

closing the gap

*Social and economic priorities
for a fair and sustainable community:
2006-2007 State Budget*



*Submission to the New South Wales Government by
the Council of Social Service of New South Wales*





The Council of Social Service of New South Wales (NCOSS) is the peak body for the social and community services sector in New South Wales. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

NCOSS was established in 1935 to promote cooperation in the provision of community services and influence social legislation. Today our constituents are:

- our members
- other peak community service agencies in NSW
- service providers
- other agencies working in the social policy and social services field
- individual members interested in social policy and social service issues
- disadvantaged and low income people and communities in NSW.

NCOSS provides an independent voice on welfare policy issues and social and economic reforms and

is the major co-ordinator for non-government social and community services in NSW.

We act as a channel for consultation with government and between parts of the non-government sector with common interests and diverse functions.

NCOSS is a membership organisation. Through current membership forums, NCOSS represents more than 7,000 NSW social and community services and over 100,000 consumers and individuals. Members range from the smallest community services to the largest major welfare agencies, state and regional level peak councils, churches, hospitals, local government and consumer groups.

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Introduction

The 2006-07 NSW Budget will be framed in a challenging environment of a projected Budget deficit with increasing demands for Government services and programs.

Despite more than ten years of continuous strong economic growth the cumulative effects of demographic changes, increasing inequality, inadequate government infrastructure investment and greater consumer expectations leaves the Lemma Government with difficult choices.

Add to this the impending March 2007 State election which, by convention, would demand an increase of Government spending in priority areas as part of election commitments.

It is true that the Commonwealth and other states' refusals to revise the Grants Commission GST revenue sharing formula is penalising NSW with a loss of GST revenue each year compared to its rightful allocation.

However, the NSW Government has itself narrowed its capacities to fund urgently needed recurrent programs and services through its refusal to consider State tax reform that would more fairly broaden the base and hence the level of tax revenue. It has, indeed abolished the vendor tax during 2005 and suggested that it will wind back previous commitments to progressively increase gaming machine taxes up to 2010.

The Audit of Government spending that is currently taking place, and against which the 2006-07 Budget is being framed, does raise concerns that, in the pursuit of savings, some important human services programs and services may be abolished.

This is heightened because of the historic lack of information that the NSW Government has about the impacts various programs actually have on consumers and local communities - which is partially attributable to the Carr Government's reluctance to set clear objectives for Government and to be measured against clear targets and outcome measures. The opportunity to make mistakes in reducing spending is very real.

In our 2006-07 Pre-Budget Submission, NCOSS advocates a suite of revenue and spending measures that we contend would dramatically improve the quality of life of most people in NSW and the living standards of the substantial number of households who are socially and economically disadvantaged. Our package of measures would start the process of reducing inequality in NSW.

The NCOSS PBS package is costed and funded.

We hope that new NSW Premier, Morris Iemma, will deliver on his stated priorities of affordable housing, mental health services and services for people with disabilities in the 2006-07 Budget. NCOSS urges the Iemma Government to carefully and favourably consider our package of measures as it finalises the Budget.

Gary Moore
NCOSS Director
December 2005

Economic and Social Trends



The 2005-06 NSW Budget makes the following forecasts across a range of economic indicators for NSW:

- Economic growth of 2.75%;
- State final demand of 3.5%;
- Robust growth in business investment (11% in building expenditure; 12% in plant and equipment);
- Employment growth of 1.25%;
- Average unemployment rates of 5.25%;
- Wages growth of 3.75%; and
- Inflation (Sydney CPI) of 3%.

The Budget papers also made the following financial forecasts:

- Operating surplus of the general government sector in 2005-06 of \$303m;
- Gross capital expenditure by the general government sector in 2005-06 of \$3.8 billion (over 4 years to 2008-08, gross capital spending of \$34.7 billion, to be partly funded by a slight increase in State sector net debt of \$8.7 billion);
- Government spending increase of 6.4% (nominal terms) in 2005-06, slowing to an annual average of 4.3% in the four years to 2008-09;
- Total government sector revenue to rise by 5.6% in 2005-06 (new tax measures in the 2005-06 Budget raise an extra \$180m); and
- Net financial liabilities to trend lower as a percentage of growth State product (reaching 7.9% in the general government sector by June 2009).

As at 1 December 2005, the forecast for a small operating surplus in 2005-06 has been publicly discarded by the NSW Government following the abolition of the vendor tax and the finalisation of a range of public sector wage increases over the next three years.

September quarter 2005 economic data also suggested that the forecasted economic growth figures may be difficult to attain and employment growth may be weaker over 2005-06 than predicted.

However, a range of well above inflation level price determinations for energy, water and some public transport forms, combined with increase to a range of government fees and charges, may lead to greater revenues from these sources of funds over the full year.

■ Health

The right to health is taken as a fundamental human right within society. Everyone benefits from a healthy community, both in terms of individuals having a good quality of life and the economic benefits of a healthy and productive workforce that can contribute to economic growth.

Poor health on the other hand represents a direct cost to the community both in terms of financial and human capital.

Health and Socio-economic status

In the Report on Adult Health from the 2004 NSW Population Health Survey it shows that:

- The lowest 20% of income earners in NSW experiences the highest levels of poor health outcomes.
- In 70% of the 15 key indicators used to measure health behaviours and health status, people in the lowest 20% of the State's income earners scored the worst.
- The bottom 20% of male and female income earners exhibited the worst rates of smoking, the worst levels of diabetes or high blood sugar, the worst rates of high or very high psychological distress, the worst levels of being over weight and obese and the worst rates of having all their teeth missing.

The NSW Health Survey 2004 shows in stark terms just how enormously different are the levels of health for people in NSW depending on their socio-economic status, even after 10 years of sustained strong economic growth in NSW and major increases in spending in the NSW health budget.

Life Expectancy

The variations in the length of life expectancy rates reported across Area Health Services and between Aboriginal and non-Aboriginal people reflect the distribution of the underlying social and economic determinants of health.

In the Report of the NSW Chief Health Officer 2004 it states that in NSW, between 1968 and 2002, life expectancy at birth steadily increased from 67.2 to 78.1 years for males and 73.8 to 83.3 years for females. However the life expectancy at birth for Aboriginal and Torres Strait Islander people, compared to non-Aboriginal people is approximately 20 years less.

There is also a clear gradient of increasing death rates associated with increasing geographic remoteness, with the highest age-adjusted death rates being seen in the Greater Western Health Area, with male and female death rates 16% and 13% higher, respectively, than the NSW average for each sex. In comparison, South Eastern Sydney and Illawarra Health Area male and female death rates were 11% and 9% lower than the respective death rates for all NSW.

Drug and Alcohol Use

Opioid deaths represent a large proportion of illicit drug deaths in Australia. In NSW opioid overdose deaths peaked in NSW in 1999 and have declined each year since. In 2002, males represented 82% of all opiate related deaths in NSW (Report of the NSW Chief Health Officer, 2004).

Oral Health

One of the worst examples of poor health policy today is the ongoing separation of the oral health of individuals from all other aspects of their health care. The greatest deficiency of our current health system is that there is no assistance for people to maintain their oral health.

Dental caries is the most prevalent health problem and periodontal diseases are the fifth most prevalent health problem in Australia. Around 90% of all tooth loss can be attributed to these two health problems and, because they are preventable and treatable, most tooth loss is avoidable.

There is also ongoing and increasing evidence that poor oral health and oral health diseases are linked to general health concerns such as arthritis, cancer, coronary heart disease, premature and low birth weight babies, etc.

Oral health is also affected by a complex interplay of social, environmental and economic factors. Specific population groups, such as refugees and prison inmates continue to experience extensive oral disease. People living in disadvantaged circumstances experience more oral disease and more barriers to accessing care than others. People living in rural areas also experience greater oral health disadvantage compared to residents in urban areas. Residents in rural areas:

- Have more tooth decay (children)
- Are more likely to have no natural teeth (adults)
- Have less frequent dental check ups
- Have fewer preventative treatments

In 2003, among NSW residents aged 16 years and over:

- 37.3% reported they had all their natural teeth
- 56.9% reported that they had some teeth missing
- 5.8% had all teeth missing (edentulism), with the highest proportion being amongst women

Of great concern is the increasing hospitalisation rate for the removal or restoration of teeth among children under the age of 5 years, which has increased by 58.4% between 1989-90 and 2002-03 and by 80% over the same period for children aged 5 – 14 years.

Mental Health

Mental ill health is one of the leading causes of burden of disease and injury in Australia, and is associated with higher rates of health risk factors, poor physical health, and higher rates of death from many causes including suicide. In NSW, depression is the leading cause of years lost due to disability and ranks fourth in terms of total disease burden (years of healthy life lost due to premature death, disease and injury).

- In 2003, high psychological distress has been shown to be associated with increased rates of substance abuse and poor school performance.

Source: Report of the NSW Chief Health Officer 2004.

- According to figures from the National Mental Health Report 2004, in the past decade NSW has had by far the lowest per capita growth in mental health funding of all the states and territories at just 23%.
- Last year community organisations providing critical Mental Health Services only received 2.4% (2005-06 Budget Paper no.3 vol.1, pp.8-31) of the total Mental Health Budget. This year the figure has dropped even further to 2.0% (2005-06 Budget Paper no.3 vol.1, pp.8-31) giving NSW the worst level of assistance to community organisations in the country.
- A recent Auditor-General's report found that up to 9% of mental health patients who presented to Emergency Departments are forced to leave prior to seeing a doctor (Auditor General's Report: Emergency Mental Health Services May 2005, p.20).
- A 1998 study *Down and Out in Sydney: Prevalence of Mental Disorders, Disability and Health Services Use Among Homeless People in Inner Sydney* found that 75% of homeless people have at least one mental disorder. In 2005 many experts regard this as a conservative estimate.
- The Sentinel Events Review committee report looking at suicide and homicide by mental health patients recently discharged from inpatient units found that a "substantial number of deaths were preventable" (NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report p.36).
- According to a 2003 study over 78% of men and 90% of women entering prisons have had some form of psychiatric disorder or addiction in the 12 months prior to incarceration (NSW Corrections Health Service, Mental Illness Among NSW Prisoners, August 2003).

Source: Media Release, Mental Health Week, October 10-15, Labour Must Address Mental Health Crisis, released Monday 10 October 2005.

Women's Health

- The annual report from Women's Health Centres showed that more than 100,000 women used their services for year ending 30 June 2004 for face to face service provision.
- Women are still the major users of health services. They report more episodes of ill health, consult medical practitioners, chemists and other health professionals more frequently and take medication more often. Women have higher rates of hospital use both during their reproductive years and after the age of 70. Women comprise of

Mental ill health is one of the leading causes of burden of disease and injury in Australia...

72% of those in nursing homes and long-stay institutions and report a higher prevalence of psychosocial problems than men – particularly severe and chronic depression. (Women's Health Services in NSW, 1985).

- The Women's Safety Survey (1996) conducted by the Australian Bureau of Statistics, found that 5.9% of women surveyed had experienced physical violence in the previous 12 month period, and a further 1.5% had been sexually assaulted. On a population basis, these combined figures represent 490,000 women across Australia.

Indigenous People and Health

- Aboriginal and Torres Strait Islander people are the most disadvantaged group in Australia, as measured by a range of socioeconomic indicators (NSW Department of Aboriginal Affairs). The increased burden of disease carried by the Indigenous population cannot, however, be fully explained by socioeconomic disadvantage either alone, or in combination with other risk factors such as smoking, risk drinking, and poor housing. Colonisation and the loss of land have undermined the economic, spiritual, and cultural basis of Indigenous society and has led to a loss of control by Indigenous people of their own affairs. This loss of control both actual and perceived, may contribute to poorer health.

Source: Department of Aboriginal Affairs, 2004

- In NSW over the period 1999-2000 to 2002-03, age-adjusted hospital separations rates for cardiovascular disease (including coronary heart disease, stroke, peripheral vascular disease, and heart failure) among Indigenous people were more than twice as high as the rates for non-Indigenous people. In 2003-04, the rate among Indigenous people was 4,638 per 100,000 population compared with 2,212 per 100,000 population for non-Indigenous people.
- Indigenous people have higher levels of risk factors for cardiovascular disease. In 2001, Indigenous adults aged 15 years and over (61%) were more likely than non-Indigenous adults (42%) to be classified as overweight or obese. Indigenous people aged 18 years and over were

more than twice as likely to be current smokers (51%) compared with non-Indigenous people (24%).

Source: Australian Institute of Health and Welfare, 2003.

■ Education

Education and training are critical pathways into employment and social participation and a means of escaping poverty. Education is also critical to creating economic growth, generating higher standards of living and creating the basis of a socially cohesive society.

The link between low educational attainment, unemployment, poverty and social exclusions are well understood. Equally understood are the dangers of not investing in education in terms of skills shortages and losing the competitive edge in the world economy.

Research shows that participation in preschool programs is critically important, not just in promoting school readiness but as a protective factor in the longer term. It also has immediate benefits for children in providing age appropriate development programs to enhance and encourage socialisation.

Preschool Participation

- Participation rates of children aged 3 years in NSW was only 14.0% which is significantly lower than any other state and territory and is due to the low levels of accessibility to government funded preschool services.
- The proportion of children using preschool services in NSW from non-English speaking backgrounds as 6.6%. However, children from non English speaking background represented 8.8% in the community.
- The proportion of children in NSW using preschool services from Indigenous backgrounds was 3.0%. Indigenous children represented 3.6% of the community.
- The proportion of children with disabilities in NSW using preschool services was 6.8%. However, children with disabilities represented 8.6% of the community.
- The proportion of children in NSW from regional areas using preschool services was 32.2% whereas children from regional areas represented 30.0%.
- The proportion of children in NSW from remote areas was 1.2% while children represented from remote areas is 0.8%.
- NSW spends \$100 per child on children's services representing the lowest amount spent compared to any other state or territory.

Source: Productivity Commission, Report on Government Services 2005.

Affordability and Equity

- The number of children receiving fee relief assistance in community based preschools was approximately 13,000. This is 4,300 fewer than the number eligible for assistance.
- On average only 4% of fees are covered by the NSW Government Subsidies (30% for metro and 75% for rural).

Source: Funding and Impact Analysis Draft Report, 21 February 2005.

- Average preschool fees had increased in metropolitan areas by 26% over two years (now \$29.98 per day).
- Average preschool fees had increased by 22% in rural areas (now \$21.13 per day).
- 70% of services would need to further increase fees next year if they did not receive additional funding.

Source: NSW Children's Services Forum, Viability Survey of Community Based Preschools, September 2005.

- A comparison between Department of Education and Training funded preschools and the Department of Community Services funding of community based preschools demonstrates the inequity of preschool provision. The Department of Community Services funding is \$73 million for 800 community based preschools while the Department of Education and Training funding is \$24 million for 100 preschool centres.

Source: NSW Budget Papers 2005-06 and Department of Community Services Budget Briefing 2005-06.

Public Education

Enrolments into government schools have been decreasing each year from 758,048 in 1993 to 751,185 in 2003 (overall for NSW).

Retention Rates:

- Over the 1980s and most of the 1990s, year 7/8 to year 12 apparent school retention rates increased, as did participation in non-school education mostly at university or TAFE.
- In 2004 the retention rate for students in years 7 to 12 was 71.1. This is an increasing trend from 2000 (67.5%), and 2003 (70.5%).
- For students years 10 to 12 the retention rate for 2004 is 73.2%, which was a slight increase from 2003 72.7%. This is also an overall increasing trend, 2000 (69.8%).
- In 2004, the retention rate for students who attended government schools (68.6%) was considerably lower than those students who attended a non-government school (81.3%) in years 10 to 12.

Source: Australian Bureau of Statistics, NSW Snapshot, 2004.

Suspensions and Expulsions

- For Semester 1, 2005 there were a total of 4,672 long suspensions in NSW.
- 20% of total long suspensions were given to children in kindergarten to year 6.
- 56% of total long suspensions were given to young people in years 7-10.
- 24% of total long suspensions were given to young people in years 11-12.
- There were a total of 156 expulsions in semester 1, 2005 in NSW.
- The expulsion rate as a percentage of student enrolments was 0.02%.

Source: Long Suspension and Expulsion Summary Semester 1, 2005.

- For short suspensions Aboriginal boys are being suspended at a rate that is four times greater than that for non-Aboriginal boys in kindergarten to year 2 in 2003.
- For short suspensions, Aboriginal girls are being suspended at a rate that is eight times greater than that for non-Aboriginal girls in kindergarten to year 2 in 2003.
- Aboriginal female short suspensions were 251 per 1000 students compared to 62 per 1000 students for non-Aboriginal females in years 7-10 in 2003.
- Aboriginal female long suspensions were 37 per 1000 students compared to 11 per 1000 non-Aboriginal students in years 7-10 in 2003.
- In 2003, 629 Aboriginal males had short suspensions per 1000 students compared to 188 non-Aboriginal students.
- In 2003, 163 Aboriginal males had long suspensions per 1000 students compared 43 per 1000 non-Aboriginal students in years 7-10.
- In 2003, the expulsion rate for Aboriginal males was 4 per 1000 students compared to 2 per 1000 for non-Aboriginal males.
- In 2003, the expulsion rate for Aboriginal females was 16 per 1000 students compared with 1 per 1000 for non-Aboriginal students.

Source: Department of Education and Training; Review of Aboriginal Education, Growing and Learning: The Life Course 2004.

Aboriginal and Torres Strait Islander Students

- The average attendance rate for Indigenous school students is 74% compared with 93% for non-Indigenous school students.
- School participation rates amongst Indigenous students decline rapidly 98% at age 14 to 31% at age 17.
- Of Indigenous people aged 15 years and over who have left school, only 17% have obtained a post-school qualification compared to 43% of the non-Indigenous population.

Source: NSW Department of Aboriginal Affairs.

The link between low educational attainment, unemployment, poverty and social exclusions are well understood.

- In 2003, there were 9,393 Aboriginal students were enrolled in 1,094 primary schools and 51 central schools. 14.8% of these students were enrolled in a school with an Aboriginal Education Assistant. There are a total of 320 Aboriginal Education Assistants across the state.

Source: Department of Education and Training, Aboriginal Education Review 2004

TAFE NSW

- Between 2000 and 2004 Aboriginal student enrolments have increased at more than twice the rate for all students (26.5% compared to 10%).
- The proportion of Aboriginal students enrolling in higher level courses has grown by 33.2% (compared to 8.7% for all students).
- Enrolments have also increased for students with disabilities by 66.8% and by 26.9% for mature age students.
- Completion in higher level courses for students with disabilities increased by 117.8% and for Aboriginal students by 125.1% (compared to 41.6% for all students). However, completions by Aboriginal students represent only 1.6% of all completions in 2004.
- Module completion rates for women increased by 3.2% to 78.8 over the previous five years to 2004.
- Module completion rates for non-English Speaking Background Students increased by 3.4% to 75.9 over the previous five years to 2004.
- However, all students enrolled in TAFE NSW increased their module completion rates by 4.1% to 79.5 over the previous five years to 2004.

Source: New South Wales Department of Education and Training, Annual Report 2004.

■ Housing

Shelter provides a foundation for family and social stability, and contributes to improved health and educational outcomes and a productive workforce. Thus it enhances both economic performance and social capital. It is well accepted that access to quality, affordable housing is central to community well being. Similarly, housing and employment connectivity is an important precursor to economic growth.

Housing Stress

- 28,917 households were paying 20% or less of accessible income in rent at 30 June 2004. In 2000-01 38,051 households were paying 20% or less which is a significant decrease from 2004.
- There has been an increase (81,244) of households paying more than 20% but less than 25% of accessible income in rent compared to 2000-01 (74,501).

Source: Department of Housing, Commonwealth State Housing Agreement National Data Reports 2003-04: Public Rental Housing

- About one third of all those families and singles in housing stress live in NSW, representing about 270,000 families and singles.
- In 2004, it was estimated that 7.9% of NSW were in housing stress.

Source: National Centre for Social and Economic Modelling, Trends in Housing Stress, June 2004.

Home Ownership

- Median purchase price in Sydney for 2004-05 is \$495,000; this is a 3.13% decrease from the previous financial year (\$520,000).
- Median purchase price for the rest of NSW for 2004-05 is \$379,000; this is a 1.75% decrease from the previous financial year.

Source: Australian Real Estate Institute

- Average loans for the purchase of new dwellings have increased from \$245,600 in 2002-03 to \$278,100 in 2003-04.

Source: Australian Bureau of Statistics

Private rental

- Median rents for two-bedroom house in Sydney are \$230; this has dropped by 2.10%.
- There are approximately 1,208 rental vacancies at the moment.
- Median rents for two-bedroom house in Newcastle are \$220; this has increased by 10% from the previous financial year.

Source: Australian Real Estate Institute

Social Housing

- Around 6% of NSW households (22% of renters) live in social housing. Of these, 87% are in public housing, 8% in community housing and 5% in indigenous housing.

Source: Department of Housing, 2005, Housing Today.

Public Housing

- Public housing consists of 87% of the total social housing in NSW.
- In June 2004, NSW had 80.4% of its public housing in major cities, 19.2% in regional areas and 0.4% in remote areas.

Source: Department of Housing, Housing Today, 2005

- 90% of tenants received rebated rent compared to the national figure of 87.6%.
- The total number of all households assisted with rebated public rental housing was 110,835 in June 2004. This is a decrease from 2000-01 when 121,222 households were assisted with rebated public rental housing.
- The total number of new Indigenous households assisted for year ending 30 June 2004 was 877.
- The total number of Indigenous households at 30 June 2004 was 8,700.
- There were 1,427 'greatest need' applicants on the public housing waiting list on 30 June 2004. This has decreased from 2000-01 when it was 2,008.
- There were 77,984 applicants on the public housing waiting list ending June 2004. This is a significant decrease from 2000-01 (101,561).
- There are 124,601 tenantable dwellings at 30 June 2004.

Source: Department of Housing, Commonwealth State Housing Agreement National Data Reports 2003-04: Public Rental Housing

- The proportion of tenants who are newly housed in public housing each year that have special needs has remained steady at just over 50%. In community housing the proportion is just over 70% having ranged between 60% and 70% over the past few years. Tenants with special needs are the young, the elderly, Aboriginal people and people with a disability.

Source: Annual Report 2003-04, Department of Housing.

Community Housing

- Community housing consists of 8% of social housing in NSW.
- In June 2004, NSW had 71.5% of community housing in major cities, 28.1% in regional areas and 0.4% in remote areas.

Source: Department of Housing (2005) Housing Today.

Indigenous Housing

- Aboriginal housing consists of 5% of social housing in NSW.
- In June 2004, NSW had 40.9% of state owned and managed Indigenous housing in major cities, 51.9% in regional areas and 7.2% in remote areas.

Source: Department of Housing, Housing Today.

- Aboriginal families are more than twice as likely to be living in over crowded dwellings compared to the total population.
- Aboriginal households are significantly over-represented in mainstream social housing. This is almost certainly a reflection of the socioeconomic disadvantage that many Aboriginal people experiences and of the additional difficulties they may face in securing housing in the private market.

- Aboriginal people are significantly over-represented as clients of Supported Accommodation Assistance Program (SAAP) services. Furthermore, the rate of over-representation of Aboriginal women is much higher than for Aboriginal men. The relatively high use of SAAP services by Aboriginal women is in contrast to SAAP use by the non-Aboriginal population, where men have a higher rate of use. This may indicate that cultural and other barriers facing homeless Aboriginal people are experienced more significantly by males, or it may be linked to a higher incidence of family violence in the Aboriginal community and the targeting of refugees to Aboriginal women.

Source: Two Ways Together Report June 2005.

Homelessness

- In 2003-04 over 35,000 people were supported through the Supported Accommodation Assistance Program.
- 93% of those receiving support received the service they requested in 2003-04.

Unmet Need

- 22% of Supported Accommodation Assistance Program specialist services were not provided to those in need in 2003-04
- This was the highest (at least 42%) for those with psychiatric and psychological services in 2003-04.
- Basic support was never met in 500 (1.5%) support periods through the Supported Accommodation Assistance Program in 2003-04.
- Almost 2,700 (8%) support periods request for accommodation were never met through the Supported Accommodation Assistance Program in 2003-04.

Unmet Demand

- 42% of all people requesting accommodation each day turned away in 2004.
- This is highest (67%) for those people turning up in groups to receive accommodation.
- 40% of people presenting alone that are requesting accommodation are turned away through the Supported Accommodation Assistance Program in 2003-04.
- An extra 88 beds are required daily to meet the needs of those who are turned away in 2003-04.
- On census night 26,676 people were homeless; this is 0.5% of the NSW population. Only 4,000 were accommodated through the Supported Accommodation Assistance Program.

Source: Australian Institute of Health and Welfare, SAAP NDC Annual Report 2003-04, Homeless People in SAAP, New South Wales.

An inability to access transport either because of cost, availability of services or poor physical accessibility, leads to isolation from jobs, health and treatment, as well as social and recreational activity.

■ Transport

Poor access to transport is a defining characteristic of poverty and social disadvantage. An inability to access transport either because of cost, availability of services or poor physical accessibility, leads to isolation from jobs, health and treatment, as well as social and recreational activity.

Strong connectivity between home, work and services is an important driver of economic growth and social sustainability. Transport is the key to this connectivity. Transport also has considerable economic, social and environmental impacts. Effective transport systems contribute to economic prosperity as well as providing benefits to individuals through access to a greater range of employment, residential, holiday and entertainment options.

Data from the NSW Transport Population Data Centre indicates that for Greater Metropolitan Sydney:

- The private vehicle remains the most common method of travel, on both weekdays (70%) and weekends (77%).
- As growth in vehicle driver trips outpaces passenger trips, vehicle occupancy rate has fallen.
- Walking remains the next most common means of transport, at around 17% of daily trips.
- Commuting accounts for only 15% of all weekday travel and 27% during the morning peak.
- On weekends, an average of 13.4 million trips are made each day, with 73% of these trips for social/recreational activities and shopping.
- Despite the growth in total kilometres travelled, the time and distance travelled by the average person has remained fairly constant since 1999 at 35 km and 79 minutes per day.

Source: 2002 Household Survey, Department of Infrastructure, Planning and National Resources.

- Average work trip duration in 2004 was 32 minutes.

Source: Australian Bureau of Statistics, New South Wales in Focus 1338.1, 2005.

- Around 1.2 million urban Sydney residents experience transport disadvantage (that is, live in areas that are not within 800 metres road

distance of a high frequency bus service or rail station).

- Approximately 60% of transport disadvantaged residents of Sydney live in Western Sydney.

Source: Anne Hurni, "Transport and Social Exclusion in Western Sydney." Paper presented at Getting There: Improving Transport, Accessibility and Social Sustainability. Crowne Plaza Parramatta, October 2005.

- The Australian Bureau of Statistics reports that transport expenses account for \$139 per week of average household expenditure or 16%.

Source: Australian Bureau of Statistics, Household Expenditure Survey, 2003-04.

Note that this figure does not include vehicle depreciation costs, a significant component of annual transport expenditure for car owning households.

2005 has seen rapid increases in the price a fuel, with price increases in excess of 20% reported across Australia.

- The NRMA reported in September 2005 that the weekly cost of maintaining a family sedan had risen to 25% of the average weekly wage.

Source: NSW Road Motorists Association, Media Release, 31 August 2005.

- Car costs for low income households are typically higher for low income households, with car costs consuming 13% of average incomes, but 28% of the household budget of low-income earners.

Source: Victorian Coalition for People's Transport, The Place to be on PT: A Vision for Greater Melbourne's Transport, 2004.

NCOSS estimates that some car reliant low income households will now spend more than 30% of weekly income on transport related costs.

There is limited data available outside of the Greater Sydney Metropolitan Area on transport mode characteristics or levels of transport disadvantage in country NSW.

■ Care and support

A coherent and properly resourced care system contributes to the well-being and safety of the individuals concerned, their families and carers and to society as a whole. Access to quality human services is linchpin of a cohesive and participatory community.

Child Protection

- Child protection reports have increased from 185,000 reports in 2003-04 to over 210,000 reports last year, ending 30 June 2005.
- This is an increase of 13% from the previous year.

Source: Department of Community Services, Annual Report 2003-04.

Out-of-Home-Care

- The number of children and young people in out-of-home care (OOHC) on 30 June 2004 was 10,337.
- More children and young people in OOHC are in family/kinship care than any other care (46.8% at 30 June 2004), an increasing trend since 1997.
- 26.1% of the children and young people in OOHC in June 2004 were Indigenous, most of who were in family/kinship care (62.3%).
- In 2004, there were 2,703 Indigenous children in OOHC and 7,634 non-Indigenous children in OOHC.
- 4,382 children and young people entered care on 7173 occasions in 2002-03. Of this, 1,090 children entered care arrangements to provide periodic relief to their carer (on 2,840 occasions).
- The number of children and young people entering care has been decreasing since 1999, while the number in care has been increasing.
- The proportion of children in a continuous placement (longer than 2 years) has increased since 1998, to 57% in 2003.
- There are more males (53%) than females (47%) in OOHC.

Source: Department of Community Services, (2005) Trends in the Number of Children and Young people in Out-Of-Home Care in NSW.

- There is a consistent over-representation of Indigenous children and young people in the child protection system. In 2001/02 the rate of substantiated reports of abuse and/or neglect was nearly four times greater for Indigenous children and young people than for all persons aged 0-17 (22.8 versus 6.1 per 1000 population).
- In 2001-02 there were 1,277 Indigenous children involved in substantiated reports of abuse and/or neglect in New South Wales.
- The pattern of abuse and neglect for Indigenous children also differs from that of other children in that they are more likely to be reported for neglect issues.
- The Indigenous community experiences greater disadvantage than the rest of the community. Some of the factors contributing to Indigenous disadvantage are: lower socioeconomic status compared to the rest of the population; the intergenerational effects of previous separations from family and culture; and social isolation. These factors exacerbate the likelihood of an Indigenous child being the subject of a substantiated child protection report.
- There is an over-representation of Indigenous children on care and protection orders. On 30 June 2001, a total of 8105 care and protection orders were in force in New South Wales. Of these Indigenous children accounted for over 25% of the New South Wales total with 2070 orders, but

less than 4% of the total 0-17 age group population in New South Wales.

- Similarly, on 30 June 2002, a total of 8,229 care and protection orders were in force in New South Wales with 1992 Indigenous children on orders. Indigenous children were nearly seven times more likely to be on an order when compared with the total 0-17 age group population in New South Wales.
- The proportion of Indigenous children and young persons in out-of-home care with Aboriginal family or kinship placements was consistently higher for children (0-8 years) than for older children (9-17 years).
- In areas where there is a high Indigenous population, there is a greater chance of placing children with family/kinship care. There is a significant difference between rural and city placements. This could suggest that within the Sydney region family/kinship ties might be less prevalent. Families in the Sydney region are likely to be fragmented, while those Indigenous families who have remained in rural areas are likely to have a wider network to gain Indigenous Support.
- The percentage of children and young persons exiting care to their usual care-giver that do not re-enter care within one year remained relatively stable for the total client group (0-17) from 1998-99 to 2000-01. This indicator ranged from 67% to 80% for Indigenous children during this period. In 2001-02, 80% did not re-enter care within twelve months.

Source: Two Ways Together Report 2005.

Children in Out-of-Home Care and Education

Research has demonstrated that children and young people consistently under-achieve in education due to a range of factors such as instability and placement, loss of time in school and changes at school, lack of help, support and encouragement. NSW does not have the data capacity to report on education outcomes for children and young people in care. A national survey of 270 children and young people in 2004 found that:

- 85% of children and young people stated that they were currently attending school.
- 14% (40) of children and young people stated they were not currently attending school.
- Of the 14% that were not attending school, 17% were employed, 26% were attending TAFE, 2% were attending university, whilst 17% were seeking employment and a further 26% were caring for children.
- Of the 40 people who had left school only 13% received their school certificate, whilst only 5% gained their higher school certificate.

There is a consistent over-representation of Indigenous children and young people in the child protection system.

- 43% of children and young people had been suspended or expelled from primary or high school.
- 41% of children and young people received additional assistance with their schooling at home, and 35% at school.

