

19 July 2016

Human Services Inquiry  
Productivity Commission  
Locked Bag 2, Collins Street East  
Melbourne Victoria 8003

Dear Madam / Sir,

Toora Women Incorporated (Toora), based in Canberra ACT takes great pleasure in providing the following submission to the Productivity Commission Issues Paper 2016: "Human Services: Identifying Sectors for Reform".

Drawing from over 30 years of experience in the non-government community and human service sector, we recognize the significant challenges facing Australia's human services sector in Australia.

We agree that to improve a focus on productivity is a proper response to the challenges we face; however we also agree with the views expressed by Cullen and Ergas,<sup>1</sup> that this is complex in a non-market environment such as community and health. Moreover, many of the current measurement tools for productivity and outcomes are developed for manufacturing (read markets) and do not work with service industries.

We are also pleased to see that the Terms of Reference acknowledge the realization that there are features within the human services sector that are "unique in nature", given the complexities inherent in the "... characteristics of the services of the individuals receiving the services, objectives sought, and the jurisdiction and market in which the services are being supplied".

However, Toora believes that the premises and assumptions that underpin the Commission Issues Paper 2016: "Human Services: Identifying Sectors for Reform" are both ill-informed and ill-conceived in the context of the community sector that Toora and many other not-for-profit sector organisations operate.

This short paper is written to help inform the work of the Productivity Commission on behalf of the Australian Government, and to provide some useful insights from Toora's years of specialist service delivery experience in this complex and very "human" services sector and environment.

#### *Services Provided*

Toora Women Inc. supports women with complex issues who have experienced past or present traumas such as:

- domestic , family and sexual violence
- the impact of their own or another's drug and alcohol use
- mental health issues
- homelessness or needing support to stay out of the homelessness system

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<sup>1</sup> Cullen, David and Henry Ergas for Australian Health Ministers Advisory Council, Chief Executive Officer's Strategic Discussion 10 April 2014 – Agenda paper (issued 3 April 2014).

- the ACT corrections system

Our current programs range across a variety of settings such as crisis, transitional and Housing First accommodation, day program, counselling and outreach support, allowing Toora wrap around service provision based on individual need. We delivery these complex services within a human rights and gendered framework.

Our \$2.5million funding comes from a variety of State and Commonwealth sources such as:

- National Partnership Against Homelessness (NPAH)
- National Affordable Housing Agreement (NAHA)
- Non-Government Organisation Treatment Grants Program (NGOTGP)
- ACT Health

No client is ever turned away from our service; however women generally contribute 25% of their income to cover the costs of their accommodation. As well, our counselling service has a sliding scale of fees dependent on the client's ability to pay.

#### *Collaboration vs Competition*

As you can see from the description provided above and the case studies in the Appendix, Toora works in purposeful collaboration with other services to support women and their children with complex needs – often a time when they are most vulnerable.

Research by Professor Baldry of the University of NSW found that complex needs have a compounding effect and positive interactions between support services are key to the achievement of positive outcomes.<sup>2</sup>

Community services with limited resources, have traditionally run on 'the smell of an oily rag' and have in part through necessity, built strong partnerships and shared resources including intellectual property, policies and procedures, back office functions etc. By introducing competition, collaboration and partnerships will be discouraged and decades of goodwill will be at grave risk of being lost completely.

#### *Client-Centered Services*

Toora is part of a human services sector that by necessity works as a 'system' where, to provide an effective and efficient service that meets the needs of our clients, we must develop trusting relationships and work collaboratively and cooperatively. In the words of Aristotle, "the whole is greater than the sum of its parts". This applies to both the external and internal environment of Toora.

Toora over the past 18 months has been creating an innovative and contemporary "One Toora" model in order to provide a more holistic, client-centred model of care for our clients and their children, addressing all of their complexities regardless of which funding stream they enter the service. It is difficult to see how competitive tendering for parts of the service delivery would benefit the client.

#### *Market versus Essential Service*

Toora works at the nexus; often the "pointy end" of the health, community, housing, welfare and justice sectors.

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<sup>2</sup> Baldry, E. cited in Towards One Human Services System, ACT Government, October 2013

Rather than a “market”, Toora and many related organisations, provides a “capability” ... an “essential service” like police, fire, and ambulance to meet the often complex needs of our clients. We are often the service “of last resort”. By the very nature of the services we provide, competitive funding is not a good fit. Take our Domestic Violence Services for example:

Domestic Violence (DV) support can be cyclical. Approximately 30% of our domestic violence clients return to their violent relationship. This is not a failure of the system, but rather a product of the normal cycle of violence. Each time the woman may be returning with an increased understanding of the complexities of dysfunctional relationships and would have a safety plan in place. It may be that she will not be ready to leave the violent relationship permanently until the second, third or fourth time in a shelter. DV services need to understand this and be open to a woman returning repeatedly.

