

a fairer NSW?

*Social and economic priorities
for a fair and sustainable community:
2008-2009 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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Published January 2008

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ISSN 1321-9251

Cover illustration, design and layout by Stephen Crowley

Printed by Pegasus Printing, Rosebery

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Introduction

“Everybody wants a strong and fair NSW – where people have a decent standard of living; where kids are healthy and succeeding in school; and where people doing it tough have the support they need to get back on their feet.

We all want a community in which everyone can participate, where people feel safe and where people get a fair go.”

A Fairer NSW Call to Action NCOSS, December 2006

Four months out from the 2007 State Election, the Iemma Labor Government released its State Plan. The State Plan was welcomed by many in the community sector for recognising the need to address social justice and overcome disadvantage and to set priorities and targets against which the performance of the Government could be measured. It is true that the State Plan did not address all of our priorities or set targets in a way that we might have liked but it was a promising start.

The following month, December 2006, NCOSS released its policy for the State Election, *A Fairer NSW: Bold Solutions and Real Results*. *A Fairer NSW* was the result of extensive research and consultation and was what we believed any Government of this state should do to make NSW a fairer place where life would be better for everyone.

This Pre-Budget Submission (PBS) for 2008-09 is based on delivering what NCOSS sought in *A Fairer NSW*. We have put forward spending measures that are designed to address poverty and disadvantage and promote fairness. This is our objective.

Each of the measures proposed is linked to the priorities set out in the State Plan. We believe each proposed measure will assist the NSW

Government in meeting and, in many cases, significantly improving on the targets it has set. The argument for adopting each measure is robust, reasonable and reflects the collective wisdom and support from the members of NCOSS.

This PBS differs from previous efforts in one important respect. It does not include any revenue measures. This is due to the Government requesting IPART undertake a review of the NSW tax system and to report to the Treasurer by the end of May, 2008. A decision was made to not include specific revenue measures while the review was being undertaken. NCOSS has made a separate submission to IPART as part of the review. In that submission we focus particularly on the need to address what is called the vertical fiscal imbalance between the Commonwealth Government and the states so that this state receives an adequate revenue base to deliver all of the services for which it is responsible.

The PBS is the result of the hard work of the NCOSS staff and Board. It is also the result of many people and organisations who give freely of their time to attend our forums and consultations and provide the feedback, advice and ideas on which this PBS is based. I would particularly like to thank and acknowledge the NCOSS staff all of whom have made a magnificent contribution to the development of this PBS. I would also like to acknowledge all of the significant contributions made by the community sector in NSW to what is a significant collaborative effort that sets out our plan for what needs to happen to make NSW fairer for us all.

Alison Peters
NCOSS Director
January 2008

Economic and Social Trends



■ Overview

Every year a new collection of facts and figures is released, to illustrate the continued level of disadvantage experienced by a significant number of people in this State.

New South Wales is a state of growing socio-economic divides and the debate about poverty needs now to move to the development of anti-poverty strategies with specific and clearly measurable targets and definite timeframes. We can learn much from other countries such as Ireland and other European Union countries.

Despite years of continuous economic growth and income increases, wealth distribution is skewed. The wealthiest 20% of Australian households account for 61% of total household net worth, with their average net worth \$1.7m per household while the poorest 20% of households account for 1% and \$27,000 respectively. Similarly the gap in levels of superannuation range from an average \$264,200 to a mere \$7,900 in the bottom bracket.¹

Income inequality is also increasing, with low income households gaining \$24 a week on average compared to high income households' gain of \$139 per week.² The growth of the working poor, employed in low-paid, often casual or part-time jobs sharply brings into focus the fact that having a job is not, of itself, a guarantee that one lives in a poverty-free household.

NATSEM has estimated that around 3% of the 11.1% of people living in poverty in Australia are from households in which at least one person has a part-time job.³

While top end real estate is thriving despite interest rises, deposit requirements and rental increases, there is a large group of individuals and families for whom rising housing costs mean that they cannot meet the requirements of basic living. Many, when unable to access low cost housing become homeless. While initiatives such as tax based interventions and grants are useful, they are not sufficient and need to occur in tandem with building up the stock of low cost housing.

The growth and distribution of the State's population are not even. Some regions, mainly coastal NSW, are growing much faster than the State average and the planning for infrastructure and services has not kept pace with this development. While many people move to the coast for lifestyle reasons there are others who are forced to seek a lower cost of living away from major cities. We are also losing 24,000 people a year to other states and territories and they are largely up to 34 years of age.

Our population is ageing quickly with increasing numbers in the oldest age groups, but the indigenous population has a very youthful profile with higher fertility rates and high adult mortality. Overall it seems that, with preoccupation about an ageing

population, less attention has been paid to the effects and implications of the very young age composition yet lower longevity of Aboriginal people in NSW.

There are clear links between socioeconomic status and health. Lower socioeconomic groups are over-represented in most health conditions, many preventable, with particularly large disparity in health indicators of Aboriginal people in NSW.

All of this poses challenges to the non-government sector. NGOs are asked to do more and more in terms of service provision and accountability, yet compared to public and other sectors their level of remuneration is low, there is lack of parity of pay and entitlements and insufficient resourcing for the development of the sector and in particular to strategic workforce planning for the future. There is also a disparity within the sector with the consolidation of large organisations with multi million dollar budgets and other community based organisations with budgets below \$100,000.

We now have a wealthier but a more unequal society. The future that emerges will result from the decisions taken now. If we cannot deal with poverty and social exclusion in the current prosperous economic situation, we are in danger of NSW being reduced to the State of 'private affluence and public squalor'.⁴

■ Economic and Social Trends

The 2007-08 State Budget made the following economic and financial forecasts:

- Unemployment rate of 5.0% in 2007-08 down from 5.25% in 2006-07 and employment growth at 1.5%.
- Inflation (measured by Sydney CPI) to fall to 2.5% in 2007-08 from 2.75% in 2006-07.
- Gross state product (GSP) to grow by 2.5% in 2007-08 from 1.5% in 2006-07.
- Revenue to decrease by \$213m in 2007-08, a decrease of 1.2% from the 2006-07 revised estimate. (This decline reflects the abolition of hire of goods duty, lease duty and mortgage duty on owner-occupied residences and the reduction in the land tax rate (from 1.7 to 1.6%).
- General government net debt to rise by \$4.1 billion over the next four years, rising to 1.8% of GSP (\$7.4 billion).
- Investment income, after particularly high returns, to decline by 43.4% in 2007-08.
- Agencies to deliver further efficiency dividend of \$300m in 2007-08.
- Wages growth at 4%.
- Population growth of 0.8%.
- Budget deficit of \$696m in 2006-07, revised to a budget surplus of \$444m; the 2007-08 surplus is estimated at \$379m (further surpluses are estimated of \$482m in 2008-09 and \$583m in 2009-10).

The following major risks with the potential for deterioration of the budget position have been identified: higher than forecast inflation and interest rates, volatile oil prices, delayed drought recovery and global economy issues. It is therefore worth noting the following points:

- Over the last five years, NSW economic growth has been lower than Australia's Gross Domestic Product (GDP) by between 0.7 and 2.6 percentage points. NSW has the second weakest GSP growth of 1.5% and even at the accelerated rate of 2.5% in 2007-08 this would still leave NSW the slowest growing of all the states and territories.⁵
- In the twelve months to September quarter 2007, the all groups CPI rose in all capital cities with Sydney at 1.3%, below weighted average of eight capital cities at 1.9%.⁶ However, although the national headline rate appears to have fallen to a low 1.9%, the core underlying rate has been revised by the Reserve Bank to 3.25%, which is over the RBA's target range of 2%-3%. As at October 2007, although there is some debate about the actual timing, market forecasts seem to look towards the 7% cash rate in early-mid 2008.⁷
- Each quarter of a percentage point in the cash rate is estimated to have reduced GSP growth by about quarter of a percentage point.⁸
- The budget papers and the Premier's 11 September Memorandum of NSW Public Sector Wages Policy 2007 show that the Government is keen to have no real increases (2.5%) in public sector wages without productivity trade-offs.
- As at October 2007 NSW unemployment rate has fallen to 5.3%.⁹
- While there is a 0.8% population growth through natural increase and migration there is an annual net loss of 24,000 people leaving NSW, primarily to Queensland (17,800 people) and majority are young people up to 34 years of age.¹⁰
- The effects of drought continue with a vast majority of NSW declared as being in Exceptional Circumstances (EC), now extended to at least September 2008. Between August 2006 and 2007 EC Relief Payment rose from 4,958 recipients to 8,560. At October 2007 the area of the State officially 'in drought' was 78.6%, up from 71% last month. A further 12.1% of the State is classified as 'marginal', with only 9.3% of the state classified as 'satisfactory'.¹¹
- GST revenue from the Commonwealth will increase somewhat from \$11,034m in 2006-07 to \$11,926m in 2007-08.¹²

■ Employment, unemployment, the working poor and poverty

Overall there have been positive changes in employment and unemployment rates however the gains have not been evenly experienced. There are still many pockets of chronic unemployment throughout the state where the unemployment rate stands at 8%.

- Employment growth in NSW remains at an annual trend rate of around 1.75%, below the national average of 2.6%.¹³ Between 2000 and 2006 the number of jobs in NSW grew by 262,000 to reach 3.29 million jobs. Over 92% of the job growth was for higher skilled occupations (skill levels 1 and 2 of the Australian Standard Classification of Occupations (ASCO)).¹⁴
- It is projected that by 2010, 31% of the total employment in NSW will be part-time jobs, increasing from 28% in 2005. Full-time job gains are more likely to occur in high skilled occupations.¹⁵ Manufacturing employment in NSW has fallen by nearly 40,000 persons over the last four years, or over 10%.¹⁶
- In 2005-06 in NSW there were 144,700 people in working poor households, 33,700 of them children. With inclusion of self-employed people the number rises to 244,000 and represents 4.2% of working households in NSW. 57% of working poor households are couples with children, followed by couples without children at 24% and sole parents and single people at 8%. Wages and salaries are the main source of income for 60% of people in working poor households, while government benefits account for 35%. While 31% of people in working poor households are less than \$50 a week below the poverty line, substantial proportions are in deeper poverty, with 28% being \$200 or more below the poverty line.¹⁷
- For low net worth households (represented by the lowest quintile), median net worth increased by 5% from 2003-04 to 2005-06. For households with middle net worth (represented by the third quintile), there was a 9% increase in the median value and for the highest net worth households (represented by the top quintile) there was an 11% increase.
- The NSW extended labour under-utilisation rate in 2006 was 11.5% and is consistent across all demographics. Extended Labour Force Under Utilisation Rate totals the unemployed, the under-employed plus two additional groups who are marginally attached (discouraged job seekers or persons unemployed who cannot start work immediately but could within four weeks).¹⁸
- Casual employment, accounted for 26.9% of the work-force in 2006. In NSW 26.8% of part-time workers sought full-time jobs in July 2005. More recent national data show that 61% of underemployed part-time workers were women.¹⁹ Nationally, employees account for 85% of people working in 2007. Of employees, 22% are casual. 25% of all employees do not have paid leave entitlements.²⁰
- The unemployment rate in NSW stands at 5.3%, with Sydney at 4.6% and balance of NSW at 6.6%. The long term unemployment rate was 1.4% in 2001 reducing marginally to 1.2% in 2006. The unemployment rate stood at 5.5% for males and 5.3% for females in June 2006. The unemployment rate for 15-24 year olds was 9.7% in 2006, whereas for 15-19 year olds, it rose from 14.3% to 18.2% over the year to August 2006.²¹ The indigenous unemployment rate in NSW rose from 15.7% in 2005 to 16.3% in 2006.²²
- In NSW, 11.3% of the population lives below poverty line (based on 50% of median income or \$281 p.w.); nationally there has been an increase from 9.8% in 2003-04 to 11.1% in 2005-06 representing 2,210,000 people and including 412,000 children.²³
- The wealthiest 20% of Australian households in 2005-06 accounted for 61% of total household net worth, with average net worth of \$1.7m per household. The poorest 20% of households accounted for 1% of total household net worth and had an average net worth of \$27,000 per household.²⁴
- The incomes of households considered to have the lowest levels of economic wellbeing (i.e. those people with household income between the bottom 10% and bottom 30% of incomes) grew by 8% (\$24 per week) from 2003-04 to 2005-06, compared to 13% for high income people. On another measure in 2005-06, 10.6% of total equivalised disposable household income went to people in the 'low income' group (i.e. the 20% of the population in the second and third income deciles), with 38.5% going to the 'high income' group (i.e. the 20% of the population in the highest income quintile).²⁵

In 2005-06 in NSW there were 144,700 people in working poor households, 33,700 of them children.

- Defaults across credit card debt, personal loans and mortgages rose by 35.5%. In NSW, mortgage belt suburbs with credit defaults are growing 43.5%, ahead of the state average rise in defaults of 40.2%. Credit defaults in regional NSW have climbed nearly 60% in the past financial year. Regional NSW had the highest increase in defaults rising by 60% between 2006 and 2007. Also a recent study found four in five Australians are worried about their ability to pay their debts in the next 12 months. Of these 51% were concerned about a rise in interest rates and 60% about a rise in living expenses.²⁶

■ Population²⁷

There are major implications for many public policy areas of population dynamics and the planning processes will need to keep up with the pace of population changes in order to provide appropriate social and material infrastructure.

■ NSW

- At June 2006 the population of NSW was 6.82 million, increasing by 242,000 people since 2001, at an average annual growth rate of 0.7%. Since 2001, Sydney has been growing by 0.8% per year, coastal regions by 1.3%, inland regions at 0.3%, although some of the larger towns are experiencing higher growth rates as people gravitate to them from smaller population centres.
- Over two-thirds of the NSW June 2006 population (67.0% or 4.57 million people) were of working age (15-64 years), an increase of 4.4% since June 2001. The Sydney Statistical Division (SD) at 68.9% (2.95 million people) was the only SD in NSW with a proportion of people aged 15-64 above that of the state as a whole. The Mid-North Coast SD recorded the lowest proportion of working age population in the state, with 61.3% (182,200 people) in this age group. Only ten of the 110 Local Government Areas (LGAs) in the balance of NSW had proportions of working age population above the state level of 67.0%.
- There were 918,900 older people (aged 65 years and over) in NSW, an increase of 60,900 people (7.1%) between June 2001 until June 2006. Older people account for 13.5% of the NSW population. Only the Sydney SD recorded a proportion of older people lower than the state as a whole. The highest proportion was recorded in the Mid-North Coast SD, where nearly one in five residents was aged 65 years and over (19.1% or 56,700 people)
- At June 2006, there were 1.33 million children (people aged 0-14 years) in NSW, representing a decrease of 11,400 children (0.9%) since June 2001. Children accounted for 19.6% of the NSW population in 2006.

- The median age of the NSW population in 2006 was 36.8 years, up from 35.9 years in June 2001.
- The Indigenous population has a much younger age structure, largely a product of high levels of fertility and mortality compared with the non-Indigenous population. Their median age of 20.5 years is about 16 years younger than the median age for the non-Indigenous population. It is estimated that by 2012 Aboriginal children will represent over 12% of the 0-14 age group of Australia's population. In contrast to total population growth, NSW's indigenous population growth was above the national average of 11%.²⁸
- In 2006 there were 139,994 Aboriginal people and 5,083 Torres Strait Islander people. Total indigenous population was 148,178 up from 134,888 in 2001 and represents 2.2% of the State population. The majority of indigenous people live in major cities (42%). Sydney's indigenous population has risen by 15.3% to 43,700 since 2001 while in non-Sydney NSW by 16.5% to 94,500. The LGAs with the largest Indigenous population in NSW in 2006 were Blacktown (7,058), Lake Macquarie(4,280), Dubbo (3,909) and Wyong (3,798).²⁹
- NSW loses 26,000 people per year to other states and territories. The net interstate migration loss in 2005-06 was largely due to a net loss in the younger age groups up to 34 years of age.³⁰

■ Sydney

- At June 2006, 63% (4.28 million people) of NSW's population resided in the Sydney SD. Population growth in the Sydney SD accounted for 65% (156,100 people) of NSW total population growth between June 2001 and June 2006.
- From June 2001 to June 2006, five largest increases in LGA populations all occurred in the Sydney SD, with the City of Sydney the largest increase at 34,900 people, followed by Baulkham Hills 19,900 and Blacktown 15,000, Liverpool 11,600 and Auburn (9, 400).
- Sydney has a relatively youthful profile overall. The Sydney SD had a median age of 35.5 years and only four of the 43 LGAs in the Sydney SD recorded a median age of over 40 years (Ku-ring-gai, Hunters Hill, Pittwater and Gosford). Within the Sydney SD, the lowest median ages were in the west and south-west metropolitan (31.7 years 32.4 years).

■ Inland NSW

- At June 2006, 1.18 million people lived in inland NSW LGAs representing 17.3% of the total NSW population.

- Many inland areas of NSW which have declined in population in the last five years have been affected by the recent drought. Far West SD recorded the fastest population decline, down 1.3% per year on average. The five fastest population declines in NSW between June 2001 and June 2006 occurred in inland LGAs, with Central Darling by 19.7%, Warren by 15.25% and Bourke by 14.6%.³¹
- Where there was an increase in inland NSW it tended to occur in major centres. The largest population increases in inland NSW during the five years to June 2006 were recorded in the regional centres of Maitland (8,300 people, 2.8% per year), Queanbeyan (4,100, 2.3% per year), Wagga Wagga (3,200), and Albury (3,000).