Source: Australian Children and Young People in Care, Report on Education 2004.

Older People

Older people should be valued in our community as full participants in economic and community life.

An indicator of service is unmet need in community care services:

- There were 108 people per 1000 population with a need not fully met when needing assistance with at least one everyday activity in 2003.
- There were 306.9 per 1000 population needing assistance with at least one everyday activity in 2003.
- NSW shows that it meets only 35% of the identified need for activities of daily living in older people.
- NSW has lower than national average number of operational residential aged care places, including a higher than national average of high care places and a lower than national average of low care places.

Source: Productivity Commission (2005), Report on Government Services.

Home and Community Care

- NSW has the lowest per capita HACC services received in 2003-04 per 1000 eligible population. In fact NSW is only 59% of the Australian average.
- NSW had the lowest government real expenditure per capita eligible population on HACC services.
- NSW reported one of the lowest proportion of Indigenous people aged 50 years and under who were receiving HACC services in 2003-04.
- 66% of HACC clients were female.
- 91% of HACC clients use English as their main language.
- 2.4% of HACC clients were from an Aboriginal and Torres Strait Islander background.

- 30% of all HACC clients were aged less than 70 years.
- 70% of Indigenous HACC clients were aged less than 70 years.
- 92.4% of HACC clients received a government pension or benefit.
- 64.7% of HACC clients received an Aged Pension.
- 12.5% of HACC clients received a Disability Support Pension.
- 9.7% of HACC clients received a pension from the Department of Veterans Affairs.
- 51.7% of HACC clients lived with family or friends.
- 43% of HACC clients lived alone.
- 73% of HACC clients own their own homes or are under purchase.
- 9.3% of HACC clients are in public housing.
- 8.2% of HACC clients are in private rental accommodation.
- 1% of HACC clients are in supported accommodation.
- 1% of HACC clients are in residential aged care facilities.
- 59.6% of HACC clients live in major cities.
- 38.1% of HACC clients live in regional areas.
- 0.7% of HACC clients live in remote areas.

Source: Home and Community Care Program Minimum Data Set: 2003-04 Annual Bulletin; Department of Health and Ageing

- Between 2000 and 2011, there will be an increase of 8% of the NSW population.
- However, during this time there will be a 26% increase of older people in NSW.
- There will also be an 18% increase of people with disabilities in NSW during this period.

Source: Department of Ageing, Disability and Home Care (2004), Future Directions: Older people, people with disabilities and their carers.

- Survival to older ages is now a reality for some people with an early onset disability with 11% (30,200) of those aged 45-64 and 4% (13,000) of those aged 65 and over.

Source: Australian Institute of Health and Welfare.

Disability Services

- NSW is one of the lower states showing users of supported accommodation as a proportion of eligible population.
- NSW has the lowest proportion of users (such as: people with a disability) of community access services as a proportion of the potential total users.
- In disability employment services, NSW had the lowest proportion (34.3%) of users with moderate to no core activity limitations.

- In NSW, there was a lower than national average users of accommodation support services in outer regional and remote areas.
- NSW had a lower than national average proportion of Aboriginal and Torres Strait Islander users of accommodation support services (for example: attendant care/personal care, in-home accommodation support, alternative family placement and other accommodation support).
- NSW had the lowest proportion (0.2%) of non-English Speaking Background client users of accommodation support services.
- NSW had the lowest proportion of users of community accommodation and care services for example: group homes and other community settings, as a proportion of all accommodation support services users.

Source: Productivity Commission, Report on Government Services.

Labour force participation amongst people with a disability.

- 26.8% of people with a profound/severe core activity restriction were employed.
- 48.0% of people with a moderate core activity restriction were in employment.
- 43% of people with a mild core activity restriction were in employment.
- 35.7% of people who were employed had a disability that restricted their schooling or re-employment capacity.
- 2.8% of people with a profound/severe core activity were unemployed compared to 70.4% who were not in the labour force.
- 4.0% of people with a moderate core activity restriction were unemployed compared to 48.1% who were not in the labour force.
- 3.3% of people with a mild core activity restriction were unemployed compared to 53.7% who were not in the labour force.
- 5.2% of people with a disability that restricts their schooling or employment were unemployed, compared to 59.2% were in the labour force.

Source: Australian Bureau of Statistics (2005) New South Wales in Focus

Main Sources of Income

- Of people identified with a profound/severe disability by the Australian Bureau of Statistics 69.2% were on a government pension.
- Of people who were identified with a moderate disability by the Australian Bureau of Statistics 58.2% received a government pension
- Of those people who were identified with a mild disability by the Australian Bureau of Statistics 54.2% received a government pension.

Source: Australian Bureau of Statistics (2005) New South Wales in Focus,

- Of the 98.7% of people with profound/severe disability needing assistance only 57% of people identified having their needs fully met.
- Of 67.6% of people with moderate disability needing assistance only 44.2% identified having their need fully met.
- Of 46.2% of people with mild disability needing assistance only 30.1% identified having their need fully met.

Source: Australian Bureau of Statistics, New South Wales in Focus, 2005.

Carers

- The most recent figures show that there were 748,000 carers (11% of the total NSW population) in 2003.
- In 2003, 54% of all carers were female numbering 407,000.
- In 2003 the largest proportions of carers were aged 45-54 years (21.1%), with 32% of all carers living outside major cities in NSW.
- 76% of carers in 2003 were of workforce age (18-64); 63% of carers were in full time employment.
- The median gross personal income per week was only \$224 for primary carers in 2003. 22% of carers now represent being in the lowest quintile for gross household income.
- 65% of carers reported family responsibility as the main reasons for providing care.
- In 2003, there were 41,400 carers (2.6% of all people in NSW aged under 18).
- 52% of males and 41% of females represented all young carers under 25 years of age.

Source: Carers New South Wales 2005

■ Safety, in our homes and our communities

Feeling safe in our home, our neighbourhoods and our workplaces is an indicator of individual well-being, social cohesion and economic productivity. Freedom from violence is a human right and the fear of crime, including against the person can restrict people's lives in many ways.

Domestic violence

- The recorded rate of domestic violence in NSW increased steadily from 1997 until 2002, but has remained relatively stable since 2002.
- Domestic violence assaults account for 35-45% of all assault incidents each year; in 2004 the NSW police recorded 68,984 incidents of assault. Of these 25,761 (37.3%) were domestic assaults.
- Since 1997, the rate of recorded domestic assaults has increased by 39.5% in the Sydney SD and 50.7% in the rest of NSW.
- In 2004, 36% of all domestic assaults recorded by police were alcohol related.

Freedom from violence is a human right and the fear of crime, including against the person can restrict people's lives in many ways.

- In 61.8% of reported incidents of domestic assault the offender was a current or previous intimate partner of the victim.
- The majority of victims are female (71.1%) and the majority of offenders are male (80.4%).
- Male victims outnumbered female victims where the victim was under the age of 15 or more than 39 years of age.
- Almost half of all victims under 15 years were abused by a parent or guardian.

Source: NSW Bureau of Crime Statistics and Research, Crime and Justice Bulletin, Trends and Patterns in Domestic Violence Assaults, October 2005.

- The Domestic Violence Line in 2003-04 received a total of 22,192 calls, compared to 10,831 when statistics were first recorded in 1996.
- In 2003-04 a total 12,607 children were involved in calls compared to 8,843 in 1996, this is a 43% increase in eight years.
- This means that children were experiencing domestic violence themselves, witnessing it, or is in a household where domestic violence was occurring.
- Research shows that domestic violence has a significant impact on the development and well-being of children.

Source: Department of Community Services, Domestic Violence Line 2005

Apprehended Violence Orders (AVO)

- In 2002, 18,926 (285 per 100,000 population) Apprehended Violence Orders were granted. This has increased to 20,013 (297.3 per 100,000 population) in 2004.

Source: Bureau of Crime Statistics; Apprehended Violence Orders Granted Per Statistical Division, 2002 and 2004.

Sexual Assault

- There has been no significant trend in sexual assault in the previous years.
- The highest rates of sexual assault occurred in the North Western SD (140.2 per 100,000 population), the Far West SD (138.1 per 100,000 population) and Murrumbidgee SD (100.0 per 100,000 population).

- The lowest rates occurred in the Central Northern Sydney SSD (20.5 per 100,000 population), Lower Northern Sydney SSD (20.5 per 100,000 population) and the Inner Western Sydney SSD (34.3 per 100,000 population).

Source: NSW Bureau of Crime Statistics and Research.

Imprisonment

- In 2000, there were 8,395 persons in custodial-based corrections, this has increased to 9,085 in 2005.
- In 2000, there were 17,950 persons in community-based corrections; this has decreased to 17,005 in 2005.
- In 2004, there were 1,451 males who identified as Aboriginal and 167 females who identified as Aboriginal in custody.
- This is an increase from 2003, when there were 1,339 Aboriginal males and 145 Aboriginal females in custody.
- In 2003-04 there were 724 males in periodic detention, and 63 females. This is decrease from 2002-03 where 815 males and 68 females were in periodic detention.

Source: Australian Bureau of Statistics, New South Wales in Focus 2005.

Recidivism

- In 2003-04, 44.65 per 100 prisoners returned back to prison.
- In 2003-04, 49.16 per 100 prisoners returned back to corrective services.

Source: Department of Corrective Services, 2003-04 Annual Report.

Remand

- In 2003, 1,711 males and 148 females were held on remand in NSW.
- In 2004, this number decreased to 1637 males and 144 females held on remand in NSW.

Source: Department of Corrective Services, Annual Report 2002-03 and Annual Report 2003-04.

Juvenile Justice

- In 2003-04 for every 1000 people aged 10-17 resident in NSW; 9.3 had a criminal matter finalised in the childrens' court; 5.6 were convicted and/or sentenced; 2.86 were given sentences requiring the department to supervise them in their community and 0.6 were sentenced to detention.
- As of 30 June 2004, the total number of juveniles in custody was 298. The majority was made up of males 94% (281), females made up only 6% (17) of the total.
- The average number of young people in custody on any given day in 2003-04 was 302. This is an increase from 290 in 2002-03.

Representation of Aboriginal and Torres Strait Islander young offenders

- Aboriginal and Torres Strait Islanders make up 44% (132) of the total population in detention.
- On average, 118 Aboriginal and Torres Strait Islander young people were held in custody on any given day in 2003-04. This number represents 39% of those in juvenile detention. This is unchanged from 2002-03.

Youth Justice Conferencing

- In 2003-04, 1256 young people participated in 1,227 youth justice conferences.
- Victims, victims support people or representatives participated in about 65% of all conferences held for offences with identifiable victims in 2003-04.
- About 7,000 people participated in youth justice conferences in 2003-04.
- 92% of the outcome plans for youth justice conferences were completed by June 2004.

Source: Department of Juvenile Justice; Annual Report 2003-04.

Indigenous Australians and Justice

Indigenous people are massively over represented in the criminal justice system. Nationally, Indigenous adults are in prison 14 times the rate of non-Indigenous people. Young Indigenous people are particularly affected. For juveniles (aged 10-17) in New South Wales, the incarceration rate is 21 times that of non-Indigenous young people.

Source: NSW Department of Aboriginal Affairs

- The rate of imprisonment of Indigenous males and females increased steadily between 1998 and 2003, at a pace much greater than the New South Wales average. In 1998, 13% of the male prison population was Indigenous compared with 18% in 2003. The proportion of the female prison population who are Indigenous has risen from 18% in 1998 to 27% in 2003.
- In 2002, 14% of the male Indigenous population in New South Wales appeared in court, compared to 3% of the total male population. Four per cent of the female Indigenous population had a court appearance in 2002 compared to less than one per cent of the total female population.
- Indigenous prison inmates are more likely to be reconvicted and sentenced than other prison inmates in general. More than 50% of Indigenous persons released from prison in 2000-01 had been re-incarcerated within two years, compared with an average recidivism rate of about 40% for prison inmates in general.

Source: Two Ways Together Report, 2005

■ Social cohesion and community resilience

Communities need to be strong and inclusive for our state to grow economically and equitably. Community resilience and social cohesion may have a protective effect upon serious and multiple disadvantage.

Voluntary work

- 32.1% (2,425) of males participated in voluntary work in the previous 12 months.
- 34.8% (2,472) of females participated in voluntary work in the previous 12 months.
- The age group with the highest participation percentage was 35-44 years (40.4%) olds. This is due to a focus on family and children where predominately mothers would volunteer at school, or sporting events.
- The other age groups with high participation rates were 55-64 years (38.3%). Many people choose to volunteer after retirement.
- 33.4% (4,897) of the New South Wales population participate in voluntary work.
- The main areas in which people choose to volunteer are sports and recreational activities (11.7%), welfare and community (11.4%) and religious activities (8.1%).

Source: Australian Bureau of Statistics; New South Wales in Focus.

- There has also been an increasing trend of voluntary work for all age group. In 1995, 883.1 persons (per 100,000 population) participated in voluntary work this increased to 1,383.7 persons (per 100,000 population) in 2000.

Source: Australian Bureau of Statistics; Voluntary Work, cat 4441.0.

Adult involvement in Social Activities 2002

- A majority of adults (72.2%) went to cafés or restaurants to socialise compared to 55.4% of adults participating in or attending a sport activity.
- 57.8% of adults attended the movies, theatres or concerts as a form of socialisation.
- The age group with the highest socialisation number was 35-44 years. After this 25-34 year olds were the second age group with the highest socialisation number.

Source: Australian Bureau of Statistics; New South Wales in Focus 2005

- 12.3% of boys and 22.3% of girls participated in learning a musical instrument in 2003.
- Dancing was the most popular cultural activity for girls (26.1%).
- More girls (43.7%) than boys (16.7%) participated in an organised cultural activity.

For juveniles (aged 10-17) in New South Wales, the incarceration rate is 21 times that of non-Indigenous young people.

- 71% of boys and 53.1% of girls participated in an organised sport activity.
- An equal amount of boys and girls (99.9%) participated in leisure activities.
- A high percentage of boys (98.3%) and girls (98.0%) watch TV or videos as part of their leisure time. More girls (82.9%) than boys (68.3%) choose to read during their leisure time.
- More boys (84.1%) than girls (58.4%) choose to play computer games during their leisure time.

Source: Australian Bureau of Statistics; New South Wales in Focus 2005.

■ Cost of living

Economic security and financial hardship is a key determinant of a person's ability to meet the necessities of life, engage with their communities and participate in the economy.

Debt

- Credit and charge card statistics showed \$15,309m was owed to financial institutions in August 2005. This was an increase from the previous year where people owed \$13,700m to financial institutions.

Source: Reserve Bank of Australia, Credit and Charge Card Statistics.

- In 2004, there was 7.9% interest on household debt as a proportion of disposable income. This increased from 6.8% in 2003.

Source: Australian Bureau of Statistics, NSW in Focus, 2005

Electricity Disconnections

- In 2004, Integral energy (servicing Sydney's west, southwest and Illawarra) disconnected 9,990 customers out of its 807,000 customers. This is a rate for disconnection for every 80.78 customers.
- In comparison, in 2004 Energy Australia (servicing Sydney's eastern half as well as Central Coast and Newcastle) disconnected 9,103 customers out of its 1,511,284 customers. This is a rate of one disconnected household for every 166.02 customers.

Source: Daily Telegraph, *Battlers Are Left in the Dark*, Monday 29 August 2005 p. 10.

- At least 30% of all Energy and Water Ombudsman NSW (EWON) matters were related to impending disconnection of electricity or gas. A total of 1,021 customers had already been disconnected – an increase of 16.1% from 2003-04. Over 980 customers had been denied an instalment plan or an extension to pay.
- The top two issues customers contacted EWON about regarding water was billing (26%) and the use of land (20%).

Source: Energy & Water Ombudsman NSW Annual Report 2004-05.

Gambling

- 2,832 clients were recorded as having received counselling services between 1 July and December 2003.
- 54.5% of clients were male and 45.5% were female. The percentage of males was higher in regions such as South West Sydney (66.4%) and Hunter (61.6%). The percentage of females was higher in regions such as Western NSW (57.4%) and Central Coast (53.7%).
- The mean age for female clients (43.7 years) was greater than that for male clients (38.5 years). This pattern was found in every region of the state.

- 16.4% of clients reported that they spoke a language other than English at home. The most popular being, Mandarin, Cantonese and Chinese.
- 5% of clients reported that they were of Aboriginal and Torres Strait Islander origin. The highest percentages of Aboriginal and Torres Strait Islander clients were recorded by services in the Western NSW (22.5%), New England/North West (13.3%) and Riverina/Murray (12.4%) regions.
- 73.4% of clients identified themselves as a person with a gambling problem, 11.2% identified themselves as the partner of a problem gambler, and 4.1% identified themselves as a family member (other than partner). Problem gamblers were more commonly male (62.5%).

Source: Casino Community Benefit Fund 2004, An Analysis of Data Collected via the CCBF Client Data Set (CDS): 1 July – 31 December 2003.

Rural and Regional Consultations



Over the past three years, NCOSS has conducted a series of face to face consultations with local community organisations in various regional and rural parts of NSW, to identify the critical social policy and human services issues that are faced in these locations.

Our aim is to over five years cover the whole State in this rolling series of consultative actions, so that the annual NCOSS PBS and our broader policy development and advocacy work is appropriately informed and reviewed by regional and rural interests. These visits complement the work conducted through the NCOSS Regional Forum and other specific discussions held in areas like health, community care, transport and children's services through specialist forums that NCOSS convenes on an ongoing basis.

■ Consultations with Aboriginal organisations, workers, and community members

When undertaking our regional visits, NCOSS organises a number of consultations specifically with Aboriginal organisations, workers and community members, including elders. These are usually organised in conjunction with a local organisation or worker known to NCOSS staff or one of our members. Our experience has been that this is the best way to capture the experiences of Aboriginal people and to ensure that broader regional and rural

issues are not conflated with, and do not override, the specific concerns of Aboriginal communities.

In 2005, meetings were held with groups in Coonamble, Lismore, Coffs Harbour, and Yamba.

We do, of course, have to wear the criticism of over consultation with little result for the communities involved. This year in particular the Lismore group suggested that what was needed was their own regionally based representative group with the resources and capacity to plan for the area, and that this would be a more powerful tool than advocacy on the part of NCOSS. That said, all of the meeting groups and organisations we visited generously shared the following information with us.

Common Themes

Across all of the consultations there were some common themes running through discussions.

Concerns were held for the future of young people, with education and employment pathways still problematic for Aboriginal youth. Absenteeism, exclusion, loss of identity, lack of cultural awareness, lack of alternative opportunities and the rigidity of government systems all contribute to poor educational and employment outcomes.

Housing is a fundamental problem, with the issue of affordability compounded by lack of maintenance funding for Aboriginal housing, discrimination in the private rental market, lack of access to emergency accommodation, and lack of access to services (especially transport).

Health issues were also high on the priority list. The lack of trained Aboriginal staff to work in the areas of mental health and drug and alcohol; lack of access to dental care, particularly for children; the costs (transport again) of accessing the few services that do exist in rural areas; the lack of specialists and long waiting lists to see those who do come; and concerns that the money earmarked for Aboriginal health does not deliver what it should on the ground.

Transport is a theme underpinning all of these. Aboriginal people and communities feel isolated and unable to access a range of services. One of the key solutions, suggested across the board, is a more rational and flexible approach to transport in rural areas, and in particular, Aboriginal owned and managed transport services.

In addition to these important issues, specific local concerns raised in consultations.

Coonamble

Participants at consultations raised the need to address high levels of disconnection from culture for many Aboriginal young people in Coonamble. Many services have identified a need to work with 8-13 year olds to address these issues earlier. Participants noted that there were historically poor relationships between young Aboriginal people and police in Coonamble. It was suggested that an Aboriginal Community Liaison Officer based in Coonamble would improve relationships between police and community. Issues relating to transportation and fines were also raised as concerns for young people in Coonamble.

The Coonamble Local Aboriginal Lands Council Community Action Plan Survey asked community members a range of questions relating to community issues for Aboriginal people in Coonamble. Key priorities identified in the survey included the need for more accommodation for young and single people, the need for an Aboriginal Medical Service, and the need for a retirement village or hospice for Aboriginal elders. Accommodation and crisis support were also identified as being much needed, especially for young people.

Lismore

The Lismore group were strong advocates for the development of Aboriginal owned processes for developing relevant, whole-of-life service systems. They noted that ATSIC was a voice that had a little money for housing and employment. Now that it has been disbanded, they argued the need for local, regional, State and national plans to keep kids out of jail and address all of the issues that are well known and well documented already.

Employment issues in Lismore included the fact that Aboriginal people lack the confidence to apply for non-Indigenous positions and fear they will be discriminated against. While many prefer to work

on CDEP because it means supporting their communities, they also feel discriminated against in the conditions under which the scheme operates.

The over-representation of Aboriginal people, and specifically women and mothers, in the criminal justice system was also seen to be creating ongoing problems for both individuals and families.

Gaps in the health system – drug and alcohol, counselling – were major priorities and the imminent closure of a dental service for Aboriginal children was a cause for much anger.

Coffs Harbour

Accommodation issues featured strongly in the Coffs Harbour consultation, with difficulties faced by young families in finding secure accommodation highlighted as a concern. The Coffs Harbour group noted the high level of reports to the Department of Community Services in the area and the need for greater supports provided to grandparents caring for children.

The need for a more holistic approach to service delivery rather than the current compartmentalisation was also noted. Further, the need to recognise that services to Aboriginal communities should take into account the youthfulness of the population was also emphasised. While Government is increasingly targeting aged care services in the mainstream population, Aboriginal communities have a different demographic – 75% of the community in Coffs is under the age of 30.

Participants highlighted problems for human service providers, including the inability to attract appropriately qualified staff, lack of support for submission writing with a competitive tendering environment and the need for mentoring services for Aboriginal workers.

Yamba

While this consultation occurred with a group specifically meeting around community care issues, a range of issues were identified. These included:

- The need for greater cultural awareness in mainstream services.
- The need to improve coordination between ATSI and mainstream services.
- The lack of Aboriginal workers across service systems.
- Poor data on the characteristics and needs of many Aboriginal communities.
- The need for all services to be accountable to ATSI users.

Results

The Aboriginal consultations have informed recommended actions throughout this Pre-Budget Submission, particularly in seeking improved outcomes in relation to health, housing, domestic violence, community care, and transport but some

of the broader implications of these discussions are outlined below.

Actions

That Governments work with existing recognised groups in Aboriginal communities to develop a whole of life service system that will meet the needs of Aboriginal people in a way that is meaningful to them and is respectful of culture.

- That priority be given to the training and employment of Aboriginal workers in mainstream as well as Aboriginal specific services.
- That transport systems that can respond flexibly to the needs across Aboriginal communities, not just Health and HACC related transport needs, be developed in consultation with communities.
- That Aboriginal communities should be actively engaged in the development of proposals under the new funding for Aboriginal education, and that assumptions should not be made that what works in one community will work in another.

■ Consultations with rural and regional services and communities

Each year NCOSS visits three or four regions in NSW seeking input from rural and regional communities on their needs and priorities for this Pre-Budget submission. Visits are negotiated with regional and local assistance to ensure that a wide range of human services are able to be represented.

This year policy staff conducted consultations and met with individual organisations on the Far North Coast (Kyogle, Murwillumbah and Ballina); on the Mid North Coast (Coffs Harbour, Woolgoolga, and Grafton); on the Central Coast (Wyangong); and Coonamble and Gunnedah, which missed out on visits made to the Far West in previous years.

The consultations provided a snapshot of prevailing conditions based on first hand experience and knowledge of the participants. While most of the issues raised focused on local concerns and identification of local needs, they also highlighted broad systemic issues, and solutions that are applicable State wide.

While many recommendations for specific local projects emerged from the discussions, most participants agreed that the role of NCOSS was to take a broad approach to achieving systemic change. The information and insights gained from these discussions have therefore played an important role in the development of the expenditure section of this Pre-Budget Submission.

Some of the common issues identified across the regions are:

- The need for improved support and resourcing for small to medium sized community based organisations. Governance issues, professional

Employment issues in Lismore included the fact that Aboriginal people lack the confidence to apply for non-Indigenous positions and fear they will be discriminated against.

development, and IT were all identified as areas with which services were grappling with varying degrees of success.

- Increasing social problems arising from the lack of affordable housing, and lack of service supports were noted across the board. Homelessness, for example, and the lack of crisis accommodation, was identified as a growing problem in a number of communities.
- Concerns about the lack of transport options in rural communities and the need to develop more flexible transport systems that actually meet different needs across the community were high on the agenda. Of particular concern was the failure to plan transport access to services (including new services), something that should now be a basic consideration when new services/facilities are built. Inequities in transport costs, such as lack of access to student and pensioner concessions for certain types of travel, are a major cause of discontent in rural areas.
- The lack of support for children in older age groups was noted in all consultations. The current focus on 0-3 or 0-5 in many funding programs has left huge gaps in services for children in the middle years across child and family services, health and education. Links to Learning programs were raised in a number of consultations as an important and successful model for working with young people alienated from schools and education.
- Health, as always, was a major issue with gaps in services identified across all regions, particularly in relation to allied health and specialist services, mental health services, dental services and drug and alcohol services. Long waiting lists, high costs and difficulty of access because of poor transport links were ongoing issues. Gaps were also identified in some regions for women's health.

Gunnedah

Since 1996, Gunnedah has experienced major economic changes, including the closure of the local abattoir and mine. The impact of drought has also been severe and this has led to a general downturn in the economy.

Gunnedah is isolated with limited public transport links to major towns (such as Tamworth) where the mains/specialist services are. Availability of transport to health related destinations (such as specialist appointments) can also be limited, with a heavy reliance on volunteers, often using their own cars. Barriers to transport were particularly apparent for people without access to motor vehicles.

Other issues identified in consultations include:

- The need for crisis services for women and for young people.
- Growing concerns about increasing crime rates since 2002.
- Increasing demand for mental health services – especially for young people – with existing mental health services unable to meet current needs.
- Unmet demand for public dental health care (through Tamworth); for physiotherapy, occupational therapy and podiatry.
- Improved family support services to meet complex needs.

Coonamble

Coonamble is facing ongoing population decline, having lost 7.2% of its population between 1996 and 2001. Coonamble is ranked as highly disadvantaged according to the SEIFA index (ranked 14 in the State) with a relatively high cost of living and a high rate of unemployment.

The lack of services in the town force many families with young children to re-locate to regional centres (for example, Dubbo). Coverage for some services are available on a minimal basis (for example, family support is delivered from Dubbo) but in other cases there are no available support services (for example there is no domestic violence service in Coonamble).

Participants in Coonamble consultations noted the relatively large population of children and problems in the education system with absenteeism, suspensions (including of very young children such as 6 year olds), and the high cost, of and demand for, out of school hours care.

The Coonamble consultation identified huge gaps in health services in the town and difficulties in accessing services based elsewhere, such as Dubbo. It also reinforced concerns about the capacity to attract trained/qualified staff to rural positions, many of which remain vacant for long periods of time.

Grafton

The Grafton consultation raised issues similar to those of Goulburn last year, that is, the fact that 50% of the population lives in small settlements out of Grafton and finds it difficult to access services in Grafton because of poor transport links. Poor transport can also result in people being breached

by Centrelink when they fail to make appointments or keep commitments.

Gentrification and tourism have resulted in a loss of low income housing and limited private rental. There are no crisis accommodation services for young people and women.

Health issues were a major concern with gaps in services, vacant positions and long waiting lists for specialist services, most of which are in other major towns (Coffs Harbour, Lismore). The group identified a need for better education around prevention and a need for early diagnosis.

There are no mental health services for young people in Grafton. Young people with a mental illness and a drug and alcohol problems are shunted between existing services. The need for a dedicated women's health centre was also identified, as there are no sexual health, sexual assault or family planning services.

Lack of access to higher education, including TAFE, was seen as contributing to both high youth unemployment and the drift of young people away from the area. There is no entertainment/recreational space for young people and no youth worker. Sport is the only outlet for young people in the area.

The lack of planning around, and services to support, newly arrived immigrants who are moving to the area was also highlighted as an emerging issue for the community.

Coffs Harbour

Although the town itself has a population of around 25,000, the Coffs Harbour LGA population is well over 60,000, of whom 21,000 are on a Centrelink support of some kind. Pressures on the area are immense in peak holiday times when the population swells to around 100,000.

Despite increasing population pressures, Coffs Harbour has seen recent closures of key services, including the neighbourhood centre which also provided youth services, outside school hours care, services to refugees and financial counselling. The need to support community development processes, across all levels of government planning and funding, was strongly supported.

There are increasing pressures on low income housing with people being forced to move away from the regional centre. Current development plans show the impact will be a further loss of low income units.

A need for respite services across a range of target groups was identified – for children, for children with challenging behaviours, for older people and people with disabilities. Limited options are available for rehabilitation.

Young people are affected by lack of services, poor employment opportunities (much casual work in peak times but this leads to peaks and troughs) and lack of engagement with education. It was claimed

that 60% of young people leave the area as soon as possible. Concerns were also raised about the vilification of gay and lesbian young people and the need to consult with them about how to overcome this. The group suggested that there was a need for early intervention work with children in primary schools to overcome alienation and later issues with drug and alcohol abuse.

In relation to health, the failure to deal with dual diagnosis issues was identified as a major problem. It was also pointed out that the only in-house mental health facility for young people was based in Newcastle.

Woolgoolga

Woolgoolga services 10-12 villages as well as the surrounding rural properties. The region has a population of around 12,000 with a substantial component (around 25% of the town's population) of Punjabi descent. It was noted that the Punjabi community was not well represented at the consultation.

The consultation had a large representation of HACC providers, with a focus on gaps in health services (lack of access to bulk billing, inadequate mental health services, huge waiting list for public dental care, lack of pre and post natal care); aged care (the need for dementia care, counselling and respite) and the general need for improved information for distribution at hospitals and surgeries.

However, the group also raised the need for services for young people (especially in the 12-15 years age group); concerns about inadequate and costly transport; and noted the poor level of infrastructure in a region that is growing quickly.

Central Coast

The Central Coast consultation noted the stresses currently impacting on service delivery – from inadequate funding and indexation to the increasingly complex issues and challenging behaviours of clients. They identified the need for models that better support transition of clients from universal to case management systems.

In relation to disability services, they argued the need for more supported accommodation, respite care, transport, attendant care, adaptable housing, post school options programs, facilities/ infrastructure, leisure options and increases to PADP.

The lack of services for children 5-12 were again identified, with a need for more outside school hours care places and co-ordinated programs for this age group. Domestic and family violence was seen as a major issue, and a need identified for programs for young people (the DIVERT model was suggested).

Lack of services (mental health, counselling, dental health) and long waiting lists were identified in the health area. Buck passing on dual diagnosis

Lack of access to higher education, including TAFE, was seen as contributing to both high youth unemployment and the drift of young people away from the area.

cases and cases of children with disabilities with high medical needs were issues that were also raised.

A number of transport issues were identified:

- Lack of flexible community transport (not on weekends, not for under 16s, not for discharge patients because of liability issues).
- Lack of planning and poor linkages between rail and bus services.
- Costs of travelling to Sydney for specialist services.
- Private bus companies not meeting the access standard.
- Loss of transport brokerage service.

Concerns were raised about the capacity of young people and others to not simply access TAFE (transport and fees issues), but to access appropriate courses without having to travel to Sydney. The impact of Federal Industrial Relations reforms and welfare reform, particularly on sole parents, was a cause for concern.

The tolerance by schools of persistent non-attendance combined with the prevalence of lengthy suspensions was seen as creating a group of young people emerging from school with poor learning outcomes and low expectations. Alternative options/ programs are limited and one had recently closed with the loss of disadvantaged schools program funding.

The need for more social housing and new cooperative models for managing housing stock generated some discussion, as did the problems created by the regions status as a holiday destination (unused stock for much of the year, short lettings). Shortages in crisis accommodation were also identified.

Kyogle

Kyogle LGA covers a dispersed population of just over 9,000 (59% living outside the towns and villages of the LGA). It has a comparatively large Aboriginal population comprising 4.9% of the total. This meeting was also well attended by services from Casino, which technically falls into the Richmond Valley Shire Council area. It has a population of around 12,000 and is a centre for the local beef industry.

