like working at that coalface and how multifaceted it is—yes, homelessness is not just without a house. Thank you.

Witness withdrew.