21% of our Domestic Violence clients are migrant women without visas. They have come to Australia on spousal visas and due to violence, they have had to leave the relationship and their visa is cancelled.

These women cannot work, have no Centrelink benefits and no access to Medicare. Toora supports them through the complex immigration system that often may take up to two years. During this time, they cannot make a contribution to their food, accommodation, clothing and other necessities. Toora even needs to provide pocket money to help them integrate into the community.

While this may not be seen as ‘efficient’, it is the reality of Domestic Violence Services delivery.

Thirty-six women have died in Australia during the first six months of 2016.<sup>3</sup> We believe that a funding model where services are competing against each other to obtain time limited and outcomes based client packages (such as the NDIS), will put more lives at risk.

Competitive funding is not a good fit for Homelessness Services either.

Homelessness is more than the need for a roof over one’s head and the causes are varied and complex. We estimate 43.5% of our homeless clients have mental health and/or active alcohol and other drug (AOD) problems. Approximately 90% of these clients have a history of complex trauma ie childhood abuse, child sexual assault, domestic violence and/or sexual violence. They may have AOD or DV acquired brain injury. Many have anger management problems and poor impulse control.

In the case of these homelessness clients, if they were offered a client centered package (as in the case of NDIS packages), they would most likely indicate that all they wanted was a ‘roof over their heads’ and the contributing factors leading to their homelessness would be at risk of never being addressed and the often intergenerational cycle would continue. The subsequent flow-on effects would then very likely put an additional burden on the health, welfare, and justice systems for example.

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<sup>3</sup> Destroy the Joint Facebook site (updated 5 July 2016)

*NDIS Model – Inappropriate and not needed*

The implication of placing organisations such as Toora (more specifically our Alcohol & Other Drug and Domestic Violence services) under an NDIS model of funding while the rest of the woman's care is non-NDIS funded would be complex, unworkable and fracture the quality and whole-of-person/ holistic/ wrap around care that clients with complex needs require.

Current homelessness prevention services and services which work with clients to end their homelessness are good investments of public money. Research confirms that homelessness programs produce positive outcomes for their clients at relatively low cost and deliver whole-of-government savings in avoidable health, justice and police outlays. <sup>4</sup> Toora believes that to apply a competitive model to such services would be detrimental to the service system with no guarantee of better outcomes.

*Informed User Choice*

With limited resources and service availability in this sector “choice” is not often possible as whatever organisation has “a bed” for example, will likely be the only option for the woman.

In conclusion, we believe that given the nature of the services we provide in the human services sector, that the introduction of greater competition, contestability and user choice is not a suitable mechanism to improve outcomes.

Toora would welcome the opportunity to discuss this submission with you further in order to ensure that women and their children can access timely, affordable, high quality essential services that are appropriate to their needs.

Regards,

Joan C Scott  
Chair, Board of Management  
Toora Women Inc.

Susan Clarke-Lindfield  
Executive Officer  
Toora Women Inc.

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<sup>4</sup> Flatau, P, Zaretsky, K, Brady, M, Haigh, Y & Martin, R, The cost-effectiveness of homelessness programs: a first assessment, Volume 1 – main report, Australian Housing and Urban Research Institute, Perth 2008.

## APPENDIX: ONE

### Emily's story - Toora Alcohol & Other Drug (AOD) Service

Emily is a 48 year old woman. Her drugs of choice were heroin and alcohol. She started with binge drinking when she was 18 years old and then when she was 31 years old; she started using heroin with her a new partner. This lasted for 10 years, the relationship ended and she continued using for another 5 years.

Emily presented with past relationship traumas. She identified her last relationship with her ex-partner as emotionally abusive coupled with domestic violence. There was co-dependency of both substance abuse and emotional abuse.

Emily's father died in the early 90's and that was very traumatic for her. She lost all contact with her family, who did not want to talk to her anymore because of her drug addiction.

When Emily arrived at Toora AOD Services, she was homeless and had recently left the Public Service due to her addictions.

Emily suffers from depression and anxiety. She was previously accessing Toora AOD's outreach program for support when she was working. She had also attended the Karralika program for 6 months.