The lack of services, facilities and opportunities for young people were a major focus of the Kyogle consultation. Boredom, truancy and the lack of support programs (Links to Learning for example) were seen as contributing to more serious problems later on. The need for mentoring programs, prevention programs, transport and employment opportunities were all identified.

Children's services were all seen to be suffering from under funding – preschools have a major affordability problem, but additional funding for outside schools hours care and long day care (to retain community based centres) was also indicated. The lack of facilities for children's services undermines attempts to share resources and staff.

Transport issues were raised with the usual problems:

- Times not suited to need (especially for access to tertiary education and employment).
- Lack of train services.
- High costs of buses and now petrol, and
- Tight targeting of community and health related transport.

Housing issues were again a major issue with a public housing waiting list time of 18 years, and rental accommodation difficult to find and expensive within township areas. The lack of crisis accommodation was also a concern – especially for young people and families and it was noted that many homeless people are ending up unsupported in Murwillumbah.

Particular concerns were raised about the ageing population in the area and the inability of elderly people to access housing in towns once they are no longer able to live on their farms.

Across the board, services complained that they had little access to planning processes, and were concerned about the lack of any planning processes across levels of government. Improvements were occurring within DoCS with the development of a new, bottom up planning process but this was unusual.

In health, the major issues raised were doctor shortages, transfer of services and the erosion of services.

Murwillumbah

Murwillumbah is one of two major towns in the Tweed Shire, with a resident population of 15,000. As a centre it draws on a population that doubles that figure. Tweed Shire has a population of around 80,000, characterised by an ageing demographic. While a fast growing LGA, it is also an ageing one with the population over 55 expected to be around the 42% mark by 2021.

While there is a lot of activity around a *transport* working group in the Tweed, the cost, lack of flexibility, geographic issues and cross-border issues were all raised.

Transport issues were also linked to failures in the service system, and in particular the Lismore – centric approach to delivering services on the Far North Coast. It was suggested that government needed to recognise the size and terrain of the area and the need to deliver services in sensible geographic regions based on the valleys.

Housing affordability was high on the list of priorities and it was suggested that the crisis has really ballooned in the last two years. Rents are expensive for poor accommodation, with caravan parks being used as crisis accommodation. Even so caravan park rates are high ranging from \$150 per week in Lismore to over \$250 at Tweed and Brunswick Heads. It was suggested that regulatory change is needed to support the development of low cost housing and that the State Government should be working with Local Government to provide housing solutions. More generalist supports for supported accommodation clients is also seen as much needed.

The need for early intervention programs and preschool education were seen as important to successful school entry and completion. The lack of services such as occupational and speech therapy are impacting on school readiness and teachers are identifying a decline in oral language skills and increasing behavioural problems. Problems need to be picked up before children turn 7 or 8, which is often what is happening now.

For older children and young people, outside school hours' care, free holiday programs (including programs for parents), parenting skills courses and alternative programs such as Links to Learning are all needed in the area.

Government processes need to build more on community development approaches in developing long term, cross-service, cross-program, whole of life service systems. Building outreach capacity (in limited geographic regions), using existing infrastructure better (e.g. neighbourhood centres, CTCs) and improved processes for planning and distributing funds are all needed.

In the health area, it was stated that mental health was in crisis with particular concerns raised for adolescent mental health. Dental health is also a major issue with the Far North Coast having the worst rates of dental health for children. A return to school dentist programs based out of disadvantaged program schools, including mobile services, education programs and nutrition programs were all identified as solutions, on top of the fluoridation issue.

More emphasis on community health and prevention is needed (podiatry and support teams for diabetics were specifically mentioned here). Palliative care is also needed in the area.

IT and communications generally are a source of ongoing frustration but also seen as an important solution (e.g. Telehealth) for the Far North Coast.

Ballina

The lack of affordable housing, compounded by the changing demographic of the area and disappearing rental and caravan park accommodation, was seen as the most important issue facing the Northern Rivers. Homelessness is on the increase but there are not enough services and emergency housing options to support them.

It was suggested that the State Government needs to change the regulatory system to support local government moves to change development policy and increase housing stock.

Transport is a major issue impacting on isolation, access to services and retention of young people in the area. Current cost inequities (private services with no access to pensioner excursion tickets and inflexibility of student subsidy) mean that rural areas are transport disadvantaged and not enough is being done to overcome this.

While the usual gaps in health services were identified, mental health was seen as the most critical, particularly the lack of beds and exit services. In particular there is a need for support and respite services, crisis accommodation and services to support people with a dual diagnosis. The need for an adequately funded Women's Health centre was also strongly supported.

Young people were again identified as lacking in support and age specific services. The group identified the need for more school counsellors,

Across the board, services complained that they had little access to planning processes, and were concerned about the lack of any planning processes across levels of government.

expansion of the Pathways program, employment programs (especially for Aboriginal young people) and spaces for youth activities. Youth enterprise centre models were also suggested, as was the need to expand crisis accommodation services for young people.

The growth of refugee settlement in the Northern Rivers was supported but seen as needing much more planning and service support. There is a need for the development of a co-ordinated service delivery model to enhance the possibilities of refugees settling well and to increase their participation in the community. This should include trauma and torture counselling services, school counselling, a co-ordinated approach to housing and rental assistance, cultural awareness training for service providers, and intensive language support.

Revenue



■ Payroll Tax

Objective

To ensure that the business community, as it continues to enjoy strong profit performance and shareholder/proprietor returns, contributes an additional modest amount to this key state revenue stream.

Action

Introduce a concessional rate of payroll tax of 5% for businesses with a payroll between \$500,000 and \$600,000 p.a.

Evidence

It is estimated that, in NSW, only one in every ten businesses pays payroll tax. NSW currently has a benchmark payroll tax rate of 6% for firms whose payrolls exceed \$600,000 p.a. A series of full and partial exemptions from the tax applies to various charitable institutions and local councils, and also as an incentive to employers to hire apprentices and trainees.

Some states and territories have rates of payroll tax businesses with payrolls between \$500,000 and \$600,000 that are lower than the proposed rate, others have a higher rate. There is little evidence to support arguments that firms are leaving NSW to establish elsewhere because of marginally higher rates of payroll tax.

The decade long period of strong and continuous economic growth has seen both small and large businesses become generally, much more profitable. With continuing predictions of NSW economic growth being well above 3% during the short to medium term and unemployment levels remaining at historic low levels, it is both appropriate and prudent for the business sector to contribute slightly more to the revenue needs of the NSW Budget.

Results

A concessional rate for firms, which currently fall just below the \$600,000 wages threshold, is a modest measure that will not harm employment levels but will enhance this critical revenue stream for the NSW Government.

Revenue:

\$100m in 2006-07

■ Parking Space Levy

Objective

Ensure the levy acts as a disincentive to car use within the Central Business District (CBD) areas and increase the availability of funds for the development of infrastructure to encourage public transport usage.

Actions

- Double the Parking Space Levy to a level of \$1,760 and \$880 respectively in Category One and Two areas.

- Apply the Parking Space Levy to Sydney CBD Residential Parking Spaces, with exemptions for low income and transport disadvantaged residents.
- Apply the Parking Space Levy to shopping centres in Category Two areas.

Evidence

NCOSS supports the general aims of the Parking Space Levy to regulate car usage within Sydney's more active business districts, reduce the associated environmental effects and encourage increased usage of other modes of transport, including public transport. Although there is limited data available around the targeting of the levy, it can be reasonably assumed that it tends to target higher income car owners and businesses who use motor vehicles to park in CBDs.

Currently the rates for parking space levy are at \$880 in Sydney and North Sydney and \$440 in other CBD areas. Unfortunately these levy amounts are below commercial parking rates. This arguably creates an incentive effect for the construction of new car spaces, compromising the effectiveness of the levy in meeting its desired outcomes.

NCOSS proposes expanding the revenue from this source by doubling the levy for both Category One and Two areas. This would reinforce the disincentive effect of the levy and would improve the comparability between the levy amount and rates charged by commercial parking stations. Based on the Forward Estimates for total Parking Space Levy revenue, this increase would generate an additional \$45m in 2006-07.

There are a number of gaps in the coverage of the Parking Space Levy, including residential parking in the Sydney CBD and shopping centres even where these are located close to dense public transport infrastructure.

Residential parking spaces in Sydney city have become property investment commodities, with prices exceeding \$100,000 a spot. The City of Sydney 2001 Floor Space and Employment Survey indicates that between 1997 and 2001 there has been growth in residential car parking spaces by 72.1%, despite only marginal growth in business parking spaces for the same period.

Targeting the levy on Sydney CBD residential spaces would assist to regulate the growth in residential car spaces within the Sydney CBD, and return to the community some of the profits that are being currently made in this area. Assuming that there are at least 7,000 leviable residential parking spaces in the Sydney CBD, revenue would be increased approximately \$13m in 2006-07. Note that any levy imposed on residential spaces would need to include exemptions for low income and transport disadvantaged people, such as people with disability.

Shopping centres in category two areas are

currently exempt from the levy while other parking spaces are not. This anomaly encourages car use even where public transport is reasonably accessible (such as Bondi Junction, Chatswood and Parramatta). Assuming that there are around 15,000 parking spaces in shopping centres in these areas, revenue would be increased approximately \$13m in 2006-07.

NCOSS has recommended better targeting of the funds generated by this levy to ensure it meets objectives. One suggestion would be to use the levy to accelerate accessibility upgrades of rail stations. (See proposal under "Accessible Transport" in the expenditure section of this publication).

Results

- Enhanced disincentive for private vehicle use in the CBD.
- Provide regulation for growth in residential parking in the CBD.
- Increase available revenue for the development of infrastructure and programs to encourage public transport usage.

Revenue: **\$71m in 2006-07**

■ Congestion Charge

Objective

To provide a strong disincentive to car use to the Sydney Central Business District (CBD) and increase financial support for public transport.

Action

Introduce a \$6.00 charge per private vehicle (buses, taxis, emergency vehicles excluded) to the CBD Monday to Friday (excluding public holidays). The charge should be paid using electronic toll systems already in place in Sydney. Concessions and/or exemptions would apply to residents, the frail-aged and people with disabilities, public transport, taxis and emergency vehicles. Vehicles moving around the CBD should not be charged (e.g. vehicles using the new cross-city tunnel and the Eastern and Western Distributors). The revenue is to be hypothecated into public transport.

Evidence

Increasing car use as well as a recent fall in the use of public transport has increased congestion on Sydney roads. Glazebrook (2003), using Roads and Traffic Authority data, has estimated that traffic approaching the Sydney CBD increased by 23% between 1991 and 2002. Travel times have increased adding to the cost of doing business in Sydney. Congestion charges ensure that drivers make a financial contribution to use valuable and congested road space. It encourages the use of other modes of transport and travel times are quicker for those who have to use the roads. As people move to public

transport, fare revenue increases allowing the government to re-invest both the congestion charge revenues and fare revenue back into the system.

The Congestion Charge in the City of London has seen a 30% drop in the number of vehicles entering the city during business hours. The move has proved popular with most residents of London. The revenue raised has been directed back into public transport and road improvements. While such a large drop in car usage in Sydney is unlikely it should slow the increase in the number of cars on the road and encourage more people onto public transport.

Results

Provide a strong the disincentive for private vehicle use to CBD. The impact of a \$6 charge has been estimated to reduce traffic entering the CBD by 13% (Glazebrook 2003).

Increased funding for public transport through revenue raised through the charge and increased fare collection. Glazebrook (2003) estimated net revenue \$60m per annum could be raised from a \$6.00 congestion charge applying to Sydney CBD. Glazebrook's proposal included an integrated approach including:

- a light rail system;
- more buses;
- improved facilities for pedestrians and cyclists; and
- integrated park and ride facilities.

Revenue: *Approximately \$60m p.a.*

■ Capacity to pay transport related fines

Objective

Reduce the disproportionate hardship suffered by low-income fine recipients.

Action

Offer a 50% reduction to Family and Community Services income support recipients for transport related fines relating to non-serious offences. Offer a reduction to working people with incomes less than 75% of Average Weekly Male Earnings such that they pay 75% of the full fine.

Evidence

A fine can present a serious impost to its recipient, particularly where the individual has limited means to pay. This situation is exacerbated where individuals on lower incomes accumulate unpaid fines, generating a seemingly inescapable spiral of fine related debts.

Because traffic and CityRail fines in NSW are fixed in level, they are economically regressive in practice, since fine recipients on lower incomes will suffer relatively more severe consequences than those on higher incomes. Apart from the financial imposition

A fine can present a serious impost to its recipient, particularly where the individual has limited means to pay.

that a fine places on an individual, fines can also generate a range of undesirable social impacts for local communities. For example driver licence suspensions - a sanction regularly imposed on those who are not able to pay their fines - can have drastic implications for those who have no other means of transport.

Other jurisdictions such as Sweden, Denmark, Germany and Finland have implemented traffic fines systems that take into account capacity to pay. The Finnish system for example utilises a sliding scale linked directly to income level, which has the capacity to not only reduce the fine level for people on lower incomes and people with dependants, but it also can increase the fine amount for people who receive higher net incomes

NCOSS believes that the NSW Government could implement a system in NSW that allows some Centrelink beneficiaries (such as pensioners, NewStart recipients) and other low income earners to receive reductions in fine amounts for transport related infringements including non-serious traffic, parking fines and CityRail fines. While this approach would not proportionately increase penalties for higher income earners (as in the Finnish system), it would at least reduce the disproportionate fine burden faced by those on lower incomes.

Any reforms to the fines system will need to ensure that adequate deterrents are in place through a robust demerit point system and adequate penalties for serious offences. In order to ensure that strong deterrents are in place for certain offences, NCOSS argues that capacity to pay measures should not apply to non-court imposed fines for serious offences, especially safety related drug and alcohol offences.

It is difficult to measure the potential revenue impact of introducing basic capacity to pay measures for NSW transport related fines. There is limited information available on the number or type of fines levied on lower income people. Forward estimates for NSW fines revenue in 2006-07 is \$245m, of which approximately 90% (or around \$220m) is sourced from motor traffic fines. If we assume that 10% of traffic fine recipients are likely to claim a reduced fine amount in 2006-07 then a rough estimation of the budget impact will be around \$13-14m (not including CityRail fines).

Any shortfall in fines revenue in 2006-07 generated by these capacity to pay measures are likely to be offset by a number of factors. Fines and other revenue protection measures will arguably increase CityRail revenue from 2005-06, due to the increased surveillance and regulation of the 600 Transit Officers that were in place in the network by the end of 2004. Also, the capacity to pay measures are likely to lead to administrative and enforcement savings for the State Debt Recovery Office, as many fine recipients will be have a lower disincentive to pay fines on time if they are income proportionate.

Results

- Reduce disproportionate hardship faced by low-income fine recipients.
- Potential reduction in State Debt Recovery Office enforcement costs.

Cost: *\$10m in 2006-07*

■ **Tax Reform**

▮ *Remove stamp duty for low income accommodation*

Objective

To increase the number of properties available to low-income housing by removing stamp duty on investment properties leased to community housing associations.

Action

Remove stamp duty on properties leased for at least 10 years to community housing or Aboriginal housing associations.

Evidence

The Housing Industry Association has shown that purchasing housing remains unaffordable for many people in Sydney even though property prices have fallen slightly. At the same time vacancy rates in rental accommodation are low, pricing many people out of the Sydney rental market. There are around 85,000 applicants on the waiting list for public housing (NSW Shelter 2004).

The removal of stamp duty provides a significant incentive for investors to lease their property to housing associations. There are around 14,000 properties in the community housing sector and Aboriginal housing sectors (NSW Shelter 2004). Even one thousand additional properties will make a significant difference to the increasing housing for low-income earners in these sectors at minimal cost to the NSW Government. This cost is estimated to be \$18m assuming that one thousand properties are added to the housing associations at around \$500,000 each (being approximately the median house price in Sydney).

Results

Increased number of properties available for low-income housing.

Cost: *\$18m in foregone revenue in 2006-07*

Expenditure



■ Attorney-General's Department

■ Domestic Violence Court Assistance Scheme (DVCAS)

Objective

To provide a more equitable, cohesive and consistent response to domestic violence.

Action

Increase specialist worker funding to allow for flexible service delivery to population groups with specific needs, for example Aboriginal and Torres Strait Islander women and women from culturally and linguistically diverse (CALD) communities.

Evidence

Domestic violence profoundly affects the social, emotional, physical and financial wellbeing of women and children. It results in significant social and economic costs to the community.

There is an urgent need for increased legal and support service for victims of domestic violence in NSW. DVCAS assisted 30,118 women in 2002-03, an increase of 21.9% on the previous year.¹ This demand for assistance is growing at a disturbing rate across the whole state, with calls to the Department of Community Services' Domestic Violence Line also

increasing by almost 20% between 2000-01 and 2002-03.² There is a particular need for assistance in the regions.

In a 2004 survey of rural NGOs conducted by NCOSS, demand for domestic violence and sexual assault services was reported as under increasing pressure over the last five years. Sixteen percent reported decreased service provision to people escaping domestic violence, whereas 35% reported increasing demand.³ Rural consultation visits also reported high levels of domestic and family violence in rural communities.

The highest rates for recorded domestic assaults in the two calendar years 2002 and 2003, per 100,000 population, were in the Far West and North Western NSW. The Far West recorded a rate five times the State average.⁴ Yet, the DVCAS in Bourke/Brewarrina, Broken Hill and Moree have only part-time coordinators and part-time Aboriginal Specialist Workers.

Current funding formulas for the DVCAS operate on the basis of the number of court matters listed to determine core staff funding, with population based measures determining funding allocations for specialist staff. This tends to undervalue the work undertaken by staff in the area of community development/violence prevention, intensive support for clients beyond the initial hearing and proactive efforts to educate the community regarding domestic violence.

A comprehensive external evaluation of the WDV CAP was conducted in 1998. It concluded that the WDV CAP is a highly successful program, even though it was established with limited resources and in a relatively short time.⁵

Results

- Improved victim safety.
- A more equitable and consistent response to domestic violence in areas of highest need.

Cost: **\$1.136m**

(based on 21 hours per week for 34 services + 5% operating costs).

■ Consolidation of Violence Prevention Units in rural NSW

Objectives

- To promote equity and fairness in the justice system.
- To provide a cohesive and consistent response to domestic violence in rural NSW.

Actions

- Match Commonwealth funds to ensure the sustainability of Violence Prevention Units.
- Negotiate with the Commonwealth Partnerships Against Domestic Violence (PADV) to extend VPU to other high needs areas in NSW.

Evidence

VPU currently operate in Moree, Walgett and North Coast NSW. They have a strong preventative focus and adopt a community capacity building and healing approach in addressing both immediate needs and the underlying structural causes of violence in communities.

However, existing resources are inadequate to meet demand. For example, the Walgett scheme has only two solicitors. Short term or pilot funding can work at cross purposes to effective service delivery. Existing VPUs are funded on a project basis, with specific service methods such as outreach in some cases being funded for only one year.

An obvious, but nevertheless important point, is that a service's capacity to retain skilled staff has a direct impact on its ability to maintain professional and personal networks, to build corporate knowledge and to foster a trusting relationship with the client community (especially in Indigenous, non-English speaking background, and rural communities). People in Indigenous and migrant communities often perceive the accessibility and value of a service in terms of the people working there rather than the organisation itself. The personalisation of the service is therefore a critical component of success in such services.⁶

Short-term funding works at cross purposes to service stability and to promoting personalisation and trust building with the community.

Results

Reduction of violence in rural communities, particularly among Aboriginal communities.

Cost: **Match to Commonwealth funds**

■ Cross-Agency Recommendations

■ Attorney-General's and Department of Community Services

Objective

To provide a cohesive and consistent response to domestic violence.

Actions

- Consolidate an integrated domestic violence intervention response through the establishment of a 24 hour, seven days a week domestic violence multi-agency project.
- Pilot this approach in a regional area with an existing critical mass of services with a view to potentially rolling out across NSW.

Evidence

The NSW Government has instituted a number of projects aimed at integrating service responses, both legal and non-legal, around domestic violence. Recent innovations such as the two-year pilot Domestic Violence Response Team in Canterbury/ Bankstown, the Domestic Violence Assault Team pilot in Wyong and the (Community Solutions) Mt. Druitt Family Violence Response and Support Strategy are taking a more comprehensive and longer term approach with partnerships between the Department of Community Services (DoCS), Police, NSW Health and NGOs. The Domestic Violence Interagency Guidelines are also a welcome initiative.

However, domestic violence responses are still regarded as fragmentary by many NGOs working on the ground, particularly in rural areas. One model that has been suggested as worthy of consideration is based on the ACT Domestic Violence Crisis Service (DVCS). This provides crisis intervention and support to all people affected by domestic violence in Canberra. A unique aspect of the DVCS service is its protocol with the Australian Federal Police (AFP) that requires the AFP to inform the service of any police callout to a domestic violence incident. DVCS staff are available 24 hours a day to provide personal crisis support to people affected by family violence immediately following the police response to the domestic violence incident.⁷

The main features of such a service would be:

- Working with all people affected by domestic violence including people using violence, victims and children;

- Including a coordinated criminal justice system response – 24 hour staff roster with support staff attending incidents with police etc.;
- Ongoing support to people with drug and alcohol problems, for people experiencing same-sex domestic violence;
- Linkages with child sexual assault services;
- Follow-through, so women do not go to various services and be re-victimised by having to repeat their story many times;
- Culturally-appropriate service models and staff members from Aboriginal and CALD communities; and
- Access to emergency/crisis accommodation.

Results

- Ensure safety for victims of violence.
- A cohesive and consistent response to domestic violence.
- More victims of domestic violence who have contact with the police have access to support than would otherwise occur.

Cost: **\$1.5m pilot with potential for recurrent and expansion in future years**

■ Human Services CEOs Cluster

► NGO Region Assist

Objective

To strengthen the organisational capacities of small and medium sized not-for-profit human services organisations across NSW and to enable regional networks of NGOs to actively and effectively advocate for and engage with regional clusters of NSW human services agencies on social policy and human services matters in their regions

Actions

Over a four year period, commencing in 2006-07:

- Provide funding assistance, commencing in year 1, to existing regionally based NGO 'peak' bodies currently operating in inner Sydney, western and south western Sydney, northern Sydney, the Central Coast, the Hunter, the Illawarra, the mid-North coast and the Northern Rivers to fully adopt the dual role of sector develop and policy and advocacy;
- Provide funding assistance, commencing in year 2, to newly developing regional NGO 'peak' bodies in the New England, the Central West, the Orana and Far West, the Riverina, Albury-Wodonga and the Murray, the South Coast and the Southern Tablelands/Monaro, to undertake the key sector development and policy and advocacy roles; and

There is an urgent need for increased legal and support service for victims of domestic violence in NSW.

- Provide dedicated funding assistance to NCOSS for a full time regional development project manager, to enable the above development and roll out to effectively occur
- Evaluate the effectiveness and impacts of this initiative during the first half of year 4, to determine continued or changed Government commitment to this model of sector development and social policy and human services programs advocacy.

Evidence

The environment, in which not for profit human services organisations operate, is undergoing very substantial change. This sector of organisations is typified by a small number of very large, mainly nationally based service providers (the major charities), a grouping of medium sized bodies and a very large number of small organisations, including some that are totally self help in financing and volunteers.

It is estimated that there are over 7,000 separate not-for-profit human services organisations in NSW.

The pressures causing substantial change include:

- The push for integrated service delivery as the preferred model of delivery a range of direct human services delivery at the local and regional level;
- Highly competitive market focused funding practices being adopted by all levels of Government;
- 'Back office' cost increases well above the prevailing inflation rates;
- Emerging skills shortages and skills retention issues in some occupations and locations; higher compliance costs for NGOs although the appropriateness and efficiency of new accountability measures are questionable.

The capacities of the small to medium organisation part of the sector (the vast majority of actual organisations) to successfully adapt, remain viable and flourish in the service delivery, community development or policy and advocacy roles are extraordinarily varied, with many smaller NGOs reporting great difficulties.

Table 4.1

Features in the framework of NGO sector development in NSW

Level	Action	Benefit
National and/or State	<ul style="list-style-type: none"> • Pooled purchasing of goods such as computers, vehicles and telephony and provision of services like insurance, banking, on-line basic management and governance information; help desk IT advice. • Development of tools for use in competitive tendering/partnering (includes MOAs, costing manuals etc). 	<ul style="list-style-type: none"> • Lower unit costs, consistent delivery of quality in goods and services, easy access systems. • Affordable access to high quality instruments to enhance fund seeking and negotiating viable partnerships.
Regional and local	<ul style="list-style-type: none"> • Intensive advice about management, governance, legal, financial, strategic planning, human resources, facilities development, marketing, etc. • Direct assistance with preparing tenders, negotiating partnership arrangements, organising pro bono services, established shared back office services pools, negotiating and undertaking co-locations, etc. 	<ul style="list-style-type: none"> • Makes NGO operations more efficient and effective, allows them to better focus their resources on service delivery and/or community development.

At the same time, the NSW Government is heavily using regional based planning for human services delivery and tackling spatial disadvantage and social policy issues through human services clusters of its Regional Coordination Management Groups. It is finding barriers to successful engagement with NGO sector interests at a regional level because of the absence of regional based NGO bodies in many places or the resource constrained capacities of some regional bodies, where they exist, to engage and be a partner in developing and implementing new or changed programs in those regions.

NCOSS has discussed with senior officers of the Human services CEOs cluster the features in a framework for NGO sector development (see table 4.1 above).

Within this framework, the NGO Region Assist proposal would be a critical investment by the NSW Government in the local and regional driven elements of sector development work. It would provide the basis of an effective distribution of ‘one on one’ or clustered organisational development assistance through either the selected peak regional NGO brokering or directly providing the service.

NGO Region Assist would fully complement current initiatives at the state and national level that are delivering cheaper prices at good quality to NGOs in areas such as insurance, banking, motor

vehicle purchase and IT hardware and software purchase.

The proposal could be implemented jointly by NCOSS and the Human Services CEOs cluster, possibly using the Communities Division in the Department of Community Services as the lead government agency.

In year 1, work would focus on two priorities:

- Negotiating with and subsequently funding the existing peak regional NGO bodies that operate in NSW; and
- Developing, in partnership with the various sector stakeholders in rural regions not currently covered by a peak regional NGO body, the basis for establishing such a body on 2007-08.

In years 2 and 3, the priority would be to establish and fund the new peak regional NGO bodies.

In Year 4, the priority would be to identify the results of this proposal to date and evaluate its effectiveness and appropriateness in achieving the objectives.

Results

- Viable and sustainable individual and clusters of small NGOs providing direct human services and/or community development across local communities in NSW;

Table 4.2

Cost breakdown for NGO Region Assist

Item	Yr 1	Yr 2	Yr 3	Yr 4
Funding of existing regional peak NGOs (\$250k per NGO)	\$2.5m	\$2.5m	\$2.5m	\$2.5m
Funding of new peak regional NGOs	nil	\$0.75m	\$1.5m	\$1.5m
Funding of NCOSS Regional development project manager	\$0.12m	\$0.12m	\$0.13m	\$0.13m
Totals	\$2.62m	\$3.37m	\$4.12m	\$4.12m

- Improved social policy and human services design and implementation through constructive and comprehensive dialogue and negotiation between Government agencies and the NGO sector at a regional level across NSW.
- Better outcomes for clients of direct services and communities in which the NGO sector and Government agencies are active.

Cost See Table 4.2 (p. 30)
\$2.62m in 2006-07

\$14.23m over 4 years

■ Department of Ageing, Disability and Home Care

■ Home and Community Care

Objective

To strengthen the NSW Government's response to the vast unmet need within the Home and Community Care Program and to secure ongoing viability of service provision in real terms.

Actions

That the NSW Government increases its financial contribution to the HACC Program by 20% regardless of the financial contribution from the Commonwealth Government.

Evidence

The NSW Government⁸ estimates that the general population will grow 8% between the years 2000 and 2011 but the number of people aged 65+ years will increase by 26% during that time and the number of people with disability will grow 18%. Community care services are an important avenue of support for people wanting to remain within the community, especially for those with little access to the support of family and friends.

In 2005-06 the HACC program received approximately 8.6% growth, this is consistent with last year's growth rate. Despite this very welcome enhancement, demand outstrips supply and service providers face mounting pressures to deliver more services to an increasing population and to people whose needs are intensifying.

HACC is likely to experience significant change in the near future. The Commonwealth Government's Community Care Reform process is intended to align and co-ordinate the 17 community care programs into a more cohesive and navigable system. Currently the reform is looking at eligibility and assessment for levels of care and will affect HACC provision at the implementation stage.

The unacceptable delays in government approval of HACC State Plans have resulted in accumulations of vast unspent funding in NSW, money desperately required to support people at home.

Similarly, the Council of Australian Governments (COAG) discussions on Federal responsibilities for older people and people with disabilities could change the way in which HACC is delivered in NSW.

The unacceptable delays in government approval of HACC State Plans have resulted in accumulations of vast unspent funding in NSW, money desperately required to support people at home. NCOSS notes that, despite assurances, delays have only extended in the last three years. NCOSS recommends that a process be developed to accelerate the necessary sign off and the timely release of funds.

Regional HACC planning processes identify priorities for HACC expansions including respite care, especially centre-based for people with high and complex medical needs, overnight respite care, increased podiatry and other allied health services, increased personal care for people with high support needs, increased transport, improved provision to Aboriginal and Torres Strait Islander people, enhanced responsiveness to people from culturally and linguistically diverse backgrounds and more case management services. For several years, the need for adequate HACC responses to people with mental illness has been indicated as an escalating priority.

There are numerous pressures on the HACC system and providers in NSW including:

- Mounting viability costs, including indexation, OH&S, rising overheads, etc.
- Improved assessment within the HACC system.
- Recognising that most HACC services require a transport component.
- The need for non-government HACC Development Officers in Orana Far West, Illawarra and parts of Southern region.
- Changes to Home Care policy will impact on non-government HACC providers, i.e. capping of hours of service.
- The need for regular and ongoing training for providers and staff.
- The inadequacies of other support systems inappropriately increases demand for HACC, e.g. reductions or insufficient supply of day programs and supported accommodation for people with disability.
- Viability for regional and rural services.

Results

- Ensure sufficient growth funding to allow existing services to meet expansion in HACC target group.
- Improve capacity and ability of HACC funded services to sustainably provide community care at existing levels.
- Ensure adequate growth funding to allow for targeting of new services to meet greater and evolving needs.

Cost: **\$37.49m p.a.**

■ Community Care and Disability Services for Aboriginal People

Objective

To improve accessibility and appropriateness of community care and disability services for Aboriginal and Torres Strait Islander people in NSW.

Actions

The NSW Government provides:

- \$330,000 funding to provide three full time non-government Aboriginal HACC Development Officers, plus \$150,000 non-recurrent establishment grants. This should be increased by three new workers each year until all Department of Ageing, Disability and Home Care regions are covered.
- Provide \$280,000 funding for two innovative transport projects which improve the delivery of transport to Aboriginal people.
- \$4m for innovative service models of disability supports to Aboriginal people.

Evidence

The Senate Poverty Report March 2004 states "Indigenous people suffer ill health and disability at a greater rate than non-indigenous people... Ill health impacts significantly on work priorities and places a burden of care on individuals and communities."

Community care plays a crucial role supporting older persons and people with disability from an Aboriginal and Torres Strait Islander background. Only 2.8% of the Aboriginal and Torres Strait Islander population are aged 65+ years; this compares to 13% for the non-Indigenous population. According to the Senate Poverty Report 2004 and the Productivity Commission Report on Government Services 2005, Aboriginal people make disproportionately low use of residential aged care services. These facts emphasise the importance of providing appropriate community care to Aboriginal people as they age. It is important to note that many Aboriginal people with disability do not currently utilise disability services. NCOSS notes that resources for the employment of culturally appropriate staff

and volunteers can ensure that generic and specialist services are appropriate and are accessed by Aboriginal people. Concurrently, emphasis must also be placed on improving the responsiveness of generalist services to Aboriginal communities.

