

TRANSCRIPT

LEGISLATIVE ASSEMBLY ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into sustainable employment for disadvantaged jobseekers

Melbourne—Tuesday, 19 November 2019

MEMBERS

Mr John Eren—Chair

Mr Gary Blackwood—Deputy Chair

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WITNESSES

Mr Ray Blessing, Chief Executive Officer, TaskForce,

Mr Sam Biondo, Executive Officer, and

Ms Kristen Lynch, Policy Officer, Victorian Alcohol and Drug Association.

The CHAIR: Thank you for attending this morning. All evidence taken by this Committee is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you say it outside or repeat it on social media, those comments may not be protected by this privilege. All evidence given today is being recorded by Hansard. You will be provided with a proof version of the transcript for you to check. Verified transcripts, PowerPoint presentations and handouts will be placed on the committee's website as soon as possible. If you would like to give a 5-minute presentation, we will proceed to ask questions after that.

Mr BIONDO: Thank you, and good morning to all. Thanks for the opportunity to present. It is a good thing that you are listening to people from the alcohol and drug sector—there are many issues in our sector related to employment and underemployment, and we look forward to the opportunity. My name is Sam Biondo. I am the Executive Officer of the Victorian Alcohol and Drug Association. Alongside me today is Ray Blessing, who is the Chief Executive Officer from TaskForce, one of our key services in Victoria. He has had significant experience working in the employment and jobs area both at a state and national level and in a pragmatic sense establishing programs. I have also brought along Kristen Lynch, who is my policy officer and who will make a contribution should I miss out on certain things.

Before I begin I would like to acknowledge the Traditional Owners of the land we are meeting on, the Kulin nation. I pay my respect to elders past, present and emerging.

VAADA is the peak body for AOD service providers in Victoria. Our organisation aims to see a Victorian community in which the harms associated with alcohol and drugs are reduced and general health and wellbeing is promoted. VAADA is well-placed to give evidence to the Inquiry as our role is to advocate on behalf of the AOD sector as well as more broadly in respect of AOD issues. Our advocacy takes an evidence-based approach, and we engage often and closely with the sector, from frontline AOD workers to upper management, to understand the issues affecting the sector as well as their clients. One of these issues is employment, or specifically the lack of employment.

The evidence presented to the Committee today builds on the written submission VAADA made to the Inquiry in July this year. Our submission focused on the need to remove barriers to sustained employment experienced by those with a history of AOD use, with particular focus on the stigma associated with AOD use and substance dependence, punitive drug testing approaches, use of mandatory criminal record checks and a lack of support while in employment.

To contextualise our evidence today, we need to acknowledge the political discourse which surrounds AOD use in Australia. We have a Commonwealth Government which favours a punitive approach to AOD use and impugns those who use by further entrenching the stigma which already exists. Among these harmful policies is the Bill to drug test Centrelink recipients, mandatory use of cashless debit cards and the opposition to increasing the rate of Newstart.

Punitive approaches favoured by the Commonwealth Government simply do not work. They do not assist people to become prepared for employment or help people to engage in sustainable employment. They build on existing stigma and misconceptions about people who use substances, thereby making the jobseeking environment more hostile for those with a history of drug use, and that is a key point. Although these policies are beyond the remit of the State Government and the Committee's terms of reference, it is important to acknowledge their effect.

An area which is deserving of particular focus is forensic clients, or clients who have been in contact with the criminal justice system. We know that the demand on AOD treatment services for forensic clients is increasing—enormously, I might say—and it is anticipated to continue as the State Government focuses its investment on increasing the capacity of Victoria's prisons. As a cohort, former prisoners have the highest rate of unemployment in our community, which is not surprising given that they have a criminal record. It increases the likelihood of material disadvantage, as one needs a job to pay for accommodation; it increases the likelihood of recidivism; it impairs recovery; and it increases the likelihood of intergenerational disadvantage. However, we know that employment is a key part of rehabilitation, as it builds self-esteem and a sense of purpose and is a protective factor against relapse and recidivism. For the benefit of not only the individual but

the community more broadly, we need to better support forensic clients to engage in employment, and this support should begin from the time the inmate enters custody, with the goal of preparing them for release.