Over a two month period, Emily resided in two residential Toora AOD programs. She also started doing the Day Program 3 days a week, attended Narcotics Anonymous (NA) & Alcoholics Anonymous (AA) meetings at least 3 sessions a week, was attending house meetings, getting in contact with peers and having regular contact with her Sponsor. She also started with AOD counselling at Directions and with her psychologist in the community.

Emily has worked hard on her underlying issues with her counsellor and psychologist. She discovered that practising meditation and mindfulness was helping a lot with anxiety and concentration. She engaged fully in case management and worked on her goals to become solid in her recovery.

Whilst at Toora AOD Service, Emily went back to CIT to finish her diploma as well as attended other self-help courses.

Emily has now reconnected with her family who are very pleased to see Emily's continued recovery. The reconnection with her brother is especially important to her as he suffers from terminal cancer.

Emily has become very proactive in volunteering in the community and undertook occasional paid work while she was in our AOD service.

After 8 months with Toora AOD Service, Emily was offered an ACT Housing property and moved into her new home to continue her life and recovery in the community.

Emily is now in the Toora AOD Outreach program and has started with Toora AOD Counselling Service through her contact with the counsellor there while participating in the Day Program.



Emily has now been abstinent for 14 months. She has benefited significantly from the Toora AOD residential and day program, as well as Directions' and Toora's counselling services. She is now working full time and feeling content with her life.

### **Kia's story - Coming Home (Women Exiting Corrections) Program**

Kia was referred to Coming Home Program (CHP) by her prison (AMC) case manager. CHP assessed her whilst incarcerated and started working with her via outreach support. Her CHP case management plan was tailored to suit this situation. Kia was released in February 2016 and has been living on her friend's couch since. Coming Home offered her accommodation at our transitional house but she refused.

The presenting issue on Kia's case management plan since exiting prison are alcohol & other drugs (AOD) and Probation and Parole outreach support. She has just completed a Cognitive Skills program with Corrections and is on the wait list for AOD counselling with Toora Counselling Service. She is on a Good Behaviour Order for 2 years with weekly probation and parole appointments.

Due to being regular and consistent in meeting all requirements of probation and parole, Kia's probation and parole reporting finished much earlier than expected. Kia was allowed to reconnect with her father who lives outside the ACT. She went interstate and visited him for a few days and they have a good relationship.

Kia attends all her appointments with employment agencies as required due to being on a New Start Centrelink payment. She had previously worked in a bakery as a baker before going to prison and is still interested in working in hospitality. In November Kia achieved one of her most important goals when she got a job at a Bakers Delight bakery. Kia was very happy looking forward to starting her new life. Kia worked there for few months and then she was told by the manager that she couldn't work there anymore as they have to pay her more compared to students; and as colleges and universities finished up for the year, Kia was let go to allow for a student worker to take her place. Kia turns up for her employment appointments and is not giving up that she will be offered another job soon.

Kia has one new charge since completing her Good Behaviour Order. It is a driving charge which she pleaded not guilty to and so the case has been adjourned. Kia will be moving into a CHP head lease property by the end of the month.

### **Kim's Story - Toora Homelessness Program**

Kim, a 26 year old Indigenous woman, was referred to Toora Accommodation and Support Service (TASS) by First Point. At the time of accessing emergency accommodation with Toora, Kim was homeless on and off for about 18 months. In 2012 Kim left the ACT to live and study in another state. However, in 2013 she came back to Canberra and was unable to successfully relocate due to her mental health and alcohol misuse issues. When she first came from interstate, Kim stayed with a family member but soon after their relationship broke down and she had to leave. Kim then stayed with a friend until she got a room in private share rental. However, after a while she found herself being unable to afford private rent and thus she started couch surfing at different friends and acquaintances' places.

Kim has a history of childhood trauma and has been formally diagnosed with extreme post-traumatic stress disorder. When she was a child, the Department of Community Services (DoCS) in NSW was involved with her, and Kim also spent some years in a youth refuge. Her extensive history of domestic violence, emotional and sexual abuse from a very young age, led to severe PTSD, high anxiety, mistrust of people and alcohol misuse. Due to acute headaches and feelings of confusion and disorientation, Kim was trying to escape reality by binge drinking. She has a history of being incarcerated and in the past has attempted suicide. A year before accessing TASS, Kim completed two months in a rehab which wasn't enough to kick her alcohol habit. She has been receiving AOD counselling with Directions ACT and was periodically attending Alcoholics Anonymous (AA) meetings. Kim has also been seeing a psychologist who assists her in dealing with the effects of past trauma.