The NSW Aboriginal Community Care Gathering Committee is a meeting of Aboriginal and Torres Strait Islander workers and community members who represent their regions. The Gathering Committee has identified a very strong need for improved resources and coordination for community transport services for Aboriginal people. The lack of transport for Aboriginal people was identified in the Senate Poverty Report March 2004 as a key factor in contributing to the poverty and disadvantage of Indigenous people. Improved management of community resources within and between localities is needed particularly in rural and regional areas where large areas can be covered more effectively through coordination among different service providers. (*Also see the Aboriginal Transport section under Ministry of Transport in this document.*)

There are significant regional inequities in the employment of Aboriginal HACC Development Officers in NSW. The Gathering Committee contends that areas with Aboriginal HACC Development Officers are demonstrably ahead of other regions in the establishment and co-ordination of funded services to Aboriginal people with disability, older people and carers. These are vital for linking services and service systems, providing training and support and assisting local communities. Ideally these positions should be targeted to western NSW where there are currently limited resources available for local transport development, and a strong case to better meet the needs of Aboriginal communities that are dislocated from services and employment.

While there were clearly local variations in need, the NCOSS regional consultations consistently indicated serious unmet need for transport, respite and supported accommodation, not only for older people and people with disabilities but also for their carers. Lack of access to community health services was also consistently identified.

Reports on Community Consultations from the Aboriginal Disability Network clearly support these findings and also indicate a crisis in housing for Aboriginal people and an urgent need for HACC services. NCOSS recommends that funds be established for specific disability supports to Aboriginal and Torres Strait Islander people and communities.

Results

- Equitable delivery of community care services to Aboriginal and Torres Strait Islander people.
- Improved direct disability service provision to support Aboriginal people with disabilities and their families.

- Better representation and greater autonomy for Aboriginal people within the community care sector.

Cost: **\$4.61m recurrent p.a.
plus \$150,000 non-recurrent**

■ Seniors Card

Objective

To ensure relevance of the Seniors Card to Aboriginal and Torres Strait Islander elders.

Actions

Expand eligibility for the Seniors Card to Aboriginal and Torres Strait Islander people aged 45 years and older.

Evidence

The NSW Government currently provides a Seniors Card to older people aged over 60 years old who work less than 20 hours a week. This entitles cardholders to a range of discounts for government and private business services. Significantly, the Seniors Card enables beneficiaries to take advantage of concession fares and Pensioner Excursion Tickets on some transport services.

Unfortunately, because the life expectancy of Indigenous people is so much lower than for non-Indigenous people in Australia, many Indigenous people will never be able to have access to Seniors Card benefits. Recent ABS data indicates that in the period 1998 to 2000 the average life expectancy of Aboriginal and Torres Strait Islander females in NSW was 63 years and for Aboriginal and Torres Strait Islander males 56 years. This means that, on average, the life expectancy for Indigenous females is 20 years lower, while average life expectancy is 21 years lower for Indigenous males, by comparison with the general average life expectancies of Australian men and women.

NCOSS recommends that the eligible age for the Seniors Card be lowered to 45 for Aboriginal and Torres Strait Islander people. This would enable older Aboriginal people to gain access to affordable services that are currently available to other older people in NSW. While we appreciate the policy priority must be to improve life expectancy for Aboriginal people, the existing inequity must be addressed.

Expanding eligibility for the Seniors Card in 2005–06 would prove useful given current reforms in the bus services area. The NSW Government has committed to expansion of bus concessions and the Pensioner Excursion Ticket to all parts of metropolitan Sydney and some country areas. Lowering the eligible age for Aboriginal and Torres Strait Islander people would enable them to take advantage of these concessions and help address

The Gathering Committee has identified a very strong need for improved resources and coordination for community transport services for Aboriginal people.

some of the transport disadvantage faced by Aboriginal people.

Results

- To remove current inequity in Seniors Card concession program;
- Address social disadvantage by reducing transport costs for older Aboriginal and Torres Strait Islander people.

Cost: *It was not possible for NCOSS to ascertain the costs for this proposal. Approximate impacts for the NSW Government can be determined by reference to forward estimates allocations for concession and Pensioner Excursion Ticket (PET) expansion in the bus services area.*

■ Devolution of residential disability institutions

Objective

To reaffirm the NSW Government's commitment to devolution of all people with disabilities out of large disability institutions into supported community living situations which conform to the NSW Disability Services Act at the earliest possible time.

Actions

That the NSW Government provides an additional allocation to accelerate the devolution of people with disability from institutions using a fully funded and timetabled implementation plan as a matter of priority.

Evidence

There are currently around 1,800 people with disability living in large residential institutions in NSW. The original government commitment involved relocating all people with disabilities from large institutions to more appropriate supported accommodation in the community by 2010. The Minister has recently indicated that this deadline will not be achieved and that an overall plan for the provision of supported accommodation, including devolution, will be prepared in late 2005.

NCOSS notes that there have been no new recurrent budget allocations to progress devolution in recent years and looks forward to a renewed commitment with firm schedules towards closure of large institutions as an urgent priority. In order to facilitate this, NCOSS supports and encourages the development of the plan (as recommended in the 2005-06 NCOSS Pre-Budget Submission) that complies with the NSW Disability Services Act to enable improved living conditions and opportunities for some of the most vulnerable people in NSW.

Results

- Complete the devolution process at the earliest possible time.
- Provide people with disabilities supported living situations and access to opportunity which conforms to current state legislation.

Cost: \$23.64m recurrent

■ Accommodation and Support for Adults with Disability

Objective

To rapidly accelerate the availability of appropriate accommodation and support for adults with disability. These accommodation and supports will be delivered according to the NSW Disability Services Act.

Evidence

In NSW, it is estimated by the disability sector that there are over 7,000 people with disability in need of supported accommodation services and around 4,000 ageing carers of younger people with disability who require support. NCOSS regional consultations have identified the lack of accommodation and support for people with disability across metropolitan, rural and regional areas. The need for accommodation support services for adults with disability is exacerbated by the lack of growth in other disability support systems such as the slow progress of devolution of people with disability from residential institutions, the continued admission of younger people with disability to residential aged care and the long waiting lists for the Attendant Care Program and the Home Care High Needs Pool. As predicted last year, NCOSS has received reports that the per person funding cuts to post school programs (formerly ATLAS) providing training and day supports for school leavers with disability, have resulted in several people and families requiring immediate supported accommodation due to inadequate day programs.

NCOSS urges the NSW Government, in accordance with the NSW Disability Services Act, to develop a long-term vision to improve the availability and quality of accommodation and support services for people with disability in NSW.

NCOSS further emphasises that funding for accommodation for people with disability should not be the responsibility of Department of Ageing, Disability and Home Care alone, but a responsibility for all mainstream agencies to ensure that their services are accessible to people with disability.

The Attendant Care Program is designed to specifically respond to the needs of an individual by providing a package of services tailored to the individual's needs at an average of 30 to 40 hours of support per week. There are at least 177 people on the waiting list for places, with approximately 250 new applications for packages each year. NCOSS argues that the waiting list should be immediately cleared and funds made available to address unmet need in subsequent years.

In 2004, the Brain Injury Association conservatively identified 300 people with a brain injury needing immediate accommodation (excluding possibly 500 younger people with brain injury in nursing homes and support services), over 100 people needing respite care support and over 200 people requiring case management services. There are disproportionately few people with a brain injury accessing HACC or generic services that may or may not possess the skills and competencies required to work with people with acquired brain injury. The 2003 AIHW report on *Disability Prevalence and Trends* reinforces these concerns about services for people with acquired brain injury.

Actions

That the NSW Government takes steps to address the crisis in accommodation and support options for people with disability by allocating:

- \$37.5m (\$30m p.a., \$7.5m capital) to provide at least 300 additional supported accommodation places in NSW.
- \$7m p.a. funding to deliver 100 Attendant Care places and eliminate the waiting list for the program, with a further \$3.5m allocated every year to address future unmet need.
- \$17.5m in 2006-07 for packages of support to people with brain injury (as part of a \$35m growth investment over two years). These packages of care should be linked with appropriate housing options.

Results

- Improved access to support options which conform to the NSW Disability Services Act for people with disability in NSW.
- Increased independence and community participation of people with disability and a reduction in the unnecessary escalation of crisis.
- Provide suitable accommodation and support to those at risk of inappropriate admission to residential aged care.

Cost: \$54.5m p.a. plus \$7.5m capital

■ Licensed Residential Centres (Boarding Houses)

Objectives

- Provide more suitable supported accommodation for people with disabilities whose support needs are too high, according to the screening tool, for entry into boarding houses.
- Ensure the availability of appropriate support and accommodation to people with disability with low needs who reside in Boarding Houses.

Actions

The NSW Government allocate:

- \$500,000 p.a. to address the need for ongoing assessment of people in boarding houses to ensure they receive the most appropriate kind of housing and support services.
- \$1m per year for three years for the establishment of accessible and available advocacy services to residents with disabilities.
- An extra \$3.5m recurrent to provide more appropriate supported accommodation alternatives for at least 50 residents with high support needs trying to access licensed boarding houses.

Evidence

NCOSS welcomed the allocations to support people affected by the closure of Boarding Houses.

CASA, the Coalition for Appropriate Supported Accommodation for People with Disabilities, reports that although most residents with high support needs have been relocated, around 50 people in this category still remain in boarding houses. Additionally, funding is needed to facilitate ongoing relocation of the remaining high level needs people and the people living in interim accommodation.

No accurate assessment has been made of the number of people with high level needs and challenging behaviours who fail the screening tool for entry into boarding houses because their support needs are too high. This data should be collected from Aged Care Assessment Teams and is believed to comprise mainly people with mental illness, people with MISA (mental illness substance abuse disorder), people with personality disorders and challenging behaviour. The plight of these people, who may end up back in hospital, in homeless refuges, in unlicensed boarding houses or on the streets must be addressed through appropriate supported living arrangements.

Reform of boarding houses requires a regulatory framework supported by adequate and appropriate legislation which includes tenancy rights for residents. The care and safety of residents must be addressed as well as quality of life issues. NCOSS calls for active legislation to be put in place by the

Reform of boarding houses requires a regulatory framework supported by adequate and appropriate legislation which includes tenancy rights for residents.

end of 2006 and a regulatory framework implemented. Such a framework would provide appropriate living conditions that can be enforceable and correctly subject to legal redress.

There are approximately 1,000 people with disabilities living in licensed residential centres across NSW. NCOSS notes that people in licensed Boarding Houses form only 1% of the potential client base but comprise 25% of reviewable deaths by the Coroner. Previous funding for a project that successfully provided advocacy support to 30 of these isolated people has now lapsed. Advocacy support is critical to ensure the safety and entitlements of people in boarding houses in the context of the Allen Report. NCOSS recommends funding for advocacy services to reach all 1,000 residents with disabilities across NSW in a staged process over three years.

Results

- Better quality accommodation and support for residents in licensed boarding houses.
- Improved assessment for residents of boarding houses and access to support and choice of accommodation as needs change.
- Improved consumer rights including entitlements and safety of residents with disabilities through access to advocacy services.
- Improved housing and support alternatives for people whose needs are assessed as too high for licensed residential centres.

Cost:

\$5m recurrent.

■ Post school programs for school-leavers and adults with disabilities (formerly ATLAS)

Objective

To provide adequate and quality pre-employment training, skills development and ongoing learning opportunities for school leavers with disability.

Actions

That the NSW Government:

- Re-instates the original per person funding to the Community Participation Program to at least the

pre-reform 2004 levels through individualised funding.

- Provides \$19.14m recurrent funding to increase Community Participation places to five days per week for all existing participants and the 2005 school-leavers with disability who will enter Community Participation Program in 2006.
- Provides \$3.34m funding to provide Community Participation places for people who have completed the two year Transition to Work Program without attaining employment and to increase those places to five days per week.

Evidence

The former ATLAS program has been converted into two new programs, Transition to Work (TTW) and Community Participation (CP), to support young adults with disabilities with moderate to high support needs to prepare for work, to continue development and to provide meaningful engagement in local communities.

This reform has been accompanied by per person funding reductions, transfer from individualised funding to block grants and cuts to hours of service. NCOSS has been involved in advocacy to government as well as intensive discussions with DADHC to redress these unacceptable aspects of the reform.

The result of the implementation of the reforms to post school programs has been obvious and far reaching. As identified in the August 2005 Parliamentary Inquiry Report, people with disabilities have reduced services both in hours and opportunities, funding has become more rigid and less individually responsive, providers have been put under increasing pressure to maintain service with declining per person funding and face increased scrutiny over unsustainable unit costs. NCOSS urges that the recommendations from the Inquiry Report be immediately implemented in order to improve the quality of programs intended to support young adults with disability.

Many providers have reduced the hours of service rather than the quality of service provision and this has placed unreasonable demands on families while simultaneously diminishing opportunities for young people with disabilities. There are reports of a consequent increased demand for respite and some families have even relinquished care in response to suddenly increased pressures to support their young adult. A continuation of these reduced funding levels could return service provision to more generalised congregate programs, moving away from the Disability Services Act and Standards of person-centred support.

NCOSS proposes that all Community Participation participants be offered a quality service at five days per week via individualised funding packages. Further, it is anticipated that a significant

number of people completing their two year Transition to Work program will not have attained either a job or a placement in a Commonwealth program (which may not provide adequate support in any case). In 2004 as part of the reforms, families were guaranteed places in a Community Participation program for these young people. NCOSS contends that these should be new places and not offered simply when/if a vacancy becomes available. In line with other CP places, these new places should be offered at five days per week.

Results

- Improved quality and adequacy of programs for school-leavers and young people with disability with enhanced opportunities.
- Appropriate and adequate supports for young people and families for skills development, ongoing learning and community involvement.

Cost: **\$22.67m recurrent.**

■ Respite Care

Objective

To improve the accessibility, availability and adequacy of support offered to people with disability, family and carers through respite programs.

Actions

The NSW Government provides an immediate additional 600 flexible respite places.

Evidence

NCOSS welcomed the allocation in the State Budget towards increased respite for people with complex behaviour. Despite this small increase, Interchange Respite Care NSW reports that there is still a growing unmet need for respite care from families of people with disabilities around the State. From information gathered across NSW, Interchange Respite Care NSW reports that there are at least 650 families across the State with an outstanding unmet need for respite care support. In addition to this, of existing families already accessing some form of respite support, at least a further 580 report or indicate to service providers that they require more weekly respite support to sustain their caring role.

The average amount of respite being requested by existing families and families who have no service is still around 8 to 10 hours per week.

In attempting to make an impact on this level of unmet need, 600 packages at least offering an average of five hours per week would be required. The type of respite support being requested by families covers the range of respite models used by service providers. These include Peer Support programs, In Home Respite, Individual Respite Support, Centre Based programs, Overnight Accommodation support, Host

Family, Individual Packages. Packages would need to be flexible so that providers in different regions could suitably meet the identified needs of individual clients.

Reforms and failures in other disability service systems have resulted in escalating demand for respite support. The changes to post-school programs have increased demand from families in some areas for respite support. The lack of permanent supported accommodation for people with disabilities is also placing an accelerating pressure and demand for respite support. It is estimated that almost 30% of respite beds in DADHC respite facilities across NSW are blocked, that is, inappropriately occupied by long term clients. This issue is still an unresolved and increasing problem in some areas. Until other service systems are adequate, people and families will require increased respite to maintain the caring relationship. The growing demand for respite is an immediate result, exacerbated by the inadequacies of disability accommodation, day program and other service supports.

Results

- Increased availability of respite care to support people with disabilities and families.
- Maintenance of primary support relationships of people with disabilities and families thereby avoiding unnecessary crisis.

Cost: **\$4.83m in 2006-07**

■ People with disability who are ageing

Objective

To identify the needs of people with disability who are ageing, explore innovative models for service delivery and provide appropriate service responses for people with disability who are ageing.

Actions

The NSW Government implements a strategy to meet the needs of people with disability who are ageing by allocating the following:

- \$200,000 to research the needs of people with disability who are ageing.
- \$4m over three years to pilot non-vocational retirement options for people with disability who are ageing based on existing innovative models.

Evidence

The Council of Australian Governments (COAG) will be discussing the distribution of responsibility of aged care and disability services between levels of government. In these discussions, the situation of people with disability who are reaching retirement is a complicated and vexed issue.

The provision of support to people with disability who are ageing requires specific and considered responses from both Commonwealth and State governments.

Between 2000 and 2011, the population of older people will grow by 26% and the population of people with disabilities for the same period will increase by 18%. Recent research⁹ indicates that people with disabilities may reach retirement at a chronologically earlier age than the general population. Both DADHC funded and direct accommodation services report a rapidly ageing service user profile with few real available options for appropriate support responses. Similarly, disability employment and business services are confronting an increasing number of workers with disabilities who require retirement options in place of their regular workloads. The needs of people with disabilities who are ageing are similar to, but not the same as, the needs of non-disabled people as they grow older.

At present 11% (30,200) of those aged 45-64 and 4% (13,000) of those aged 65 or over with severe or profound core activity restrictions report an early onset disability (i.e. acquired before age 18). It is anticipated that there will be an increasing number of people with an early onset or longstanding disability who are ageing: between 2000 and 2006 the total number of people with a severe or profound core activity restriction is expected to increase by 11.6% (137,600 people). People with disability now have access to better health care, better life expectations and consequently improved life expectancy.

NCOSS contends that to do nothing about this emerging and growing population will result in detrimental outcomes for very vulnerable people. At the extremes, these outcomes are clearly demonstrated in the unacceptable situation of young people living in nursing homes and also for people with disabilities who are not receiving services appropriate to their changing support needs as they age. This applies especially to people living in supported accommodation, often group homes.

There is a need for further research into the needs of people with disability who are ageing. The provision of support to people with disability who are ageing requires specific and considered responses from both Commonwealth and State governments. Innovative projects can explore the possible service

responses, then successful initiatives can be recurrently funded and extended to reach people with disabilities who are ageing across NSW.

Results

- Improved information for Government and non-Government services on the demographic profile of people with disability who are ageing and appropriate service responses to their needs.
- Improved collaboration and resource sharing between disability services, aged and community care providers.
- Provision of more appropriate non-vocational post-retirement options to people with disability who are ageing.

Cost: *\$1.53m in 2006-07*

■ Younger people in residential aged care facilities (nursing homes and hostels)

Objective

To relocate younger people with disability presently in residential aged care facilities to more appropriate community living and to prevent all future admissions of younger people with disability into residential aged care.

Actions

That the NSW Government allocates:

- \$2.5m in phased top-up funding for the relocation process for younger people with disability out of residential aged care.
- \$2m recurrent funding to provide a flexible range of alternative accommodation and support options which conform to the NSW Disability Services Act for younger people with disability at risk of admission to nursing homes.

Evidence

The fact that any younger people with disabilities reside in residential aged care facilities at all clearly indicates the failure of appropriate support systems to adequately address their support needs. In NSW as at May 2005,¹⁰ there were 1,354 people aged under 60 years living in nursing homes with a further 955 people aged less than 65 years. Thirty percent of younger residents have an acquired brain injury, 27% have a physical disability, 23% have a neurological disability and 20% have an intellectual or psychiatric disability.

Subject to the Council of Australian Governments' (COAG) discussions, both the Federal and State governments must assume a role in the necessary relocation of young people from nursing homes. Last year, NSW Department of Ageing Disability and Home Care announced a review of younger people in nursing homes, to report in 2006.

Given that those younger people who now live in nursing homes have each been assessed as to their condition, continuing support needs and levels of care within the facility, NCOSS argues that there is a much more effective method to progress this issue to the benefit of the younger people and State and Federal governments.

The Australian Government already provides daily financial subsidies to the ACAT-assessed younger people now in nursing homes in NSW. NCOSS contends that their support could more effectively, accurately and responsively be provided using the existing Commonwealth funding with appropriate State Government top-ups in a home-style situation. This change would align service provision to these younger people with disabilities towards the current Commonwealth and State legislation which prefers people with disability to be offered the same life chances as people without disability of the same age.

Younger people could be transferred to a non-residential funding package, equivalent to funding for a nursing home bed, to support them either at home or in a small group situation. This would meet their needs much more directly, provide desirably more individualised service and would be situated within local communities. Additional funding from the NSW Government will be required to establish an appropriate accommodation venue and to provide a transition period back into the community.

NCOSS proposes that when the Commonwealth announces a release of new aged care places (i.e. beds and packages), a certain number of the packages are quarantined to relocate younger people. This will allow reasonable transition period for the relocation process for the younger people.

The role of the NSW Government in this relocation is twofold: to provide top-up funding to facilitate the phased relocation of existing younger people with disability; to guarantee no new admissions into residential aged care by the provision of a dedicated funding stream for the support of younger people with disability with very high support needs.

Results

- Begin staged relocation of younger people with disability living in residential aged care in NSW to more appropriate community-based living.
- Halt all admissions of younger people with disability into residential aged care.
- Increase availability of appropriate accommodation and support alternatives for people at risk of admission to residential aged care.

Cost: *\$4.5m in the first year*

■ People with disability from a non-English speaking background

Objective

To redress current inequities in the delivery of DADHC run and funded services to people with disability from a non-English speaking background (NESB) and their families/carers.

Actions

The NSW Government implements three key strategies to meet the needs of people with disability from a NESB by allocating:

- Proportional targets for any new funding to people with disability from a NESB and their families/carers.
- \$2m ongoing funding assistance for interpreter services to be used by non-government disability organisations.
- \$1m one-off funding to enhance the cultural competence of non-government disability services.

Evidence

There are significant numbers of people with disability from a NESB in NSW. Based upon the Australian Bureau of Statistics (ABS) 1998 Disability, Ageing and Carers Survey and recent ABS census data, the Multicultural Disability Association of NSW (MDAA) estimates that over 180,000 people with a disability were born in a non-English speaking country. In addition, over 130,000 people with disability were born to parents from a non-English speaking country. Thus, approximately 5% of the total NSW population (over 310,000) comprises people with disability who were born in a non-English speaking country or born to parents from a non-English speaking country. Based on the above figures it is estimated that at least one out of every four people with a disability living in NSW is a person from a non-English speaking background.

Despite these significant numbers, people from a NESB with disability are not able to access services on an equitable basis. While up to date figures are not available, first generation figures based on Commonwealth data used by the Department of Ageing, Disability and Home Care identify that 4 out of 5 people from a NESB with disability miss out on disability services. Taking second-generation data into account, MDAA estimates that 3 out of 4 people from a NESB with disability (first and second generation) miss out.

NCOSS recognises that DADHC is developing a three year strategic plan to address the needs of people from culturally and linguistically diverse backgrounds. It is unacceptable that racial differences determine the degree of disadvantage within funded

The fact that any younger people with disabilities reside in residential aged care facilities at all clearly indicates the failure of appropriate support systems to adequately address their support needs.

programs. Programs must be targeted to ensure sustainable benefits to people with disability from a NESB. The three areas of priority identified in NCOSS consultations with the sector are firstly, the ongoing need for non-government organisations to have access to interpreter services in order to ensure delivery of culturally appropriate services. This situation can be improved by making available a package of funding assistance for interpreter services to be used by non-government organisations. Secondly, the inequities in the delivery of disability services program in part reflect the lack of cultural competence of many non-government organisations. Programs to address this are needed in all areas where there are significant populations of people with disability from a NESB and where service utilisation rates are significantly lower. Thirdly, any new programs or funding initiatives must demonstrate tangible, measurable outcomes for people with disability from a NESB through proportional allocations of new funding towards people with disability from a NESB.

Results

- Better understanding of and access to services through increased use of interpreters.
- Enhanced equity of access for people with disability from a NESB (numbers of people accessing services).
- Equality of outcomes for people with disability from a NESB.
- Enhanced cultural competence among staff and services.

Cost:

\$3m in 2006-07

■ Older People and the Action on Ageing Framework

Objective

To improve the health, wellbeing and participation of older people and to demonstrate the NSW Government's commitment to older people as a priority in NSW.

Actions

The NSW Government supports positive ageing in NSW through the provision of:

- Additional funding of \$2m through the Action on Ageing Framework (formerly the Healthy Ageing Framework) for at least three cross-portfolio initiatives per year which engender collaboration between government agencies on critical issues for older people.
- \$1m funding for intergenerational projects which share the experience and expertise of older people within the community.
- \$1m funding for education and activity programs which foster positive ageing in older people in NSW.

Evidence

Positive or Healthy Ageing encompasses the physical, mental, emotional, social and spiritual dimensions of the older person. While the primary responsibility for aged care rests with the Federal Government, older people's access to service supports and general community infrastructure clearly depends on a commitment from the NSW Government.

Formerly known as the Healthy Ageing Framework, the Action on Ageing Framework describes how government agencies contribute to the equitable access, support and wellbeing of older people in NSW. Healthy ageing can ensure that the community involvement of older people is not lost or eroded by the unnecessary deterioration of their health and wellbeing.

The responsibility for positive healthy ageing belongs to all areas of government. Funding allocations could usefully support a range of positive ageing cross-portfolio initiatives for older people including funding to projects with an intergenerational perspective and a whole of NSW Government approach to enhance community capacity building to meet the needs of older people. This will provide seeding funding for such initiatives and will ensure the necessary involvement of agencies such as Transport, Health, Housing, Fair Trading and Police in deliberately responding to the needs of older people.

NCOSS regional consultations have identified a range of State issues affecting the health of older people in NSW, including access to transport services and other community infrastructure, access to allied health services such as podiatry, medication education programs, oral and mental health programs and dementia support.

The recent State Budget seemed to return some money to the critical Ageing Program to continue its worthy and worthwhile support to older people across a range of support and policy areas. However, this welcome funding simply returns funding levels

to that of 2003, rather than progressing resources to meet increasing demands.

Despite pre-State election promises regarding intergenerational priorities, there has been no financial acknowledgement of the importance and value of advancing intergenerational initiatives and projects linking older people with younger people for shared learning opportunities and activities in NSW. Examples of successful intergenerational projects are the five Experienced Hands Projects. An investment of \$1m would establish up to 35 projects around NSW, supporting largely volunteer initiatives such as sporting volunteers, etc.

For an investment of \$1m, around ninety cents per older person in NSW, the NSW Government can commence a range of education and activity initiatives for seniors. Such projects clearly contribute to healthy lifestyles while extending and developing the skills and interests of the older person. For example, the Office of Information Technology project on computers for seniors has unfortunately lapsed and must be re-instituted and extended.

Results

- Build healthy lifestyles, increase participation and optimise health care and opportunities for older people in NSW.
- Establish activities for older people that share their experience and expertise within the community and among generations.
- Involve relevant government agencies in responding to the needs of older people in NSW.

Cost: **\$4m recurrent**

■ Dementia Action Plan

Objective

To commit to a third Dementia Action Plan in order to respond to the diverse needs of people with dementia and their families.

Actions

That the NSW Government provides \$5m funding to develop and resource the third Dementia Action Plan.

Evidence

Dementia is now a national and state health priority. Within DADHC, dementia is clearly identified as a priority for any new HACC funding and for the next HACC Capital Round. The NSW Government has operated two, five year State Dementia Plans since 1996. The current plan expires in June 2006, although there are a number of areas in the plan where progress has been slower than anticipated. In particular additional focus is needed on initiatives for Aboriginal and culturally and linguistically diverse communities as well as on more effective

planning for community awareness activities. Current funding is around \$2.7m per annum, of which a significant proportion is spent on recurrent funding for regional Dementia Advisory Services through DADHC and on Clinical Nurse Consultants (Dementia) for 10 major acute hospitals.

The NSW Government needs to commit to a third NSW Dementia Action Plan with forward budget estimates until 2009-10. Given our increased understanding of size of the dementia epidemic and the projected growth in numbers of current and new cases (67,000 cases of dementia in NSW and around 18,000 new diagnoses this year), planning to fund and provide the resources in all human service departments, but particularly in DADHC and NSW Health must proceed with urgency.

NCOSS proposes that the third NSW Five Year Dementia Action Plan be funded at \$5m per annum, regardless of what commitments are made by the Australian Government. Many of the initiatives needed are clearly at State and local levels, such as a greater awareness and understanding of dementia among front-line staff in human services agencies and in the general community. NCOSS also proposes that the positions recurrently funded under the NSW Dementia Action Plan should be funded by DADHC regional offices and by Area Health Services, thus freeing up Dementia Action Plan funding for innovative pilots, community awareness, training, re-focusing human services across all sectors to become "dementia-friendly", and on the other agreed aspects of the current Dementia Action Plan, the need for which will only increase in the foreseeable future.

Results

- Greater awareness and understanding of the issues of dementia among staff in human service agencies.
- The development of innovative service responses.
- Better responses from a range of NSW Government agencies to the needs of people with dementia in NSW.

Cost: \$5m recurrent

Positive or Healthy Ageing encompasses the physical, mental, emotional, social and spiritual dimensions of the older person.

■ Department of Community Services

■ Children's Services Program

▷ Preschools

Objective

- To promote access to affordable early childhood education for all children.
- To ensure that all children starting school have experienced age appropriate, high quality, early childhood programs for at least the year before starting school.

Actions

- Redress the historic under-funding and inequitable distribution of funding in the community based preschool sector.
- Guarantee two days a week preschool to every child in the year before school regardless of where they live or what programs they have access to.
- Ensure consistency and equity across preschool programs funded through the Department of Community Services and the Department of Education and Training.

Evidence

NSW has failed to make a commitment to provide affordable preschool education for every child in the year before they commence school and therefore lags behind other the states. The Productivity Commission¹¹ has consistently found NSW preschools to be the least accessible and least affordable in Australia, and in its most recent report (2005) noted that state and territory spending on children's services (ages 0-12) ranges from a high of \$525 in the Northern Territory to a mere \$100 per child in NSW.

This is compounded by the inequities in fees between the community based preschool sector – 800 preschools partially funded by the Department of Community Services – and the 100 preschools attached to NSW public schools and fully funded by the Department of Education and Training.

Average fees in community preschools have reached \$30 a day. This belies the rhetoric espoused by Government that it values early childhood education. It also calls into question how quality early childhood education can be considered the cornerstone of its platform for addressing social disadvantage through prevention and early intervention. These centres are no longer affordable for low income families, even with fee relief.

A recent survey (August 2005) by the NSW Children's Services Forum of the viability of community based preschools saw a staggering 60% return rate, with over two thirds of respondents claiming they will not continue to be viable without additional funding. The impact of low levels of operational funding have resulted in services reducing their hours, replacing highly qualified teaching staff with non-university trained staff, cutting out professional development for staff, skimping on equipment, and running deficit budgets, all of which are having detrimental effects on the quality of programs they are able to deliver. Around 70% claimed they would need to further increase fees next year if additional funding was not forthcoming.

The Affordability Review has seen the production of a report, the conclusions of which will be disastrous if implemented. Presented with clear data on the problems created by historical under-funding and inequitable funding, the review has been hamstrung by a requirement to develop options within existing resources. Redistributing existing funds in a manner that will not completely rescue the services that are worst off and will endanger the quality and viability of services that have been relatively better funded is no solution at all.

There is considerable research evidence for the long term benefits of preschool education¹² and it is time that NSW made a principled, equitable and coherent commitment to funding preschools, to facilitate the participation of all children in NSW in preschool programs for at least 12 months prior to starting school.

Results

- Community based preschools remain viable services and provide a strong infrastructure for the delivery of high quality early childhood education across all areas of NSW.
- Children start school with age appropriate skills and experiences.
- Children with special needs are better supported and receive appropriate assistance in transition to school.
- All families in NSW are able to afford a quality early childhood education for their children.

Cost: **\$94m (fee equivalent)
plus \$4m SCAN (additional needs)**

► Community Based Long Day Care

Objective

- To ensure equitable funding for all community based long day care services.
- To guarantee support for the provision of qualified staff.

Actions

Subsidise community based long day care centres not currently in receipt of a subsidy from the Children's Services Program at the same level as other community based long day care centres.

Evidence

The majority of community-based long day care centres receive a subsidy from the Children's Services Program budget designed to support them in meeting regulations that require services with over 29 children to employ qualified early childhood teachers. A small number of community-based services that have become operational since 1994 do not receive any assistance from State funding.