■ Coastal NSW

- At June 2006 there were 1.35 million people residing in the 21 NSW coastal LGAs, representing 19.8% of NSW total population. Combined, these areas recorded a population increase of 63,600 people (an average 1% per year) between June 2001 and June 2006. All coastal LGAs in NSW experienced population growth in the five years to June 2006. The largest and fastest population growth between June 2001 and June 2006 was recorded in Tweed with an increase of 8,400 people (up 2.2% per year), Newcastle (7,000 people), Hastings by 1.8% per year and Coffs Harbour, Eurobodalla and Port Stephens all increasing by 1.5% per year.
- There is a trend around in-migration of the older people to coastal areas coupled with out-migration of the young, particularly in mid North Coast and Richmond Tweed.
- Land-use changes on the coast are significant. For example, between Tweed Heads and Kingscliff on the North Coast, residential land use has more than doubled since the late 1970s and the area of commercial land has increased four-fold from 40 to 166 hectares.³²
- In contrast to Sydney, the number of people aged 55+ and 65+ in Coastal NSW is increasing more rapidly: a growth rate of about 65% is projected by one of the models over the 2001- 2016 period (the Sydney growth for those age groups is projected at 50% and 51% respectively).³³

■ Housing

Affordable, appropriate, diverse and equitable housing continues to elude increasingly large segments of the NSW population. There is a growing disconnection between place of residence and place of employment. Lack of affordable housing not only creates a personal and community level crisis but it also weakens the economy. Increasing the dwindling supply of housing and taking account of the demand

Affordable, appropriate, diverse and equitable housing continues to elude increasingly large segments of the NSW population.

for low and moderate income households is both a social and economic policy imperative.

■ Private Rental

- Sydney median weekly rent rose by 50%, in 10 years, to \$250 per week in 2006. In 43% of NSW postal codes, the median rent for a one-bedroom apartment was \$250 or more.³⁴ Indicative affordable rent for gross annual household income of \$30,000 is \$173 per week. For an income of \$40,000 the figure is \$231 per week.³⁵
- There is a shortage of dwellings for rental in the private market for households with low-moderate incomes. There was a shortage of 36,000 such dwellings in Sydney in 2001, for households with low-moderate incomes of up to \$447 a week (the lowest 22% of household incomes).³⁶
- It is estimated that only 11% of low income private renters in Sydney are accessing low rent housing stock. While no 2006 census analysis is available preliminary commentary from researchers in the field is that it appears that there will be the continuation of decline in low rent stock.³⁷
- 700,654 households in NSW households rent their housing, a 9% increase to 28.4% in 2001. In Sydney, 452,395 or 29.7% of households are renting, an increase of 35,932 households.³⁸

■ Home Ownership

- The number of home owners who fully own their house has declined in NSW with 142,691 fewer full owners than in 2001.³⁹
- The deposit required for a first home loan for a median-priced house has risen from an amount equivalent to about 25% of average annual household income to 60% of average annual household income, since the mid-1980s and is rising.⁴⁰
- Dwellings starts in NSW have decreased since 2002 from 49,590 dwellings to 31,330 in 2006 and an estimated 30,980 in 2007.⁴¹
- NSW median loan repayments were 40% higher than national median increasing from \$1,049 monthly repayment in 2001 to \$1517 in 2006, compared to \$1,300 nationally.⁴²

- The proportion of areas where housing is affordable has decreased by 55% to 17%.⁴³ Affordability has declined even in the traditionally more affordable areas further away from Sydney city such as the Greater Western Sydney (GWS). In 2000, Sydney-wide median dwelling prices were 21% higher than in GWS but by 2006 this differential was reduced to 14.5%. While incomes increased so did mortgages as illustrated in Campbelltown and Penrith where incomes increased by 27% and 34% respectively and mortgages increased by 73% and 69% respectively.⁴⁴

■ Housing Stress

- The number of people in need of housing assistance (which might not necessarily require public or other social housing) could be indicated by the number of low-income households in housing stress – both mortgagees and private renters, i.e. some 862,000 Australian households, which includes some 301,000 NSW households.⁴⁵ Housing stress is defined as spending more than 30% of household income on housing costs.
- Housing stress is extending to areas traditionally known for lower costs of housing. In particular coastal zones are mimicking the Sydney housing market as the sea change and retirement developments take place and opportunities for affordable housing are reduced.⁴⁶
- The number of households in housing stress in different locations, both private renters and purchasers, is as follows: Sydney Inner ring 36,000 / 7,000 (respectively), Sydney middle ring 32,000 / 14,000, Sydney outer ring 38,000 / 32,000, Gosford-Wyong SSD 9,000 / 5,000, Newcastle SSD 13,000 / 7,000, Wollongong SSD 6,000 / 4,000 and remainder of NSW 41,000 / 21,000.⁴⁷
- In NSW, the court applications for repossession increased by around 50% in 2005 compared with the previous year, and by about 10% in 2006 (5,368 applications)⁴⁸
- While 40 percent of tenants have been renting for more than 10 years, current leasing arrangements remain at typically a six or twelve month duration further exacerbating the housing stress.⁴⁹

■ Social and Public Housing

- Funds for social housing under the CSHA have fallen by at least a quarter in real terms since 1996. Non-profit housing is very small by international standards at 0.5% of total housing stock.⁵⁰
- The total stock of public, community, Aboriginal and crisis housing, including both capital and leased stock, is estimated to grow only marginally by 196 to 148,368 between June 2007 and June 2008.⁵¹ The number of households in social housing has only grown from 135,800 in 2000

to 139,200 in 2006. New public tenancies have declined from 11,600 in 2001 to 9,000 in 2006.⁵²

- There was a drop of 40% in numbers of people on the waiting list for public housing the last 6 years the income eligibility criteria were frozen until July 2006. Even so there are still some 60,000 applicants waiting for public housing. Applicants in NSW are likely to be waiting longer because the turnover of tenants is much lower than the national average and most other states.⁵³
- There has been a 21% increase in the number of Aboriginal people purchasing their home from 17,407 in 2001 to 21,151 in 2006. Increases occurred in private renting (from 16,133 to 18,845 / 31.9%) and state housing (from 10,795 to 12,510 / 21.2%) with a decline from 3,075 to 2,827 in social housing.⁵⁴
- The number of permanent dwellings managed by Indigenous housing organisations increased by about 2% from 4,088 in 2001 to 4,176 in 2006. In 2006, 18.8% of those dwellings were in need of major repairs and 2.2% needed replacement.⁵⁵

■ Homelessness

While data from the Supported Accommodation and Assistance Program (SAAP) provides information on documented agency response to homelessness, the actual number and distribution of homeless people in NSW is not well known. It is difficult to determine how well the government is responding to homelessness state-wide as 'there are no statewide performance measures or targets on homelessness... and limited benchmarking, and no formal means of spreading information on homelessness initiatives and projects.'⁵⁶

- According to the 2001 Census around 27,000 people are homeless in NSW. Of these 45% were living temporarily with friends and relatives, 29% were living in boarding houses, 15% were staying at a SAAP service and 11% were living in improvised dwellings and tents. (Chamberlain & McKenzie). Data on the number of homeless people from the 2006 Census is not yet available.
- In 2005-06, 25,950 clients and a further 11,400 accompanying children received assistance from SAAP services in NSW. In 2005-06 in NSW the largest client groups presenting to SAAP were males alone at 45.9%, 28% females alone and 20.3% females with children. The three top presenting problems continue to be domestic/family violence, relationship breakdown and problematic drug/alcohol/substance use. In NSW, problematic drug use was at 15% presenting problems, compared to other jurisdictions where it was at around 3% to 5%.⁵⁷

- Indigenous people continue to be over-represented, with 110 homeless per 10,000 people compared to around 40 non-indigenous people per 10,000 people in NSW.⁵⁸ 17.6% of SAAP clients in NSW were Aboriginal people (21% female and 13.5% male) compared to a relative population size of 1.7%.⁵⁹
- Single women are often described as the 'hidden homeless' and are less recorded as their lack of dependents enables greater mobility through 'couch surfing' with friends and relatives and swapping sex for shelter. In Australia, single women receive the lowest amount (4%) of recurrent funding from SAAP and in NSW they are the most turned away group of people.⁶⁰
- There are only an estimated 150 crisis accommodation beds for single women in the Greater Sydney metropolitan area, including none west of Parramatta. An illustration of the need is that between August 2006 and August 2007 Mission Australia's 23-bed shelter - A Woman's Place - has provided accommodation for around 600 homeless clients but has had to turn away more than 1,000 because of a lack of beds.⁶¹ In 2004, of 8,767 calls to HPIC made from Western Sydney Local Government Areas, nearly 2,000 or 22% were made by single unaccompanied women.⁶²
- 43% of homeless people in NSW are under the age of 25 and young people who request accommodation from a SAAP service have a 53% chance of being turned away. A snap shot phone survey completed by YAA in March 2007 of 42 regional and metro crisis accommodation services found that there were only 36 vacancies and only 3 of these were in metro Sydney. The cost of a SAAP service in NSW is estimated to be \$56 per day per young person compared to out-of-home care residential bed of between \$136 and \$246 per day and juvenile detention of \$786 per day per young person.⁶³
- In 2004-05 6,650 SAAP clients in NSW reported having a substance use problem, 3,350 reported having a mental health problem and 1,450 comorbidity.
- In 2004-05, NSW had the highest number of people turned away from homeless accommodation services of any state or territory with 58 potential clients and 33 accompanying children with valid requests for immediate accommodation being turned away each day.⁶⁴
- There is a significant relationship between being homeless and being re-incarcerated; in one study the rate of homelessness for those leaving prisons had almost doubled when compared with the pre-incarceration rate (20% to 38%).⁶⁵

In 2004-05, NSW had the highest number of people turned away from homeless accommodation services of any state or territory...

■ Health

The cultural, social and economic environment in which people live shapes their health. These factors are considered to be social determinants of health. Put simply, unequal societies are less healthy societies.

■ Access to Health Services

While there have been significant improvements, health inequities persist. The NSW population health survey 2006 shows that the proportion of adults who had difficulty getting health care increased by level of socioeconomic disadvantage, gender and location. 13.2% of adults reported difficulties seeking health care for reasons including waiting times, transport problems and shortage of services. Where people did not access health services cost was also cited as a major barrier to getting health care when needed (11.5% of women and 9.8% of men), to accessing dental care (28.2% of women and 24% men), and obtaining prescription drugs (10.8% females and 9.4% males).⁶⁶

■ Oral Health

Inequitable access to dental services has resulted in compromised health outcomes for large sections of the community in NSW. It is well recognised that public dental services in NSW are under significant strain, disproportionately affecting the oral health many disadvantaged groups.

There are currently 200,000 people on the NSW public dental waiting list. Children and young people wait for over two and a half years for an appointment for general care in Sydney South West Area Health Service.⁶⁷ Waiting times for children and young people experiencing pain can be up to 10 days in different parts of NSW.⁶⁸ While there have been some increases in the NSW oral health budget, per capita spending remains the lowest of any state or territory.

Among all children in NSW:

- Around 33% have evidence of tooth decay; and
- Less than 50% have a dental check-up each year.
- Of great concern is the increasing hospitalisation rate for the removal or restoration of teeth among children, which has increased by 80% for children aged 5 – 14 years.

Among adults in NSW:

- Two thirds do not have all of their natural teeth.
- Only one in 10 have a dental check-up each year.
- More than 25% have a filling each year.
- Hospitalisations for the removal or restoration of teeth have increased in recent years.

■ Mental Health

Robust mental health is a resource at both the individual and the societal level. It requires investment so that good mental health is promoted, the burden of mental ill-health is reduced and the rights of people suffering mental health illness are protected.

- NSW has over 1.1 million people living with mental disorders – an estimated 250,000 children and adolescents (aged 0–17 years), 760,000 adults (aged 18–64 years) and 120,000 older people (aged 65 and over). Mental disorders are estimated to account for 60% of all “years lived with a disability” for people aged 15–34 years. Almost one in six (17%) NSW secondary school students reported high levels of psychological distress in 2005.⁶⁹
- A recent community sector survey showed clearly that when agencies were asked to list priority services their clients most needed (other than their own) they identified mental health, alcohol services and long term accommodation as most important.⁷⁰
- Depression is the leading cause of non-fatal disability in Australia, with less than 50% of people receiving medical care. Depression-associated disability costs the Australian economy \$14.9 billion annually, with more than 6 million working days lost each year.⁷¹
- The NSW Sentinel Events Review Committee recently reported that around two thirds of assessments were neither seen nor discussed with a psychiatrist, most received medication with only 42% receiving psychological treatment, the contact was too brief, with 59% clients receiving one or two contacts only, or if in continued care one contact per month only.⁷²
- Women adult survivors of child sexual abuse (CSA) are 3 to 5 times more likely than non victims

to experience a major depressive condition. At around 34%, women adult survivors of CSA represent the greatest percentage of women requiring services from community and mental health services. 60% of women survivors present after more than 10 years following the assault, but given that services tend to be prioritised towards crisis work waiting times for individual therapy are up to 18 months.⁷³

- The psychological profile of people in prisons is increasingly marked by mental illness. 78% of men and 90% of women assessed at corrective custody reception had at least one mental illness diagnosis including psychosis, affective disorder, anxiety disorder, substance use disorder, personality disorder or combinations of these. One in twenty prisoners reported that they had attempted suicide in the 12 months before interview.⁷⁴ During 2005–06, 500 offenders required urgent mental health assessment upon reception and over 1,600 were assessed after staff made notifications.⁷⁵

■ Drug and Alcohol Use⁷⁶

- In NSW in 2005–06 43,798 drug and alcohol treatment episodes were provided by 282 government funded agencies.
- Alcohol was the most common principal drug of concern in closed treatment episodes (43%), followed by cannabis (20%), opioids (20%, with heroin accounting for 16%), and amphetamines (11%).
- Close to one-third of closed treatment episodes in NSW were for clients aged 20–29 (31%) or 30–39 years (31%) and the overall proportions of male and female clients in NSW (67%/33%, respectively) were similar to the national proportions (66%/34%).

■ Women’s Health

- Cardiovascular disease account for 43% of all deaths in women. Breast cancer (16%) is the most common cause of female cancer deaths followed by lung cancer (14%), and colo-rectal cancer (13%). In 2005, almost 7% of females in NSW aged 16 years and over reported having diabetes or high blood sugar, a significant increase since 1997 when it was around 4%.⁷⁷
- ABS Crime and Safety Survey 2002 found that 28% of female victims of sexual assault reported that they had been injured in the most recent incident. For assault, the Indigenous female age-specific death rates ranged between 7 and 13 times those for the equivalent age groups in the total Australian female population.⁷⁸ Over 19,765 apprehended domestic violence orders were granted in NSW in 2006.⁷⁹

- Females in the 15-24 age group were around two-and-a-half times more likely to be hospitalised for suicide attempts than males in this age group, with 2,159 hospitalisations of females and 925 hospitalisations of males recorded in the financial year 2004–05.⁸⁰
- In 2006, 72.8% of females aged 25-69 years had a pap test in the past two years with a significantly lower proportion of females aged 20-24 years (51.9%). A significantly higher proportion of females in rural areas (77.8%) than urban areas (70.8%) had a pap test within the last two years - for example the Hunter and New England Health Area (80.9%) compared to Sydney West Health Area (65%).⁸¹ Women with disability have low rates of participation in health screening programs, including pap smears. The main reasons for this are a lack of accessible beds and inability to transfer.⁸²
- Between 1990 and 2004, the teenage pregnancy rate in NSW declined from just over 2% of all teenage girls to 1.5% of all teenage girls. The teenage pregnancy rate was consistently higher among girls living in the lowest socioeconomic group than in the highest socioeconomic group over this period (with a ratio of 8:1 in 2004).⁸³

■ Aboriginal Health

- Aboriginal people have significantly lower life expectancy than the non-Aboriginal population, with most estimates suggesting a seventeen year life expectancy gap.⁸⁴
- Across Australia Aboriginal people have higher rates of long term and chronic health conditions, including arthritis, asthma, back pain/problems, diabetes, heart disease and kidney disease.⁸⁵
- Despite some decline the perinatal mortality of babies of Aboriginal mothers is higher than for non-Aboriginal mothers, and rates of low birth weight and prematurity also remain higher amongst the Aboriginal population.⁸⁶
- More than three-quarters of Aboriginal deaths in NSW are potentially avoidable.⁸⁷
- Rates of risk-drinking are much higher amongst the Aboriginal population than the non-Aboriginal population,⁸⁸ however there is some evidence that overall Aboriginal people are less likely than non-Aboriginal people to consume alcohol.⁸⁹
- Rates of smoking amongst Aboriginal people in NSW are more than twice the rate of the rest of the population for both men and women.⁹⁰
- Data collected across a number of states indicates that notification rates for Indigenous people were higher than the non-Indigenous population across a number of communicable diseases, including syphilis, gonococcal infection, Hepatitis A, B and C.⁹¹ STIs also cause Indigenous people to be hospitalised at much higher rates than non-Indigenous people (four times the rate for

Aboriginal people have significantly lower life expectancy than the non-Aboriginal population, with most estimates suggesting a seventeen year life expectancy gap.