I would like to draw the Committee's attention to the therapeutic approach taken by the Norwegian prison authorities, which has seen impressive results in terms of employment rates amongst former prisoners. Inmates benefit from daily training and educational programs, which help to prepare them for life after release from prison. A recent study links higher employment rates with lower recidivism rates. Norway's recidivism rate is 20%, which is considerably lower than Victoria's recidivism rate of I believe at the moment 43%. It is usually around the 50% mark. We see value in adopting a therapeutic approach which remedies inmates to live a productive life, including engagement in employment after release.

More broadly, the Committee should consider the benefit of tailored packages of training, support for social enterprises which create opportunities for those in recovery, the promotion of inclusive narratives around work and community life and progressing positive procurement policies to include businesses which seek to lift disadvantaged cohorts. We commend the intent behind the Inquiry and its willingness to consider further measures which could be taken to support disadvantaged jobseekers. This concludes my statement, and we are happy to answer questions the Committee has.

Mr BLESSING: I might just say, just to give you a background as to where I come from, I am currently at TaskForce, which is one of the drug and alcohol services operating basically all across south-east Melbourne from basically St Kilda right through to Frankston through to Casey-Cardinia. Prior to that I spent five years as National Manager for the Salvation Army Employment Plus, running their employment services nationally. And prior to that I was in Bendigo working in regional Victoria with employment services and also with Centrelink in Bendigo as well. So I have got a broad context there.

From working in the drug and alcohol space what I realised, because I was coming into the drug and alcohol space as somebody who was coming from employment services, was that there was a very poor connection with employment services and drug and alcohol services. So what I try to do at TaskForce, as the CEO down in Bentleigh, is to build a wraparound service model. Basically we have co-located staff who are working in employment services alongside our drug and alcohol staff in our youth hub at Moorabbin, and that means that a lot of the time we are able to have clients who come in with drug and alcohol issues meet a caseworker, who can then link with the employment service worker. That was just to give you a little bit of background.

The CHAIR: Can I just ask: in terms of pre-employment support services that we, the State Government, could provide—and obviously people experiencing substance dependence need to be job-ready at some point—what can the State Government do to get some of those people job-ready?

Mr BLESSING: The State Government is already doing some good stuff. I do not know if you are familiar with the Community Traineeships Program. TaskForce is running that down in Dandenong at the moment, and that is working with young people who have got, a lot of them, substance use issues. Basically it is a program to get them into traineeships and getting industry support for it. That is one thing that is happening at the moment.

But I think one of the challenges, as I see it, is that there are so many programs but there is not actually enough flexibility within programs. Rather than having 10 programs, you are better off having one program with more flexibility. So I feel in a way like there is a lot of inefficiency, because every time you bring a new program in you get a program manager and there seems to be a lot of bureaucratic expenditure.

The CHAIR: And is there duplication between tiers of government that you have noticed?

Mr BLESSING: There definitely is duplication. What I will say is the Federal Government has got the billion-dollar budget in employment services, so what happens is state governments tailor in bits and pieces responding to community need. But if you look at it, the Federal Government programs are so bureaucratic in their context, and I know that if you talk to people now running the job services contracts nationally they all know it is going to be reviewed and shaken up in the next couple of years because it is not working. It is not working well at all, and even the Government would be very aware of that. And the thing is that if you are spending all that money on programs that are not working very well, then the issue is: can we use that money more effectively? And I think part of it is the challenge in getting the State Government to work more

effectively with the Federal Government in relation to employment services. And then the other thing from the state level is to try to get more flexibility. So if you have an employment program, the program can address disability, and one area of disability obviously is people who have got substance use issues. So I feel like in a way it is more streamlining of criteria, because if my reading is right, the State Government is not going to be spending a heap more money on anything in the next couple of years. So for me the challenge is to redesign existing programs so that you have got more flexibility.