Results

- All community based long day centres receive support from the NSW Government.
- The educational role of long day care is supported in line with the NSW Children's Services Regulation.

Cost: **\$600,000 (Based on 20 centres averaging \$30,000 per centre)**

■ Outside School Hours Care

Objective

To improve the safety, welfare and wellbeing of over 75,000 children in 900 outside school hours care centres (OOSH) in NSW.

Actions

- Amend the Children and Young People (Care and Protection Act) 1998 to extend its coverage to school age children in before and after school care, vacation care, and family day care.
- Establish a full regulatory system for outside school hours care services with the Commonwealth and State working together to meet the needs of school age children in NSW.

Evidence

The needs of school aged children to receive a safe, protected environment and a monitored service can no longer be ignored on the grounds of cost. NSW is lagging behind in protecting the health, safety and welfare of school age children through relevant regulation. Some smaller states and territories, such as the ACT and Tasmania, have already moved towards regulation.

Queensland has made substantial capital contributions to Outside School Hours Care in recognition of the poor facilities available for most centres. The cost of implementation of the standards will be considerable for some services because of the required standards regarding indoor space, plumbing and access for children with a disability. The neglect of these services in the past will now have to be paid for.

The former Federal Minister, Larry Anthony, had acknowledged the need for more places for OOSH in NSW (there is a shortfall of some 16,000 places), but claimed that the Commonwealth was unwilling to release additional funds for new places until services came under a State regulatory regime. Kaye Patterson has since reiterated this position. Given that the precedent has been established in centre based care, NCOSS does not understand the unwillingness of the government to include Outside School Hours Care Services within the provisions of the Children and Young Persons (Care and Protection Act).

Result

Improved quality of OOSH services, guaranteeing a safe environment for children.

Cost: **\$6.5m**

Includes meeting national standards (one-off), additional children's services advisors (\$2m recurrent) and some funding for the development of regulations.

■ Foster Care Allowance

Objective

To grow the pool of foster carers through the provision of adequate and appropriate assistance to carers in supporting the children in their care.

Action

Increase the Foster Care Allowance to bring it into line with the real costs of caring for children.

Evidence

There has been no increase in the foster care allowance since the new allowance was introduced in 2000-01, until the Minister's Foster Care Week announcement this year that CPI increases will now be passed on each year. This is an important step in the process but NCOSS would like the current review of carers allowances and contingencies to also include a proper review of the real costs of caring for foster children.

While the NSW allowance appears more generous than other states, it is also meant to cover a range of health, education and childcare costs, which receive alternative funding in other states.

Current allowances do not meet the real costs of caring for children, particularly those in the older age groups. When the level of subsidy fails to cover

There has been no increase in the foster care allowance since the new allowance was introduced in 2000-01...

carers' costs, carers are progressively out of pocket and experience difficulty in meeting children's basic needs in care.

This is clearly demonstrated in the research done by McHugh at the Social Policy Research Centre at the University of NSW.¹³ She has recently updated her research on the real costs of foster care, to include CPI for the past three years. We have done a costing on foster care based on her assessment, which used the Sydney CPI (See Table 4.3).

A new report on the Availability of Foster Care,¹⁴ prepared by the Social Policy Research Centre and commissioned by DoCS, indicates that there are likely to be problems in recruiting and retaining traditional foster carers into the future. While money is not the major issue, support from the Department and ability to access respite care, are important issues for carers. However, carers should not be out of pocket for the care they provide.

As at September 2003, there were 3,022 children in foster care.¹⁵ However, this figure does not include children in other relative/kinship/non-relative care arrangements that should also be eligible for this assistance. There are around 4,400 children in these categories, including Aboriginal and Torres Strait Islander children in kinship care.

Table 4.3

Weekly costs of foster care (estimates)

		Dec 2000	June 2003	June 2005
Child	0-1	\$157	\$169	\$177
Girl	3	\$156	\$168	\$176
Boy	6	\$168	\$181	\$189
Boy	10	\$197	\$212	\$222
Girl	14	\$248	\$267	\$280
Boy	14	\$242	\$261	\$273

Note: Estimates from M McHugh, Social Policy Research Centre, University of NSW, 2002, p 93. All dollar amounts rounded.

Source: ABS, Consumer Price Index, Cat. No 6401.0, All Groups Index Number (Sydney).

Table published in ACWA news, August 2005.

Result

- Easier recruitment and retention of foster carers.
- Children are in a well functioning, stable placement.

Cost: *Dependent on type of care*

■ Community Services Grants Program

Objectives

- To ensure the sustainability of services funded under the Community Services Grants Program.
- To enhance the program's capacity to deliver services that support communities through community development, prevention and early intervention.

Actions

- Allocate additional funds to meet historic shortages due to under-funding and recent increases to fixed and program costs.
- To create new services to meet growing demand and service new growth areas.
- Implement a data collection process across the program, as previously promised for 2002.

Evidence

Viability issues

It is now over ten years since a small and inadequate enhancement to the funding for the CSGP was made. The problem of the historically inadequate funding base of the CSGP has been compounded, through both inadequate indexation and the fact that budget allocations have not taken account of the full impact of increased fixed costs flowing from:

- Award wages and associated on costs;
- Insurance premium increases in public liability, WorkCover, etc. (one centre saw their public liability increase from \$7,000 p.a. to \$17,000)¹⁶;
- Cost of implementing occupational health and safety requirements;
- Rental cost increases including those from new local government pricing policies;
- Information Technology updates and maintenance;
- Travel costs in rural areas, and
- The cost of time and other resource increases in complying with new regulations and standards and the multiple whole-of-Government planning strategies (except Families First which has funds attached for that task).

In evidence to the Inquiry into Child Protection Services, the former Director-General of DoCS, indicated that the cost of a caseworker to DoCS was \$130,000 p.a. In contrast, the average CSGP funding for an entire family support service in NSW is \$151,000.¹⁷

CSGP provides only 22% of total neighbourhood centre costs. While one of the strengths of neighbourhood centres is their capacity to attract funding and projects from other sources, it cannot do this without an adequate core financial base.

In 2002, the St. George CSGP Forum has developed a funding formula that would enable the six neighbourhood centres in the area to operate more effectively. The base funding level suggested, to cover a coordinator, administration, bookkeeping, operational costs, program costs and rent comes to a total of \$128,140, which is less than the cost of one caseworker to DoCS. Currently the six centres *share* a total of around \$214,000.¹⁸

CSGP services have been consistently collecting data, which clearly illustrates the need for additional funding. This includes:

- family support census data collected over 12 years since 1992;
- neighbourhood centres data since 1996; and
- youth services data since 2002.

The data collectively indicates increased numbers of clients, increasing complexity of client needs and unmet needs within communities. Services report waiting lists, increased referrals, inability to provide needed services and the need for additional staffing hours to meet these needs. Within Family Support Services, the number of children at risk seen has risen from 1,600 in 1989 to an estimated 3,500 in 2002. The total number of family worker clients has grown from 2,400 in 1989 to 3,480 in 2001.¹⁹

The Vision

In their study *Promoting Family Wellness and Preventing Child Maltreatment*, Prilleltensky, Nelson and Peirson examine the effectiveness of hundreds of programs addressing the issues of concern to the Department of Community Services. In the conclusion, which looks at themes for thinking and action, they note that "to expand our vision beyond child protection toward promotion and prevention, we need to shift our focus from the child welfare system to an emphasis on partnerships and community. The key dimensions of this that they highlight strongly mirror the hallmarks of the Community Services Grants Program:

- Involve the community in identifying local issues and problems;
- Provide information and education to community members;
- Training workers to work sensitively in disadvantaged communities;
- Involving the community in program design, planning and implementation;
- Involve community members in community research and evaluation; and
- Tailor the program to the unique needs and strengths of the community and be sensitive to

the ethnic and cultural diversity of the community.²⁰

It is CSGP, underpinning the still child protection focused Early Intervention Program, that has the best capacity to make the shift to engaging communities in these ways. CSGP has a track record in harnessing funding, services, volunteers and community in working across government and program silos.

While there is new finance available for prevention and early intervention in the Department, there is little for the cost effective, locality based community work, such as that undertaken by CSGP services. NCOSS would argue that CSGP is fundamental to building the platform on which early intervention and child protection work rests. It is therefore both a policy and operational imperative to enrich and increase the capacity of the existing services rather than preside over a crumbling infrastructure, which is not sustainable.

Results

- Communities are strengthened and supported and local needs identified and met.
- Government policy and programs reflect and respond to community needs on a whole of government basis.
- A more integrated service system is able to deliver quality services more equitably across the State.

Cost: \$17.5m – immediate fixed costs and program requirements.

\$7.2m – growth to meet increased demand for services.

■ Youth services

Objective

To engage young people with each other, their communities and education through contact with and participation in youth friendly non-government programs that focus on prevention and early intervention.

Action

Allocate additional funding to extend the opening hours of funded youth services to evenings and weekends.

Evidence

Young people face a number of barriers to effective participation in their communities – communities of their peers as well as their neighbourhoods. Many young people lack:

- A reliable income stream;
- Status – both in the family and in the community;
- Support to continue with education and training;

There is strong evidence that targeting lifestyles factors that lead to boredom can reduce the frequency of juvenile involvement in crime.

- Affordable and accessible places to meet and conduct their social lives; and
- Access to transport.

In order to overcome some of these barriers, young people need to be able to access services in the evening, after school, and on weekends in addition to the more traditional hours of services.

In its first census of youth services, *Making Services Count*, the Youth Action Policy Association identified extended hours of operation as critical if the focus was early prevention and re-engagement of young people. Over 60% of youth projects surveyed indicated that they believed longer and or different opening hours would improve access to services and the effectiveness of programs.²¹

Transport is also a significant issue in relation to young people's access to services, particularly in rural areas. The comments obtained by NCOSS during its rural Pre-Budget Submission consultations pinpoint the problem of lack of suitable transport and the high cost of the existing services clearly and consistently across all locations. Recent cuts in urban weekend train and night bus services also compound the problem for young people in Sydney. NCOSS was repeatedly told that high transport costs and the lack of student subsidies in rural areas were preventing young people from pursuing both VET courses through school and further education and training at TAFE post-school.

There is strong evidence that targeting lifestyles factors that lead to boredom can reduce the frequency of juvenile involvement in crime. Where young people go and how they spend their time are related to the provision of neighbourhood level amenities. Young people who feel there is not enough to do are more likely to offend than those who are satisfied with their neighbourhood.²²

The policy implications flowing from this research are clear in that focus needs to be on prevention through youth friendly services in order to enhance young people's life experiences and opportunities in a community friendly way.

Results

- Increased participation of young people in relevant programs and events.
- Increased access to services by a broader cross-section of young people.
- Positive engagement of young people in education and training and with their communities.

Cost: **\$2.5m**

■ Supported Accommodation Assistance Program (SAAP) – service viability

Objective

To ensure that existing SAAP services in NSW can continue to operate on a financially sustainable basis within existing service capacity.

Action

That the Commonwealth and NSW Governments increase funding to NSW SAAP services from \$111.2m to \$127.9m.

Evidence

The SAAP program provides transitional supported accommodation and related support services to help people who are homeless, or at imminent risk of becoming homeless, including women and children escaping domestic violence, to achieve the maximum possible degree of self-reliance and independence.

In NSW there are currently 397 services jointly funded by the NSW and Commonwealth Governments under the SAAP IV Agreement, which is now due to end on 30 September 2005. SAAP services in NSW supported 25,050 clients during the twelve-month period in 2003-04. Some of these individuals returned to services two or three times over the year so that services actually supported 48,600 people on separate occasions over the year. Services also assisted 10,100 accompanying children, who were predominantly in the 0-4 and 5-12 age groups.

We do not have accurate information on the characteristics of the entire homeless population in NSW, but we do know the characteristics of those who used SAAP services in 2003-04:

- male 48.6%;
- female 51.4%;
- Aboriginal and Torres Strait Islanders 17.4%, compared to 1.7% of the overall population.

In the lead up to the commencement of negotiations for a new five-year Agreement, the Commonwealth Government commissioned a National Evaluation of SAAP IV by Erebus Consulting Partners in 2003. The final report of the National Evaluation was approved for public release by Commonwealth and

State Community and Disability Services Ministers in July 2004. It confirmed that existing funding levels were insufficient to maintain service viability and concluded that additional funding of 15% was required to catch up on previous funding losses, particularly the insufficient level of indexation that had been applied to the program in recent years.²⁴

These findings of the independent evaluation are the benchmark against which any further five-year Agreement should be assessed. To date, however, this fundamental requirement has been largely ignored as the Commonwealth has sought to increase matching State funding contributions in states other than NSW. Services in NSW have been left out in the cold with a totally unacceptable offer of 2% annual indexation and token innovation funding in years 4 and 5 of the new agreement.

Services have clearly indicated that the SAAP program in NSW will not be financially sustainable if the current Commonwealth offer is not substantially increased, with additional matching State funding. NCOSS continues to insist that the additional 15% recommended by the National Evaluation must first be provided before further consideration can be given to expanding current service capacity and implementing new ways of working.

In the absence of such an increase, a substantial number of services for the homeless in NSW will have to seriously review their current capacity, hours of operation and staffing structure. A number of services will likely be unable to continue to operate at all. In the face of chronic under-funding, and indexation levels that do not remotely reflect actual increases in service costs, continuing to make do financially in the hope that something will pop up at a future date is no longer a viable option.

Result

- Existing supported accommodation services will be placed on a more financially sustainable basis.
- Threatened service closures and reductions in operating hours, staffing levels and places will be avoided.

Cost: **\$16.7m recurrent, of which the NSW Government share is \$8.35m.**

■ Supported Accommodation Assistance Program (SAAP) – service enhancements

Objective

To build on the SAAP service viability initiative by increasing the capacity of the sector to meet current levels of demand and by implementing new ways of working, particularly to respond to the growing number of clients with complex needs.

Action

To progressively increase SAAP funding in NSW by 20-25%, after the recommended \$16.7m service viability package is in place.

Evidence

The service viability measure proposed in the SAAP IV National Evaluation only provides the sector with catch up funding to address chronic levels of under-funding. Implementation of this measure, in full, is a necessary but not sufficient step towards making more systemic improvements to the program. The National Evaluation concluded that the program requires a total increase in funding of between 35-40% to properly address service viability, expand service capacity to meet demonstrated demand and to implement new ways of working, particularly for the growing number of clients with complex needs.²⁵

Our recommendations are in line with these findings of the independent National Evaluation. We insist, however, that the full implementation of the service viability measure must precede any effort to expand service capacity and to implement new ways of working. To attempt to trial new service models and expand current service capacity before addressing the financial sustainability of our existing SAAP services would be a recipe for disaster.

In saying this we in no way question the need to expand current service capacity or implement new ways of working. There is strong evidence for both.

At any one time about 4,000 beds are available in SAAP services in NSW. This is about 15% of the estimated level of homelessness, which was 26,676 on Census night. The remaining homeless were staying with friends or relatives (45%), living in boarding houses (29%) or sleeping rough (11%).

Around 42% of all people requesting SAAP accommodation are turned away each day.²⁶ More than two-thirds of those who turn up in groups had to be turned away. Many of these would be women and children escaping domestic violence. In a recent two-month survey of just 11 women's refuges, 367 women and 436 children were turned away.²⁷ In the vast population centre of Western Sydney, there is no service to respond to the needs of single women who are homeless for reasons other than domestic violence.²⁸

There are growing challenges in providing appropriate services to those with high and complex needs, including people with mental health and drug and alcohol problems. Current capacity within the SAAP sector is insufficient to meet demand, and exit points into medium and long term supported accommodation are few and far between. There is a clear need to substantially improve links between SAAP and other State Government housing related measures, including the Partnership Against Homelessness, the joint Health/Housing and Accommodation Support Initiative (HASI) for

Around 42% of all people requesting SAAP accommodation are turned away each day. More than two-thirds of those who turn up in groups had to be turned away.

people with mental health problems, and community and public housing programs.

The sector is committed to ensuring that homeless citizens have access to appropriate, quality services that respect their rights and dignity. Service providers believe that women, children and vulnerable young people have a right to be safe from abuse and exploitation. They recognise that to do so may require new ways of working.

Currently the Women's Refuge Movement is carrying out a project in the Orana region to assess the needs of women and children escaping domestic violence, review the four safe houses and refuge in the region, and develop an appropriate service delivery model for each locality. Where such projects are successful, they should be provided with recurrent funding and replicated more widely.

Given that indigenous clients are significantly over represented within the numbers of clients using SAAP services in NSW, there is a similar need to assess whether the high numbers of Indigenous SAAP clients are receiving a culturally appropriate service. It is recommended that SAAP funding be provided for an in-depth study of service delivery to Indigenous clients in a small number of inner city, suburban, coastal and rural areas. Such a study should be conducted in close collaboration with existing SAAP services in these locations.

Result

- Increased service capacity to better meet the current level of demand, reduce daily turn away rates and fill service gaps in identified locations.
- Capacity to test improved ways of working with clients with complex needs and from an indigenous background.
- Capacity to provide recurrent funding to successful models and replicate them elsewhere.

Cost: up to \$32m recurrent, of which the NSW Government share is 50%

■ Department of Corrective Services

■ Bail hostels

Objective

To reduce the number of adults who are refused bail and remanded in custody because they do not have access to suitable housing to quality for release.

Action

To establish a pilot bail hostel to accommodate people as a condition of their bail and to assist them to comply with other bail conditions such as attending appropriate rehabilitation or substance abuse programs.

Evidence

The *Bail Amendment (Repeat Offenders) Act 2002* created a specific power for bail to be issued on condition that the accused person resides 'in accommodation for persons on bail'. While a number of community based accommodation and treatment services will accept people on bail, and the concept has been recommended by a number of reviews and inquiries, there is no designated, official bail hostel in NSW.

Bail hostels are a long-standing feature of the bail system in the United Kingdom. A successful bail hostel for Indigenous youth is operated by the Department of Juvenile Justice in Mt. Druitt.²⁹

Results

- Reduction in inappropriate prison stays on remand by those awaiting trial, including Indigenous people, who do not otherwise have access to stable and secure accommodation.
- Increased opportunity for those awaiting trial to maintain connections to their community, compared to being on remand.
- Better links with other services to facilitate the provision of treatment, counselling and other remedial programs.

Cost: \$1m recurrent

■ Rehabilitation programs

Objective

Increase the proportion of inmates who have access to education and employment programs while serving a period of imprisonment.

Action

Increase funding for inmate rehabilitation programs to reverse recent falling participation rates.

Evidence

As a by-product of harsher sentencing laws, the NSW prisoner population continues to grow exponentially. According to official figures, the daily average inmate population is projected to rise from 7,272 in 1999-2000 to 9,217 in 2005-06, an increase of over 26% in six years. Over the same period the imprisonment rate per 100,000 adults has risen from 150.3 to 159.7.³⁰

Opportunities for inmates to participate in suitable rehabilitation programs have not kept up with this growth in prisoner numbers. As a result, the prisoner employment rate fell from 85% in 2001-02 to 75% in 2003-04, and the education enrolment rate fell from 44% to 35% over the same period.³¹

Results

- Increase in the number of prisoners who have access to constructive education and employment programs.
- Increased capacity for inmates to acquire skills and experience that will equip them with skills to successfully adapt to life in the community and avoid re-offending.

Cost: \$2m recurrent

■ Post-release programs

Objective

To reduce the high recidivism rate amongst NSW offenders by assisting prisoners leaving prison to successfully adapt to life in the community and avoid re-offending.

Action

That the NSW Government increase the funding allocation for post-release services under the Community Funding Program from \$2.635m to \$5m.

Evidence

As a by-product of harsher sentencing laws, the NSW prisoner population continues to grow exponentially. According to the State Budget papers, the daily average inmate population is projected to rise from 7,983 in 2002-03 to 9,217 in 2005-06, an increase of over 15% in just three years.

With a recidivism rate of over 45% there is a pressing need to provide a substantial increase in post-release programs under the Community Funding Program. The ten non-government organisations funded under the Program provide a range of support services to inmates, former inmates and their families by offering short-term supported accommodation, linking offenders with specialist community services, and supporting families to maintain relationships.

Given the severe shortage of public and affordable housing, an additional \$1m annually should be

earmarked for the provision of supported accommodation services to assist recently released prisoners to re-establish themselves in the community.

There are also a number of non-recurrent post-release projects in priority locations that are funded under the Government's Community Solutions and Crime Prevention Strategy packages. Responsibility and funding for these should be considered for transfer to the Department of Corrective Services as they approach completion.

Results

- Increased supported accommodation places for recently released prisoners.
- Other post-release services to increase in line with inmate numbers.
- Service provision to be expanded in priority geographical areas experiencing a rise in ex-prisoner numbers.

Cost: **\$2.365m recurrent.**

■ Department of Education and Training

■ Youth sector/DET partnerships

Objective

To enhance the capacity of schools and youth services to work together to improve educational outcomes for students at risk.

Actions

- Expand the Links to Learning Programs, and other community based projects, to assist re-integration of more young people at risk into education and/or training programs leading to some form of certification.
- Add appropriate indexation to funded programs for community based services.
- Improve the working relationship between existing youth services and their local schools.
- Support and expand TAFE Youth At Risk Programs.

Evidence

The Links to Learning program has been a successful strategy for re-engaging young people – early school leavers, those at risk of leaving early and those in the post-compulsory years - needing skills development and support to pursue further education, training or employment.

Success stories from the program are well documented in reports published by the Department of Education and Training.³²

As a by-product of harsher sentencing laws, the NSW prisoner population continues to grow exponentially.

According to a report from 2004³³ the program has been successful in engaging high numbers of Aboriginal and Torres Strait Islander young people (17% of participants), and young people from a Language other than English (LOTE) background (26% of participants). In 2003, 75% of participants received a statement of completion, 75% had a Pathways Plan, and 75% of participants with an intention to commence a next step linked to education or accredited training, did so. These are outstanding results given the target group.

Links to Learning Programs are currently underfunded – similar training programs are funded at \$12 per hour compared to the \$9.50 given by DET for these programs. Increased funding to secure professional staff, thereby maintaining quality, and program funds to support student access would increase the capacity of Links to Learning to make a difference. Such funding should be a right for young people aged 15-19 who should otherwise be engaged in education through the school system.

TAFE's Helping Young People at Risk (HYPAR) projects have also been successful. Around 80% of participants go on to further TAFE study, return to school or gain employment.³⁴ However the need to resubmit for project funding on a 6 monthly basis is time consuming and detracts from a capacity to plan ahead and over a sustained period of time. One example of such a program is the KOOL (Koori Outreach Options for Learning) program in Griffith.

The KOOL coordinator points out:

It has been our experience that many of our students have had poor past experiences with learning, and this has led to them leaving school early. Literacy and numeracy issues are often significant and prevent students from working - often they do not have the literacy skills nor the self confidence to even fill out a job application form. A number of our students have had contact with the legal/juvenile justice system. Through KOOL court support and advocacy we have been able to achieve the following:

- Attendance at the KOOL program recognised as Community Service hours;
- Early referrals for youth at risk from the Aboriginal Community Liaison Officer, police and juvenile justice;
- Non-custodial sentences (such as suspended or good behaviour bonds) given if the young person

accepts supervision and attends the KOOL program;

- Support letters and responsible adults attending court with the young person is recognised and the court views KOOL as a support system for the young person.

The KOOL program has assisted a number of young people to avoid custodial sentences - the legal system needs alternatives to custodial sentences. Even better still, prevention through **alternative educational programs**, so young people are engaged and do not end up in the legal system. KOOL and similar models involving case management are a cost efficient alternative to legal proceedings and custodial sentences. It has also been our experience that if young people are engaged and supported they tend to 'stay on track'.

Funding for programs such as KOOL is an ongoing challenge. Every six months we need to search and apply for funding - we need a long term commitment for funding. A model KOOL program costs \$75,000 every 6 months. Even at \$150,000 p.a. it is less than the cost of one young person being in detention for one year. It is even more cost efficient when you consider that there are between 10-15 students in each KOOL program.

NCOSS is concerned that the time-frame for this program is running out (it was a six year initiative beginning 1999-2000) and strongly supports its continuation and enhancement.

Results

- Reduction of number of students at risk.
- Enhanced access to supports outside the school for students at risk of leaving school early.

Cost: \$3.7m additional funding to Links to Learning

(includes increased program costs plus a transport pool and \$219,00 indexation not granted following the May 2005 budget).

\$3m recurrent for TAFE Youth At Risk programs, to become a permanent budget item

English as a Second Language (ESL) and New Arrivals support

Objective

To enable all students from a CALD background to reach their full potential through the acquisition of English fluency.

Actions

- Employment of, at a minimum, an additional 100 English as Second Language teachers.
- The provision of appropriate training, support and access to specialist education and community based services for teachers in NSW schools that are enrolling new arrivals, especially

humanitarian refugees, who lack school experience and language skills.

Evidence

The final report of the Vinson Inquiry³⁵ noted that NSW has a high proportion of students in government schools who come from language backgrounds other than English, and that despite increasing needs of these students, the number of ESL teachers has remained static since 1993 at 876. The inquiry recommended the appointment of an additional 100 ESL teachers.

The recent audit notes that the ratio of ESL teachers to students in need of assistance is growing steadily worse. It is now public knowledge that the Department of Education has sought an increase in funding for ESL teachers over the past two years and been denied by Treasury. NCOSS consultations strongly support the evidence of need outlined by Professor Vinson.

The situation is also critical for newly arrived migrants and refugees. While funding to support newly arrived students is both theoretically and morally a responsibility of the Commonwealth Government, the impact of current under-funding on students and schools cannot be allowed to continue.

In 2004, the ESLNAP (English as a Second Language New Arrivals Program) provided support to 6,173 newly arrived students. However only around 1,900 of these were enrolled in Intensive Education centres – 3,530 were in primary schools and 687 in secondary schools.

Between 2000 and 2005, 92% of humanitarian refugees entering NSW ended up in Western Sydney and of these, around 48% were aged 10-29. A small number of initiatives have been put in place to better support schools in Western Sydney and to assist in networking with other services supporting refugee families. However, moves to more regionalised settlement patterns (such as the settlement of Sudanese humanitarian refugees on the North Coast) mean that some children and young people are not being prepared for entry into mainstream schooling. Some of the schools they are attending are inexperienced in supporting students who not only have little or no English but little experience of school, and serious problems resulting from traumatic experiences in their home countries and refugee camps as well. While the numbers of refugees in this situation are currently low,³⁶ the pattern is likely to persist and unless they are supported, the issues for schools will escalate.

Examples of supports needed in regional areas are intensive English classes, liaison with families (similar to that undertaken by Teachers Aides Ethnic in Intensive English Centres), one on one tutorial assistance, mentoring, cultural sensitivity training for

school staff and capacity to liaise with other community based services.

Results

- All children and young people enrolled in NSW schools are able to participate meaningfully in education programs.
- New arrivals are better supported and able to integrate more easily into classroom environments.

Cost: **\$8.5m for 100 ESL teachers plus**

\$500,000 pool for New Arrivals support to be used as needed to provide extra resources to eligible schools whose students have not accessed Intensive English Centres, either at all, or to a point where they can cope in mainstream classes. [Seek matching funds from the Commonwealth].

■ Student Welfare

Objective

To ensure that schools have the time as well as the resources to address student welfare issues.

Action

Give student welfare teachers, over and above existing entitlements, two days per term face-to-face relief for the planning, coordination and resourcing of student welfare policy implementation and related activities.

Evidence

There are a range of issues confronting students and schools, from homelessness to bullying, from gender issues to racism, from drug and alcohol usage to family breakdown. Teachers frequently and with some justification complain that they are expected to address all of these issues and include them in an already crowded curriculum.

Manuals, websites resources and training are insufficient in themselves to ensure that policies are implemented in ways that can effectively generate change. While the Department of Education has produced some excellent policies and resources for schools, it seldom provides the time for schools to appropriately plan and implement activities to address welfare issues effectively, or to liaise with expert external service providers in their region.

Results

- All schools implement the Department of Education and training welfare policies
- Relationships with relevant, expert service providers established
- Increase in positive behaviour and reduction of reported incidents of negative behaviour including bullying and violence in schools.

Cost: **\$3.6m.**

Since 1999, the number of students with special education needs who attend mainstream schools increased significantly at primary level.

■ Integration and towards inclusion – students with disabilities

Objective

To acknowledge and support the right of children with disabilities to an education that will prepare them to freely participate in society.

Actions

- Adopt a systematic approach to developing policies, practices and infrastructure to support inclusion.
- Equip teaching staff with the skills, knowledge and time to plan appropriately for the inclusion of children with disabilities.
- Fund training and development on inclusion targeting secondary as a priority.
- Fund release from face-to-face teaching and additional consultancy support at the district office level.

Evidence

Since 1999, the number of students with special education needs who attend mainstream schools increased significantly at primary level. Around 68% of students with disabilities are currently educated in the regular class. These changes in class membership are already in evidence in secondary schools where it is anticipated that there will be a commensurate rise in the proportion of students with disabilities in the regular class into the future.

There has been a significant 163% increase of the number of students with special education needs staying on in secondary schools rising from 6,751 in 1996-97 to 17,777 in 2005-06. Between 1996 and 2002, the number of students with special education needs increased by 142% from 17,734 to 43,039.³⁷

Some of this increase is accounted for by an increase in the identification of special education needs in students who were already members of the regular class. These tend to be students with mild disabilities who in the past did not receive any funded support.

The figures clearly identify the need to give some urgent priority to facilitating the integration process in order to achieve inclusion through improved,

planned support at both the whole-of-school and individual teacher levels. This should occur through initial teacher training and school based professional development opportunities (inclusive of parent expertise), particularly for schools in which integration is occurring for the first time.

Recognising budget constraints, priority must be given to inclusion training in secondary schools which are about to receive a significant group of students who have been successfully included in primary school. This should take the form of training and development to enable individual teachers to plan, modify curriculum and improve their skills in teaching mixed ability classes.

In addition, teachers should be supported through four hours relief from face to face teaching to undertake the planning work required to teach a mixed ability class. It is also important to have skilled staff at district office level to support the inclusion of students at school.

Following the process of integration the next step is towards inclusion with its emphasis on rights rather than needs only, which may involve planned restructuring of the whole school.

Results

- Students with disabilities are better supported and have their individual needs met.
- Teachers have time to undertake necessary training and for individual planning.

Cost: \$17.65m

- \$4.45m for training and development for 445 secondary schools.
- \$8m for relief from face to face teaching.
- \$5.2m for additional specialist consultants at District Office Level.

■ Department of Energy, Utilities and Sustainability

■ Expansion of pensioner water rebates to the Central Coast

Objective

To support Central Coast pensioners with their water bills.

Action

That the NSW Government fund fixed water charge rebates to pensioners on the NSW Central Coast.

Evidence

Significant price increases for water have been endorsed by the Independent Pricing and Regulatory

Tribunal for water usage, connection and sewerage. The stated rationale is to fund significant capital investment in water infrastructure for the Central Coast.

The Central Coast is an area characterised by socio-economic disadvantage, with relatively high numbers of people on Centrelink pensions. Higher prices for essential service place further pressure on low-income households.

Eligible pensioners in Sydney, Wollongong and Newcastle receive reasonably generous rebates on the fixed charges of their water bills. Although these are managed by Sydney Water and Hunter Water, the rebates are funded by the NSW Government. The water authority on the Central Coast, owned by Gosford and Wyong Councils, offers comparatively modest rebates to eligible pensioners and these are not funded by the NSW Government.

The NSW Government should fund rebates of a similar scale to Sydney Water and Hunter Water customers to pensioners on the NSW Central Coast.

Results

Better management of water bills.

Cost: \$15m p.a.

■ No-interest loans for energy and water efficient products

Objective

To assist low income households across NSW become more efficient with their energy and water use.

Action

That the NSW Government provide \$1m in 2006-07 to the NSW No Interest Loans (NILS) Network to assist low income households to purchase energy and water efficient white-goods.

Evidence

Households in NSW are facing significant rises in energy prices and water prices. Many low income households have older, less efficient white-goods such as washing machines and hot-water systems that consume more water and energy than newer models. Often, the newer, more efficient models are more expensive and beyond the reach of low-income households. The NSW Government should provide community organisations with funds to offer no-interest loans to for the purchase of water and energy efficient white-goods.