Indigenous males and six times the rate for Indigenous females).⁹²

- Aboriginal and Torres Strait Islander people are more likely than non-Indigenous Australians to have lost all their teeth, have gum diseases and receive less caries treatment.⁹³
- Indigenous Australians aged 18–24 years were 1.5 times as likely to have a disability or long-term health condition as non-Indigenous young people.⁹⁴
- Although there is a general lack of data available, evidence indicates that depression, self-harm and suicide are at high rates compared to the rest of the population.⁹⁵

■ Disability, Community Care, Older People

■ People with Disability

- Australia has the lowest average personal income for people with disabilities, at 44% of the income of people without a disability.⁹⁶
- 30% of people with disability had completed year 12 compared to 49% of those with no disability. Their labour participation rate was 53% and the unemployment rate 8.6% compared with 81% and 5% for those with no disability.⁹⁷ Nationally 42% said their caring responsibilities were the main reason for being out of workforce.⁹⁸
- NSW continues to show the lowest usage rate of community accommodation and care services and from 2003-04 until 2004-05 appeared to be the only the state where the usage declined from 73.1% to 72.7%.⁹⁹
- Despite providing services to the fewest service users, respite services showed the greatest rate of growth in service user numbers, increasing by 33% over the past three years (2003–04 to 2005–06). This was followed by community support, which increased by 23%, and employment, 14%.¹⁰⁰
- Aboriginal and Torres Strait Islander peoples have severe disability rates approximately 2.4 times that of other Australians. The percentage of Indigenous service users in NSW stands at 3.3%. In general, reported primary disability groups

were similar for Indigenous and non-Indigenous service users. The most commonly reported primary disability groups for Indigenous service users were intellectual (39%) and physical (14%), followed by psychiatric (12%).¹⁰¹

■ Carers

- There are estimated 750,000 carers in NSW or 11% of the NSW population. Young carers under 25 in NSW, account for 2.6% of all people under 18 and 4% of all people under 25. Carers contribute 1.2 billion hours of support, with an imputed value of more than \$6 billion annually in NSW; the estimated government expenditure on carers is under \$35 per year for each primary carer in NSW.¹⁰²
- Current ratio of 57 primary carers per 100 people over 65 with a severe or profound disability will drop to just 35 carers per 100 people by 2031. Carer numbers will rise by 57% yet the increase in numbers of older people requiring care will be 160%. The lowest concentration of care workers occurs in NSW where there are 9.2 care workers per 1,000 residents overall compared to 10 per 1,000 nationally.¹⁰³
- Carers have the lowest wellbeing index score of any group in Australia. The average score of the Australian population is between 73 and 76 while carers' average score is significantly lower at 58.5. More than one third of carers were found to be severely or extremely severely depressed.¹⁰⁴
- 78% of primary carers lived with the person they supported; 75% of carers were of workforce age although 45% were not in the workforce; the median gross personal income for a primary carer was \$224; 55% of primary carers relied on a government allowance or pension as their principal sources of income.¹⁰⁵ 45% of sole parent carers (supporting a child with a disability) spend more than 20% of their income on medical costs.¹⁰⁶

■ Home and Community Care

- HACC reached 196,442 people in NSW. In 2005-06, 45.9% HACC clients received only one service type, 23.3% received two service types, 14.7% received three service types and 16.3% received four or more services types.¹⁰⁷
- NSW had the lowest annual average expenditure per HACC client at just \$614.¹⁰⁸
- 91.5% HACC clients received a government pension or benefit, 67.4% Aged Pension, 11.2% Disability Support Pension and 11.2% Department of Veterans Affairs. 54.6% of HACC clients lived with family or friends while 45.4% lived alone.¹⁰⁹

- The majority of HACC clients in NSW are aged 70 years and over (73%); 18% are aged 50 to 69 and just 10% are aged under 50 years. NSW has the lowest proportion of HACC clients aged under 50 years in the country.¹¹⁰
- In NSW 1.7% of HACC clients are carers compared with 12.6% in the ACT.¹¹¹

■ Older people

While majority of older people age well and with good health and adequate retirement income and lifestyle, there are many who are prevented from full participation in the social and economic life by barriers of disadvantage such as poor health, inadequate income and insecure housing.

- There are currently around one million people in NSW aged over 65 years, representing 13.5% of the population. By 2026 this number is expected to increase to over 1.5 million people, over 20% of the population. The proportion of people over 85, (where health and institutional costs markedly rise) will also double by 2026.¹¹²
- The employment participation rate for people aged 55-64 has risen from 58.5% in 2001 to 63.3% in 2005 and for females for 34% to 42.1%. In the same period, part-time employment for males rose from 14.9% to 16.4% while that of females declined from 49.9 to 47.6%.¹¹³
- Older people also take on caring responsibilities. Of around 275,000 carers in NSW providing support to people with severe or profound disability, 60,000 carers are aged 65 and over and 24,000 are aged over 75.¹¹⁴ In 2003, there were 22,500 Australian families in which grandparents were guardians of their grandchildren (31,100 children aged 0-17 years).¹¹⁵
- Numbers of low income older people (aged 65-79) and low income frail aged people (aged 80 years plus) on an aged pension in the rental market and in housing stress will increase by 36% since 2004 from 47,000 people to 64,000 in 2014.
- While \$49,937m has been committed for 262 new homes for older people, the projected growth of this population subgroup will require additional funding.¹¹⁶
- While many older people will age healthily there will be an increase in health issues and injuries associated with longevity. Injury as a result of falls is projected to increase by 94% in the next two decades.¹¹⁷ At age 85 years, one on four people will have dementia.¹¹⁸

■ Education

Education has the power to counteract the inequality of life outcomes. However, through growing inequity between economically disadvantaged and well-resourced schools the education system can also reinforce social exclusion rather than mitigate the disadvantage. Early school leaving is a particularly serious indicator of wider inequality in education.

In 2006 there were 1,109,000 students in NSW and most of the indicators of school outcomes have remained relatively steady since 2000.¹¹⁹

- The proportion of students in government schools has declined slowly since 2000 from 69.4% to reach 67% in 2006.¹²⁰
- Subsidies to private schools comprise 74% of the federal recurrent (annual) funding of schools. In 2007-08, private schools will receive \$5,509,193,000 and public schools \$1,931,581,000.¹²¹
- Numeracy and literacy outcomes in year 5 (students attaining band level 3 or higher) are steady at 94.1% and 93.4% in 2005. Indigenous students' results are still around 13-15% lower at 79.4% and 80.1% respectively. There is no disparity of outcomes for CALD students.¹²²
- Apparent retention rate in 2006 for full-time secondary students was 73% (68.2% for government schools and 80.9% for non-government schools). While there was an increase from 70.3% in 2001, NSW was behind ACT (88.9%), Victoria (82.1%) and Queensland (78.3%) and below the national rate of 76.1%.¹²³
- In NSW there were 41,449 indigenous full-time students, the highest number in Australia. There were more male students than female indigenous students, 21,216 and 20,233 respectively.¹²⁴ Nationally the apparent retention rate for Indigenous students to year 12 grew from 35.7% in 2001 to 40.1% in 2006. For the same period non-indigenous apparent retention rate was 74.5% and 75.9% respectively.¹²⁵
- Public high schools in NSW have 62.5% of all pupils but this includes 79% of those with disabilities, 80% of those who are poor and 91% of recent immigrants and indigenous pupils.¹²⁶
- 35% of counselling time is crisis based due to family breakdown, domestic violence and sexual assault.

■ Post School

- Post school outcomes have generally improved and the proportion of people aged 25-64 years with a bachelor degree qualification or above increased from 19.8% in 2000 to 25% in 2006.¹²⁷
- 562,100 students participated in Vocational Education and Training in 2005 compared to

Carers have the lowest wellbeing index score of any group in Australia.

570,500 in 2001. A 9% fee increase in 2008 is well above the CPI and may bring about the repetition of the 2004 decline in enrolments

- Trade Apprenticeships continue to show an under representation of women. In NSW in 2006, there were 6,576 women in-training as a trade apprentice, comprising only 13.5% of this group.¹²⁸

■ Law and Justice

Although the crime rate in NSW is stable the number of prisoners is growing and additional prisons are being built.

- NSW has the third highest imprisonment rate after the Northern Territory and Western Australia - 182 prisoners per 100,000 adult population.¹²⁹
- There were 9,822 prisoners in NSW in 2006. 92.5% were males and 7.5% were females and 18.9% were indigenous; the rate of Indigenous appearance in court on criminal charges is 13 times that of non-Indigenous Australians and the rate of Indigenous imprisonment in NSW is ten times that of non-Indigenous Australians, higher than at the time of the Royal Commission into Aboriginal Deaths in Custody.¹³⁰ The fastest-growing group in NSW prisons is Aboriginal women followed by women in general.¹³¹
- Trend calculation from July 2004 July 2007 showed that of 17 major offence categories only one was up (malicious damage to property), four were down and the rest were stable. However there is upward trend in the proportion of convicted offenders going to prison.¹³²
- Number of persons sentenced to imprisonment in NSW rose from 7,309 in 2005 to 7,531 in 2006 and this represented 6.5% and 6.8% respectively of all persons found guilty. Highest imprisonment rates were for break and enter 49.7%, motor vehicle theft 42.0% and deal/traffic in illicit drugs 25.4%. The average duration of imprisonment for those offences was 8.9 months, 7.8 months and 7.3 months, respectively.¹³³
- If all those who currently receive sentences of six months or less were instead given non-custodial

penalties, the number of new prisoners received in NSW prisons would drop from about 150 per week to about 90 per week, the NSW prison population would be reduced by about 10%, and there would be savings of between \$33-47m per year (excluding the one-off admission costs for newly arrived prisoners) in the recurrent cost of housing prisoners.¹³⁴

- Cost of custody services per inmate per day has risen from \$154.47 in 2001-02 to \$189.69 in 2005-06 (national average \$170.14). Cost of community based correctional services per day in 2006-07 was \$10.37 (national average \$11.60).¹³⁵
- Recidivism rate within two years is 43.3% returning to prisons and 17% to community services.¹³⁶
- There is a relationship between juvenile and adult criminal careers. 68% of juveniles reappeared at least once in a NSW criminal court within eight years of first appearing before Children's Court. Non-indigenous males who first appeared at court aged between 10 and 14 reappeared, on average four times within the next eight years, Indigenous males, 12 times, non-indigenous females twice and indigenous females six times.¹³⁷

■ Non-government community services: industry planning

The NSW Government is increasingly delegating responsibility for service delivery to non-government organisations and this has major implications for the sector and its workforce.

The community services sector is one of the fastest growing sectors of our economy. However, unlike many other jurisdictions, there is neither a sector-wide industry plan nor any comprehensive and current workforce profile of the NSW community services sector.

This profile is essential to understanding the needs of the sector and the development of strategies to address workforce shortages, skill requirements and meet the current and emerging needs of the various client groups.

Some of the key characteristics and emerging issues for the sector include:

- In NSW, the health and community services sector is the third biggest employer and employs an average of 9.9% of the total workforce, rising to around 15% in some locations.¹³⁸
- National estimates are that there were 334,727 people working in community services occupations of which 243,235 were directly in community services.¹³⁹ There is no reliable data

available specific to the NSW situation nor is there detailed breakdown of occupational categories within the community sector. The development of this data is a priority.

- The services sector, of which health and community services is a large part, contributes \$18,122m (6.4%) to the NSW industry output and is ranked third in terms of its contribution to the State's economy, after finance and insurance and business and property services.¹⁴⁰
- There is a growing demand for services without the concomitant increase in the workforce. A recent survey of 225 agencies in NSW showed that while some people have been turned away because they did not meet eligibility criteria, 66% of people were turned away because services 'are operating at maximum capacity and have to ration access.'¹⁴¹
- Nationally, there are forecasts of a growing demand for health and community services accompanied however by an increasing rate of retirement. Employment in community services is forecast to grow to 270,500, with average annual growth of 2% or 16.8% to 2011-12. The combined community services and health employment will grow from 936,300 to 1048,700 or 13.4% between 2003-04 and 2011-12.¹⁴² It is anticipated that from 10% to 40% of the community services workforce will retire in the next 15 years.¹⁴³
- The community services industry has 37.4% of workers in the over 45 years age group compared to the all industry average of 34%. Some 13% of workers in the community services industry are aged 55 years and over, compared with 11.8% across all industries.
- 86.6% of all workers in community service occupations are women and 51.6% are part-time workers (compared to an average of 44.6% female workforce and 28.4% of all workers with part-time employment). One of the few community services dominated by male workers is Aboriginal and Torres Strait Islander health workers; of which 57.7% are men.¹⁴⁴
- Along with the retail industry's average of 30.1 hours per week, the health and community services industry had the lowest average weekly hours for workers of 30 hours a week in 2005, with 45% employed part-time. It is likely that health and community services reflect the national trend of full-time professional staff working longer hours.¹⁴⁵
- Overall rates of pay in community services compared to other industries are less than average wages. In 2004 the average weekly wage for a full-time worker was \$916 per week (full-time non-managerial employees). In each of the community services occupations, wages were lower than this average - the highest average total weekly earnings in community services

were paid to social workers (\$909.89) and the lowest to Aboriginal and Torres Strait Islander health workers (\$547.76) and child care workers (\$570.09).¹⁴⁶

- Several recent nation-wide studies as well as state based surveys have found that almost half of community workers surveyed expressed dissatisfaction with their remuneration. Younger people were more likely to be dissatisfied 50% of people who were under 35 years old and 52% aged 35-44 years old.¹⁴⁷ Many are actively recruited and leave for higher pay in the public sector.
- Average wage increases have been higher in the public sector at around 4% compared to SACS wage increases of around 2%.¹⁴⁸ In NSW there are estimated 30,000 people employed under the Social and Community Services (State) Award (SACS).¹⁴⁹ In Western Australia estimates suggest that pay differences between government and non-government services are as high as 12-21% for a residential care worker, 75% for an executive director and 9% for a nurse.¹⁵⁰
- 72% of agencies responding to the annual Australian Community Sector survey conducted by the Australia Council of Social Service agreed that the unfunded work by staff and volunteers had increased between 2004-05 and 2005-06. In addition, 58% indicated that they had experienced difficulty attracting appropriately qualified staff. In 2005-06, respondent agencies' average staff turnover was equivalent to 14.3% which is marginally higher than the all Australian industry average of between 10% and 12%.¹⁵¹
- In terms of training, young people are more likely to be dissatisfied with training opportunities in their community services work 35% of all people under 35 years old compared to an average of 27% of community service workers generally who were dissatisfied.¹⁵²

■ Endnotes

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⁴ John Kenneth Galbraith

⁵ ANZ States and Territories Update, Economics@ANZ, October 2007 and 1338.1.55.001 - Statistical Trends, NSW, 2007

⁶ ABS 6401.0 - Consumer Price Index, Australia, Sep 2007

⁷ www.interest.com.au/News/index.htm and RBA

In NSW, the health and community services sector is the third biggest employer and employs an average of 9.9% of the total workforce...

publications and other commentators including Bill Evans, Chief Economist Westpac 12 Oct 2007,

⁸ Budget statement 2007-08 Budget Paper No. 2

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Rural and Regional Consultations



■ Introduction

Since 2002, NCOSS has held consultations with communities in rural and regional areas of NSW to identify the critical social policy and human services issues that are faced in these locations.

Our aim is to cover the whole State in this continuing 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 2007 meetings were held with groups in Dubbo, Albury and Muswellbrook. Despite consultation fatigue, all the meeting groups and organisations we visited generously shared their information with us.

Common Themes

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

Health issues are once again a priority. The lack of trained Aboriginal staff to work in the areas of mental health, drug and alcohol, youth health and sexual health; lack of access to education programs on dental care, particularly for children; the cost of accessing the few services that do exist in rural areas; the lack of specialists and long waiting lists to see those available. There were calls for a 'one-stop shop' to provide holistic services.

Transport is the theme underpinning these issues. 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 issues, specific local concerns were raised in consultations.

Culturally appropriate services and education programs for those providing services to Aboriginal communities were called for.

Workforce development issues, in regard to the difficulty in attracting and retaining trained Aboriginal workers in rural and regional areas, were identified. Cadetships were suggested to encourage Aboriginal people into professions.

Dubbo

Dubbo is a large regional centre and a major public transport rail and coach hub in North Western NSW. The current population is above 38,000 and continues to grow. The original inhabitants were the Wiradjuri Aboriginal People and in 2006 the Aboriginal population was recorded at 9%, however, the Dubbo Aboriginal Working Party suggests a much higher figure of 20%, with under 25 year olds making up 61%.

NCOSS held its consultation at the Gordon Centre in West Dubbo where the selling off of the Gordon Estate is causing community breakdown. Long term residents are being forced to move away from support to places where they are not welcome. There is a significant and growing homeless population. The criteria for public and community housing and the difficulty in getting a housing reference, particularly if there have been tenancy problems, contribute to this. There is also stigma attached to being from West Dubbo. Illiteracy causes problems when filling in rental forms and there was a call to make government forms and services more user friendly. There is a lack of emergency housing and stress from overcrowding in existing housing. It was suggested that a Memorandum of Understanding between the Department of Housing and Police would assist in dealing with disturbances on public housing estates.