And I can say to you—you are from Sandringham, I believe—look at the TaskForce Youth Hub in Bentleigh. How did it happen? We established a youth hub with our own money as a charity task force, and we did get some support from Minister Foley, which was appreciated. We decided to co-locate the youth drug and alcohol staff and the employment transition staff. Some of that is some federal contracts, some State Government contracts, but recently there was a JVEN contract we missed out on because we are too small. When you are working with people with drug and alcohol issues, you are not going to get an immediate turnaround. Sometimes government programs are designed in a way to get a very quick turnaround, and what happens is if you are working with somebody with substance use and you try and push them into a full-time job after three months rehabilitation, they are going to fail. So for us we try to streamline them in—10 hours, that type of stuff. And I feel like there is a real lack of connection with those programs and a lack of understanding. So what happens is the program is often designed to fit the easy outcomes.

I can say to you that for those of you who have any knowledge of the federal employment services, the biggest criticism of federal employment services is—and this has been the case for a number of years now—that they are very much about the fast buck. How do you get an outcome? You get an outcome because you get somebody a 13-week job. Who are you going to get the 13-week jobs from? They are easy to place. If you have got somebody who has got drug and alcohol issues, are you going to spend time with them? No. And that is what happens. So that is just Ray Blessing's passionate view about this. That is the frustration really, and for people like Sam as well, that we see working with people in recovery. My son is an alcoholic and he is now working, and it is such a pleasure for a family when that happens, but it has taken him two years from recovery to getting a job. For me, I watch that as a person, but I also think in our business—and at my age I am not trying to score points—I am trying to say, 'What can we do that is going to make it more effective to get somebody who is in recovery into sustainable employment?'. You ask any family whose son or daughter is impacted by substance use, and you will find that the challenge is employers go, 'Oh, God, this person has got a drug and alcohol issue. I'm not so sure about them'. And the first time there is a bit of an issue, bang, they are gone.

So you need effective case management. So what happens is that when you place a person with substance use issues you need a really effective case manager to work with them over probably a six-month period, working collaboratively with the person and the employer, because the employer really wants to give the person a go but they do not want to be let down. Employers have got customers. They have got a business. They cannot afford to have somebody stuffing up. So for me the great thing is with that program at the youth hub we are running, it means that we have got some different bits of funding we have pulled together. I was in yesterday with the staff, and they were just so excited about the fact, because we got funding from the Primary Health Network, which is federal funding, to do a 12-month program, which will go on hopefully annually. It is an American program. It was just brought into Australia. It is called ResetLife, and that program works with the young people who have got drug and alcohol issues in a really intensive way, in a case management way. So what is happening is our case managers from the employment side are watching these people they are referring to that program and what they are seeing is really effective outcomes. It is the first time this program has been tried in Australia, and I think it is a great innovation. I believe there has been an adult one tried in Frankston. This is the youth one they are trying in Bentleigh. So I really would encourage people to—

Mr BIONDO: Productive throughput in the period of time.

Mr BLESSING: Yes. Not just linked to that program, but over the last 12 months we have placed 210 people, and of those 210 people approximately 200 have either got drug and alcohol or mental health issues. That is it.

Ms ADDISON: Thank you. I am interested in the issue of workplace drug testing and what you talk about around impairment and how we differentiate between someone who may have consumed drugs on the weekend and now it is Thursday and they are not impaired but the drugs are still in their system. Are you aware at all of

more effective testing that can actually measure impairment and differentiate between people who could be a risk for a workplace as opposed to someone who has residual drugs in their system?

Mr BIONDO: Really the experts on this would be NCETA, based at Flinders University. It is worthwhile approaching them. They have been undertaking a long-term project on workplace issues related to alcohol and drugs and testing. I have noticed, I think it was two weeks ago, that there is a much more refined test around cannabis and impairment that has become available—I think in the United States. But it was just a one-off article that I read. That is in the pipeline and it is probably related to their circumstance there, with the legislation and its availability.

But what we have noted over recent years is that drug testing is being called for by industry and certain people that will profit from it, which has led to increased drug testing and people diversifying and displacing to other substances, which are probably more dangerous in reality, and also the penalisation of people who are being caught. So it has got perverse outcomes.

The CHAIR: Impairment is such a broad-ranging issue. You could be on your IT for most of the night and only have one hour's sleep, and if you are sleep deprived, you are impaired. That is hard to detect as well.

Mr BIONDO: Yes. It is a very complex area.

Mr BLESSING: There is a range of drugs, and it is not usual for people to be working and to be using drugs. So that is the reality. It is the excessive use of drugs—and it depends on the type of drugs—that really impairs people and impacts employment opportunities.