No Interest Loan Schemes (NILS) are a community based program to help low income people buy essential household items or pay various bills. Many low income households get by week to week, but are completely stuck when they need to buy an expensive appliance. No interest loans provide small loans of around \$500 to \$1000 and these

are usually repaid within one year. This allows the funds to be lent out again.

Cost: *\$1m in the first year and \$200,000 p.a. thereafter*

■ Department of Gaming and Racing

■ Registered Clubs Community Development and Support Expenditure Scheme (CDSE)

Objective

To improve the effectiveness of the existing Registered Clubs Community Development and Support Expenditure Scheme and to implement a similar scheme to cover hotels earning major levels of gaming revenue in NSW.

Actions

- Increase the current tax rebate of 1.5% for registered clubs earning over \$1m a year in gaming machine revenue that participate in the Clubs Community Development and Support Expenditure Scheme to 2%.
- Introduce a tax rebate of 2% for hotels with gaming machine revenues above \$1m p.a. that participate in an expanded Clubs and Hotels Community Development and Support Expenditure Scheme.
- Make the expanded Clubs and Hotels Community Development and Support Expenditure mandatory for all clubs and hotels with gaming machine revenue of \$1m or more each year.

Evidence

After six years of operation, the CDSE Scheme now delivers approximately \$44m of gaming machine revenue (duty year 2002) to locally-based human services, sport and recreation services and projects operated by not-for-profit organisations. The Scheme was introduced to facilitate a broad range of community purposes that contributions from the State's wealthiest clubs would be applied to and to enhance the transparency and accountability of such 'grant making'.

In recent years, many hotels have obtained massive revenue growth from their installation of gaming machines, especially, though unfortunately, in lower socio-economic status locations across the State. NCOSS can see no reason why the tax rebate/ local priority setting approach of the CDSE should not be applied to hotels that derive significant gaming machine revenues.

No Interest Loan Schemes (NILS) are a community based program to help low income people buy essential household items or pay various bills.

Given that this scheme is financed through a tax rebate, an increase in the size of the rebate for these community funding purposes would not fiscally disadvantage the clubs or hotels but would give the NSW Government less discretion to use growing gaming machine revenues for other, non local community purposes.

As the NSW Government has agreed to change the Casino Community Benefit Fund (CCBF) to target problem gambling, there will be less money available to organisations for social and community purposes funded from gambling activities. The increase in the rebate and the expansion to hotels will more than compensate for the narrowing of focus of the CCBF.

Results

Increased funding available to local communities to meet social and community needs and improved transparency, accountability and relevance of clubs and hotels in making contributions to community purposes.

Cost: \$10-15m plus the revenue foregone from the hotels tax rebate in 2006-07

- There will be an additional \$10-15m in 2006-07 for the CDSE.
- Unknown level of first time revenue for the CDSE from hotels tax rebate and equivalent NSW Government revenue foregone.

■ Gaming Industry Ombudsman

Objective

To improve consumer protection in the gaming industry.

Action

The NSW Government establish a Gaming Industry Ombudsman.

Evidence

For several years NCOSS has advocated for improved consumer protection and regulatory regimes for gambling in New South Wales because they are crucial to the interests of people affected by gambling.

Both the hotel and club industries have introduced their own measures designed to promote the responsible conduct of gambling activities in NSW. These industry codes of conduct are meant to complement the State Government's own Responsible Gambling legislation and regulations. However, the codes of conduct are not enforceable by law and people with complaints are forced to seek redress through the courts.

Unlike other industries such as banking, insurance, energy and water, there is no provision for an independent monitoring of gaming industry codes of conduct, nor any independent mechanism for consumers to lodge complaints and seek redress. For this reason, NCOSS supports the establishment of a Gaming Industry Ombudsman.

The establishment of a Gaming Industry Ombudsman should be funded by the NSW Government. Ongoing costs should be retained through industry membership fees and complaints handling charges.

Results

Improved consumer protection in the gaming through enforcement of industry codes of conduct.

Cost: *\$1m p.a. to establish a Gaming Industry Ombudsman.*

■ Department of Housing

■ Integrated State Housing Policy

Objective

To develop a single coherent policy framework linking together the various arms of state housing policy and mechanisms to influence housing supply and affordability.

Action

The NSW Government to develop an integrated and comprehensive State Housing Policy, detailing strategies for the expansion of public housing stock, renewal of public housing estates, community housing, indigenous housing, affordable private rental housing, home purchase assistance, accessible housing, homelessness, and associated support needs.

Evidence

Currently NSW lacks a comprehensive and integrated State Housing Policy. There are a range of housing measures in different portfolios but no effort to link them together into a coherent whole. Even within the Department of Housing there are contradictory approaches, with its community regeneration strategy aiming to increase social mix in public housing estates while its Reshaping Public Housing agenda seeks to tighten eligibility even

further, increasing concentrations of disadvantaged people.

The housing challenges facing the State need to be addressed on a whole of government basis, and the Government needs to set clear directions for the future in consultation with relevant stakeholders.

Results

- A more coherent approach to disparate housing issues.
- Identification and resolution of contradictory imperatives, such as to more tightly target assistance but also reduce concentrations of disadvantage.
- Clarification of roles and responsibilities.
- Increased ability to engage with the Commonwealth and the private sector about an agreed medium term direction.

Cost:

Not known

■ Expansion of Social Housing

Objective

Expand the provision of subsidised public, community and indigenous housing to address current and future demand, and place the Department of Housing's rental operations on a more sustainable financial basis.

Action

Ensure an annual net increase of social housing stock of 3,000 dwellings in 2006-07 and subsequent years (at a cost of \$420 million). Offset the cost of public housing rebates through payment to DOH of a community service obligation contribution from the Government, which reflects the difference between the Department's costs and its rental income (approx. \$500 million annually, less previously announced working capital contribution).

Evidence

Expansion of public housing stock has slowed as the number of households in housing (financial) stress continues to increase. In 2005-06 the state's public housing stock will show no growth, with sales and demolitions cancelling out projected completions and additional leased stock. If projected stock transfers to community housing are taken into account, the number of public housing dwellings will actually fall.³⁸

Increased targeting of public housing eligibility means that 88% of all tenants are now eligible for a rebated rent, generally set at 25% of their assessed income. This has negatively impacted on the Department of Housing's rental income, and thus on the ongoing viability of the system.

Analysis by AHURI shows that public housing in NSW had a deficit per dwelling of \$530 in 2000-01, compared to a surplus of \$1,255 a decade

earlier.³⁹ Similar trends have been observed in other states and territories.

The NSW Government's response, in the form of its Reshaping Public Housing package of April 2005, has been to impose additional charges on current tenants, in the form of a water usage charge, higher rebated rent for so-called moderate income tenants, increased claw-back of family payments and more frequent adjustment of market rents. The package includes the introduction of fixed-term tenancies for new public housing tenants. NCOSS has strongly criticised that package, pointing out its financial impact on disadvantaged tenants, creation of additional poverty traps and further concentration of disadvantaged people on public housing estates. We are not convinced that it delivers the promised financial sustainability to the system. We welcomed, however, the Government's 2005-06 Budget decision to contribute an additional \$190m over four years to the Department of Housing's working capital requirements.

It would be far preferable if the difference between the Department of Housing's rebated rents and market rents was recognised as a community service obligation, and was separately funded by the NSW Government. If this happened, the Department of Housing would operate at a healthy surplus.⁴⁰

Results

- Substantially increased annual rate of growth in social housing stock.
- Reduced need for sale of social housing stock as a means of overcoming Housing's chronic financial deficits.

Cost: \$900m recurrent.

■ Expansion of Affordable Private Rental Housing

See Department of Planning section.

■ Housing and Accommodation Support Initiative Program (HASI)

See NSW Health section.

■ Department of Planning

■ Expansion of Affordable Private Rental Housing

Objective

Secure an alternative source of capital investment in affordable housing, to complement other recommended housing measures.

Expansion of public housing stock has slowed as the number of households in housing (financial) stress continues to increase.

Action

Extend the mandatory developer levies for affordable housing to Growth Centres Commission new release areas and infill redevelopment corridors and precincts under the Metropolitan Strategy. Approve the imposition of developer levies for affordable housing in other circumstances on application by the relevant Council, where justified by a publicly exhibited Affordable Housing Strategy.

Evidence

The availability of affordable private rental housing is a major challenge facing the State. It is a key issue for the State Government's Metropolitan Strategy.

NCOSS has consistently argued that 20% of Sydney's additional housing stock over the next 30 years needs to be affordable housing. Otherwise low to modest income earners and social security recipients face being priced out of the Sydney housing market.

While developer levies should not be the sole source of additional affordable housing, they have an important role to play. State Environmental Planning Policy 70 (Affordable Housing) allows for levies to be imposed in areas approved by the Minister for Planning. Currently such approval is restricted to Ultimo-Pyrmont, Green Square and Willoughby local government area.

There is a strong case for affordable housing provisions to be extended to redevelopment and new release areas under the Metropolitan Strategy. Land values in these locations will increase substantially in value as a result of government planning decisions and public sector infrastructure investment. There is a strong case for capturing some of this increase for the public good in the form of affordable housing.

Developer levies for affordable housing should also be available in other locations where this is requested by the local council, following the public exhibition of an affordable housing strategy.

It should be a requirement that all affordable housing stock acquired through such developer levies should be managed by a registered provider of community housing.

Results

- Contribute to the achievement of overall target of 20% of new housing to be affordable housing.
- Additional housing stock made available to the community housing sector to assist those ineligible for public housing, including low wage earners.
- Greater social mix ensured in new housing estates and gentrifying redevelopment areas.
- Capture for public benefit a proportion of the windfall gains made by private developers as a result of public sector planning changes and infrastructure investments.

Cost:

nil

■ Sustainable Transport Development Projects

Objectives

Sustain and enhance community-based transport development services for growth areas in NSW.

Actions

Provide \$580,000 recurrent funding to establish four Sustainable Transport Development projects in 2006-07.

Evidence

The Department of Planning Infrastructure and Natural Resources coordinated a number of projects/ programs supporting sustainable transport development, including the Coastline Cycleways Grants Program, the Country Passenger Transport Infrastructure Grants Scheme, and the Transport Population Data Centre. NCOSS understands that the transport planning elements within the old DIPNR will be retained within the Department of Planning.

Another useful initiative is the TravelSmart program, which is a joint State and Federal pilot that aims to provide intensive public transport promotion to local communities to encourage positive changes in travel behaviour. Evaluation of this program in NSW is not yet complete, though it has proved very successful in increasing utilisation of public transport in other jurisdictions. NCOSS is pleased that TravelSmart has been incorporated into aspects of the Sydney Metropolitan Strategy, and there have been indications that it will be used to promote public transport services in new growth areas in Sydney.

NCOSS believes there are opportunities to promote sustainable transport planning and development in growth areas across NSW through local non-government organisations. The NSW Government currently provides full or partial funding for a number of NGO based transport development workers in South East and Western Sydney, Cessnock and the Northern Rivers. These

officers have proved successful in identifying transport needs, promoting local transport services, encouraging walking and cycling, and working with local communities to develop innovative solutions to transport problems. These workers also have worked actively with local and state governments to promote long term sustainability goals in transport planning and development, and provide and complementary function to other workers, such as the Ministry of Transport Regional Coordinators.

NCOSS recommends that the Department of Planning look at expanding the network of NGO based transport development workers in order to promote sustainable transport outcomes. Ideally these positions should be targeted to growth areas such as the Central Coast and Mid North Coast. NCOSS also recommends that two of the positions be targeted to work with Aboriginal communities experiencing transport disadvantage.

Results

- Improved location-based planning processes; better identification of transport needs in community.
- Closer stakeholder collaboration to ensure improved transport outcomes.
- Improvements in the availability of services for disadvantaged communities, including Aboriginal communities.
- Ongoing policy development on Statewide issues relating to transport disadvantage.

Cost:

\$580,000 in 2006-07

■ Department of Tourism, Sport and Recreation

■ Sport and Recreation Transport Coordination

Objective

Promote access to sport and recreation for young people in rural and regional NSW.

Action

Provide \$200,000 in 2006-07 for a coordination and brokerage pilot project in Far West NSW.

Evidence

Low income young people and families routinely experience difficulties participating in local sporting events because of barriers accessing transport. NCOSS regional consultations have consistently highlighted that transport to sporting and recreational events is a significant issue for many young people across rural and regional NSW. This situation is exacerbated where households do not

have access to a motor vehicle. Transport between regional areas to attend competition events can also be a significant problem: for example, recent NCOSS rural and regional consultations in Coonamble demonstrated that transport was a key barrier to the participation of Aboriginal young people in sporting events in neighbouring towns.

The Department of Tourism, Sport and Recreation currently provides support for travel costs through schemes such as the Country Athletes Scheme and the Far West Travel Scheme. These initiatives are welcome, but are limited to targeted individuals and teams, rather than aimed at promoting sporting participation at a community wide level. The Ministry of Transport has made some progress towards facilitating transport to sporting and recreational destinations - for example a pilot bus route is currently being developed in the Wentworth region of South West NSW – but many projects will require an ongoing commitment of funding from the NSW Government across agencies to ensure that services are sustainable and affordable.

NCOSS recommends that the Department of Tourism, Sport and Recreation fund a two year mobility coordination / brokerage pilot in Far West NSW. The project should include at least \$80,000 in project funds to broker new services. Mobility management and brokerage models have been used across NSW to address situations of transport disadvantage, and involve coordination and purchase of existing spare capacity of bus, taxi, community and courtesy vehicles to meet community transport needs. NCOSS recommends that the pilot works closely with the Ministry of Transport regional Coordinators and human service agencies to share resources and develop sustainable services that are able to meet a range of community needs, such as transport to employment and services.

Outcomes

- Improved connectivity of young people to local and cross regional sporting events.
- Greater participation of community members in sporting and recreational activities.

Cost: **\$200,000 in 2006-07**
(\$400,000 over 2 years)

■ Legal Aid Commission

■ Community Legal Centres

Objective

To improve access to justice by improving the capacity of community legal centres to provide legal advice, information and education to ordinary people.

NCOSS regional consultations have consistently highlighted that transport to sporting and recreational events is a significant issue for many young people across rural and regional NSW.

Action

That the NSW Government increases the Budget for the Community Legal Services Funding Program from \$3.62m to \$8.65m recurrent.

Evidence

Eighteen generalist and thirteen specialist Community Legal Centres (CLCs) receive funding under the NSW and/or Commonwealth Community Legal Services Program (CLSP).

In August 2004 a joint Commonwealth/State Review of the NSW Community Legal Services Funding Program commenced, with the assistance of the consultancy firm Westwood Spice. The terms of reference of the Review include the identification of funding distribution models which ensure CLCs are equitably located in areas of highest need throughout NSW; identification of core services and eligibility criteria; and enhancement of corporate governance and of the role of volunteers. NCOSS is represented on the Steering Committee for the Review and made a formal submission to it in October 2004.

At the time of writing the Review had not been completed and recommendations about priorities for funding from the NSW Government in 2006-07 had not been finalised.

Pending the finalisation of such recommendations, NCOSS supports the provision of additional funding to bring all CLCs up to an agreed core funding formula, with the equivalent of five full-time positions. In addition we support funding for a total of four Access Workers to improve two-way links between CLCs and Aboriginal communities. Funding is also sought for a pilot program to extend interpreting assistance to clients from non-English speaking background in situations where fee-free face to face interpreters cannot be obtained from other sources, such as DIMIA's Translating and Interpreter Service (TIS).

Results

- Increased capacity to provide legal advice, information and education to ordinary people across the State.
- Improved access to community legal services for people of Aboriginal background.

- Increased capacity to help clients from non-English speaking backgrounds.

Cost: *\$5.03 m recurrent*

■ Legal aid

Objective

To improve access to justice by extending the provision of legal services after hours and in specified regional areas.

Action

To increase legal aid funding from \$140.6m to \$142.6m to expand services in priority areas identified by the Commission.

Evidence

In 2003-04 the Legal Aid Commission (LAC) provided more than 350,000 client services, including representation, duty appearances, legal advice, information services and community education. These services were provided by a mixture of LAC staff and private lawyers.

In its 2003-04 Annual Report, the Commission identified three areas in which it wishes to improve its services to economically and socially disadvantaged groups.⁴¹

The first is to extend its Under 18s Hotline into a 24 hour a day, 7 day a week, service. In 2003-04 the Hotline provided advice to almost 6,000 young people, the majority of whom were in police custody at the time of the call.

The second area is to improve the level of service to people appearing before State-wide weekend bail courts.

Its final priority is to expand the provision of in-house assistance on family law matters in Walgett and Broken Hill.

Results

- Increased availability of advice outside office hours to young people in police custody.
- Increased assistance to clients appearing before weekend bail courts.
- Extending assistance in family law matters in isolated parts of the State.

Cost: *\$2m recurrent*

■ Ministry of Transport

■ Community Kilometres

Objective

Create additional community transport services through new contracting powers associated with bus services reforms.

Action

Provide \$5m recurrent funding in 2006-07 for Community Kilometres projects in metropolitan areas.

Evidence

NCOSS supports the recommendation of the 2002 Final Report of the Ministerial Inquiry into Sustainable Transport in NSW (Parry Report) to provide payments to transport operators for actual school travel under the School Student Transport Subsidy Scheme (SSTS), rather than fund operators based upon the number of school passes issued. There were potentially large savings involved with paying operators on actual usage of school passes: the usage rates recorded in the School Subsidy Transport Scheme Pass Usage Rate Survey conducted by the Ministry of Transport in 2003-04 indicate that operators were likely to have been overpaid close to \$100m per annum.⁴² Unfortunately, because of the viability concerns associated with the industry, the Government has backed away from making payments on actual usage, opting instead for a new contracting regime that will include an increased responsiveness to more of the community.

The NSW Government has proposed a 'community kilometres' concept, that will enable government to broker bus and driver hours at minimal cost from a local bus operator. This proposal is useful and will assist to meet a range of transport needs that are currently not being addressed by existing funding programs (for example recent consultations in rural and regional NSW reveal that people who need to travel to TAFE and other educational institutions face severe barriers accessing transport).

Though this creates a very useful opportunity for new services, the future potential to address transport disadvantage rests on a commitment by government to provide funding to meet costs for these new community transport services, and develop an effective process for community members to use community kilometres to meet local needs. This would not only allow input into the delivery of new local bus services, but create opportunities where appropriate for local NGOs, including community transport operators who can deliver flexible community focused services in local areas.

NCOSS recommends that \$5m be made available for metropolitan community kilometres projects in 2006-07 and a further \$10m be allocated to the program when outer metropolitan and rural and regional bus contracts are renegotiated.

Outcomes

- Better accountability and cost effectiveness for delivery of local services.
- Additional resources to address transport disadvantage.

Cost: **\$5m in 2006-07 and additional \$10m in 2007-08**

■ Transport Innovations Fund

Objective

Re-establish a seed fund for transport demonstration projects in NSW.

Action

Provide \$2m in 2006-07 for transport demonstration projects.

Evidence

In 1998 the NSW Government provided funding to local and community groups through the then NSW Ageing and Disability Department to fund Transport demonstration projects. The aims of the projects were to encourage the development of existing public transport services and encourage the development of services in new areas. At the time a mere \$1m investment from government enabled 24 projects to be funded across NSW, and allowed organisations to test different methods for responding to transport disadvantage. Apart from enabling government to assess at relatively minor cost the effectiveness of new solutions to transport problems, the projects also demonstrated a capacity for many innovations to become self sustaining after the initial injection of seed funding. The NSW Government evaluation of the program observed that the “projects showed that an effective program of public transport services could be developed.”⁴³

NCOSS believes that the current reform processes for bus and taxi services create a new opportunity for a transport innovations fund to enable effective new solutions to transport disadvantage in local areas. In particular, if funded through the Ministry of Transport, the fund will enable community and local organisations to test innovative responses to needs that fall outside of traditional sources of transport program funding, such as the needs of young people.

Because of the high levels of demand for health related transport, it is difficult for operators to prioritise transport to other important destinations.

Outcomes

Enable government, transport operators and local and community organisations to trial innovative solutions to transport disadvantage in local areas.

Cost: **\$2m in 2006-07**

■ Community Transport Program

Objective

Improve the capacity of community transport operators to provide services to a range of people experiencing transport disadvantage.

Action

Increase funding by \$2.8m to the Community Transport Program.

Evidence

NGO community transport operators face a number of pressures that limit their ability to respond to community need. Because of the high levels of demand for health related transport, it is difficult for operators to prioritise transport to other important destinations. Funding tied to particular program areas compromises the ability of operators to respond flexibly to differing community needs.

There are 134 Community Transport Providers funded under the Community Transport Program, which aims to address transport needs at the local level for a broad range of people who experience transport disadvantage. Transport disadvantage is defined by a number of factors including mobility, isolation and age and directly compounds social exclusion. As the program has a relatively broad focus, the program has the capacity to assist those that most need the services but are not eligible for other forms of support, such as the HACC program (HACC funding for community transport has eligibility criteria that restricts services to older people, people with disability and carers living in the community). The need to address transport disadvantage experienced by young people and Aboriginal households has been consistently identified as a priority by rural and regional groups.

In 2003 NCOSS released a report on the transport needs of people residing in nursing homes and hostels (*On the Road, Again: The Transport Needs of People in Residential Aged Care*). The report found that many people living in hostels and nursing homes experienced severe problems accessing transport to get to important destinations. Poor availability of transport was in part due to the lack of resources for many community transport operators to respond to these needs. Enhancement of the Community Transport Program was a clear recommendation of this report.

The Community Transport Program received an allocation of \$2.8m in 2005-06, with only 3% growth applied to this program in comparison to the 2004-05 allocations. Enhancement of this program would assist to expand the range of services provided by NGO community transport services and improve the capacity of this sector to respond to diverse community needs outside of traditional program areas such as HACC. NCOSS recommends a doubling of the program to \$5.6m in 2006-07. Administrative changes to increase the transparency of the program would also help to improve the accessibility of this funding source for a range of transport services.

Results

- Increase the availability of community transport services to a greater number of people experiencing transport disadvantage.
- Improve the capacity of NGO community Transport operators to respond to need.

Cost: \$2.77m in 2005-06

■ Transport Coordination and Monitoring

Objectives

Create a regional transport coordination and monitoring capacity in the Sydney Metropolitan area.

Actions

Employ an additional four Regional Coordinators, Community Transport, in the Sydney metropolitan area.

Evidence

In June 2004, the Ministry of Transport met the recommendations of both the Ministerial Inquiry into Sustainable Transport in NSW and the Review of Bus Services in NSW to employ a network of Regional Coordinators, Community Transport, in regional NSW including Newcastle and Wollongong. These officers are responsible for addressing local service fragmentation and planning issues through the coordination, contract management, monitoring and procurement of services in regional areas. The positions are also invaluable because of their explicit

aim to address transport disadvantage. In its regional consultations NCOSS has encountered a number of examples where coordination and integration of services could lead to positive transport outcomes in local communities.

Unfortunately the NSW Government has not employed regional coordinators in the Sydney metropolitan area. Sydney has a complicated mix of private, public and community transport services, with many areas of identifiable social disadvantage and isolation from transport services.

The NSW Government has recently made a welcome commitment to fund two metropolitan positions, although given the size of the task it will be difficult for these positions to provide adequate coverage of Sydney. NCOSS recommends that the NSW Government employs an additional six positions, tied to the six Sydney sub-regional areas identified by the Department of Infrastructure, Planning and Natural Resources as part of the Metropolitan Strategy planning process. NCOSS recommends that MoT looks at employing coordinators in areas near Sydney, such as the Blue Mountains and Wollondilly that are presently not covered.

Employment of Regional Coordinators in metropolitan Sydney was a recommendation of the Review of Bus Services in NSW, and has received in principle support from the NSW Government.

Results

Better coordination, monitoring and cooperative planning processes for transport services in the Sydney Metropolitan area.

Cost: \$845,000 in 2006-07

■ Accessible Transport

Objective

Improve the accessibility of public and privately operated public transport in NSW.

Actions

- Provide \$5m upfront investment to accelerate accessible upgrade of rural and regional bus fleet.
- Accelerate rail station upgrades.

Evidence

► *Accessible Buses*

Improving the accessibility of bus services in rural and regional NSW necessarily involves long term planning to facilitate the progressive replacement of inaccessible vehicles, which are still in operation. Whilst low floor, wheelchair accessible buses are currently being acquired by Government operated services, the majority of privately operated buses remain inaccessible to people with disability who use a mobility aid, with perhaps as few as 20% of services

being wheelchair accessible. The Ministry of Transport is currently renegotiating bus contracts across NSW, with a commitment to ensuring that development of Accessible Transport Action Plans will be a requirement.

NCOSS argues that a systemic approach is required to improve the accessibility of bus transport services across the State, involving improved regulation to ensure the purchase of more accessible bus fleets by privately operated public transport operators in rural and regional NSW.

► Accessible Rail Stations

The NSW Government has a program for upgrading rail stations within the CityRail network. Successful upgrades of station and surrounding access points can significantly improve the accessibility of rail services to a range of people including wheelchair users, older people, people with strollers and prams, and people with vision impairment.

Unfortunately due to the costs of upgrading station facilities progress has been relatively slow, with some high volume stations not yet upgraded (such as Redfern) and many stations within the network unlikely to be upgraded within the next decade.

NCOSS has made recommendations in this submission relating to the Parking Space Levy (PSL), that if implemented would lead to increased revenue for the development of infrastructure to encourage public transport usage. NCOSS believes that funds from the PSL have not always been appropriately used. During the 2004-05 and 2005-06 NSW State Budget rounds, the NSW Government allocated \$20m and \$25.9m respectively from the Public Transport Facilities Fund for bus stations on the North West Transitway, and investment which NCOSS believes should have occurred through a capital allocation for the Transitway. This unorthodox use of the fund has limited its capacity to respond to other accessibility concerns in the system.

Revenue from the PSL would more effectively be used to accelerate the rail station upgrade program. NCOSS recommends that funds generated through any future expansion of the PSL be prioritised towards additional rail station upgrades.

Results

- Existing services more accessible to the broader community.
- Increased revenue for transport operators through increased patronage on services.

Cost: **\$5m in 2006-07 for bus upgrade acceleration**

Rail station upgrades funded through existing levy.

... many Aboriginal and Torres Strait Islander people face geographic isolation from services, and are unable to take advantage of existing services because they are not culturally appropriate.

■ Transport Services for Aboriginal Communities

Objective

Improve the availability and appropriateness of transport services for Aboriginal communities in NSW.

Action

Commit \$1m in 2006-07 to fund Aboriginal Regional Coordinators and local community based development workers, prioritising areas of need.

Evidence

Isolation from transport services and infrastructure is a defining characteristic for many Aboriginal communities. Because of a long history of social exclusion, many Aboriginal and Torres Strait Islander people face geographic isolation from services, and are unable to take advantage of existing services because they are not culturally appropriate. Poor consultation often reinforces this situation, with Aboriginal people often locked out of planning processes for transport services.

There are a number of key issues that impact upon the ability of Aboriginal people to access transport services, including physical isolation from public transport routes; lack of flexibility in existing services; discrimination and poor coordination of services.

NCOSS believes that many improvements to services are possible given the transport reform environment in NSW. The Ministry of Transport employed a State-wide Aboriginal Transport project officer in 2005, which was a very positive step towards addressing current issues. Future commitments to fund both Aboriginal Regional Coordinators, Community Transport, and local NGO based development workers are necessary steps to alleviating current levels of disadvantage and will help to develop local processes to identify needs and involve communities – NCOSS believes this is crucial if there are to be improvements in this area. (See also a transport related recommendation in “Community Care and Disability Support for Aboriginal People”, in the section relating to the Department of Ageing Disability and Home Care.)

Results

- Improve appropriateness of existing services for Aboriginal and Torres Strait Islander communities.
- New services that reduce the social isolation of transport disadvantaged Aboriginal communities.

Cost: *\$1m in 2006-07*

■ Public Transport Concessions

Objective

Target transport concessions to provide reduced fares for low income passengers.

Action

Expand Pensioner Excursion Ticket to all Health Care Card Holders who use bus, rail or ferry services.

Evidence

Concession fares are an important mechanism to reduce transport costs for low income people. In principle a concession should reflect capacity to pay, and offer a cost reduction to lower income passengers. Unfortunately in NSW many concession fares are poorly targeted, and are not available to a number of low income passengers.

A notable low income group that does not have entitlement to a concession fare are people who work part-time for low remuneration. Often these workers need to use public transport to attend their place of employment, but due to low hours worked or low wages face disproportionately high fare costs. Aboriginal people employed through Community Development Employment Projects (CDEP) are another group who currently are not entitled to a concession, despite receiving an income level that is only marginally higher than a basic NewStart allowance.

The Ministry for Transport is currently reviewing its transport concession policy. NCOSS recommends that the Pensioner Excursion Ticket (PET) be made available to all health care card holders (bringing NSW into line with transport systems in other jurisdictions such as Melbourne and Perth). The NSW Government made a commitment in 2003 to harmonise concession fares on bus services, and extend PET to greater metropolitan Sydney and some country areas.

NCOSS is aware that this proposal will generate a significant additional cost for the NSW Government in concession payments to transport operators. An option is to reform the current transport concession system that effectively treats concession travel as a cost to government rather than a patronage and revenue generator.

Transport operators are traditionally reimbursed up to the level of full fares to cover the cost of

concession travel. This creates a distortion in the perceived costs of transporting concession fare passengers. While expanding concession eligibility will lead to some reduction in revenue from existing passengers, there will be arguably induced demand and increased revenue services, as people are incentivised to travel (or shift modes) in response to more affordable services.⁴⁴

Recent reforms to funding for bus services will see fare box revenue wholly returned to government. This creates an opportunity for the government to examine the real costs of concession travel taking into account additional revenue generated by income proportionate fares, and efficiencies created by better utilisation of existing services.

Outcomes

- Reduce transport disadvantage experienced by low income people.
- Improve equity in availability of concession fares.
- Increase patronage on services.

Cost: *Variable*

■ Taxi Transport Subsidy Scheme

Objectives

Ensure affordability of taxi travel for people with disability who cannot access public transport.

Actions

Provide an additional allocation to the Taxi Transport Subsidy Scheme to enable:

- An increase in the subsidy limit to 75% of the metered fare.
- Variation of the upper limit of the subsidised fare to reflect typical distances covered by users in different regions.
- Annual CPI indexation of upper subsidy limit.

Evidence

Many people who experience transport disadvantage must make use of taxi transport to get to important destinations.

Some relief for the potentially high costs associated with the use of taxis is available through the Taxi Transport Subsidy Scheme. Yet despite the 50% subsidy offered through this scheme, transport costs incurred can still be very high, particularly where frequent travel (for example to place of employment, or to medical appointments) is required. This particularly affects M50 registered taxi users, who are not able to transfer from a wheelchair in order to travel in an unmodified vehicle, and therefore are restricted to using accessible vehicles. In spite of the subsidy, some wheelchair users can spend up to \$300 a week meeting the costs of taxi transport. A 75% subsidy would help alleviate some of the high costs of transport for some of these users.

There is a present upper limit placed on the available subsidy of \$30. Since the scheme began in 1984 the limit has only changed once (in 2001 from \$25 to \$30) despite evidence from the Independent Pricing and Regulatory Tribunal that taxi fares in NSW are over 20% higher than they were in 1999. A reasonable step would be annual indexation of the subsidy limit. In its 2004 submission to the Taxi Transport Subsidy Review, NCOSS also suggested varying the subsidy limit to ensure that it reflects the typically longer distances some users travel (for example people in Western Sydney and in rural and regional NSW). The Ministry of Transport has recently completed a trial of a smart card, which if implemented could reduce fraud and minimise administrative costs. Savings derived from the implementation of "Smart Card" payment and monitoring systems could be used to offset the costs of increases to the subsidy limit for TTTS users.

Results

- Enhance transport options for people who experience transport disadvantage in NSW.
- Reduce costs for people who make use of taxis as the only viable form of transport to get to important destinations.