Aboriginal people have difficulty identifying what health services exist and how to access them. Travel by bus to and from appointments, especially from West Dubbo, can be time consuming and expensive. Community transport was seen as difficult and confusing to use and would be better utilised if expanded within the greater Dubbo region. Better discharge from hospital both in terms of transport and follow up were needed. A one-stop shop to provide holistic health services in West Dubbo was suggested to assist the existing unfunded weekly outreach service. There are not enough services for substance abuse and mental health treatment plus there is a three month waiting list for free community counselling. People are turning to the hospital

emergency department for mental health services. People with depression often do not self-identify and therefore lack support.

In education, funding for staffing, transport and facilities were all major issues. Obtaining funding for teachers and instructors in West Dubbo was particularly difficult. Many parents are not aware of importance of early schooling through pre-school resulting in poor attendance outcomes for their children. Other issues raised included the need for childcare spaces at the TAFE Outreach and for curricula to be more appropriate for Aboriginal people.

It is important for Aboriginal people to see their own people working in local businesses, however, racism and distrust are still barriers to employment in Dubbo. Although there are more programs for Aboriginal people to help access work these are progressing slowly.

Aboriginal people are not aware of the implications of having an Apprehended Violence Order (AVO) against them, and the fact it could affect employment in later years especially if applying for government or carer positions. There was a call for a different type of AVO and more education on its effects.

Many Aboriginal people do not know enough about the importance of voting which was a disincentive to vote and contributes to political disenfranchisement.

Albury

Albury City is one of the largest inland regional cities in NSW. There were an estimated 44,421 persons living in Albury City in 2001. 1.8% of the population identified as Aboriginal or Torres Strait Islanders, however, local Aboriginal leaders suggest that the figure is higher given the transient nature of the community. A significant proportion is under 25 years of age.

Participants at the Albury consultation said that after hours health services are very expensive to access. There is an Aboriginal Medical Service, although it is always difficult to maintain doctors in the area. Participants noted issues with information on STDs and contraceptives, early diagnosis of diabetes. Transport to health services are also a concern.

It is difficult to access dental services because there are few dentists in the area and long waiting lists. There are Aboriginal dentists available in Wagga and a bus run is provided to access this service. Dental services are also expensive and some people are using No Interest Loans (NILS) to pay for them. Participants said there is a need to focus on dental care for pre-school children and to use community

health home visits to assist with education, cleaning and referrals. A cadetship program to encourage Aboriginal people to become dentists was also suggested.

There is very limited housing availability for Aboriginal people and it is extremely difficult to gain rental accommodation. This means there is overcrowding in existing premises. The provision of basic living skills for people moving into the housing market and the use of a case management model to address other problems facing individuals was suggested. More resources for accommodation services, particularly to support young people, were suggested.

Youth services are generally underfunded, although there are some good programs such as “Hoop Tech” basketball. Relationships between police and Aboriginal young people could be improved – there is currently no Aboriginal Liaison Officer in Albury. There is also a shortage of Aboriginal Educational Assistants in local schools and only one employed for high schools.

Transport is a real issue for young people in the area. Many young people are not able to gain a drivers licence because of unpaid fines, such as riding a bicycle without a helmet. It is difficult and expensive for NGOs to broker local transport services.

There is poor integration and communication between services because of restraints on workers attending meetings.

Muswellbrook

The original inhabitants of the Muswellbrook area were the Wanaruah and Kamilaroi Aboriginal people, and in 2006 the Aboriginal population was 4.7%.

Locally, companies such as Mt Arthur Coal have developed programs such as the Aboriginal Employment Working Group to help increase the employability of Aboriginal people. From a Land Council perspective, this process has had some successes. The importance of local companies recruiting local people for local jobs is encouraged by the Aboriginal Reconciliation Committee.

Participants at the Muswellbrook consultation said that access to dental and optometry services, especially for older Aboriginal people, is critical, and suggested the restoration of mobile outreach services.

Funding for premises to provide education programs for health, women and young people, a crisis centre for drug and alcohol, mental health and domestic violence programs, and Aboriginal workers to run them, were strongly suggested. Community Health provides one worker doing outreach over a

Many young people are not able to gain a drivers licence because of unpaid fines, such as riding a bicycle without a helmet.

huge geographical area. Existing drug and alcohol services operate from the Council’s building but do not get many referrals because there is no Aboriginal worker. The local Mental Health Unit will not deal with people with drug and alcohol dependency, although Awabakal provides some of these services. An Aboriginal worker is also needed to deal with 8-15 year olds on drug and alcohol and mental health issues. There is no probation and parole worker.

The lack of public housing and the difficulty that Aboriginal people have in accessing private rental accommodation were raised.

Muswellbrook South has a “Schools in Partnership” local management group and was using ASPA money to fund two in-class tutors for Years 7 and 8. Year 10 retention rates were 100% in 2004. Buda Muda is funded to provide a bus to pick up kids to take to the homework centre. There are only three preschools between Muswellbrook and Scone and no identified places for Aboriginal kids. There is no transport to assist with the transition from preschool to kindergarten.

Aboriginal Home Care has now been integrated into Hunter Home Care. There is a lack of programs for older people in the area, although Council runs a bus service from Walcha to help communities do shopping, morning teas and outings. Singleton Council also provides some services.

Recruiting Aboriginal workers to Muswellbrook is difficult. Participants said that locals often have police records and cannot apply for these positions. Early intervention was suggested to circumvent this. TAFE courses targeting hands on work for Aboriginal young people were suggested.

Results

The Aboriginal consultations have informed recommended actions through this Pre-Budget Submission, particularly in seeking improved outcomes in relation to health, housing, education, domestic violence, child sexual assault, 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 respectful of their culture.
- That priority is given to the training and employment of Aboriginal workers for Aboriginal specific and mainstream services.
- That funding earmarked for Aboriginal Health delivers what it should on the ground.
- That priority is given to assist Aboriginal people with the problems they face in obtaining affordable housing, accessing emergency accommodation and homelessness.
- 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.

■ Consultations with rural and regional services and communities

In 2007, NCOSS visited three regions in NSW to seek input from rural and regional communities on their needs and priorities for this Pre-Budget Submission. Visits were 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 general community consultations and met with individual organisations in Orange, Dubbo, Albury, Wagga Wagga, Muswellbrook, Maitland and the Blue Mountains (Lawson).

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. 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.

Common themes

- Health, as always, was a major issue with gaps in services identified across all regions, particularly in regard to allied health and specialist services, mental health, dental and drug and alcohol and women's health services. Long waiting lists, high costs and difficulty of access because of poor transport links are ongoing issues.
- Increased social problems arising from the lack of affordable housing, and a lack of service support 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.

- Concern 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 also high on the agenda. Of particular concern was the failure to plan transport access to services, something that should be a basic consideration when new services and 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.
- A need for improved support and resourcing for small to medium sized community based organisations, which are grappling with increased administrative compliance due to the entrenched funding of pilot projects and short funding cycles if projects do roll over, governance and professional development issues.
- A call for one stop shops or regional service hubs to improve access to services and enable better integration of government and NGO service provision.
- Need for a workforce development strategy, including access to training, to assist with recruitment and retention.
- The lack of support for children in older age groups was noted in all consultations with the identification of huge gaps in services for children in the middle years across child and family services, health and education.

Orange

The lack of transport services in Orange is causing social isolation, difficulty in accessing services, finding and getting to jobs, purchasing fresh food and participating in leisure activities. There is only one taxi in Orange that caters for people with a disability and Community Transport is expensive. The lack of accessibility and cost also make it difficult for Aboriginal people to feel part of community.

Providing public transport on weekends, transport subsidies for families, concessions for health care card holders and linking transport to services were suggested strategies to prevent social isolation and allow opportunities for employment.

People trapped in social housing find it hard to break into the private rental market or buy their first home. There is discrimination against Aboriginal people in the private rental market and it is difficult for them to move out of public housing. Also, Aboriginal people using Indigenous Business Australia loans are competing with investors to purchase homes and often miss out. Aboriginal people find hostels daunting and not culturally appropriate. The impact is that the majority of the local Aboriginal community

lives in overcrowded public housing. Young people find it difficult to rent for the first time with no rental history. Young mothers with children are missing rental properties and cannot access domestic violence services with their children.

Expanding community housing, moving people away from public housing estates and integrating housing throughout suburbs were suggested as strategies to address these difficulties. Habitat for Humanity, which seeks to eliminate poverty and homelessness by building houses, has started a small program in Orange. More appropriate transitional care and supported accommodation for young people with disability or mental illness and flexible group housing for people with disabilities and carers is required.

There is a demand for aged care services. Housing stock is not suitable for the ageing population and may require costly modification. Concerns were raised in relation to the situation of ageing carers of children with disabilities and older married couples who are often separated in aged care facilities when one's care needs become higher.

Strategies to fill the gap between the ComPacks package finishing when older patients are discharged from hospital and when government services start are required.

The Aboriginal Medical Service has been operating for two years and has taken pressure off the emergency ward at Orange Hospital. Aboriginal people are now using it more for preventative treatment.

On a positive note, a number of successful programs working with Aboriginal people were identified. These included The Mob Connection project, which aims to connect with marginalised Aboriginal young people from Orange and surrounding areas by providing a range of activities such as after school programs, vacation programs, recreation activities and mentoring programs, and the Better Pathways project, which aims to assist young Aboriginal people who are at risk of disengaging with education and also to reward those who are achieving are having some success. Programs focussing on early intervention and transition to education, engaging with fathers to provide a mentoring and support role and "Slow Food", a program which teaches the community how to prepare and cook nutritious food were also mentioned.

The provision of culturally appropriate services, and education programs for mainstream services which focus on basic equality for access and opportunity and create a positive image for Aboriginal people, were suggested.

There is a lack of services, problems with coordination of existing services and lack of support for voluntary organisations.

Dubbo

NCOSS held one general community consultation in Dubbo and one consultation specifically for Aboriginal organisations and communities. The issues below reflect discussion at the general consultation

Dubbo is a regional centre in the Orana (Central West and North West) region of NSW. Populations in drought affected Orana towns such as Coonabarabran are shrinking and Dubbo is increasingly providing services, including outreach services, to populations in the Far West. The burgeoning mining industries located near these towns cannot fill positions and the drought affected rural industry is suffering the same fate. The increase in mining is impacting on resources, services and infrastructure in Dubbo, and distance impacts on the cost of food and transport.

Communities with a range of related concerns include farming families, Aboriginal families and those in remote small communities, where there are pockets of serious disadvantage and no transport links. People in Bourke and Brewarrina have to travel 5.5 hours to Dubbo to access services and then another 1.5 hours to Orange for health services.

There is a lack of services, problems with coordination of existing services and lack of support for voluntary organisations. There is difficulty in recruiting and retaining professionals. Suggested strategies for recruitment and retention include the promotion of rural careers through schools and universities; mentoring and support programs and consistency of strategies between government and NGOs.

Dubbo often loses out to Orange in attracting funding for health services. Better coordination of services, particularly with alcohol and other drug services, and adequate resources for respite and community support are needed. There is high demand for the 18 bed mental health unit at Dubbo Hospital but inadequate assistance when patients are discharged. The social and mental health of farming communities in the wake of the drought is of increasing concern. Mental health issues have a big impact on community based services, and untrained volunteers are often

called on to support people dealing with mental illness.

People travel long distances to Dubbo to access GP, renal, chemotherapy, paediatric and other specialist services, impacting on families. There is a high rate of kidney disease, linked to diabetes, in Aboriginal communities. Resources are needed for home dialysis, transport to access health services and support networks. Health treatment decisions are often informed by competing priorities – people may not choose radiotherapy due to issues with transport, drought, caring needs or farm commitments, delaying treatments at the cost of their longevity. There is a need for accessible, user-friendly, culturally appropriate services. Individual service plans with the client being the owner of the information would mean that clients would not have to repeat their stories. Telehealth was not seen as the best model for all clients - many people do not have access to computers or know how to use them.

Services are often funded as pilot programs with short term, non-recurrent government funding, causing frustration when the project ends. If funding cycles are too short, services do not have time to show outcomes and services spend precious time and resources making applications for further funding. There is a perception that Government has a Sydney-centric view when deciding how funding to rural areas should be allocated. There is a perceived tension between Government and NGOs, and between NGOs themselves. NGOs do not see themselves as recognised by or as partners of Government and competitive tendering works against a collaborative approach between organisations. It was suggested that Government services visit NGOs to learn more about what services they provide, and that policy makers stop reinventing the wheel.

There is strong and unmet demand for services that provide early intervention to children with a disability. There is a lack of appropriate services for young children and difficulty accessing quality preschool education. A coordinated approach across services was called for.

The break-up of the Gordon Estate in Dubbo has had significant impact on price and availability of low to medium term rental housing increasing the risk of homelessness. Cobar has a lack of accommodation due to the increase in mining activity.

The lack of planning on climate change and its impact on the viability of rural and regional communities was also a concern.

Albury

NCOSS held one general community consultation in Albury and one consultation specifically for Aboriginal organisations and communities. The issues below reflect discussion at the general community consultation.

Many people in Albury live on a limited income. About 43% of the working population aged 15 years and over reported weekly incomes of less than \$400 a week. Low incomes tend to be more common among 15–24 years olds and women. The most common industries for employment were the retail trade, manufacturing and health and community services.

Services report a large number of people with mental health issues who are unable to access appropriate services. The Mental Health Access Line is not appropriate for all clients and there is difficulty accessing the Mental Health Assessment Team, which is not available after 5pm. There are limited bulk billing services in the area and after hours GP services, when available, can cost \$80.

There are workforce issues in this area and a failure to fill positions, which are often vacant for a long period of time. Those who do apply for positions after completing a social work degree often do not have the necessary skills initially and can spend a year in the job learning the position. There was dissatisfaction with the roll out of DoCS early intervention funding with local services missing out on funding. Training is often delivered in Wagga Wagga, and there are limited resources available to back-fill workers who undertake training.

Private rental costs are high with limited housing stock and a large number of people seeking assistance. Around 40% of housing clients in Albury appear to come from Wodonga. Some NGOs are registered in both states. There was a perception that there is better targeted housing and accommodation assistance in Victoria. The Housing and Accommodation Support Initiative (HASI) has delivered stable housing linked to specialist support for people with mental illness.

NSW performs poorly in relation to participation in preschool program and cost is a real issue, meaning that low income households cannot afford to send their children to preschool.

Long bus rides, infrequent services and lack of availability of after hours transport options make it particularly difficult for young people to gain employment, particularly in the hospitality industry. Community transport is available but can be expensive. Planning decisions can fail to consider transport implications; for example, the relocation of

the residential tenancy tribunal hearing to Carrington (instead of central Albury) has led to a reduction in the number of tenants attending their hearings.

Wagga Wagga

Wagga Wagga is a rural service centre in the South West region of NSW. In 2001, the majority of jobs were in the retail trade, health and community services, education, government administration, and defence. The population in the Wagga LGA was 51,504 in 2001. Wagga Wagga has a relatively young population with a median age of 31. The apparent high proportion of youth within the City can be largely attributed to the presence of the Charles Sturt University, Kapooka and the RAAF Base.

3.2% of the population identified as Aboriginal or Torres Strait Islander and 63% are 25 years of age or younger. The education of the Aboriginal Torres Strait Islander population in Wagga Wagga remains an issue of concern with more than 34% leaving school at or below year nine and more than 71% leave school prior to year 12.

7.2% of the population was unemployed. 42.5% of Aboriginal and Torres Strait Islander unemployed people were aged between 15–24 years. The Aboriginal and Torres Strait Islander community are significantly disadvantaged when it comes to workforce participation because of lower levels of education and qualifications.

Public transport is very limited. There is no transport in some areas and no public transport after 6pm. Older people are often trapped in their homes. HACC transport is available but the criteria are often tight. The bus system is not user friendly and there are no links to services between suburbs. There are poor links to health services and Centrelink. A lack of transport options can force people to drive unregistered and uninsured cars and drive without a licence.

It was noted by participants that domestic violence is not a priority in the State Plan. In Albury, domestic violence contributes to the situation of a large number of homeless people. There is a need for additional support for victims of domestic violence in accessing justice. At present around 70% of cases are dropped by the victim.

SAAP services are noticing increasing complexity of client needs, particularly in relation to mental health but funding is unrealistic. It is difficult for services to provide both accommodation and outreach within current funding constraints. More complex clients are often turned away from dedicated mental health services, such as HASI.

There is a need for additional support for victims of domestic violence in accessing justice. At present around 70% of cases are dropped by the victim.

There is limited rental housing. Real Estate agents will charge a \$50 key deposit to inspect accommodation, which is an immediate barrier for low income people. The rental market discriminates against Aboriginal people, young people, older people and new migrants.

There is a lack of mental health services in Wagga. Service centralisation, such as phone line support, was not being utilised and is not deemed to be appropriate for all situations. There is poor integration between services which offer different programs but have no capacity for case management. A psychiatrist visits Wagga Wagga monthly but there is no resident psychiatrist. It is very difficult for people outside of Wagga to access services. Drought has placed many families in stress, making it difficult for people to access support. Women's health offers free counselling, but resources are limited. HASI does not appear to be delivering support to rural areas.

The Community Health Service offers a dental service but has found it difficult to attract and retain staff. People are waiting 13-14 weeks for a public dentist. Aboriginal people experience significant difficulty accessing dental care. Kids with bad teeth are often unable to access transport to dental treatment.

There is a lack of core funding and inadequate funding to NGOs to meet service needs. Government is increasingly distancing itself from service delivery and funding short term projects rather than recurrent services. Participants noted the success of The Black Suns program, but there has been no recurrent funding after an initial grant from Attorney General's Department. NSW Health has funded a one year project for victims of crime, but there is no indication of what will happen after the funding runs out. This program was awarded the Premiers Award, so its success is recognised. Government is encouraging migrants to settle in rural and regional NSW but is not increasing support services. Competitive tendering has resulted in small NGOs being swallowed by large organisations.