Mr BIONDO: If we were really concerned about impairment, you could do tests on benzodiazepines and the impact that has on individuals. It has killed 1300 people in the last 10 years. It is a very significant killer of people, and people are driving around impaired by that on a daily basis but it does not get tested.

Ms RYAN: I suppose just to go back a step, is availability of treatment services an issue for Victoria? I think from memory we have the lowest number of residential rehab beds of any state in the country. I know personally I have got Odyssey House in my electorate and they have had remarkable success with their six-week program, but they have got an enormous queue. I mean, I am guessing that it is a lot easier for someone to find a job if they have gone through the process of treatment first. Is that a barrier for job seekers?

Mr BIONDO: Nationally in work undertaken by Alison Ritter through NDARC, which is based at the University of New South Wales, they estimate that between 200,000 and 500,000 people cannot get into treatment nationally. Victoria is one of the biggest states. There would be a very large number of people who cannot get into access.

We have a range of blockages of pathways between, say, mental health and AOD and between hospitals and AOD. The system was reformed several years back, in 2014, and it was supposed to create a better journey for the client. It has actually increased the number of steps that clients need to go through. Our system has its faults, but so does the private system. There are many issues with private providers who have come in to try and backfill the shortage in our sector, and that has created some tremendous financial—significant—problems for individuals as well. So access to treatment is a real issue. Coordination and integration of care is also an issue, and there are various blockages within our system. Even when a client comes in they may not get what should be the first priority for their treatment because there is such a waiting time for that. They will get something that might be second-best. So even when they are in there they might not be getting what is optimal for them.

Mr BLESSING: With that said, probably in the last three or four years there has been significant increased funding from the government, a significant increase in beds relative to any previous period. So for me, operating on the ground, I would say it is not a spicy area for funding. There are a lot of other areas that are much more attractive for government and there is so much pressure. But I will say that, from where we sit, it has been great to see the increase in funding over the last three or four years. It really has given a better opportunity for services, but it is on a smaller base.

Mr BIONDO: Might I say, the issue is very complex. I think the financial investment is very welcome. The federal financial investment has been constant more or less for the last three, four years. We have a range of

issues in terms of the blockages. We need to invest in our actual core system as well as add on the other bits around it, and some of these pathways need to be sorted.

Mr BLESSING: It is also wraparound services and trying to make sure we get as much efficiency as possible in how we service, because you can keep chasing dollars and we want more dollars. A lot of providers in the sector complement the government funding with philanthropy and trying to get other funders. So the challenge is, and one of the frustrations for a charity is, you are always chasing funding because if we got \$1 million tomorrow we could easily employ eight or nine people and do extra work, or you could do extra space or whatever. It is just how much government are willing to invest. I think that is where this initiative from the Parliament to have this Committee looking at the employment transitions is really positive, because to me if we can improve the transition to employment it will reduce the number of customers. To me, increasing efficiency is the biggest challenge. Yes, we can get more beds and we get more services, but we also need to find ways to improve so that when people do get treatment, they do not keep falling over.

Mr BIONDO: If we better reintegrate people back into the community—less recidivism rate, less re-entry into our system. Singapore has been able to do it through their Yellow Ribbon program, and that is very interesting; Norway, through its reintegration guarantee approach. It is a big commitment by government to look at the prison system—let us take that example—and say, ‘Rather than expand capacity here, we need to put that money to better integrate people there so they don’t come in and require that expanded capacity’. That is the problem many of us have.

The CHAIR: It is very costly to have an inmate: roughly around \$160,000 to \$180,000 per annum.

Mr BLESSING: Very costly; absolutely. A lot cheaper to give them drug and alcohol treatment.

The CHAIR: Anything further you would like to add?

Mr BLESSING: No. I just thank you for the opportunity today. For me, working at TaskForce is trying to save lives. A lot of the time in drugs and alcohol people have got to realise that for families who have been impacted if we do not get treatment effective then we lose lives, and that to me is the greatest tragedy for the community and for families.

Mr BIONDO: I think we have seen what can be done and it is working, and a lot more could be done if we get the right ducks lined up.

The CHAIR: Thank you for being here today.

Witnesses withdrew.