Cost: **\$8.5m p.a.**

■ Taxi Off-Peak Rate Seed Grant

Objective

Promote more affordable taxi services for low income taxi users.

Action

Allocate \$250,000 in 2006-07 to trial off-peak day rate taxi services.

Evidence

Information from the Transport and Population Data Centre indicates that on an average day in Greater Metropolitan Sydney at least 14% of taxi users receive an income less than \$10,400, while approximately 22% of taxi users earn less than \$20,800. NCOSS estimates that the proportion of low income taxi users in NSW to be in the order of 15-20% of total users (that is between 15 and 20 million trips per year). Only between 5-9% of low income taxi users in NSW receive a concession fare through the Taxi Transport Subsidy Scheme.⁴⁵

There are a number of domestic and international examples of concessional rate taxi services that operate in off peak periods. Some of these have been trialled by the Ministry of Transport, with information available through the Ministry of Transport Country Transport Resource Kit. Developing such services can effectively benefit both consumers and providers.

In spite of the subsidy, some wheelchair users can spend up to \$300 a week meeting the costs of taxi transport.

NCOSS has recently recommended that the NSW Government explore a trial of a 25% discount off peak meter rate, that would operate between 10am and 3pm on weekdays. NCOSS believes this proposal will ultimately not cost operators anything; taxi operators will benefit by earning additional income from the use of under-utilised assets during off-peak periods, while low income users are able to benefit from more affordable services. NCOSS recommends that the NSW Government invest \$250,000 seed funding to work with the taxi industry and community stakeholders to establish and promote a trial of an off-peak day rate within both metro and country areas of NSW.

Results

- Increased affordability of transport options for low income users.
- Better utilisation of taxi resources during off peak periods.
- Increased capacity of other transport operators, such as community transport, to respond to other community needs.

Cost: **\$250,000 in 2006-07**

■ NSW Health

■ Aboriginal Health

Objective

To improve the health of Aboriginal men and women across NSW through targeted health services.

Action

1. NSW Health to fund Women's Health Clinics in Aboriginal Community Controlled Health Services.
2. NSW Health to fund Aboriginal Men's Health Clinics in Aboriginal Community Controlled Health Services.

Evidence

The crisis in Aboriginal health is literally a life and death issue affecting every aspect of Aboriginal lives

and communities. This crisis can be solved if the Government shows the political will to act on strategies and to develop a genuine partnership approach that will enable Aboriginal people and communities to take responsibility for the solutions.⁴⁶ However fixing Aboriginal health issues involves more than making minor changes to service delivery. As was commented during a recent consultation in Lismore, “NSW Health gets a lot of money for Aboriginal health – where does it go? If Aboriginal people get grants they have to justify spending – not so with government.”

The Indigenous Health Rights Statement⁴⁷ affirms:

The health of Aboriginal people in Australia is the worst in the developed world. Aboriginal infants die at nearly three times the rate of other Australians and their lives, on average, will be twenty years shorter. They will also be more likely to suffer chronic disease. ... Australia must acknowledge that the crisis began with colonisation and dispossession and became endemic when social and economic disadvantaged became entrenched.... It follows that measures to improve the health of Indigenous Australians must include the application of principles of self-determination.

The right to self-determination and control over their own services, and lives, was also highlighted as a major issue during recent consultations held by NCOSS.

Aboriginal people experience many barriers to accessing main stream health services. Aboriginal Community Controlled Health Services have therefore proved to be a critical element, having delivered 1.34 million instances of primary health care nationally in 2001-02.⁴⁸ Development of and strengthening of this sector is needed to further improve outcomes and this can be done by funding both women’s and men’s health services.

NSW Health documents show that a ‘gendered approach’ to health is not a new idea and it is becoming more apparent that gender is a key determinant of health in Australia.⁴⁹ The interaction between gender and health has been well recognised and has proved very useful with respect to women’s health; this is becoming increasingly evident with men’s health as well. A NSW Health Report on Aboriginal Perinatal Health⁵⁰ states:

“Funding for specific programs targeting Aboriginal women has historically been provided in an ‘ad hoc’ and inconsistent fashion. As a result, Aboriginal maternal health did not receive the necessary focused attention required to increase Aboriginal women’s access to services and to develop initiatives to improve the health of Aboriginal women in the long-term.”

In the Northern Territory the Gapuwiyak and Darwin’s men’s health clinics clearly demonstrate that separate strategies for men’s health and women’s health can be highly effective. In Darwin, the men’s clinic was not located at the main centre

but in a house a couple of blocks away. It appeared that Aboriginal men were more at ease with the concept of separate clinics and were more likely to consult a male doctor for a specific problem and return for follow-up.

Results

- Improved mental and physical health and well-being outcomes for Aboriginal men and women.
- A decrease in the impact of family violence on Aboriginal women, men, children and communities.
- Improved community cohesion.
- Better health outcomes for Aboriginal communities and individuals.
- Bringing Aboriginal health outcomes in line with health outcomes for the general community.
- Increased life expectancy for Aboriginal men and women due to improved health, coming in line with general non-Aboriginal life expectancies.
- A strong, active women’s and men’s health program that encompasses a whole person approach and also takes into account historical factors that might impact on the physical and mental well-being of the individual.

Cost: \$11.6m recurrent to run 16 women’s health clinics and 16 men’s health clinics

■ Carers

Objective

To improve the availability and adequacy of support for carers in NSW, thereby enhancing their overall health and reducing their inherent risk factors.

Action

Increase funding to the NSW Carers Program from \$5.1m to \$15.3m recurrent.

Evidence

There are between 750,000 and one million relatives and friends who provide unpaid care in NSW. These carers provide support to people with disabilities, mental illness/disorder, chronic condition or who are frail aged. The Australian Institute of Health and Welfare estimates that the unpaid care of family and friends (often referred to as “informal” care) saves Australia almost \$20 billion annually. It is estimated that at least 74% of available support to people needing care is provided by this ‘informal’ care network.

The provision of care and support for carers can improve their emotional and physical well-being. International research has shown that carers are likely to have a poorer immune system function, increased susceptibility to cardiovascular disease, slow wound healing time, increased evidence of degenerative diseases such as arthritis and have a

higher use of health care services. Caring has been shown to be an independent risk factor for mortality.

The growth in demand for care is likely to intensify in light of the demographic challenges of an ageing population. Carers need to be better supported. There is increasing evidence both nationally and internationally of the human and economic benefits of supporting carers.

The NSW Carers Program, a program within the Department of Health, is the only carer specific program in NSW. It is designed to meet the needs of carers through carer education, counselling and emotional support, training of service providers and other support mechanisms. In 2003, the NSW Government announced funding for this Program to an annual amount of \$5.1m for four years. While NCOSS welcomed this allocation, it must be recognised that, given the number of carers in NSW, there is very little support to carers through this program. The present funding equates to approximately \$5 per carer per year if support was offered to each carer or around \$25 per primary carer (people with the major responsibility for care). Given the billion-dollar contribution made by carers to the availability of support for people in NSW, additional expenditure in this important area is not only justifiable but necessary. Given the enormous savings to Government and the inevitable escalation in the number of carers in NSW, NSW Health must substantially increase investment in support for carers to both maintain and enhance the caring relationship and to provide necessary support and protections to carers themselves.

The NSW Carers Program could be enhanced with additional funds and better targeting to suit the needs of different geographic regions and demographic groups, with the goal of enhancing the choices and opportunities available to all carers. NCOSS supports the Carers NSW recommendation that funding for this program be substantially increased.

Results

- Long term human and economic savings.
- Improved support, opportunities and choices for carers in NSW.
- More preventative measures available to support carers in their caring role.

Cost: \$10.2 million p.a.

■ Discharge Planning

Objective

To expand the current Discharge Planning program, ComPacks, and implement it across all hospitals in NSW over the next three years.

The Australian Institute of Health and Welfare estimates that the unpaid care of family and friends (often referred to as “informal” care) saves Australia almost \$20 billion annually.

Actions

- Expand the current discharge planning, ComPacks, across all public hospitals within NSW, incrementally over the next three years.
- Monitor the ComPacks for its effectiveness, especially in regards to providing case management that is appropriate to people from CALD backgrounds and Aboriginal people.
- Address service gaps identified through this review by funding and resourcing the development of new services or expanding existing services.
- Commence case management while the person is in the hospital, before discharge, not once the person is actually discharged.
- Identify the funding only for out-of-hospital care and attach it to the individual for brokering services.

Evidence

The NSW Health ComPacks program is a strategy that involves community case management for hospital inpatients with multiple needs. The aim is to rapidly assemble an individualised community care package of brokered support services designed to meet each patient’s assessed clinical and support needs for a limited period after they are discharged from hospital. Community case management reduces the impact on other community and health services, including acute care.

ComPacks is a joint hospital discharge process involving multidisciplinary health teams and non-Health community care case managers (i.e. Community Options Projects) where the patient requires two or more services to remain safely at home. ComPacks is designed to maximise independence, capacity and preferences of the client and to improve access to sustainable community services.

In addition to case management, ComPacks delivers brokered in-home services such as community nursing, personal care, housekeeping, meals and transport. If necessary, the case manager can negotiate longer-term support from existing community care services.

According to an evaluation of the ComPacks trial, ComPacks has been outstandingly successful for both patient outcomes and hospital discharge practices. The evaluation showed that, for people who averaged 21 days in hospital, there was a reduction of 8.9 bed days for those on ComPacks compared to those without ComPacks.

ComPacks has shown an improvement in referral to community care services on discharge from 24% to 82%; access to and establishment of community care services improved through ComPacks from 20% to 58% and the incidence of people declining appropriate community care support reduced from 19.6% to 5% under ComPacks case management support.

In the analysis of people with multiple needs who are discharged without ComPacks, an average of 48.25% did not have appropriate service supports in place when they left hospital. Using ComPacks, only 2% of the needs of similar people were not addressed, thereby ‘substantially improving the safety of the immediate 48 hours after discharge for high risk patients.’

The Evaluation findings identified important cost benefits to both hospitals and the health system in implementing ComPacks. ComPacks costs on average \$30 per person per day compared to \$350 per day in an acute hospital situation. Any savings in bed days delivers important hospital improvements in responding to patient needs. This saving in bed days was evident for people with complex and very complex medical conditions. Discharge planners and social workers reported that ComPacks improves their capacity to address a person’s acute care needs without adversely affecting capacity to support people with less acute discharge needs.

While there is an imperative for increased funding to complete the coverage of ComPacks in metropolitan hospitals, an urgent priority will be to extend ComPacks to regional and rural areas across NSW. Initial experiences in rural and regional areas identify similar outcomes with only minor differences. While the data is not yet completed for rural and regional areas, any differences in cost structures must be taken into account to encourage rural and regional uptake of ComPacks.

Results

- There will be a reduction in hospital readmissions, both mental health and generalist;
- The separation time would be quicker;
- Reduced surgical and emergency department waiting times by the freeing up of hospital beds;
- Patients will experience improved health outcomes through decreased infection rates, higher survival rates and decreased costs associated with hospital stays;

- Enhance the overall health of the community by meeting the ‘life’ needs of people on discharge and ensuring that they are being appropriately supported until they can take over their own care or make more permanent arrangements; and
- The majority of people being assisted are HACC eligible and Compacks is acting as a preventative strategy reducing people’s need to rely on HACC funded services.

Cost: An additional \$18m recurrent to complete the coverage of all public metropolitan hospitals and expand to public regional and rural hospitals. (\$8m for metropolitan and \$10m for rural and regional).

■ Dual Diagnosis – Mental Illness and Substance Dependency

Objective

To improve the health outcomes of people with a co-existing mental illness and substance dependency by increasing services across NSW.

Actions

- NSW Health to fund a statewide three year trial of an integrated residential treatment and rehabilitation facility for people with a dual diagnosis. This is to be followed by an independent evaluation and if proven as a successful intervention an ongoing commitment to funding is made.
- NSW Health to fund a statewide three year trial of an integrated residential treatment and rehabilitation facility for young people with a dual diagnosis. This is to be followed by an independent evaluation and if proven as a successful intervention an ongoing commitment to funding is made.
- NSW Health to embark on a comprehensive workforce development strategy for all workers involved with assisting people with a dual diagnosis.
- NSW Health to take a lead role in developing a whole of Government and community (NGO) sector approach to assisting people with a dual diagnosis and their family/carers.

Evidence

According to NSW Health literature evidence suggests that mental illness and substance dependency frequently co-exist and that their prevalence may be increasing. Based on the population sample used 30-80% of people with a mental illness will also have a substance dependency; similar rates of mental illness are reported for people with a substance dependency. As noted in the Burdekin Report:⁵¹

“... the cost to the health system for someone with a dual disorder is significantly higher than it is for someone with a single disorder. They have higher rates of suicide, hospitalisation, criminal behaviour and because of the complexity of their problems they are often identified as ‘difficult’ and may not receive the care they require, falling between programs and services.”

Often they end up being institutionalised in the criminal justice system rather than being given the support and services that they need.

Treatments for people with a dual diagnosis have tended to focus on separate responses to the person’s needs. Many people are being shunted from service to service, depending on whether the substance dependency or the mental illness is considered their primary diagnosis. This has resulted in separate treatments from drug and alcohol services and mental health services, with people often falling between the ‘gaps’ of the two types of services. There have been some attempts made over the last few years at providing an integrated program response. However, *“irrespective of the approach used, attempts to deliver useful and effective interventions to those dually diagnosed remain problematic, and multiple barriers to effective treatment remain.”*⁵²

A worrying trend is the increasing number of young people developing a dual diagnosis. This suggests that young people are particularly vulnerable to developing a dual diagnosis however there is a scarcity of research on this issue. A study that was conducted by the Department of Human Services Victoria showed that there were a number of issues faced by young people with a dual diagnosis including exclusion from services, no diagnosis, lack of linkages between services and insufficient access to accommodation (where the person is homeless).

In recent NCOSS regional and rural consultations the issue of dual diagnosis and young people was consistently raised. For example, in Balina dual diagnosis was a key issue. In Coffs Harbour issues of young people falling through the gaps between mental health and alcohol and other drug services, as well as the need for services that assist people with a dual diagnosis were raised. In Grafton it was also commented that people ‘ping pong’ between drug and alcohol and mental health services. In Woolgoolga the concern was that there is now a second generation of people with dual diagnosis issues.

Results

- Reduction in long term hospitalisation for people with a dual diagnosis resulting in improved health outcomes for the person and reduced costs for the health system.
- Reduction in pressure on the criminal justice system where people with a dual diagnosis are often and inappropriately placed.

According to NSW Health literature evidence suggests that mental illness and substance dependency frequently co-exist and that their prevalence may be increasing.

- Reduction in pressure on other services such as SAAP.
- Increased access to services to meet the growing need for dual diagnosis services for young people that has been identified in the community.

Cost: **\$900,000 p.a. for a workforce development strategy**

\$2.7m for two services p.a.

■ Health NGOs

Objective

To ensure the ongoing sustainability of the health NGO sector and to improve the capacity for health NGOs to respond to and implement NSW Health policy and programs.

Action

NSW Health increase funding to health NGOs by 12.5% to meet the increasing core costs of service delivery.

Evidence

The Health NGO sector provides a broad range of front line health services, ranging from treatment services to early intervention and prevention services. The sector is extremely diverse, reflecting the wide range of community health needs.

Many health NGOs specifically target marginalised groups in their community. Their flexible structures and client focused ethic makes them particularly well suited to responding to the needs of these groups. The work is especially important as many marginalised groups do not use mainstream health services, or do not use them until they are seriously ill. This places people at risk of hospitalisation from conditions which are preventable or readily managed through early intervention.

Therefore health NGO services are a vital component of mainstream health services and in many cases they provide core services which have not historically been, or would not be, provided by the public sector.

The health NGO Sector has a broad range of strengths that includes the ability to provide a cost

effective service. NGOs are very effective in mobilising community resources and therefore providing health services at a significantly lower cost than mainstream providers. All NGOs are managed by a volunteer management committee, whose membership often includes professionals providing expertise and advice in specific health areas.

However, a factor contributing to this cost effective service provision is the unfortunately low wages that NGOs have to pay their staff as a result of low government funding. Health NGO staff are usually paid substantially less than equivalent public or private sector arrangements.

A low level of funding also means that staffing levels have to be reduced whenever operating costs or wages escalate. This has been an increasing problem with the rise in insurance premiums, workers compensation, rental and maintenance costs and increasing administrative burdens and demands. Thus the health NGO sector's capacity to provide services to the community (usually those that are the most socio-economically disadvantaged) is also reduced.

Funding limitations limit the extent of an NGO's ability to be involved in NSW Health and Area Health Service operational delivery of strategies and action plans. This is despite the desire of the NGO (or the expectations of others for it) to be involved and where the public health partnership includes, in theory at least, full involvement of the affected communities and their representative organisations.

New Zealand, which has a similar population to that of NSW, in comparison to NSW expends approximately 25% of its health budget through NGOs.

NSW Health currently funds the Health NGO program at \$82m (excluding teaching and research), or approximately 7% of the Health Budget.

Results

- Increased viability and sustainability of the Health NGO sector, which is an integral part of the health system and health care delivery.
- Enhanced health and well being of the community, especially those that are the most disadvantaged, who form the majority of the clients of the NGO sector.
- Improved health within the general community, reducing the need for more expensive acute care interventions and hospitalisation.

Cost: *An additional \$10.25m p.a.*

■ Health Resource Teams

Objective

To address the health care needs of people with an intellectual disability through the initial creation of an two multidisciplinary intellectual disability health

resource teams, one metropolitan and one rural/remote.

Action

- NSW Health to fund the creation of two multidisciplinary intellectual disability health resource teams. Extending the role of the Centre for Developmental Disability Studies clinic or of the Diagnostic and Assessment Services (currently being transferred from DADHC to NSW Health) might, where appropriate, create these teams.
- Such teams to assess the complex health care needs of some individuals in liaison with general practitioners and foster the development of better local networks to address the health care needs of people with intellectual disabilities.
- Such teams to provide advice and training to doctors and other health and disability professionals on the health needs of people with an intellectual disability.

Evidence

Recent Australian research has shown that the life expectancy of a person with an intellectual disability is many years lower than the general population, twenty years for those with severe disabilities.⁵³ Obesity for people with intellectual disabilities is up to three times the level in the general population,⁵⁴ however 42% of 211 people with disabilities who died in care were underweight and some died because of critical illnesses⁵⁵. Dental disease is also up to seven times more frequent than in the general population.⁵⁶

In Northern Sydney, 42% of medical conditions went undiagnosed in people with intellectual disabilities and half of the diagnosed conditions had been inadequately managed.⁵⁷

This situation arises from a wide range of factors including:

- Communication issues between the health professional and the patient.
- Vulnerability of people with intellectual disabilities to various health conditions.
- Health professionals need to spend more time with people with intellectual disabilities but the health system often does not allow for this.
- Diagnostic overlay – assuming that symptoms are related to the disability.
- Inadequate multidisciplinary focus on health problems.
- Lack of an established speciality in intellectual disability medicine.
- Disability services have rightly moved away from a 'medical model' but without systems being established to ensure appropriate health care.
- Inadequate cooperative planning between health and disability departments and between the various levels of government.

- Many members of society attaching less value to people with disabilities.
- Health promotion campaigns and research tending not to focus on people with intellectual disabilities.

Results

- Improved diagnostic assessments of the health care needs of people with intellectual disabilities and complex medical conditions.
- Improved referral processes to and from general practitioners and other health and disability professionals.
- Increased responsiveness to the health needs of people with intellectual disabilities through a multidisciplinary approach including a doctor who specialises in intellectual disability and professionals in nursing, dietetics, speech pathology, neurology, psychiatry, oral health and alcohol and other drugs.
- Improved quality of life and health and well-being and therefore a reduction in health costs across the person's life span.

Cost: \$2.2m recurrent

(Based on consideration of a budget prepared by the Centre for Developmental Disability Studies with adjustments to reflect the scope of the role of the initial two clinics including the need for them to provide some level of Statewide service.)

■ Isolated Patients Transport and Accommodation Assistance Scheme

Objective

To improve access to health care for people living in regional, isolated and remote communities in NSW.

Actions

- Reduce the current distance criteria from 200 kms to 80 kms each way, which is more closely aligned to Queensland and Tasmania.
- Increase reimbursement costs for commercial accommodation to at least double the current rates to more closely reflect the current actual costs of accommodation (currently \$33.00 per night per single room, \$46.00 per night per double room).
- Broaden the criteria to reimburse costs to carers or escorts to travel with a person, if the person so requires it and to meet cultural needs rather than if the medical practitioner approves it.
- Review current personal contribution costs and develop a fairer system for determining the contribution amount, which reflects the actual income of the person (currently \$40 of total benefits payable per claim and \$20 for pensioners and health care card holders).

Recent Australian research has shown that the life expectancy of a person with an intellectual disability is many years lower than the general population, twenty years for those with severe disabilities.

- Review the eligibility criteria to include general medical treatment given by general practitioners and allied health professionals such as psychologists, physiotherapists, dieticians and speech pathologists, sexual assault workers, drug and alcohol programs and general dentistry such as dental extractions.
- Increase the fuel reimbursement costs to match fuel reimbursement rates as determined by the Australian Tax Office.

Evidence

The NSW Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS) is designed to assist with access to specialist medical treatment and oral surgical health care for people living in isolated and remote communities in NSW, through the provision of some financial assistance towards actual travel and accommodation costs. IPTAAS provides some assistance with these costs where patients need to travel more than 200 km (one way) from where they usually live to obtain specialist medical treatment not available locally. Other living away from home expenses (e.g. meals) are not reimbursed. The scheme is not designed to provide a choice of specialist.

There are a number of problems relating to IPTAAS, including: the high upfront costs of the scheme, relatively high non-refundable personal contribution levels; low levels of reimbursement for accommodation costs; the ability to elect for a carer; cross border issues; and the need to travel further than 200 kms.

The 200 km requirement in particular is a source of significant concern for patients in rural and regional areas. While the policy allows Area Health Services to exercise discretion, anecdotal information from rural communities shows that the option to waive the limit is exercised but not uniformly and it varies across regions. It also impacts negatively in areas where the nearest treatment centre may be 100-190 kms away, however patients are not eligible for IPTAAS and the distance and cost is so prohibitive that they may not be able to undertake required treatment schedules. For example, as NCOSS regional consultations have revealed, patients who

need to travel from Coonamble to Dubbo, a distance of approximately 160kms, are unable to gain the IPTAAS subsidy, affecting their ability to attend specialist appointments.

NCOSS estimates that resolving these issues will require an additional \$3.6m recurrent p.a., however NSW Health should conduct a costing exercise with relevant NGO and community-based organisations to determine the actual cost of increasing this service.

Results

- Increased access to preventative health treatment for rural, remote and Aboriginal communities leading to a reduction in the need for other costlier health interventions;
- Improved health outcomes for people with chronic conditions where the flexibility to travel to a closer treatment centre could increase life expectancy;
- A reduction in the rate of missed appointments or negative health outcomes due to increased access to health services; and
- A reduction in carer stress and improved health outcomes for patients because of having their support person with them.

Cost: **\$3.6m p.a.**

■ Mental Health

Objective

To improve health outcomes and quality of life for people with a mental health problem living in NSW.

Actions

- NSW Health to increase funding to mental health crisis teams to enable 24 hour, 7 day a week coverage across all regions in NSW.
- NSW Health to increase funding to mental health promotion and prevention activities and services.
- NSW Health to continue to expand the Housing and Accommodation Support Initiative program with the Department of Housing.
- NSW Health to fund workforce development initiatives for the mental health NGO sector.

Evidence

As with previous years recent NCOSS consultations with rural communities across NSW identifies that issues and concerns with the lack of mental health services remains a priority in these areas.

■ Crisis Teams

In the report, *Out of Hospital/Out of Mind*,⁵⁸ it was “suggested that there are insufficient crisis response services to meet the needs of the community and that increasing service demands impact upon the timely availability of a response.” During recent consultations with rural communities NCOSS was

informed that people rang the 1800 number for assistance, however this rarely proved an effective way of assisting a person in crisis, especially where there were limited services and no or limited access to a crisis team. In one rural area they even referred to the number as ‘1800-JOKE’. NCOSS was also informed that, due to a lack of resources, intervention by a crisis team would only happen in extreme circumstances and only where the person indicated an immediate risk of self-harm and the method that they would use. If this could not be proved then the person was not considered at immediate risk and not assisted, which has led to negative outcomes for the person with the illness.

■ Mental Health Promotion

Mental Health Promotion is an umbrella term that covers a variety of strategies, all aimed at having a positive effect on mental health. The encouragement of individual resources and skills and improvements in the socio-economic environment are among them. It is a process aimed at changing environments and enhancing the coping capacities of communities, families and individuals, by giving power, knowledge, skills and the necessary resources to do so.⁵⁹ Mental Health Promotion is applicable across the whole spectrum of interventions and levels of mental health from those that are well, to those at risk to those who have, or have had, a mental illness.

While most health care resources are spent on the acute care of people with a mental illness, and to a lesser extent on community treatment and rehabilitation services, even less funding is available for promoting mental health.

Mental Health Promotion requires multi-sectoral action, involving a number of government sectors such as health, employment/industry, education, environment, transport and social and community services as well as non-government or community-based organisations such as health support groups, churches, clubs and other bodies.⁶⁰

Mental Health Promotion is also listed as a priority in the National Mental Health Plan 2003-08 and the NSW Interagency Action Plan for Better Mental Health, 2005.

■ Housing Accommodation Support Initiative

The need for more accommodation support for people with a mental illness is also an important part of rehabilitation and recovery. In May 2003, NSW Health, the Department of Housing and the NGO sector entered into a formal partnership agreement to provide accommodation and support services for people with a mental illness. Since this initial funding NSW Health has continued to expand the program with current expenditure at \$18m per annum.

However, there is now a need to expand the service further, especially for people with high support needs, who may need assistance for more

than 8–10 hours per day, in order for them to live and participate successfully in the community.

Quantitative research of the HASI project is very encouraging with Neami (one of the first providers of HASI). Statistics show that on average their clients, who spent 160 days per person in hospital in the previous year, before HASI, have spent just 41 days in hospital during the first year of being on the program. This means that the 37 clients in Neami programs across South East Sydney, South West Sydney and Illawarra have had on average a 74% reduction in hospitalisation in the year after being on the HASI program.⁶¹

Workforce Development

There is now a significant need for workforce development initiatives to be undertaken in the NSW non-government mental health sector. The reasons for this are numerous. The sector is experiencing a period of rapid growth, with the introduction of new programs such as the Housing and Accommodation Support Initiative (HASI) bringing approximately 200 new workers to the field. The sector is also moving towards increased professionalism and accountability, and workers in non-specialist mental health organisations are increasingly being required to gain skills in working with clients who have a mental illness.

It is recommended that a voluntary minimum qualification be provided to all workers in the sector. This is an approach that is being successfully undertaken in New Zealand at a cost of approximately \$2,000 per worker. A similar cost would be involved in implementing such a scheme in NSW. There are approximately 500 workers employed in non-government mental health organisations in NSW and the cost of introducing such a scheme would be about \$100,000. This is a relatively small amount of money to be invested in order to achieve essential workforce development for a sector providing services to some of the most vulnerable in our society.

Results

- An increase in the health and well being of mental health consumers and carers as a result of improving crisis response times and ongoing support.
- A reduction in disability and the impact or severity of recurrent episodes of illness.
- Improved health outcomes for people with a mental illness and better use of resources.
- Decrease in re-admissions to hospital.
- Increased savings in mental health dollars through the reduction and prevention of relapse.
- Increased community integration and a reduction in isolation for mental health consumers and carers.

The need for more accommodation support for people with a mental illness is also an important part of rehabilitation and recovery.

- Better mental health and mental health literacy for the population of NSW.
- A more effective mental health workforce.

Cost: \$4.4m per annum (recurrent) to provide 50 crisis team positions across NSW

\$2m per annum (recurrent) to increase mental health promotion activities

An additional \$6m per year (recurrent) to increase the HASI program to address unmet need for people with high support needs (100 beds)

\$100,000 to implement the minimum qualification scheme for non-government mental health workers

■ Oral Health

Objective

To improve the oral health of people living in NSW and address ongoing and current oral health need, especially amongst those that are the most disadvantaged.

Action

- NSW Health to increase funding for public dental services that adequately meets the following characteristics and standards:
 - i. Focus on preventive dental services such as appropriate oral hygiene practices, access to and information on a healthy diet, regular check-ups, cleaning and scaling, fillings and restoration rather than extractions.
 - ii. Ensures that treatment for decayed teeth and oral health diseases is appropriate, timely and evidence based. Taking remedial action when problems arise to prevent expensive, complicated dental care or tooth loss.
 - iii. That no person should have to wait more than 24 hours to receive emergency dental care.

- As part of meeting the above characteristics and standards NSW Health adequately funds:
 - i. The Oral Health Fee for Service Scheme, so that the fees more closely reflect the actual cost of the service and people’s ongoing oral health needs.
 - ii. The NSW Oral Health Promotion Plan, so that it can be successfully implemented and that the strategies within the plan are actioned.

Evidence

Good oral health is not simply the absence of oral health problems but is a state of wellbeing in which an individual can eat, speak and socialise without discomfort or embarrassment. However poor oral health results in a range of consequences including pain, difficulty in eating, impaired speech, loss of self-esteem, restriction of social and community participation, and impeding a person’s ability to gain employment. Generally speaking, poor oral health affects a person’s overall health and impacts on their quality of life.⁶²

The loss of a tooth is a reflection of the failure of prevention and of efforts to provide treatments to save the tooth. Therefore an extraction could be said to be a failure of the public dental system to provide adequate preventative care and early intervention. The fact that most public dental treatments are extractions means that the NSW public dental system is failing and while the quality of the people providing the treatments within the system is not under question, the quality of the system itself is poor. As a result of its poor resourcing and funding, the public dental system is concerned only with immediate emergency care. There is no long term care and there is very little in the way of prevention.

As with previous consultations oral health and access to public dental services remains a high priority in rural areas. It was commented that in Mullumbimby there is an 8 week wait for emergency treatment and in Woolgoolga: “one client has waited 18 months to get their teeth fixed.” In Lismore a local dentist raised his concerns in regards to the current public dental system and commented, “The public system spends no time in health promotion to young adults. The Australian Dental Association has identified this group as the highest risk cohort.” (This was in relation to a young person who had a rotting wisdom tooth due to diet and poor brushing but who would not be seen by the public system as her tooth was not yet causing her pain).

There is overwhelming evidence that shows that socio-economically disadvantaged people are a significantly disadvantaged group in the area of oral health. There is an increasing need to address this disparity in oral health and access to dental services across NSW. As Spencer (2004:2) writes, “What draws greater attention to it today is the evidence of the chasm,

between rich and poor, in oral health and access to dental care, widening and the apparent acceptance of it and lack of will to bring about change.”⁶³

Finally in the Report of the Chief Health Officer of NSW (2004) oral health is identified as a priority, however it can be said that oral health as a priority is not reflected in the funding and resources that are committed to oral health care in NSW.

■ Fee for Service Scheme

The New South Wales Oral Health Fee for Service Scheme seeks to improve access to acute dental care for concession cardholders and their dependants. At present the payment ceiling is \$170 for each authorised course of acute care and \$780 for denture services. However the levels of funding received within Area Health Services for this scheme means that in reality there is only \$40 available per eligible client.

During consultations NCOSS was informed that there are many concerns with the current structure of the OHFFSS, including the low cost of reimbursement for dentures. It was stated that the fees for the OHFFSS have only increased by inflation over the years that it has been operating, which has meant that the reimbursement costs have fallen well behind the actual costs of providing dentures.

Information from scheme participants suggests that extractions are being used as the quick solution to oral health issues, because dentists are unwilling to take on more expensive procedures. Dentists are also faced with the frustration of only being able to treat the presenting oral health issue and are unable to do any secondary work to prevent further damage.

Results

- Improved oral health for all people living in NSW, especially those that are the most socio-economically disadvantaged or living in rural and remote areas.
- A reduction in other costlier health problems through the treatment of oral health problems as evidenced by the link between oral and general health.
- Increased preventive treatment and timely interventions, reducing the need for extraction and enabling people to maintain their own teeth for a greater length of time.