Workforce issues indicate that volunteers in the NGO sector are diminishing. Change to Centrelink

rules means that unemployed people cannot use volunteering as demonstrated work activity in order to keep receiving benefits. NGOs are trying to cope with the increasing red tape associated volunteers, which is also difficult for volunteer management committees. There are problems attracting workers into the area for human services, both in Government and NGOs.

Climate change is causing long term social impact. People are losing jobs, which leads to higher suicide and depression rates, and in some cases kids are not continuing their education in order to support their families.

Muswellbrook

NCOSS held a general community consultation and a consultation specifically for Aboriginal organisations and communities in Muswellbrook. The issues below reflect discussion in the general community consultation.

Muswellbrook has experienced slight population growth since the 2001 Census, although building applications for private sector houses tripled between 2001 and 2004 and may indicate future population growth.

The main issues raised during the consultation were affordable and accessible housing, early childhood intervention and education, affordable preschools, lack of services, transport and housing.

There is a shortfall in crisis and other accommodation. There is no accommodation for homeless men available at all in Muswellbrook and a 24 hour crisis youth refuge is needed. The Salvation Army men's hostel has gone and was replaced by a brokerage crisis accommodation service, but once the client has been assisted by this, there are no long term services and the client cannot access crisis accommodation again for another three months. Brokerage accommodation relies on there being other accommodation available. More medium term housing is needed to run parallel to other services. The transfer of stock from public housing to community housing, earmarked for medium term transitional housing was a suggested strategy. Private housing is not an option for low income and disadvantaged people and the mining industry has had a big impact on the availability of affordable rental property. It was suggested that the drought is causing the working poor, for example in dairy industries, to become homeless.

There is a lack of services targeted to small communities in the Muswellbrook area and a focus on outreach provision. Long waiting lists and transport issues place constraints on access. Fortnightly coordinated outreach services in the same place on the same day, or awareness among service

providers to network on these issues may ameliorate transport issues.

Public transport is unreliable and expensive, which makes it difficult to access medical and other appointments. Public transport was also perceived as unsafe. A simpler system of providing transport concession cards for unemployed people looking for work was suggested.

Workforce development strategies are needed to address staff shortages in the human services. Offering professional development and incentives to attract and keep professionals, and offering regional scholarships to young people to develop their skills but encourage them to return were suggested

Early childhood intervention and education was highlighted as a high need. NSW Health and the Department of Education and Training need to establish a dialogue and there should be a family support process which includes access to transport and childcare. Screening could be done when children access kindergarten with the aim of helping kids enjoy the school experience better. Until recently, school screening was done by the child and family nurse at Quirindi. An audiometrist comes once a month with 8-10 week waiting list. Parents have to take kids to an optometrist in Tamworth, and the DADHC waiting list for therapists is up to 5 years.

The importance of preschool education was also noted. Participants suggested that families should pay no more than \$10 per day per pre-school child and that the status of childcare workers needs to be recognised and properly remunerated.

Maitland

Maitland is a large inland city in the lower Hunter Region of NSW. In 2006, the population of the Maitland City local government area was 61,219, an increase of over 8% since 2001. The original inhabitants of the Maitland area were the Worimi and Awabakal Aboriginal people and in 2006 the Aboriginal population was 2.7%. In 2001, the majority of jobs were in the retail trade, manufacturing and health and community services. 90.6% of the labour force was employed and 9.4% unemployed

At the Maitland consultation, parenting skills, domestic violence and women's issues, transport, health and education were the priority issues.

It was suggested that improved parenting skills would break the cycle of intergenerational relationship breakdown and disengagement from school. Building parenting programs into existing preschools/long day centres/schools would allow ongoing peer support. Support workers and outreach services are also needed to visit disengaged or "at risk" families.

There is a high demand for domestic violence services and the turn away rate at local women's refuges in the area is 9 out of 10. There are 12 month waiting lists for counselling. Services are difficult to access without a car and public transport is unreliable and expensive. Funding for holistic services which work with perpetrators of violence and the victims; consistent and recurrent funding to take the administrative burden off services; a community development worker to assess needs and lobby for funding; more funding for the Court Assistance Schemes and the reinstatement of TAFE outreach programs were also suggested.

The lack of transport services restricts access across the Hunter region. In Cessnock and Kurri Kurri there are no trains or buses and poor planning makes it difficult to connect to employment and education. There is cost shifting between Federal, State and Local governments and Community Transport is under funded. Incentives to use public transport, such as providing concession cards for children of pension holders and accessible bus stops and train stations were suggested. It was suggested that hospital appointments could be made in block bookings to reduce the number of trips and that an early intervention process could improve access to services. Reviewing overseas innovations, encouraging transport providers to consult with community groups, and localising community services to reduce transport needs were recommended. Planning to locate technical colleges and hospitals along bus routes was also recommended. The lack of transport services makes more outreach education, health and employment services a priority.

There is a lack services in mental health, drug and alcohol and sexual health, oral health, men's health, Aboriginal health and youth health and long waiting lists. Youth specific drug and alcohol services such as rehab, detox and recovery are needed – clients presently go to Sydney or Port Macquarie. Dual diagnosis (mental health, drug and alcohol and disability) and post support programs, especially for under 17 year olds, are needed. In mental health, there is a lack of acute care beds and there is no crisis response team, although the existing focus is on crisis care rather than early intervention and support. A shift to more community support and more community based outreach rather than acute care was suggested. A respite program for volunteers and carers, especially for young people caring for adults, was called for, raising the broader issue of valuing care. It was suggested that the education system could offer more flexibility to young people caring for adults.

Existing GPs also have long waiting lists and some have closed their books. Service guidelines

It was suggested that improved parenting skills would break the cycle of intergenerational relationship breakdown and disengagement from school.

sometimes mean that a person's age can prevent them from accessing services. The lack of transport makes it difficult to access existing health services. A holistic health process was called for. Behavioural support for children with high rates of ADHD, and an ADHD toolkit to assist teachers in the classroom, was suggested.

Screening, not just at school entry but as a transition program is a priority. Health nurses in schools could provide screening prior to primary school and also as transition from primary to high school. Adolescent screening is not being done systematically and not by the Department of Education and NSW Health. There appears to be little collaboration between government departments. Screening results could be used to help parents support their children and support teachers.

In education, a skills development plan was suggested to address the lack of skills in the area. Currently, people need to leave the area to access training, causing a breakdown in communities and families and a loss of local knowledge. Profiles of local community needs and a workforce plan could shape education planning and TAFE course design.

Poor high school retention rates indicate that young people show a lack of enthusiasm and hope for their future.

Blue Mountains (Lawson)

The City of Blue Mountains is clustered in 28 separate towns and villages located along a 100 kilometre ridgeline. The ridgeline topography means there are limited roads between towns, and many towns are divided by the Great Western Highway and the Western Railway. An average of 10% of households in the Blue Mountains do not own a car. Because settlement is so dispersed, it is challenging to provide services and to allocate resources. There is also significant variation in the socio-economic status of people within the City of Blue Mountains.

For its Blue Mountains consultation, NCOSS chose Lawson as the mid-point between the major population centres of Katoomba and Springwood. Population projections to 2017 indicate that the

population of the Blue Mountains will remain stable at around 80,000 people, that the proportions of older people will steadily increase, but that the numbers of working aged adults, children and young people will decrease.

Aboriginal people have a long cultural heritage in the Blue Mountains, and 1.2% of the city's population identify as Aboriginal or Torres Strait Islander.

In 2001, 58% of the working population commuted outside of the city to work. This has important implications for family and community life, as well as the environmental costs of their transport. The main mode of transport in the Blue Mountains is the car, which is used for 68% of all trips. There was an increase in the number of people driving their own car to work, but a decrease in more sustainable forms of transport including travelling in a car as a passenger or catching a train. The train is a significant mode of travel during the week only for work trips (15%) and particularly beyond the greater Western Sydney region.

Safety on public transport was identified as a major problem particularly for women on trains and on station platforms. Possible solutions include CCTV surveillance and carriage refurbishment.

Conditions imposed on under 25 year old provisional driver's licence holders cause problems for parents under the age of 25 who need to transport their family. There are safety issues for young people out at night who are now unable to drive their friends home.

There are limited youth focused services in the area. There are no places for young males aged 12-13 to be placed with their families in terms of women's refuges. The problem of adolescents abusing their parents/grandparents was being addressed by the Journey to Respect program, however funding has been withdrawn. Police are approaching young people in groups and 'moving them on'. This stems from the lack of 'things to do'.

More jobs are needed in the Penrith and Blue Mountains LGAs. Changes in employment opportunities mean that not as many '9-5' jobs exist. There are problems around the viability of taking up and maintaining shift work. There is a need to take better care of younger people in employment and to model good adult behaviour in employment settings. The expectation of young people to be work ready is unfair and inappropriate.

It was suggested that TAFE should look at what skills are not currently present in the community rather than the current focus on offering courses that only correspond to established vocations. This lack of flexibility and the casual employment status of

TAFE staff are decreasing good education outcomes. Furthermore, TAFE fees are too rigid. This has the effect of limiting access and is compounded by the lack of support mechanisms, including vocational advice. Centralised intake processes are also problematic, as is the inaccessibility of campuses due to transport difficulties. This transport concern is particularly pronounced between Penrith and the Blue Mountains.

NGO programs are often funded as pilot projects, and it can be difficult to recruit staff to a short term position. The number of criteria for short term, targeted programs is problematic, as are the increasing demands attached to such funding. Programs are not appropriately funded in terms of the expectations prescribed by government.

There is a need to set targets to improve the poor outcomes and lack of services for people with mental illness. There is also a need to increase training for workers in disability, mental health and intellectual disability. Interventions and training for workers on violence against women with disability also needs to occur.

People with disabilities who are in school, young people with acquired brain injury and people with a disability generally have difficulty accessing appropriate and integrated services. The lack of wheelchair accessible taxis presents transport problems for people with disabilities. Barriers for people with disability in accessing Centrelink services and entitlements also must be addressed.

State funding issues for preschools are pertinent in this area. Minimum standards state wide; minimum two days per week available to children under four; an increase of places by 50% to achieve two days per week; increased affordability (as current system is not working) were suggested strategies.

Neglect of children is recognised as a strong and often unseen issue. The need to support families and take an early intervention approach is paramount. The reporting process for children who are being sexually abused is long and inappropriate, resulting in poor outcomes. Support is not always effective or appropriate. More funding is needed for counselling services. There is also a need for more perpetrator rehabilitation funding.

Sexual assault remains a huge issue in the community. There are no services for men who have been assaulted. This is also the case for men who are encountering DV.

There is high unmet demand for a range of health and allied services, with many health position vacancies remaining unfilled for long periods at a time. Speech pathology is needed for young children. Local GP's

books are often closed. Forensic medical services are only available at Westmead Hospital which is highly problematic particularly in terms of sexual assault support and medical services. The ageing status of the health and community workforce presents sustainability problems. There is a concurrence of drug and alcohol problems and poor mental for young people.

There are small numbers of many different cultural heritages in the area with no migrant specific support services.

There is a need to be more efficient in the use of current affordable housing stock. There are issues around the difficulty in entering the housing ownership market for many people, especially younger people. Tenancy databases can disadvantage people who have been labelled due to previous rental disputes.

The majority of the Aboriginal population resides in the upper Mountains area. There is a need to better coordinate housing and post-gaol release services within the Aboriginal communities of the Mountains in order to address re-offending. When children are removed, there is an ongoing need to ensure that they maintain access to their culture, particularly when being cared for by non-Aboriginal people. There are only two part time Aboriginal workers servicing the entire area. Underemployment is a major issue in Aboriginal communities and the rigidity of Centrelink criteria is proving problematic.

Credit debt was recognised as a very profound problem for several sections of Mountains communities. Books are closed at Penrith services for financial and debt counselling and Bathurst has ceased home visits. There is now nowhere to refer people for this type of service.

There are only two accessible solicitors between Lapstone and Bathurst for low income people encountering a violent relationship legal issue. There are no formalised court assistance programs for young people in the area. The biggest gap here is not legal representation but support through the process.

More jobs are needed in the Penrith and Blue Mountains LGAs. Changes in employment opportunities mean that not as many '9-5' jobs exist.

Expenditure

■ Cross Agency Recommendations

- Department of Aboriginal Affairs, NSW Health, Department of Community Services and others

▶ *Interagency Plan to address Aboriginal Child Sexual Assault*

Results:

- Reduced rates of child sexual assault in Aboriginal communities
- Improved resourcing to agencies to address identified strategies
- Superior responses to victims of child sexual assault
- Enhanced prevention strategies
- Better participation of Aboriginal communities in addressing Aboriginal child sexual assault

State Plan: R1, R2, R3, R4, F1, F4, F7

The NSW Government has made an extensive response to the report commissioned by the Attorney-General's Department into child sexual assault in Aboriginal communities – *Breaking the Silence – Creating the Future*. While the response is billed as an “Interagency Plan” to “tackle” child sexual assault over a five year period, there is widespread

concern that the response is premised on a better use of existing resources and cost neutral measures rather than a well resourced and holistic approach to supporting Aboriginal communities to deal with this difficult issue. While some new services are flagged (for example more sexual assault services including counselling, more Aboriginal specific positions, improved staffing of services in rural areas), there is no funding attached to the announcement of the plan.

There are eighty-eight recommendations most of which pick up on recommendations from the Task Force. They include making child sexual assault a priority within the Two Ways Together strategy, the whole of government approach to indigenous issues and linking this to the State Plan; focusing on early intervention and prevention services; recognising the importance of education and the role that can be played by schools; raising community awareness and engaging Aboriginal community leadership; focusing on local community solutions; improving and expanding violence prevention services; exploring innovative responses, such as Hollow Waters healing program from Canada; as well as a whole range of responses designed to better support the victims of child sexual assault and their families, and to respond more appropriately and consistently through the law and justice system.

Improving coordination and removing barriers to access to services for Aboriginal people are a start but they are not sufficient of themselves. The existing service system, particularly in rural and remote areas, is already overstretched and has not been designed to meet the needs identified in the Task Force report. NCOSS would have hoped to see some more specific and detailed commitment to improved resourcing such as a commitment from the State Government to match Commonwealth funding for Violence Prevention Units in rural areas with the intention of providing more stable and permanent resourcing of Aboriginal communities. NCOSS has also been arguing for funding for separate Aboriginal Men's and Women's Health Clinics to enable a more holistic response to and accessible support for entrenched health problems that can result from and contribute to ongoing violence, including child sexual assault, in Aboriginal communities.

There seems to be a heavy reliance on the Department of Community Services Early Intervention program to provide the complete solution to prevention and early intervention, but this program, while potentially providing some new resources, has not been developed in partnership with Aboriginal communities and is heavily focused on families with very young children. There are huge gaps here for older children and young people, highlighted in the Task Force Report, that will not be addressed. Moreover this program is based on 80% of its referrals coming through the Helpline. The Task Force clearly identified the problems Aboriginal people have in making reports to DoCS, and a clear preference by many to work with community based organisations. This will need to be factored in to the implementation of early intervention services in areas with large Aboriginal populations.

Many of the Task Force recommendations, particularly those with higher level funding implications, have been put in the too hard basket and left for "further consideration and possible implementation", or labelled a Commonwealth responsibility. While it is true that the Commonwealth could and should do more, the state must also be willing to put resources in. The Violence Prevention Units are one area where joint funding would make a difference, as is the provision of two years early childhood education for all Aboriginal children (we don't need more research on this - it is clearly an important intervention for Aboriginal children, has been identified as a priority in the NSW Aboriginal Education Review (2004) and is a key priority for MCEETYA, the Ministerial Council on Education Employment, Training and Youth Affairs).

The Interagency Plan will also require resources for its development, for research, for funding new

programs and positions arising out of that research, and for monitoring of the plan to ensure that it actually makes a difference.

Actions

- An immediate injection of dedicated funds for planning, research and the development of a monitoring/evaluation framework.
- Funding for new programs and new positions/staffing for existing services as they are adopted following local consultations with Aboriginal communities and developed from further research.

Cost: An immediate \$5m, ongoing funding between \$30-40m

■ Department of Community Services,
Department of Housing, Department of
Education and Training and NSW Health

► *Guarantee for Kids in Care*

Results

Improved long term outcomes- including health, education, and employment, as well as personal - for children and young people in and leaving the care system.

State Plan: F3, F4, P4, S1, S4, S5

Evidence/Rationale

As at December 2006, there were 11,639 children and young people in out of home care. Various studies, many now some years old, have looked at outcomes for children and young people in care, and come up with concerning findings. They include:

- Low completion rates for the HSC.
- Poor health.
- Disproportionate links between care backgrounds and involvement with juvenile justice and homelessness.¹

The responsibility for the welfare and wellbeing of children and young people in out of home care lies with the State Government and while the primary responsibility rests with the Department of Community Services, other government agencies have a role to play.

NCOSS, as a member of the Every Kid coalition, believes that the Government should commit to a *Guarantee for Kids in Care*. A Guarantee would build on the Charter of Rights within the Children and Young Persons (Care and Protection) Act 1998 and acknowledge that if the State is to fulfil its role as a good parent then it must provide those things that

the community expects a good parent to provide, up to the age of 25. These are:

- High quality education;
- Good health outcomes;
- Supported transition to independence (housing; further education and/or employment); and
- Support to pursue opportunities and interests.