When Kim accessed TASS residential service, she initially had trust issues which created a barrier to accepting support and made it difficult for her case worker to put a support plan in place. However, Kim's desired outcome was ACT Housing, which would provide her with safe, stable, supported and affordable accommodation. After Kim's case worker met with her regularly for case management meetings and developed a professional and respectful relationship with her, she eventually started actively working towards her goals and striving for wellbeing and independence.

Kim has been trying to obtain a tertiary qualification. She recommenced studying and made efforts in staying a full-time student. However, due to her mental health issues and the pressure she was putting on herself to perform well Kim's alcohol misuse got worse. Soon she found it difficult to sustain her full-time studying and eventually decided to drop some of the subjects. Now she is studying part-time and managing the course requirements much better. Her goal is to complete the degree by 2018.

Regarding her alcohol addiction, Kim decided that apart from counselling she needed extra support to treat her alcoholism. Thus she has recently decided to start taking medication that is blocking the processing of alcohol in her body and is helping her to stop drinking, as her goal is to stay sober.

When she came to TASS, Kim was suffering financial hardship. In order to improve her situation, Kim found a casual part-time job and tried very hard to hold it. However, due to instability of her mental and emotional health, Kim wasn't able to sustain her employment. With support from TASS, Kim successfully applied for a loan with Care Financial Inc. that enabled her to buy a laptop, which is necessary for her tertiary studying. She has also been successful in accessing the Women ACT grant which further helped her to sort out her financial situation.

Kim keeps regular contacts with her existing supports such as her GP and a psychologist, Directions ACT, self-help and mindfulness groups, and her Youth Housing Support worker. She is also a volunteer with Salvation Army and spends her spare time to help the Salvos in sorting donated clothes. Kim is now engaging in healthy relationships and friendships.

Kim applied for accommodation with Housing ACT and has recently been approved for priority. As a result of appropriate and effective supports provided by TASS, Kim no longer requires the intensive support from our service, and her progress is now dependent on sustainable housing that will assist her to maintain independence. Allocation of suitable public housing accommodation is vital for all aspects of Kim's life to be positively improved.

## **Nadine's Story - Heira Multicultural Domestic Violence Program**

Nadine, a 32 year old Thai woman, moved to Australia with her husband on a Spouse Visa. Prior to moving, she married her husband in Thailand, where they both resided with her family for a period of time until they applied for spouse visa within her country and returned to Australia. She reported that while they were living in her country with her family, her husband was a good man and respectful of her and her family.

Soon after she came to Australia her relationship with her husband was filled with incidents of verbal and physical violence. Nadine discovered that her husband was an alcoholic and drank every day. He was violent physically and verbally and was disrespectful of any of her needs and he kept her isolated from everyone she knew. Not having permanent residency (PR), any income and lacking courage to leave this relationship, she was stuck and all alone. One day when the physical violence escalated, Nadine realised that her life was in danger and when her husband fell asleep one night drunk she managed to escape.

Nadine went to a shopping centre, contacted a woman from her country and asked for assistance. This woman and her husband took her to their house and then contacted Domestic Violence Service (DVCS). Nadine was supported by DVCS to lodge application for a DVO and an Interim order was issued. DVCS also referred Nadine to First Point for emergency accommodation and then the referral was then forwarded to Toora's Heira Domestic Violence Service.

When Nadine first arrived at Heira, she was very distressed and overwhelmed, and she needed to be reassured constantly that she was safe. Nadine was worried about her safety, her residency status and had no income. Nadine has not had much opportunity to enrol even in CIT to do English classes which would have enabled her to enrol in further study. All interactions with Nadine required workers to use Translating and Interpreter Service (TIS) as Nadine's understanding and knowledge of the English language was very limited.

Nadine, with her Heira case worker's support, was able to successfully apply and be granted a benefit payment with Centrelink. With our support Nadine applied and was also granted permanent residency and has now been placed on the Housing ACT priority register after being initially rejected and then advocated for by her case worker. Nadine is dealing with the trauma she experienced by having regular counselling sessions. Nadine's case worker had to assist Nadine with skills of independent living in Australia, as she had never had the chance to move about on her own due to her being kept isolated by her husband, and her lack of English skills. Nadine learnt how to use public transport and started to do daily living tasks independently. Nadine also participated in art classes and yoga class offered by Toora and interacted well with the other clients. Nadine has also enrolled in CIT to study English, and hopes to be able to enrol in further study one day.