Cost: An initial \$170m p.a. (recurrent), with negotiations to take place with the Commonwealth about increasing this figure on a cost-share basis up to \$700m p.a.

\$2.75m p.a. (recurrent) to develop and implement oral health promotion and prevention programs for specific socio-economically disadvantaged groups and rural/remote communities.

Introduce a sliding scale in the Oral Health Fee for Service Scheme ranging from \$170 for a dental check up to \$500 for more complex treatments, with a matching increase in the number of vouchers that people can access in a twelve month period.

■ Provision of Aids for the Disabled Program (PADP)

Objective

Provide equipment to assist people with disability to live independently in the community.

Actions

That the NSW Government increases funding for the Provision of Aids for the Disabled Program from \$22m to \$37.5m p.a.

Evidence

The resourcing and administration of the Provision of Aids for the Disabled Program (PADP) is an ongoing problem for consumers seeking equipment to assist them to live in the community. Long waiting lists remain a major concern, leaving consumers without basic equipment to assist with mobility or other impairments. NCOSS regional consultations have revealed very worrying examples of people waiting years for basic equipment including mobility aids and beds. The shortfall in PADP funds is resulting in increasing pressure on families in crisis and NGOs to find resources for equipment to meet this gap. Substantial time is also being spent by health professionals seeking funds from service clubs and other charitable sources to gain equipment.

As a result of a substantial community campaign, the NSW Government announced a \$3m enhancement to the PADP program in 2005-06, bringing the total funding for the program to \$22m. NCOSS welcomes recent initiatives to establish a consistent policy for the program, and initiate a review process. These initiatives will go some way towards addressing funding and administrative concerns associated with the program, but NCOSS seeks a sustained commitment to grow the program in order to meet the dramatic funding gap that exists for people with disability who require equipment.

NCOSS emphasises that PADP is an integral part of the network of services that allows individuals to leave hospital under earlier discharge strategies, and to live in the community rather than in residential facilities. Appropriate equipment can help people to avoid future hospital admission (e.g. walking frames that prevent falls), enable community care services to provide assistance, and reduce demands on community care services by supporting people in the tasks of daily living.

Good oral health is not simply the absence of oral health problems but is a state of wellbeing in which an individual can eat, speak and socialise without discomfort or embarrassment.

Results

- Enhance independence of people with disability and facilitate community living;
- Prevent admission of people with disability to residential institutions;
- Minimise costs associated with hospital admission, and for community care services.

Cost: \$15.5m in 2006-07

■ Refugee Health

Objective

To increase the investment in the health of people of refugee background settling in NSW, through enhancing the funding of the State-wide refugee health service and thereby increasing the health system's capacity to meet a growing demand.

Actions

- NSW Health to increase existing funding to the State-wide refugee health service in order to enhance and expand the provision of existing health services.
- NSW Health to provide additional funding in order to increase the range and type of health services that are available to people who are refugees, especially women, new refugees from Africa, those living in rural and remote areas and to increase overall knowledge of nutrition.

Evidence

NSW receives more refugees than any other state in Australia, over 4,000 each year.⁶⁴ As the focus of the refugee intake shifts to Africa, the need for a better-funded refugee health service to support the NSW health system in assisting refugees has never been greater.

The need to address refugee health concerns have grown exponentially over the years, however the budget to provide refugee health services has not been increased since its establishment in 1999.⁶⁵ The recurrent allocation for refugee health is \$691,400, which provides 7.8 full-time equivalent staff and two sessional general practitioners to undertake a statewide role. The original budget contained no

funding for medical practitioners and minimal funds for interpreters.

Several factors are increasing the demands:

- A rapid demographic shift has occurred with over half the quota of refugees now coming from African countries. Health needs are more complex, interpreter usage has increased, and educational needs of health professionals are greater.
- Department of Immigration policy is to settle more humanitarian entrants in rural and regional areas (e.g. Coffs Harbour). Many of these areas have no experience with refugee populations and local health providers require significant support.
- Service providers increasingly recognise that a specialist refugee health service is one of the few medical services that will assist asylum seekers living in the community without Medicare. This is an extremely high needs group with a large and growing impact on clinical staff time.
- The Department of Immigration has recently instituted a new practice of charter flights bringing up to 100 refugees from Africa at a time into Sydney and nearby regional areas. The existing refugee health service has been tasked with coordinating health screening across four Area Health Services.

Key non-clinical roles within the State-wide refugee health service have been gradually eroded in order to fund their expanding clinical service needs. Meanwhile there is no capacity to meet many additional needs identified through research.

The proposed investment is consistent with the NSW Health and Equity Statement *In All Fairness*, with the principles of early intervention and promoting health in the early years, and contribute to a range of State, national and even international strategic plans and treaties.

Results

- Maintenance of specialised clinical services in the areas of highest refugee settlement.
- Reduction in emergency department presentations, through facilitated access to initial assessments and primary care for refugees and asylum seekers.
- Augmented early detection and intervention to reduce morbidity among recent arrivals, in particular among those of African backgrounds and in children.
- Promotion of equity of access to health care for this disadvantaged group.
- Enhanced patient safety and quality of care through more appropriate health service provision.
- Contribution to statewide and national health protection goals (e.g. measles eradication).

- Improved access to cancer screening, sexual health, family planning and perinatal services for women who are refugees.
- Enhanced planning, support and service delivery in rural and remote areas.
- Improved nutrition amongst people who are refugees.
- Increased capacity to facilitate and conduct research on health problems of, and health service access and delivery to, refugees.

Cost: \$511,080 additional recurrent, to improve and increase the Statewide refugee health services

\$499,000 per year for three years to implement projects targeted at rural and remote refugee communities, women's health, nutrition, African communities and research

■ Sexual Assault Services

Objective

To improve access to, and increase the provision of, services to adult survivors of child sexual assault.

Action

- NSW Health to fund three rural development positions, based within a State-wide NGO service, to provide support and assistance to workers in sexual assault services in rural and remote areas.
- NSW Health to provide additional recurrent funding to each Women's Health Centre in NSW, and each Community Health Centre (for men) to employ one full time specialist worker to provide services to Adult Survivors of Child Sexual Assault. The specialists will provide face to face counselling, and therapeutic, health education and recreation groups resources and activities.
- NSW Health to resource collaborative practice between agencies to respond to the needs of adult survivors.

Evidence

Research consistently shows that adult survivors have high rates of mental illness, suicide, drug and alcohol abuse and poor physical health outcomes. Research also identifies that a best practice approach to service delivery for this client group is to offer a range of flexible services from a holistic perspective.

Survivors experience a wide range of emotional/mental health needs and/or related physical health issues and may present to a wide range of health and mental health services. Many survivors will present with health issues, which they have not identified as being related to the childhood sexual assault they have experienced. Amongst women, it

is adult survivors that constitute the greatest percentage of women requesting services from women's health centres, community health centres and mental health services. Often it is not until these women have been provided with relevant information about child sexual assault, or have had an opportunity to discuss their health concerns with a practitioner who understands the impact of child sexual assault that their health concerns improve.

According to NSW Health, in 1997-98, child victims accounted for 34% of all presentations, adults who have experienced recent sexual assault account for 42% of presentations and adult survivors comprise 24% of victims seen by Sexual Assault Services. However anecdotal information provided to NCOSS shows that due to a lack of resources and a need to prioritise access to services, adult survivors are increasingly turned away from services as they are considered the lowest priority for service access.

Results

- A reduction in other general health, mental health and substance dependency problems as a result of addressing child sexual assault issues.
- Increased access to support services for adult survivors without decreasing access to services by recently assaulted children and adults.
- Improved support for rural services and a reduction in isolation for rural workers.
- Decrease in demand on other health services.

Cost: \$210,000 p.a. (recurrent) to employ three additional counsellors within a statewide service

\$1.47m p.a. (recurrent) to employ additional full time specialist workers

■ Sexual Health

Objective

To improve women's access to information, support and appropriate counselling around pregnancy options, with a focus on increasing access to services for young women, women living in rural and remote areas, and women who experience socio-economic disadvantage and who are often marginalised by their lack of income and support.

Action

- NSW Health to ensure appropriate funding for statewide Pregnancy Option Information, Counselling and Advocacy Services according to the QMS Standards Manual for Women's Health Services.
- NSW Health, in conjunction with the services, to develop and maintain a statewide network of health care providers working in the field who are willing to provide counselling and support to women in their local region.

Research consistently shows that adult survivors have high rates of mental illness, suicide, drug and alcohol abuse and poor physical health outcomes.

- NSW Health to work with local Women's Health and Community Health centres to assess women's needs and provide ongoing professional development, training and support for identified services and individuals in rural and regional NSW.
- NSW Health to work with the services to develop information resources for women and service providers including: informed decision-making, access to services, relevant links and legal issues that are culturally appropriate.

Evidence

In 1995 an expert panel of the National Health and Medical Research Council reviewed services for the termination of pregnancy in Australia. They recommended that:

... access to termination of pregnancy services be improved, particularly for rural women and women without private health insurance... (and that) ...the availability of information about services for termination of pregnancy be improved, using the existing roles and networks of abortion providers, general practitioners, community health services, family planning organisations, women's health services, youth health services, ethnic organisations and others; and that State health authorities accept responsibility to ensure a suitable telephone information service is available. (NHMRC 1996)

Although it is rarely spoken about in discussions of maternal and reproductive health it is estimated that abortion is a very common experience affecting at least one third of all Australian women and the majority of families. Using 1990 data the NHMRC (1996) estimated the total abortion rate for Australian women to be 584 per 1,000 women.

A recent study of access to health care among NSW adolescents found that the most significant barrier young people faced in seeking help was concern about confidentiality and trust and having to deal with feelings of embarrassment when disclosing health issues. This is particularly strong when the health issue is one of sexual and reproductive health:

Some people don't even know where to go to get the pill and they are too scared to go anywhere anyhow and even if they did, this is a small town and everyone

knows everyone, so it's going to get around and that is not what young people want.

The other major barrier was lack of knowledge of what services were available, what they might provide and how to access them.

Ryan et al. (1994) document the problems faced by many pregnant women who are restricted in their ability to seek information about services because of their concerns about confidentiality and possible adverse outcomes of disclosure. There is a clearly demonstrated need for a well-advertised telephone information, counselling and support service that preserves anonymity.

The NHMRC report stresses that the fundamental aim of counselling is to help women to make free, informed and well-considered choices. Counselling to assist decision-making requires a high level of skill and empathy, and respect for the woman's ethical beliefs and values and the likely consequences of her decisions.

NCOSS was informed at consultations with rural and remote communities that access to sexual health services; including abortion services was limited or non-existent for many areas. As well, in *Our Rights, Our Voices*⁶⁶ it states:

Women at the consultations also reported reduced provision in the area of sexual and reproductive health. There is a need for more free abortion services and better access to affordable contraception.

Results

- An increase in women's decision-making capacity and enhancement of their ability to access appropriate abortion, post-abortion, or other pregnancy and support services.
- Promotion of best practice, particularly in regard to pre-abortion counselling services and access and equity for young, low-income and disadvantaged women, by abortion service providers.
- Improved access to accurate information about abortion and abortion services for women and health and community service providers.
- Reductions in emotional and mental stress related to accessing abortion services and improve timely access to abortion services for women with unintended pregnancies.

Cost: \$310,000 plus CPI and contingency for wage increases per annum for three years

Substance Dependency

Objective

To increase residential rehabilitation services in order to effect lasting change and provide assistance with reintegration into community living for people with a substance dependency.

Action

- NSW Health, in consultation with relevant NGO providers, to review current government funding for residential rehabilitation beds and identify the actual costs of providing an effective service for a range of client needs and to provide skilled and appropriate staffing.
- NSW Health to appropriately fund residential rehabilitation services, taking into consideration specific issues for rural and remote services, services for people with a dual diagnosis of mental illness and substance dependency, youth and Aboriginal and Torres Strait Islander people.
- NSW Health, in conjunction with key NGO services, to develop a range of relevant and appropriate residential rehabilitation services across NSW.
- NSW Health to increase the number of residential rehabilitation services available especially in rural and remote areas and for Aboriginal communities.

Evidence

Residential rehabilitation is a term used to describe 24 hour, staffed, residential treatment, which offers drug and alcohol intervention programs. They are based on the principle that a structured drug-free residential setting provides an appropriate context to address the underlying causes of substance dependence. The aim of residential rehabilitation is to effect lasting change in an individual and to assist with the person's reintegration into the community.

Although the evidence for the efficacy of the residential rehabilitation approach remains mixed, in regards to alcohol dependence, residential treatment is thought to be the most appropriate option, where the client is a chronic drinker with a long history of drinking and a high level of dependence. Similarly for other drug dependencies, residential programs are usually indicated for dysfunctional, long-term users who suffer significant harms from use and whose social networks are supportive of continued drug use (Dale and Marsh, 2000).

The National Institute on Drug Abuse (NIDA), United States (1999) outlines a set of general, research-based principles of drug dependence treatment, which includes that treatment needs to be readily available when an individual is ready for treatment. Individuals who are dependent on drugs may be uncertain about entering treatment; therefore taking advantage of opportunities when they are ready for treatment is crucial, otherwise the person may not seek treatment in the future.

NIDA identifies medical detoxification, as only the first step in the treatment process, which in itself does not change long-term substance dependence. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with

stopping drug use, however, it can be a precursor to effective drug dependence treatment. Therefore, there is a need for further treatment and ongoing rehabilitation once the person has undergone detoxification.

NIDA also identifies the need to treat people with substance dependencies and coexisting mental health problems in an integrated way – because addictive disorders and mental health problems often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

Recovery from drug dependence can be a long-term process and frequently requires multiple episodes of treatment – as with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Dependent individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning.

In recent consultations with rural and remote communities NCOSS was informed that drug and alcohol issues were of major concern to most communities and that access to rehabilitation services is either very limited or non-existent. For example, in the Northern Rivers region there are only limited places for women who need detoxification and rehabilitation services and the one service that does assist women will not take them if they are pregnant or have small children. In Coonamble NCOSS was informed that there are long waiting lists for rehabilitation and that you cannot access this service unless you have been to court or gaol.

From 2000 all new residential rehabilitation bed provision has been funded at \$69 per bed per day. All residential rehab funding to that date was not benchmarked and grants were paid as contributions to services. NGO service providers also charge clients fees and many fundraise to supplement income.

Results

- A reduction in other costlier health problems by treating substance dependency and enabling the person to improve their health and well being.
- Increasing opportunities for people to participate in the community both socially and economically, to the benefit of the community and the individual.
- Reduction in personal and social disruption, loss of life and poor quality of life, loss of productivity and other economic costs associated with substance dependency.
- Reduction in costs within the justice system associated with inappropriate incarceration in police cells and gaols by providing appropriate ongoing treatment to people with a substance dependency.
- Reduction in family and other violence perpetrated to and by people with a substance

In recent consultations with rural and remote communities NCOSS was informed that drug and alcohol issues were of major concern... access to rehabilitation services is either very limited or non-existent.

dependency.

Cost: *Estimates of residential rehab bed provision in NGOs vary from \$110 to \$120 per bed per day*

It is recommended that all government grant contributions for this type of service be based on the existing bench mark and that costing details be further reviewed. At the existing figure the average 20 bed unit should attract \$503,700 or each bed should be funded at \$25,185.

■ Transport for Health Program

Objective

That the NSW Health Transport for Health program is expanded to respond to unmet need in NSW, especially Aboriginal communities, and to create increased capacity in other Government funded community transport programs by relieving demand for transport to health related destinations.

Action

- Allocate \$300,000 to establish a Health Transport Unit within NSW Health.
- Allocate \$3m funding to meet infrastructure costs in Area Health services.
- Provide additional \$2m funding to increase the range of destinations, including GPs, allied, complementary, dental, specialists, community, private and public health destinations.
- Provide additional \$2m funding to meet specific health transport needs of Aboriginal communities.

Evidence

Transport to health related destinations is a key issue for many communities in NSW. Many factors have contributed to the growth in demand for health related transport, including the increasing reliance on same day procedures, shorter hospital stays, regionalisation of health services, the development of regional specialised health services and demographic changes.

NCOSS regional consultations consistently identify that across NSW low income people

experience difficulties getting to medical and specialist appointments. For example many Aboriginal communities in rural and regional Australia are dislocated from services that can connect them to health providers. This means that it is not uncommon for Aboriginal people in isolated communities to walk or hitchhike long distances to attend medical appointments, or routinely miss health appointments because of poor availability of transport.

Currently there is a range of resources available through the NSW Government to provide transport to people who have difficulty getting to health related destinations. The most significant program is HACC funded community transport, which received an allocation of approximately \$19m in 2004-05. HACC transport providers frequently point out that high demand for health related transport means that a significant proportion of trips (sometimes up to 90%) are to health related destinations. Unfortunately this artificially skews the outcomes of this program towards the provision health transport, at the expense of other destinations that are equally important (such as social, recreational, personal business, etc). Eligibility guidelines for the HACC program also limit access to these services.

In NSW the Government does have a Transport for Health program, although the program has experienced a number of longstanding problems, including: a lack of consistency between regions and poor coordination from 'central office'; no agreed upon policy for the Transport for Health program; a lack of resources in some regions to set up effective transport units and fund services; a poor sense of ownership of the program by some Area Health services.

NCOSS recommends that the NSW Government establish a Health Transport Unit with NSW Health to have oversight of Transport for Health and the Isolated Patients Transport and Accommodation Scheme, and drive increased responsiveness of Area Health Services to transport issues. Further, NCOSS recommends that NSW Health hypothecate and expand on funding for Transport for Health services to be delivered by NGO community transport and other providers. This would ensure that the Transport for Health program focuses not only on transport coordination and demand management objectives, but also has a capacity to provide services for people who are not able to take advantage of other forms of transport. NCOSS recommends targeting a section of this funding towards improving access to services for Aboriginal communities. Finally, NCOSS recommends that the NSW Government target funding for health transport related infrastructure – such as Transit lounges – that may enable better coordination of mobility and transport at health facilities.

Results

- An improvement in the health of the community and a decrease in critical and acute cases.
- Increased capacity in other funded transport services to meet non-health related transport needs.
- Decrease in the need for other costlier health interventions by enabling access to treatment when needed.
- Addresses the ongoing poor health outcomes for Aboriginal communities by increasing access to health services.

Cost: ***\$7.3m in 2006-07***

■ Youth Health

Objective

To improve the health and well-being outcomes for young people aged 12-24 years living in NSW.

Actions

- Establish youth health services in Area Health Service zones which currently do not have youth specific health services.
- Enhance existing youth health service provision to ensure equity of health service provision to young people across NSW.
- Establishment of area-based Youth Health Coordinators for all zones in NSW.

Evidence

Due to the increasing ageing population in NSW, it is essential that the population of young people aged 12-24 years are healthy, in order that they are able to advance the economic and social outcomes which will make NSW a sustainable state. If we have healthy young people they will be able to contribute via work and other social structures and will not place any further burden on already stretched health and welfare systems. For this reason it is essential that we address the health needs of young people by providing prevention, early intervention and treatment services, which will be cost saving in the mid to long term.

Research shows that young people do not access mainstream health services readily and that targeted health service provision is essential. In NSW, there are a range of youth specific health services which include the Innovative Health Services for Homeless Young People Program (IHSY). The Review of IHSY Report released by the Commonwealth Department of Health and Ageing in February 2003 states 'marginalised young people remain a significant population group for whom specialised service responses are required from the health system' and that IHSY services are 'appropriately targeted' and provide 'a rich array of participation and direct service benefits to clients'. However, youth

health services (YHS) in NSW are limited in number and most young people do not have access to the type of health service they require.

Existing YHS focus on priority areas identified by NSW Health including: “nutrition and physical activity, alcohol, illicit drugs, tobacco use, mental health, sexual health and injury.” NSW Health has made a commitment to “improve access to health services by young people” and to “improve the quality of services provided to young people.” NSW Health has identified that “young people have specific health problems, needs and concerns which differ from the needs of adults or children.” (*Young People’s Health: Our Future*, NSW Health, 1999) The NSW Youth Policy 2002-2006 *Working together, Working for young people* also recognises that young people are a diverse group whose needs differ according to social, economic, cultural backgrounds and support requirements. Thus it is already recognised that youth specific services which are sensitive and responsive to the physical and emotional needs of young people are essential.

In 1999, NSW Health commissioned the New South Wales Association for Adolescent Health to report on the best practice guidelines for youth health. This report *Getting it Right* outlines the following best practice guidelines for developing YHS as:

- Holistic view of health;
- Integrated service delivery;
- Multi-disciplinary; and
- Youth friendly.

The report identified that there has been a limited capacity for mainstream services to provide services that are appropriate and reflective of young people’s developmental stage, cultures and changing needs. Mainstream services have failed to locate in socially and geographically accessible areas for young people.

NSW Health and the NSW Centre for the Advancement of Adolescent Health recently released a report *Access to health care among NSW adolescents, Phase 2, 2005*, which highlights the following principles of better practice, based on the best evidence currently available:

- Access facilitation;
- Evidence based practice;
- Youth participation;
- Collaboration;
- Professional development;
- Sustainability; and
- Evaluation.

YHS have demonstrated their ability in delivering services in line with the above principles. In particular YHS are skilled in providing services to young people identified as ‘at risk’ i.e. marginalised or experiencing difficult social and familial circumstances such as homelessness and isolation.

If we have healthy young people they will be able to contribute via work and other social structures and will not place any further burden on already stretched health and welfare systems.

Health service delivery to young people can be readily established and is a high priority to ensure that we have healthy young people to contribute to the future economic and social capital of NSW.

Results

- Increased access to health services for young people in NSW.
- Improved health outcomes for young people who are at increased risk due to marginalisation related to homelessness, unemployment, educational difficulties, abuse, age, family breakdown, mental health, drug and alcohol abuse and sexual health problems.
- Decreased youth unemployment.

Cost: **\$2m for establishment of outreach youth health facilities for regional and rural NSW**

\$2m recurrent for youth health facilities for regional and rural NSW

\$3m for establishment of youth health services in metropolitan Sydney

\$2.4m recurrent to run new services and enhance existing youth health services in NSW

\$1.4m recurrent to fund youth health coordinators in all Area Health Service zones

■ Women’s Health Program

Objectives

To ensure the sustainability of services funded under the NSW Health Primary and Community Based Services (Women’s Health) Program.

To ensure the programs capacity to deliver services that support the health and wellbeing of women through community development, prevention and early intervention strategies that use a social approach to health care

Actions

- Allocate additional funds to meet historic shortages due to under-funding and recent

increases to fixed and program costs. In particular, that funding for each Women’s Health Centre be based on a core recurrent funding minimum of \$300,000.

- To create new services to meet growing demand and service new growth areas.

Evidence

In 2000, NSW Health adopted a policy framework approach recognising that gender leads to different social, economic and political opportunities for women and men. These inequalities can create, maintain or exacerbate exposure to risk factors that endanger health. They can also affect the access to and control of resources, including decision making and education which protect and promote health. (*Gender Equity in Health* 2000).

The question “Why women’s health?” is often asked. Women after all generally live longer than men and experience lower mortality rates for all but sex-specific causes. Despite this, women are still the major users of health services. They report more episodes of ill health, consult medical practitioners, chemists and other health professionals more frequently and take medication more often. Women have higher rates of hospital use both during their reproductive years and after the age of 70. Women comprise of 72% of those in nursing homes and long-stay institutions and report a higher prevalence of psychosocial problems than men – particularly severe and chronic depression (*Women’s Health Services in NSW* 1985).

A multiplicity of factors including biological, social, cultural, environmental and economic, influence women’s health status, their need of health services and their ability to access appropriate services. In particular women’s health needs stem from the fact that:

- Women are more socially disadvantaged than men in terms of poverty, education and power. Socially disadvantaged people are more likely to become ill.
- Women are more likely to use health services because of their social role as carers of children, older people, or people with disabilities and the extra strain this places on their health.
- Women have particular sexual and reproductive health needs, for example, menses, pregnancy, childbirth and menopause.
- Women are treated differently from men in society generally because of gender inequality resulting in, for example, violence against women and sexual assault.

Women are also treated differently within the health system. For example, Williams et al. (1995) conducted a major study examining gender differences in depression. The study found that women were

almost twice as likely as men to be diagnosed with depression and/or anxiety disorders and major and/or longstanding depressive disorders. The study also found that women diagnosed with depression were significantly more likely to be prescribed antidepressant drugs than men with the same diagnosis. (*Strategic Framework to Advance the Health of Women*, 2000)

Women have frequently been excluded from being health and medical research participants, leading to major gaps in knowledge about women’s health. Even when women are included in ‘people’ research the results are often not analysed in terms of gender so differences between men and women are often not known, or an assumption is made that women are affected the same as men. This can lead to prevention, intervention and policy decisions that adversely affect women.

There are now 22 community managed women’s health services funded by the NSW Health Department. They are complemented by various projects funded under other women’s health initiatives. While the services vary in focus and size, their core principles remain consistent with a social view of health. Women’s health centres provide a unique, holistic, woman-centred approach to primary health care provision. They bring together a range of counselling, natural therapies, health promotion, education, self-help and consumer advocacy services with medical and clinical services.

Like many other community based organisations, Women’s Health Centres face a growing gap between their funding and the cost of running the service – a gap that only increases over time due to increases in wages, superannuation, insurances, IT needs, work cover, etc., at the same time as a growing demand for their services.

Results

- Women’s health and well-being is improved especially those who are most disadvantaged
- Women will have improved access to information and services that aim to enable them to take more responsibility over factors that may adversely affect their lives.
- An enhanced service sector is able to deliver quality services more equitably across the state.
- Local needs are identified and met.
- Decrease in demand on other health services.

Cost: \$1.85m – immediate fixed costs and program requirements

\$1.7m – growth to meet increased demand for services

■ Premier's Department

■ Women's Grants Program

Objective

To support the capacity of women's organisations to undertake research, develop resources, and advocate for the unmet needs of women in NSW.

Action

Restore funding to the Women's Grants Program.

Evidence

The Women's Grants Program has been a successful program that has provided targeted, one-off grants to organisations unlikely to be able to raise funds from other sources to undertake a range of initiatives to support and resource women across NSW.

In 2004-05, the last round before funding ceased, 26 grants were awarded State-wide.

In the last four years projects have targeted the health and safety of women; assisted women to re-enter employment; helped raise awareness of issues for women with disabilities; developed leadership programs and resources for women from specific cultural backgrounds including Aboriginal women, Bosnian women, Arabic women and Cambodian women; developed mentoring programs for girls, among many others.

While the following statements remain true for the situation of women in this State, there is no room for complacency about what may have been achieved for women's equity:

- Women receive only 82.5% the average weekly full-time ordinary time earnings of men, and only 64.5% the rate when casual and part-time work is included.
- 85% of single parent families are headed by women.
- 72% of primary carers are women.
- Only 27% of elected Members of the NSW parliament are women.
- Only 26% of management and administrative positions in the workplace in NSW are held by women.
- Violence against women remains prevalent and may even be on the increase.⁶⁷

Results

- Recognition that government has a role in supporting equity for women.
- Improved capacity of women to advocate for their needs.
- Improvements in women's quality of life.

Cost:

\$1m

Sydney is characterised by poor integration of transport networks and a large degree of geographic dislocation of communities from jobs, education and services.

■ Roads and Traffic Authority

■ Sydney Motorway Concessions

Objective

Improve affordability of transport costs for low-income motorway users.

Action

Provide a half toll concession to motorists on the M7 Western Sydney Orbital.

Evidence

Sydney is characterised by poor integration of transport networks and a large degree of geographic dislocation of communities from jobs, education and services. For many low-income households this can mean a heavy reliance on motor vehicles, with high costs for fuel, maintenance, registration and insurances. Motorway tolls can also be a heavy expense for low-income households: for example residents of South West Sydney who need to get to Mascot for employment can face between \$80 and \$100 per week in tolls for motorways. NCOSS does not believe that there is a process for setting toll prices that is accountable to the community, with toll levels arguably set to ensure returns to operators rather than address social and environmental concerns. Ideally a combination of better public transport and better urban planning that provides co-location of residence, employment, services and education will provide a long term solution for Sydney residents who face toll costs. But in the short term, roads and motorways are the only feasible option for many Sydney residents to link with jobs and services.

Motorway projects in Sydney have been funded through Public Private Partnerships, which have limited the NSW Government's capacity to renegotiate the terms of existing contracts. Nevertheless, NCOSS believes there is a strong case for the NSW Government to seek to provide a concession toll for health care card and pensioner cardholders who use the M7 Western Sydney Orbital, currently under construction. This motorway links North and South West Sydney, and will provide an

important link between regional centres and new growth areas, offering residents of these areas new opportunities for employment and services. The concession will benefit low-income residents of these areas (particularly as there has been no significant investment in public transport proposed between these areas) and will complement the cashback schemes current offered to frequent users of the M4 and M5 Motorways.

NCOSS believes that the Electronic Tag system currently in use would provide a useful technological bed for the new concession, and would minimise additional administration for the motorway operators (the M7 will be an electronic payment only motorway). Cost would vary depending on the contract conditions the NSW Government has signed with the future operators, and are difficult to accurately estimate given the variable per kilometre billing (rather than flat charge) that will be used on the M7. Nevertheless, based on the costs of the M4 / M5 cash-back, NCOSS believes that a full reimbursement of costs through a community service obligation payment would cost approximately \$15m per annum. NCOSS recommends that all future PPP motorway projects include concession tolls for low-income users as a condition of contract to ensure social responsibility on behalf of the tollway operator.

Results

- Reduced transport costs for low income motorists.
- Encourage cross regional access of employment, education and services.

Cost: *Up to \$15m in 2006-07.*

■ Reducing Car Related Fuel Costs

Objective

Promote affordability of transport, particularly for low-income motor vehicle users.

Action

- Establish a Transport Demand Management Division within the RTA with a whole of government brief to develop a Transport Energy Strategy to reduce car reliance and promote alternative modes of transportation.
- Pilot two local transport development projects to work with low income households and non-government human services providers to reduce fuel costs.

Evidence

Worldwide oil price increases have generated significant above CPI increases in fuel costs for Australian motorists. If fuel costs continue to rise faster than the rate of inflation, motor vehicles will prove increasing non-viable for low income households. Of particular concern are predictions

that fuel costs could rise to \$3 per litre within the next two to three years, particularly if there are no new significant oil discoveries.⁶⁸

Fuel price rises will impact on the face of transportation over the next twenty years, challenging the significant role currently played by private motor vehicle transport in Australia, and leading to other economy wide cost pressures, including increased freight costs for basic goods such as food and beverages, and increased costs for some human services.

Aside from public transport investment, NSW and Australian Governments currently have a range of different programs that promote reduced motor vehicle reliance, including TravelSmart, Action for Air, Car Sharing, Mobility Management and Transport Access Guides. While useful, these strategies lack integration, and are not linked across government to achieve agreed upon targets and influence future planning decisions. In its recent Performance Audit of the NSW Government's progress in managing air quality, the audit Office NSW noted that:

No single NSW agency has responsibility and accountability for improving air quality. Current inter-agency mechanisms need to be strengthened to drive implementation of strategies and achievement of results.⁶⁹

NCOSS believes there are strong social and environmental reasons for the Roads and Traffic Authority to take a lead role in the development of a NSW Government Transport Energy Strategy. This could be progressed through establishment of a Transport Demand Management Division in the RTA, that would not only carry government responsibility for meeting benchmarks in car dependency reduction, but also link with walking and riding initiatives, and have oversight of other related RTA programs such as Transport Access Guides, Teleworking, Mobility Management. NCOSS also believes that funding for at least two local pilot projects, in metropolitan and rural and regional areas respectively, would help develop local strategies to assist low income households and community organisations to reduce motor vehicle related fuel costs.

Results

- Reduced social and environmental impact of motor vehicle dependency.
- Lowered motor vehicle fuel costs for low income households and small to medium non government human service providers.

Cost: *Transport Demand Management Division: \$300,000 in 2006-07*

Local Transport Development Projects:
\$240,000 in 2006-07

Endnotes

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