NCOSS notes that some of these things have been taken up more purposefully over the past two years, including improved health assessments for children entering care, and trials in the Hunter for the provision of housing to young people leaving care. They are a start. There is a need to build on the work currently being undertaken, particularly in relation to health and education.

We are particularly concerned that the pilot clinic at Sydney hospital which has identified significant health needs for children entering care² and ongoing medical treatment and support, has been forced to rely on funding raised through the Sydney Hospital Foundation. These charitable dollars are not guaranteed and may be time limited depending on other priorities identified by the Foundation.

Actions

- Collection of data specific to children and young people in care on outcomes in testing in years 3, 5 and 7 and retention to years 10 and 12. This data should then be used to identify the educational supports needed. This measure can be implemented within existing resources.
- Permanent funding for an Out of Home Care Health Clinic located at Sydney Children's Hospital (currently dependent on charity dollars) and assessment of the need for a second Clinic at Westmead. This measure totals \$409,386 recurrent (based on figures provided by Sydney Hospital for a clinic operating 2-3 days per week.)
- Extension of the Hunter housing model.

Cost: \$409,386 + housing to be costed

■ Department of Community Services and Department of Housing

► *Improving services for people who are homeless*

Results

The development of a more integrated homelessness service system for NSW, including

- developing new service models;
- filling identified gaps; and
- placing existing crisis accommodation services on a more sustainable footing.

NCOSS does not believe that we can wait until the conclusion of the current SAAP Agreement in June 2010 to face up to the strains on the current service system.

State Plan: E6, F3, R2

NCOSS believes that improving outcomes for people who are homeless must become a separate priority item in the State Plan.

Evidence/Rationale

Currently there are three major programs that deal with services for people who are homeless in NSW. The Commonwealth/State Supported Accommodation Assistance Program (SAAP) aims to assist people who are homeless or at risk of becoming homeless to achieve the maximum possible degree of self-reliance and independence by providing transitional supported accommodation and a range of related support services. The Partnership Against Homelessness (PAH) brings together 12 state government agencies with the aim of improving services for people who are homeless and funds some specialised services in the Inner City and Hunter regions. The Crisis Accommodation Program (CAP) provides funding for the acquisition of dwellings for accommodation services. The Department of Community Services (DoCS) manages SAAP while the Department of Housing (DOH) manages CAP and is the lead agency for PAH. The recommendations that follow apply to all three programs.

Deficiencies in the existing current homelessness service system were identified in both the national evaluation of SAAP IV and the recent report of the NSW Auditor General.

The national evaluation of SAAP IV³ concluded that an increase in funding of 15% was required simply to sustain the viability of existing services. It also said that if progress was to be made on expanding service capacity and implementing new ways of working, as well as sustaining service viability, then the level of additional funding required would be of the order of 35% to 40%. The resulting SAAP V agreement failed to provide for these requirements.

NCOSS does not believe that we can wait until the conclusion of the current SAAP Agreement in June 2010 to face up to the strains on the current service system.

The Auditor General's report⁴ concluded that it is difficult to determine how well the NSW Government is responding to homelessness state-wide because there are no performance measures or targets in place. It recommended that the Government develop a state-wide framework that outlines its response to homelessness with a clear focus on the results it wants to achieve. It further recommended:

- linking this framework to the NSW State Plan;
- a public annual report of key activities and results;
- involving government agencies who are not members of the current Partnership Against Homelessness;
- the establishment of a means to benchmark the state's performance and spread best practice;
- changes to planning arrangements for homeless services; and
- measures to improve access by homeless people to health and justice services.

To date there has not been a substantive response from the Government to these findings and recommendations.

The challenges facing the homelessness service system have been highlighted in recent reports produced by the SAAP National Data Collection Agency. In 2004-05 some 6,650 (or 28%) of NSW SAAP clients reported a substance abuse problem and 3,350 (or 14%) reported a mental health problem, compared to the national rates of 19% and 12% respectively.⁵ In the same year, 58 potential clients and 33 accompanying children with valid requests for immediate accommodation were turned from services in NSW every day.⁶

Being homeless is a complex issue, created by the failure of a variety of service systems. Homeless people and those at risk of becoming homeless are affected by common themes that include social exclusion, an ineffective service system, lack of access to housing that is affordable to people on low incomes and a lack of support and supported accommodation services.

This range of factors means a multi-dimensional integrated response is required to homelessness. NCOSS has joined with the three NSW SAAP peaks⁷ to call for a ten year NSW Homelessness Strategy that would coordinate key Departmental and NGO partners in the development of an integrated approach to assisting homeless people and those at risk of becoming homeless. Such an approach would better ensure that the service system encompasses the full spectrum of required interventions, from prevention to early intervention to crisis support and

post-crisis follow up. There would be a particular emphasis on strengthening links with necessary housing and support services.

For a variety of reasons funding for homelessness service system in NSW has failed to keep pace with demand. While valuable street outreach services have been funded under PAH, and the State Government has endeavoured to meet the requirements of the SACS award for SAAP services, base funding for homeless services is static and there is virtually no opportunity to fund new services. We have reached the stage where a business as usual approach can no longer be sustained. There are too many gaps in the service system, too few places to meet demand, and too many services are expected to operate year after year under inadequate funding arrangements.

Services are being encouraged to implement changes to service delivery models to meet the level of funding that is available. While change is necessary, it should be evidence-based and linked to informed planning processes. Instead we face the real possibility of 24-hour crisis services being progressively encouraged to reduce bed numbers or move towards an outreach visiting model primarily in order to contain costs. While this may make sense at an individual service level, the cumulative effect would be to reduce the already insufficient number of crisis accommodation places that are available to people who are homeless.

Additional resources must be provided to all funding streams to enable new service models to be developed, for identified service gaps for particular client groups and geographical areas to be addressed, and for services to be placed on a more sustainable financial basis. In particular it must be acknowledged that improved outcomes for people who are homeless or at risk of homelessness can only be achieved through a multiple agency cross-sector approach that involves the active participation of mainstream health and justice agencies as well as identified homeless services.

Actions

- Develop a comprehensive and integrated NSW Homelessness Strategy to ensure a better coordinated response to homelessness.
- Establish a fund to develop new service models, fill identified gaps and place existing services on a more sustainable footing.

Cost: \$30m in 2008-09

■ Department of Ageing, Disability and Home Care and NSW Health

► *Dementia Action Plan*

Results

- Earlier diagnosis and assessment of dementia across NSW.
- Improved supports and more targeted services for Aboriginal people, younger people, people in rural and remote areas and people with other disabilities.
- Prevention strategies and supports to people with memory loss.

State Plan: S1, S2, F1

Evidence/Rationale

Dementia is a national and state health priority. In line with the growth of the population of older people, the number of people with dementia will soar in coming years. However, it is not only older people who are diagnosed with dementia.

While community care programs provide in-home supports to people living with dementia and medical treatment is becoming more accessible, there remains a critical need to develop strategies to respond to the rapid projected increase in the number of people with dementia.

Access to early diagnosis and assessment is inconsistent across NSW, especially for people with concerns about their memory. Accordingly, care planning, treatment and referral for people with dementia must be available directly from the point of diagnosis.

Several groups of people with dementia require more targeted support and service provision. The incidence of dementia in Aboriginal people is higher than in the general population, similarly for some people with intellectual and psychiatric disability. The emergence of younger people with dementia will require more specific and appropriate service and diagnostic supports.

Alzheimer's Australia NSW asserts that a delay in the onset of dementia by five years could halve the number of people with dementia by 2040, thus reducing the human and economic cost of care. Prevention strategies will benefit not only the person and their family but also be more cost effective.

An available and appropriately trained workforce is critical to support the ongoing care and management of people with dementia and their families. As the population grows and the incidence increases, reliance on volunteers for support services is increasingly

Access to early diagnosis and assessment is inconsistent across NSW, especially for people with concerns about their memory.

untenable. Planning the supply of workers to deliver skilled, high quality dementia care will avert a looming crisis for this potentially vulnerable group. (Also see *NCOSS Industry Development Plan on workforce issues.*)

Actions

That the NSW Government provides funding for:

- \$3m for an early diagnosis and assessment program which includes mobile cognitive and memory assessment teams, point of diagnosis services such as counselling, etc.
- \$2.5m for a dementia access and equity program which will target Aboriginal people and their families, identify service models for younger people with dementia and people with dual diagnosis of dementia and psychiatric or intellectual disability, outreach to rural and remote areas and support ongoing consultation with carers.
- \$1.5m for an education and information program specifically promoting the benefits of an early diagnosis of dementia.
- \$1.5m for a prevention program that promotes lifestyles changes to reduce the risk of dementia as well as research.
- \$1.5m for a workforce strategy that improves the supply of trained dementia care workers in primary, acute and the community care settings, as well as reducing the reliance on volunteers.

Cost: \$10m recurrent

■ Department of Community Services and Department of Ageing, Disability and Home Care

► *Increased Management Support and Research Capacity*

Results

- Enhanced access to best practice management and governance advice, support and resourcing to the non-government human services sector.

- Improved management and governance capacity of Boards of Management of funded services.
- Increased NGO access to new research and improved capacity to implement preventive, evidence based practice at the service level.
- Real capacity for cross-sectoral research/practitioner partnerships that improve outcomes for disadvantaged people through proven evidence-based service interventions.

State Plan: S8, F4

Evidence/Rationale

The NCOSS Management Support Unit (MSU) has been funded (2.5 days per week) by NSW Health since 2000. This state-wide service proactively supports and resources the development of a high quality and effective community sector through a range of industry development projects. It also provides a 'clearing house' function through the provision of up to date information, advice and resources on best practice management and governance.

As a part time service with a state wide brief, the MSU seeks to maximise the services it can provide to members and the sector by contract partnerships. However the demand for this service far outstrips its capacity. The MSU has experienced substantial increased demand from NGOs funded by a range of human service agencies including the Departments of Community Services and Ageing, Disability and Home Care and requires additional funding from these agencies to provide a full time service.

A strong research evidence base is essential to inform more effective and preventative service delivery practice and improve outcomes for disadvantaged people and communities. The sector's ability to utilise and integrate new research is however severely limited by the lack of dedicated research capacity and formal links with relevant academics and research institutes. A specialist research position, based within the MSU, would:

- Undertake research to inform improved practice.
- Act as facilitator or "knowledge broker" between the community sector and researchers/research institutes using partnership models.
- Translate findings and tested evidence based learnings into practical sector friendly resources to enhance service delivery capacity.

Actions

Provide funding over a three year period to

- Expand the NCOSS Management Support Unit from a part time to a full time service.

- Employ a full time researcher.

Cost: \$224,500 in 2008-09, \$673,500 over three years

■ Human Services CEOs Forum

- ▶ *Improve links between social housing and support services*

Results

To develop new sustainable models of partnerships delivering housing and support services to identified client groups, building on the findings of the Shared Access Trials under the Housing and Human Services Accord.

State Plan: R2, F3, F2

Evidence/Rationale

Arising from the NSW Government's April 2005 Reshaping Public Housing reforms, the Department of Housing has partnered with nine other State Government human service and justice agencies to develop the NSW Housing and Human Services Accord. The objective of the Accord is to assist social housing tenants with complex needs to receive the support services they need to live independently in the community and sustain their tenancies, and to assist clients of human service agencies to gain access to social housing.

Under the Accord target client groups include people who are homeless or at risk of homelessness; frail older people; people with a disability; young people under 20 years of age without family supports; families with children; and people on very low income, such as aged pensioners, the unemployed and very low paid workers.⁸

Human Services CEOs have agreed to commission a series of Shared Access Trials to pilot joined up arrangements under which mutually agreed clients are provided with public or community housing while receiving a support package from a human service agency. Two trials involving young people leaving out of home care and women leaving prison are well advanced,⁹ while further trials have been agreed involving the people who are homeless and adults with intellectual disability. Other proposed trials are under discussion. At this stage the series of Shared Access Trials is due to be completed by March 2008.

The Shared Access Trials are being self-funded by the departments concerned as the NSW Government has not allocated any additional funding for support services to make the Accord work. A robust monitoring and evaluation framework has been adopted for the trials in order to develop a firm

evidence base for what joined up measures work. This will then inform the development of a formal 'Accord Schedule' (or agreement) between agencies on future state-wide Shared Access arrangements.

NCOSS warmly welcomes the Shared Access Trials. They address longstanding holes in the safety net concerning vulnerable groups who need access to both secure affordable housing and ongoing support services. It is, however, totally unrealistic to believe that new joined up initiatives of this nature can be funded out of already overstretched support program budgets. The Government itself recognised this reality when it initiated the highly successful HASI program, providing funding of over \$19m a year to health NGOs to provide support to people with a mental illness who have been placed in community and public housing.¹⁰

Action

The NSW Government should allocate an initial amount of \$20m for the state-wide implementation of successful Shared Access Trials under the Housing and Human Services Accord. In accordance with the principle of joined up service delivery approaches, the distribution of this funding between specific support programs should be determined by the Human Services CEOs Forum, in consultation with the NGO sector.

Cost: \$20m

► *An Industry Development Plan for the NSW non-government human services sector*

Results

- A state-wide coordinated approach to the sector's development based on a comprehensive workforce profile that informs better planning to meet the current and projected needs of the community services industry and its clients.
- A highly skilled workforce with the capacity to deliver quality services that meet the needs of the people of NSW.
- An actively enabling funding, policy and regulatory framework that supports the growth of the sector.
- Enhanced capacity for the NGO sector to deliver quality services to the community in partnership with government.
- Improved capacity to attract and retain a quality workforce and effectively compete with other industries in the labour market.

State Plan: P2, R4, S8

A recent national survey of workers in the industry by the Australian Service Union (ASU) reveals the critical and growing retention and recruitment issues facing the sector.

Evidence/ Rationale

The non-government human services sector receives over \$1.5 billion each year in funding, is comprised of over 7,000 organisations and delivers an extraordinary range of essential services to the people of NSW. Like any other vital and growing industry, it needs a long term strategic plan to ensure its sustainability and capacity to meet the demands of the future.

A recent national survey of workers in the industry by the Australian Service Union (ASU)¹¹ reveals the critical and growing retention and recruitment issues facing the sector. Nationally, 52% of workers are not committed to staying in the industry beyond five years, and the vast majority of the respondents were from NSW. The report demonstrates that comparatively poor wages and conditions, lack of career opportunities and the difficulties and risks associated with the work are major reasons why people leave the sector and inhibit our ability to recruit quality staff.

Within NSW the major identified barriers to securing relevant educational qualifications were lack of time and the cost of courses. A number of reports across various sub-sectors of the industry have produced similar and additional findings; for example the *Working in Community Aged Care: Growth or Crisis* report¹² identified the sector's image, attracting younger workers, and competitive wages as some of the key issues facing the future workforce in aged care workforce. While the sector is experiencing substantial growth (22.6% between 1999-2004, *ABS Labour Force Survey*), it is also ageing relatively more quickly than other sectors and experiencing increasing demand for its services (Australian Council of Social Service, 2007).

There is some data available for sections and sub-programs within the industry but a serious lack of information about the whole NSW sector and its current and projected workforce needs. There is a priority need for research that:

1. maps the composition and structure of the NSW NGO human services workforce;

2. identifies the current and emerging trends and needs within the workforce;
3. assesses the position of the sector workforce within the context of the current labour market, including factors impacting on retention and recruitment. This research should be pursued in conjunction with universities, and labour market analysts.

Actions

Over a three year period commencing 2008, provide funding to develop a state wide industry plan for the non government community sector that includes:

- The development of a comprehensive workforce profile, including current demographics, trends, projected growth/gaps and recruitment capacity within the broader labour market.
- An industry wide development needs assessment and collaborative cross-sector strategies to address and align with emerging industry skills gaps/ projected client needs.
- A marketing/communications strategy to enhance and improve the visibility and profile of the sector with prospective employees and the general public.
- The establishment of a state-wide wide non government community services industry Task Force comprised of key stakeholders across higher educational and vocational training, Government human services agencies, NCOSS, unions and other industry peaks.
- The development of a standard funding agreement that minimises current high transaction costs, barriers to growth/investment and enables longer term planning.

Cost: \$483,285 in 2008-09, rising to \$1.45m over three years

Regional Service 'Hubs'

Results

- Affordable corporate services for regional and rural NGOs.
- Targeted infrastructure for regional economic development.
- Reduced compliance and on-costs for participating services.
- Enhanced capacity for participating community services to focus on their core functions of service delivery and community development.

State Plan: P6, P7, S8

Evidence/Rationale

There continues to be considerable interest in the potential benefits and efficiencies of shared service arrangements within the non-government sector (*Sharing Financial Administration*, NCOSS, 2007, *Shared Services in Community Housing*, Office of Community Housing 20007). While the recent NCOSS report¹³ critiqued four potential models in relation to finances only, the findings have potential application across a range of corporate service needs.

Community organisations, particularly those in regional and rural NSW, often have limited access to specialist corporate services such as human resource advice, strategic planning, financial administrative support, IT support and professional development opportunities. In addition, many of these services are small NGOs with high compliance costs relative to their funding base.

The corporate support needs of these organisations are best understood and delivered locally. This reduces the costs and increases relevance. However, community services outside of the metropolitan areas frequently struggle to access and afford corporate support services.

Regional Service Hubs (RSH) provide a model of a capacity building strategy that delivers regional corporate services, within reach and within budget. Functions would include:

- Delivering much needed corporate services to NGOs in regional and rural NSW.
- Facilitating more cost effective services (such as IT support) through packaging aggregated regional demand.
- Leveraging business support (pro bono and subsidised expertise) and brokering affordable training opportunities to meet identified regional NGO needs.

The RSHs should be non-government organisations that understand the 'business environment' of the client groups and can provide specialised support to meet the generic needs of NGOs across program areas and service types.

Actions

Over a three year period, commencing in 2008:

- Provide funding to establish pilot Regional Service Hubs in three rural and regional areas.
- Evaluate the impact and effectiveness of this model in years 2 and year 3.

Cost: \$900,000 in 2008-09, \$2.7m over three years

■ Attorney-General's Department

■ A Charter of Human Rights in NSW

Results

A NSW Charter of Rights could guarantee human rights and ensure that all NSW laws and policies were consistent with these rights. It would:

- Protect the fundamental human rights of all members of the NSW community.
- Complement our democratic system by protecting the very rights and values that underpin it.
- Bring all our human rights into one easy to find law.
- Ensure that the practices of Government and public authorities are consistent with human rights.
- Ensure that laws are interpreted and applied in line with human rights.
- Use easy to understand language so that everyone in the community is able to understand their basic rights.
- Be based on a comprehensive process of public consultation, so that it reflects the community's shared values and beliefs.

State Plan: R4

Evidence/Rationale

Australia is the only western nation without a national Bill of Rights. As a result, some states have taken up the challenge of addressing the lack of comprehensive human rights protection. Widespread public consultation has supported the development of Charters of Rights in the ACT and Victoria, and they are also being considered in other states including Tasmania and Western Australia.

Human rights are about the fair treatment of individuals and are put in place to ensure that people are treated with dignity and respect. They are particularly important for people who suffer disadvantage. Human rights are a means of promoting social justice for people who have been subjected to historical disadvantage including Aboriginal and Torres Strait Island peoples.

Although some rights are protected by equal opportunity and anti-discrimination laws, these laws are patchy and do not cover many areas of rights. For example, the right to vote, freedom of expression, the right not to be arbitrarily detained and the right to join a union and have access to collective bargaining are not clearly protected.

The current lack of protection of human rights can potentially have a major impact of individual's rights...

The current lack of protection of human rights can potentially have a major impact of individual's rights, including infringements on their economic, social and cultural rights as well as individual's civil and political rights.

Current concerns over terrorism require a Government commitment to ensure that new laws and counter-terrorism measures do not infringe human rights and do not work against the democratic values we are trying to protect.

Human rights belong to all people. A Charter of Human Rights is a form of democratic insurance that helps to keep the Government accountable.

Actions

- A widespread community consultation on how best to protect and promote human rights, including whether or not NSW should adopt a Charter of Human Rights, and if so what the Charter of Human Rights should include and how it should work.
- Following the community consultation, the adoption of a NSW Charter of Human Rights as an Act of the NSW Parliament.

Cost: \$500,000 to be provided in 2008-09 and spent over two years

■ Department of Ageing, Disability and Home Care

■ Home and Community Care

Results

- NSW has accelerated capacity to address the vast unmet need within the Home & Community Care Program (HACC) and to secure ongoing viability of service provision in real terms.
- Existing services receive sufficient growth to meet expansion in HACC target population.

- HACC funded services are sustainably funded to maintain community care provided at existing levels.
- New services are developed to meet greater and evolving needs.

State Plan: R4, F4

Evidence/Rationale

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. The NSW Government¹⁴ 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%. In 2005-06, HACC services reached 196,422 people¹⁵ in NSW alone or 25.42% of all HACC clients in Australia. However, the NSW share of Australia's population is approximately one third, so NSW is falling behind in its proportion of HACC clients.

In 2007-08 the HACC program received approximately 8.1% increase in funding or growth. Despite this very welcome enhancement, several factors are continuing to put pressure on the HACC Program in NSW:

- Demand outstrips supply;
- Indexation at 2.1% was insufficient to maintain services at existing levels in real terms; and
- Service providers face mounting pressures to deliver more services to an increasing population and to people whose needs are intensifying.

HACC is undergoing significant change under the Australian Government Community Care Reform process. Currently the Way Forward Reform is looking at eligibility and assessment for levels of care as well as intake and entry processes and standardising fees policy. Any reform that delivers systemic improvements will be welcome but there are serious concerns that in light of escalating demand and increased populations, more emphasis will be placed on rationalising services and user pays. In NSW, 91.7% of HACC users¹⁶ are reliant on a Government pension or benefit.

NCOSS welcomes the new HACC Agreement three year planning cycle as a means to improve the efficiency of Government funding distribution. This should negate the previously unacceptable delays in Federal and State approvals for Government funding.

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:

- Escalating viability costs, including indexation, OH&S, Award increases, rising overheads (petrol) etc;
- Improved assessment within the HACC system;
- Recognising that most HACC services require a transport component;
- The extension of non-government HACC Development Officers to areas not presently covered eg. Orana Far West, Illawarra and parts of Southern regions;
- Attracting and maintaining qualified workforce;
- The need for regular and ongoing training for providers, staff and volunteers;
- The inadequacies of other support systems inappropriately increasing demand for HACC eg reductions or insufficient supply of health related transport, day programs and supported accommodation for people with disability;
- Building and protecting regional and rural services.

Action

The NSW Government increases its financial contribution to the HACC Program by 20% regardless of the Australian Government contribution.

Cost: \$42.712m p.a.

■ Community Care and Disability Services for Aboriginal People

Results

- Equitable delivery of community care and disability services to Aboriginal and Torres Strait Islander people.
- Better representation and greater autonomy for Aboriginal people within the community care sector.
- Improved transport services for Aboriginal people.

- More Aboriginal workers in specialist and generalist community care and disability services in NSW.

State Plan: R4, F1, F4

Evidence/Rationale

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 and specialist disability services play a crucial role supporting older persons and people with disability from an Aboriginal and Torres Strait Islander background. The Australian Institute of Health and Welfare reports that Aboriginal and Torres Strait Islander people experience severe disability at 2.4 times the rate of other Australians. By comparison, 3.4% of NSW clients in the Home & Community Care Program were Aboriginal and Torres Strait Islander people. While only 23.8% NSW HACC clients were aged less than 70 years, for Aboriginal clients, this figure was 68.1% due to a number of factors including reduced lifespans.

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 intensify the importance of providing appropriate 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 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 comprises nominated Aboriginal and Torres Strait Islander workers and community members who represent their regions. The Gathering Committee has identified the need for improved support services to Aboriginal people through increased autonomy and development support to service organisations, as well as transport (*also see the Aboriginal Transport under Ministry of Transport in this document*), respite and general access to HACC and disability services. Improved management of community resources within and between localities is needed particularly in rural and regional areas where

There are significant regional inequities in the employment of non-government Aboriginal HACC Development Officers in NSW.

large areas can be covered more effectively through coordination among different service providers.

Workforce issues continue to be a major barrier to equity in service provision to Aboriginal people (*also see section on NCOSS Industry Development Plan*). NCOSS regional consultations consistently identified the need for more Aboriginal workers and more training opportunities. There were also consistent reports of unfilled Aboriginal positions across the health and human services sectors. NCOSS strongly recommends the development and implementation of a specific workforce plan, covering short and long term strategies for increasing the Aboriginal workforce in community care and disability services. This aligns with the NCOSS Industry Development Plan on workforce issues.

There are significant regional inequities in the employment of non-government 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 positions 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.

Actions

The NSW Government provides:

- \$345,000 funding to provide full time employment of three 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 & Home Care regions are covered.

- \$280,000 funding for two innovative Aboriginal transport projects to improve the delivery of transport to Aboriginal people.
- \$180,000 funding for strategies supporting the development of Aboriginal non-government organisations to improve the provision of community care and disability services by and for Aboriginal people.
- \$250,000 funding for strategies under an Aboriginal workforce plan for community care and disability services.

Cost: \$805,000 recurrent p.a. plus
\$150,000 non-recurrent

■ Seniors Card for Aboriginal People

Results

- Seniors Card available to Aboriginal and Torres Strait Islander people from 45 years of age.
- Removal of current inequity in Seniors Card concession program.
- Reduction in social disadvantage by improving transport affordability for older Aboriginal and Torres Strait Islander people.

State Plan: R4, F1

Evidence/Rationale

The NSW Government currently provides a Seniors Card to people aged over 60 years 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.

Due to the reduced life expectancy of Aboriginal people, more than 17 years lower than the rest of the population, many Aboriginal people will never have access to Seniors Card benefits. Lowering the eligibility age for Aboriginal people to 45 years would improve access to benefits and affordable services that are currently available to other older people in NSW.

Expanding the eligibility for the Seniors Card would prove useful given reforms in the bus services area. The NSW Government has expanded 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 allow them to take advantage of these concessions and help address some of the transport disadvantage faced by Aboriginal people.

Action

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

Cost

NCOSS is unable to adequately determine 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

Results

- Renewed 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.
- Complete the devolution process in the originally scheduled timeframe.
- Provide people with disabilities supported living situations and access to opportunity which conforms to current state legislation.

State Plan: R4, F2, F4

Evidence/Rationale

There are currently around 2,000 people with disability living in large residential institutions in NSW. In 1998, the NSW Government announced allocations and a timetable that would close all disability institutions or large residential centres by 2010. This very welcome commitment responded to evidence of poor outcomes for people with disabilities in congregate care and to progress fairness by creating community based living opportunities, in line with its own Disability legislation.

The NSW Government's *Stronger Together Disability Plan* allocates resources only to the redevelopment and refurbishment of some facilities until 2010-11, thereby not financing the continuing transfer of people with disabilities out of congregate care. There is ample and current evidence that more individualised and community based living delivers significantly better outcomes for very vulnerable people in our community.

There have been no new recurrent budget allocations to progress devolution in recent years and NCOSS 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 a devolution plan that complies with the NSW

Disability Services Act to enable improved living conditions and opportunities for some of the most vulnerable people in NSW.

Actions

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

Cost: \$23.64m recurrent

■ Supported Accommodation and Respite for People with Disability

Results

- The rapid acceleration of the availability of appropriate accommodation and respite for people with disability, compliant with the NSW Disability Services Act.
- Enhanced independence and community participation of people with disability and a reduction in unnecessary escalation to crisis.
- Suitable accommodation and support to those at risk of inappropriate admission to residential aged care.
- More appropriate availability of respite services for children and adults and their families.

State Plan: R4, F2

Evidence/Rationale

The *NSW Stronger Together Disability Plan* has delivered a significant new investment in disability services, unprecedented in over twelve years. Its announcement in 2006 heralded expenditure of \$1.3 billion over five years or \$239.4m in recurrent spending plus \$143m capital during that time. *Stronger Together* provides a range of supports to people with disabilities, including respite and supported accommodation. By mid-2011, *Stronger Together* will have provided 990 new supported accommodation places in NSW, comprising 650 places for people connected with Departments of Community Services and Corrective Services and 340 places for people now living in the community. The number of Attendant Care places will increase by 320 by 2011.

In 2007, the Prime Minister announced the Commonwealth Disability Assistance Package, a range of spending initiatives primarily to families with children with disabilities under 16 years and ageing parent carers aged 65 years supporting people with disabilities aged 40 or more. This Package includes 1,750 new supported accommodation

Expanding the eligibility for the Seniors Card would prove useful given reforms in the bus services area.

places across Australia by 2012. Using population proportions, NSW could receive one third or 583 of these places.

In its June 2007 Report on Current and Future Demand for Specialist Disability Services, the Australian Institute of Health and Welfare (AIHW) provided estimates of unmet need in the year 2005 for a range of disability supports including accommodation and respite services. Using these estimates, NSW could have an unmet need for accommodation and respite services in 2005 of just under 8,000 places.

This unmet need for 8,000 places in 2005 is alarming given that planned spending on supported accommodation in NSW under both *Stronger Together* and the *Disability Assistance Package* could provide up to only 1,933 places by 2012 or seven years after the identified unmet need. Similar calculations for respite care under the new funding plans equal only 1,596 respite places by 2012. This means fewer than half the accommodation and respite places needed in 2005 in NSW will be provided by 2012.

Additionally the AIHW acknowledges that these estimates are likely to be conservative and compounded by other pressures that will exacerbate unmet need, such as projected increases in the size of the population of people with severe or profound disability, increased levels of need for assistance due to the ageing of the person with disability and their carer, reduced access to housing options, ongoing choice of people with disabilities towards community living and the falling ratio of carers to people with disability.

In July 2007, Interchange Respite NSW, the peak industry body for respite care, released a research report on *Unmet Need Impacting on Respite Care*. The Report found that 55% of respondents indicated that their real need is long term supported accommodation rather than on-going respite care.

Clearly at current and promised spending levels, if there is no immediate acceleration in the provision of disability accommodation and respite, by 2012 NSW will still be in crisis in the provision of these supports to people with disability.

Actions

That the NSW Government doubles its 2008-09 growth allocations to supported accommodation and respite places to begin to address escalating unmet need of people and families with disability.

This will comprise:

- \$24.5m recurrent funding to deliver an extra 100 Attendant Care places and a further 140 supported accommodation places for unmet needs.
- \$6.5m recurrent funding for respite care, delivering an additional 270 places for children and 80 places for adults with disability

Cost: \$31.1m recurrent, plus capital

■ Licensed Residential Centres (Boarding Houses)

Results

- Ensure the availability of appropriate support and accommodation to people with disability with low needs who reside in Boarding Houses.
- Better quality accommodation and support for residents 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.

State Plan: R4, S1, F2, F4

Evidence/Rationale

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, there are still people in this category who remain in boarding houses. The Ombudsman recently found that the life expectancy of men in licensed boarding houses is 20 years less than the general population.

Reform of boarding houses requires a regulatory framework supported by adequate and appropriate legislation which includes tenancy rights for residents. Despite ongoing promises of legislative reform from last century, there has been no reform in this area. The care and safety issues of residents must be addressed as well as their quality of life. NCOSS calls for active legislation to be put in place by the end of 2008 and a regulatory framework implemented. Such a framework would provide appropriate living conditions that can be enforceable and enable legal redress.

Residents in licensed boarding houses can be extremely isolated, with relatively few being in external contact with family or friends. There are approximately 990 people with disabilities living in these licensed residential centres across NSW. A recent DADHC Report *Review of Residents of Inner West Boarding Houses* found that 60% of residents had no contact with family. Previous funding for a project that successfully provided advocacy support to a number of these isolated people has now lapsed. Advocacy support, independent of the proprietor, is critical to ensure the safety and entitlements of people in boarding houses. NCOSS recommends increased funding for advocacy services to reach all residents with disabilities in licensed boarding houses across NSW in a staged process over three years.

Action

The NSW Government allocates \$500,000 per year for accessible and available advocacy services to residents with disabilities.

Cost: \$500,000 recurrent

■ Post school programs for adults with disabilities

Results

- Equitable quality and adequacy of service for young adults with disability in the Post School Options Program.
- Appropriate and adequate supports for young people and families for skills development, ongoing learning and community involvement.

State Plan: R4, F2

Evidence/Rationale

With the development and implementation of the *Community Participation* and *Transition to Work* programs for school-leavers with disability, the NSW Government is working towards improved participation of people with disability in employment and in the local community. These programs are still evolving and would be improved by better transport entitlements and more direct assessment techniques. NCOSS also notes the plan under *Stronger Together* to review day programs for older adults with disability accompanied by forward funding commitments for 780 new places by 2010-11.

There is one group, however, which has been overlooked in the reforms of skill development and participation opportunities for adults with disability. The Post School Options (PSO) Program has been replaced for new entrants by Community Participation (CP) Program but PSO still provides limited support to approximately 1,400 service

users who left school between 1992 and 1998. Post School Options participants are comparable in levels of disability and needs to people on the newer CP program but receive significantly less per capita funding, despite similar expectations and required outcomes.

DADHC is planning to review this Post School Options program along with day programs but NCOSS notes that, unlike day programs, no accompanying funding allocation is evident in either the *Stronger Together* plan or state budget forward estimates.

Action

That the NSW Government re-aligns funding levels in the Post-School Options Program to match those of the Community Participation program

Cost: \$7m recurrent

■ Early Intervention for children with disability from culturally and linguistically diverse backgrounds

Results

- Enhanced capacity of disability early intervention services to respond to the needs of children from culturally and linguistically diverse backgrounds (CALD).
- Earlier detection of disability in children from culturally and linguistically diverse backgrounds.
- Earlier intervention to support the development of CALD children with disability.
- Enhanced equity of access for CALD children with disability (measured in numbers of people accessing services).
- Better responses to CALD children with disability.
- Equality of outcomes for CALD people with disability.

State Plan: R4, F2

Evidence/Rationale

Early intervention services for children with disability from birth to six years of age are critical to maximising their potential and minimising their dependence as they reach adulthood. As with many other disability services, children with disability from culturally and linguistically diverse backgrounds use early intervention services at disproportionately low rates. Recent data extrapolated by the Multicultural Disability Advocacy Association (MDAA) demonstrates that over one in three people with disability in NSW is from a culturally and

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

linguistically diverse background, either first or second generation.

Early indications in an as yet unpublished research survey conducted by MDAA show that the capacity of early childhood early intervention services is inadequate to respond to the needs of children with disability and their families from culturally and linguistically diverse backgrounds.

NCOSS recommends that a number of projects be developed to develop and build the capacity of disability early intervention services to address the needs of CALD children. Consequently, CALD children can benefit from essential early intervention for children with disability in the same way as their Anglo-Australians counterparts.

Action

The NSW Government establishes four initiatives to build the capacity of individuals and organisations and the early intervention system as a whole.

Cost: \$300,000

■ NSW Plan for Older People

Results

- Older people experience healthier lifestyles, increased participation and better health care and opportunities in NSW.
- Co-ordinated responses across NSW Government agencies in enabling and resourcing infrastructure and participation strategies for older people in NSW.
- Older people can share their experience and expertise within the community and among generations.

State Plan: R4, F4, F5, P4

Evidence/Rationale

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.

Building on the *Ageing 2030* initiative of the NSW Government, a *NSW Plan for Older People* would coordinate and resource a range of positive ageing cross-portfolio opportunities, initiatives and strategies with an inter-generational perspective and a whole of NSW Government approach to community capacity building to meet the needs of older people. The responsibility for positive healthy ageing belongs to all areas of government. The provision of seed funding for such initiatives 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.

Despite rapid growth in the older population, NSW Government funding to the Ageing Program within DADHC has remained static over a number of years.

Actions

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

- An additional \$2m funding for the *NSW Plan for Older People* for at least three cross-portfolio initiatives per year which engender collaboration between government agencies on critical issues for older people.
- \$1m for inter-generational 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.

Cost: \$4m recurrent

■ Department of Commerce: Office of Fair Trading

■ No Interest Loans Scheme

Result:

- Low income households are supported to avoid debt.
- Improved quality of life for low income households.

State Plan: F4; E3

Evidence/Rationale

Many low income households face a major problem if they need to buy an essential household item, but don't have savings and can't get affordable credit. Community groups have devised 'No Interest Loan Schemes' (NILS) to solve this problem.

A typical NILS loan is for around \$600 - \$1,000 for a washing machine, fridge or medical appliance. As loans are repaid over 12-15 months, the money is lent out again to other people in the community. NILS are run by local community groups such as Neighbourhood Centres or charities.

There are now 37 schemes operating and a further twelve in the planning stage. While the capital for the schemes is now secured through the provision of a capital base by the National Australia Bank, the operation of the schemes is insecure because it is unfunded. Moreover, the schemes are dependent on voluntary coordination and training through the good offices of the older schemes, but this is becoming increasingly difficult as the numbers expand.

Further work is needed to expand the NILS scheme across the State to ensure equity of access. Coordination is also required to provide support and training to workers in the scheme.

Actions

- The NILS Scheme would greatly benefit from the funding of a position to provide statewide coordination, training and support.
- The administration of individual schemes should also be funded at the rate of one and a half days per week – approximately \$16,000 per scheme.

Cost: \$1m (including some scope for expansion)

■ Department of Community Services

■ Children's Services Regulation: Staff ratios

Results

- Improved quality of centre based early education and care.
- Children in centre based care receive a high quality education and care experience in a nurturing environment.

State Plan: F4; F6; F7

Evidence/Rationale

In May 2004, at the recommendation of the then Minister for Community Services, Ageing, Disability Services and Youth, the Department of Community

Services set up a cross-sectoral Task Force to examine strategies to enable an increase of the staff–child ratio from the current regulated 1:5 ratio to 1:4 for children under two years in NSW children’s services. The majority view was that “is that it is possible for the 1:4 ratio to be introduced, in a staged manner, with minimal, if any, impact on the supply of places in children’s services, and minor impact on the cost of places.”¹⁷ However a dissenting report was provided by the two representatives on the Task Force from Child Care NSW.

The research supporting an improved staff:child ratio for under twos is well-documented throughout the 1:4 report, including responses to the review of the Children’s Services Regulation 2002 by Australian academics and early childhood experts, the work of Ron Lally who has labelled a ratio of 1:5 a “ratio of neglect”, and a recent report by the Australia Institute on Child Care Quality in Australia by Emma Rush.¹⁸

The reason given by the Minister for not implementing the majority report recommendations was concern that NSW would lose licensed places for babies, and that the parents would be faced with increased costs. However, the move to 1:4 in both Queensland and Western Australia does not appear to have had these impacts. Moreover the research undertaken by Price Waterhouse Coopers in preparation for the Review of the Children’s Services Regulations in 2002 had noted that only 13% of places in centres are for under twos and that of these, around 50% (mostly in community based services) were already operating at 1:4.

Actions

- The children’s services regulation 2004 should be amended to regulate for a 1:4 staff:child ratio for children under two in centre based care.
- Business support should be provided to centre based children’s services that have less than 40 places and need to move to a 1:4 ratio for children under two.

Cost: \$150,000 - 200,000

■ Children’s Services: Early Childhood Teachers

Results

- Children start school ready to learn.

State Plan: F4; F6

Evidence/Rationale

Staff qualifications, particularly the presence of university trained, early childhood qualified teachers, are one of the key indicators of quality in child care.

...the money allocated to the preschool Investment and Reform Plan is insufficient to meet the need for viability consistent with the requirement for affordability.

Currently only centres with numbers over 29 are required to employ qualified teachers, and increasing numbers of services, especially preschools, are finding it difficult to afford qualified staff.

It is inequitable that some children – those in centres with less than 30 places – should miss out on the programming and educational benefits provided by qualified early childhood teachers in children’s services. It is equally important that the cost of employing qualified teachers, ranging from \$8,000 to \$16,000 more than Diploma qualified staff - should not push the cost of early childhood education and care beyond the reach of low to middle income families.

NCOSS has always argued that the money allocated to the preschool Investment and Reform Plan is insufficient to meet the need for viability consistent with the requirement for affordability. Funding for improved quality would assist the second phase of the preschool plan to proceed on a more stable and viable platform.

Actions

The Department of Community Services should fund the differential between the cost of Diploma qualified staff and early childhood teachers for the number of teachers required by the Children’s Services Regulation 2004, and for one teacher position for all centres where the number of places is less than 30. For the first position, the differential should be paid at the maximum rate, and for subsequent positions at a rate based on teachers on Step 5 of the State based Award.

Cost: \$33.3m

■ Children’s Services: Regulation of Outside School Hours Care

Result

The safety, welfare and wellbeing of the 75,000 children attending outside school hours care services in NSW is improved.

State Plan: R4; F4

Evidence/Rationale

NCOSS welcomes the move to regulation of outside school hours services in NSW. 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 has lagged behind in protecting the health, safety and welfare of school age children through relevant regulation.

The cost of implementation of national 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.

Action

Fund outside school hours care services in NSW to enable them to meet national standards in preparation for the introduction of regulations.

Cost: \$6.5m one off for capital improvements and maintenance

■ Community Services Grants Program (CSGP)**Results**

Disadvantaged children, young people, families and disadvantaged communities are resilient and safe.

State Plan: R1, R3, R4, F1, F4, F6, F7

Evidence/Rationale

The Community Services Grants Program (CSGP), while offering a diverse range of programs and services, has at its core the provision of support and early intervention services to children, young people, families and communities aimed at reducing risk, preventing crisis, and supporting clients and communities to overcome disadvantage.

It is the only program in the Department of Community Services with a strong capacity to work across family and community needs, and across the silos of government service systems, to ensure an integrated approach to service delivery. It also has a proven track record in harnessing funding, services, volunteers and community to deliver real results at a local level.

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, which 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.¹⁹

This program has received no increase in funding since a small amount (\$2.5m) in 1995, other than indexation, despite figures that indicate that poverty and disadvantage are increasing in Australia and in NSW. The most recent analysis of the *Australian Household Income Survey* by the Australian Bureau of Statistics, indicates that based on 50% of the median household income (a measure used widely in the OECD) in 2005-06 11.1% of Australian households were living in poverty, compared to 9.9% in 2003-04 and 7.5% in 1993-94.²⁰ In NSW the poverty rate is now slightly higher than the Australian average at 11.3%. NATSEM has also indicated that included in the overall poverty rate is a rate of 3% for households in which at least one person is working.²¹

These figures coincide with and underscore the rise of reporting of children and young people at risk of harm to the DoCS Help Line – 276,393 reports between June 2006 and March 2007.²² This represents an increase of 18.3% in just one year. Looking back at the 1990-91 DoCS Annual Report, there were a total of just 18,435 notifications received and investigated. These figures alone signal the massive increase in demand for children, young people and families needing support over the last seventeen years.

CSGP is currently under review by the Department of Community Services with the aim to align funded services more closely to a new program vision and results targeted to four main groups: disadvantaged communities; disadvantaged families and young people; children and young people at risk; and children and young people in crisis. Current funding of \$78.4m is inadequate to maintain services at a level that will meet demand and to realign services to the new program structure. Evidence from the review indicates that current funding is well matched with areas of need - redistribution is not an option.

Census reports from the main CSGP peak organisations – NSW Family Services Inc (since 1992), the Local Community Services Association (since 1996) and the Youth Action Policy Association (since 2002) have for many years pointed to increasing demand with decreasing resources (in real terms). Funding has not kept up with the cost of service delivery and services have seen a radical reduction in capacity over the past fifteen years despite increasing demand for assistance and services. Data across these groups 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 much needed services, and the need for additional staffing to provide services.

On average we believe that service capacity has decreased by at least 30% (based on relative cost of staff and the failure of indexation to keep up with real costs to services) at a time when demand is rising, as demonstrated by rising child protection reports of around 8% per annum.

There are 949 CSGP funded services across the state, most of which will need to make some adjustments to align with the new program. Most of these services will also require additional funds to meet the target group demand and to be able to provide the amount and quality of service that is required to address serious levels of disadvantage in our community. NCOSS would argue that CSGP is fundamental to building the platform on which early intervention and child protection work rests and that increased funding of the program is a matter of urgency.

Actions

- Provide program maintenance funding to CSGP to enable services to meet current levels of demand.
- Provide increased funding to the program to assist services to realign with the new program vision and results.

Cost: \$50m

■ Early Intervention for 9-17 year olds

Results

- Reduced reporting of abuse and neglect of older children and young people.
- Reduced entry of older children and young people into out of home care, SAAP and the juvenile justice system.

State Plan: R1, R3, R4, S3, S4, S5, F3, F4

...there needs to be a reorientation of prevention and early intervention to include older children and young people...

Evidence/Rationale

As at March 2007, 65.5% of all reports to the Department of Community Services relate to children over the age of five.²³ The number for older children and young people aged ten to seventeen entering care is approximately 4,200.²⁴ There is evidence that, while younger children aged under five enter out-of-home care most frequently, there is also a sharp intake of those between eleven and fourteen years of age, an entry more likely to be associated with significant family breakdown.

The *Brighter Futures* program is currently targeted to children 0-8 with a heavy emphasis on children 0-3 and 0-5. However in its original conception, the early intervention funding was meant to cover children up to the age of 14 with a partial focus on providing support to the large numbers of older children and young people who are reported but end up as unallocated cases.

With the early intervention money now allocated and out of home care funding in the process of allocation, it is time to reconsider the role of the Department of Community Services in supporting the older age group of children and young people at risk of being reported for abuse and neglect.

Much of the early years' intervention and prevention work has been based on the key belief, reiterated in the recent prevention and early intervention literature review by the DoCS that 'regulatory control of the brain and its pathways are shaped by events during the prenatal period and in the early years of life'.²⁵ That belief drove the expansion in public policy and funding for younger children and their families.

However, new research, aided by progress in technology, clearly shows that brain development continues throughout adolescence and is not completed until the early twenties.²⁶ These findings mean that there is another window of opportunity for the acquisition of skills and abilities necessary to make good transitions along the life course. It follows therefore that there needs to be a reorientation of prevention and early intervention to include older children and young people and to increase their

profile in the current and emerging policies and programs. This does not mean that attention should be taken away from those early years and early childhood intervention.

Contrary to popular myth, relationships and particularly family relationships are what young people value most in their lives, even where they had to leave their home because of high levels of conflict and abuse. In a recent survey, 73.6% of respondents in NSW, across all age groups from eleven years to twenty four years, put family relationships at the top of the list. This is consistent with the previous year's findings and the national response rate.²⁷ Family relationships is also an issue of most concern to young people and Kids Help Line has recorded concerns about family relationships as top of the ten most frequent concerns about which young people in NSW have contacted the service in 2006.²⁸

To work effectively with young people requires a multi-level service model which has a mix of 'soft entry' and formal programs. This means adequate resourcing to meet the demands of both universal and targeted provisions.

Action

Develop and fund new models of early intervention and prevention for older children and young people, building on existing service provision. It is recognised that the range of models for this older and more diverse age group will need to be broader and more flexible than the early years intervention programs.

Cost: \$48m to be phased in over three years, for programs to be delivered by non-Government organisations

■ Department of Corrective Services

■ Bail hostels

Results

- Reduction in the number of adults who are refused bail and remanded in custody because they do not have access to suitable housing to qualify for release.
- Reduction in inappropriate prison stays on remand by those awaiting trial, including Aboriginal and Torres Strait Islander 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.

State Plan: R1, R2

Evidence/Rationale

The percentage of full-time prisoners on remand compared to sentenced inmates continues to increase with a 5% rise over the past decade. Aboriginal women represent a particularly high rate of women on remand. Arranging bail for many of these persons is difficult due to poor or inappropriate housing or homelessness and inability to attend services.

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 Aboriginal youth is operated by the Department of Juvenile Justice in Mt. Druitt.

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.

Cost: \$1.4m recurrent

■ Rehabilitation programs

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.

State Plan: R1, R2

Evidence/Rationale

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

According to official figures, the daily average inmate population is projected to rise from 7,700 in 2001 to 10,000 in 2008-09 an increase of around 30%. Over

the same period the imprisonment rate per 100,000 adults has risen from 154 to 165.

Opportunities for inmates to participate in suitable rehabilitation programs have not kept up with this growth in prisoner numbers. As a result, although the prisoner involvement in work and employment rose slightly in 2005-2006, the participation in these activities and in out-of-cell hours has been trending down since 2001.

Action

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

Cost: \$2.5m recurrent

■ Post-release programs

Results

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

State Plan: R1, R2

Evidence/Rationale

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

With a recidivism rate of 44% and the highest rate of return to prison in Australia, there is a pressing need to provide a substantial increase in post-release programs under the Community Funding Program.

Evidence from other jurisdictions is that intensive support upon release including appropriate housing reduces return to prison. 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

Opportunities for inmates to participate in suitable rehabilitation programs have not kept up with this growth in prisoner numbers.

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.

Action

The NSW Government increases funding for post-release services under the Community Funding Program from \$2.635m to \$5.135m.

Cost: \$2.5m recurrent

■ Department of Education and Training

■ Grants Assistance Scheme for Private schools

Results

- Improved equity for public schools.
- Increased revenue for schools in the public system.
- Reduction in public-to-private disadvantage for schools in NSW.

State Plan: P2;P4;S4

Evidence /Rationale

In the last budget, the interest free subsidy to private schools was converted into a Grants Assistance Scheme for non-government school buildings.

At a time when Federal Government support to private schools has completely distorted relative funding, with public schools receiving only around 10% (\$3.4bn) of funds from the Commonwealth Government and private schools receiving around

two thirds (\$7.5bn) of their funding from the Commonwealth, it is up to the State Government to focus on public school disadvantage.

Given the pressing maintenance and capital works needs of many public schools across the state, well documented by the Auditor-General (2005) through the Vinson Audit Report (2005), this money would be better and more equitably spent in the public school system.

Actions

- Remove the access of private schools to the NSW Government sponsored building fund.
- Return these funds to support NSW public schools.

Costs: Nil : \$65m reinvested into the public education system in 2008-09

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

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.

State Plan: F4; P4; R4

Evidence/Rationale

The final report of the Vinson Inquiry into Public Education 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 more 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. NSW Teachers Federation have surveyed their membership and estimate that the shortfall is now at least 200.

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, 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.

Actions

- Employment of, at a minimum, an additional 200 English as Second Language teachers at a cost of \$20m.
- The provision of appropriate training, support and access to community based services in NSW schools that are enrolling new arrivals, especially humanitarian refugees, who lack school experience and language skills. This involves the provision of \$600,000 pool for New Arrivals support. (Seek matching dollars from the Commonwealth)

Cost: \$20.6m

■ Links to Learning

Results

- Increased retention of students to year 12.
- Increased participation in education and training through life.

State Plan: S4; S5; P4

Evidence/Rationale

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.

According to a report from 2004 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 under-funded – similar training programs are funded at least \$2.50 per hour more than the rate 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.

Action

Enhance program funding for Links to Learning by 20%.

Cost: \$1.4m

■ Students with disability from culturally and linguistically diverse backgrounds

Results

Students with disability from culturally and linguistically diverse backgrounds in high school are identified and supported in preparation for their transition to post-school programs.

...the impact of current under-funding on students and schools cannot be allowed to continue.

State Plan: R4, S5, F2

Evidence /Rationale

Young people from culturally and linguistically diverse backgrounds (CALD) comprise approximately 30% of high school students with disability. However, only 5 to 10% of young people with disability entering post school programs directly from school are from CALD backgrounds. These are the findings of the Education Report by the Multicultural Disability Advocacy Association entitled *All I want is what's best for my child*.

This report further found that a higher proportion of CALD young people drop out of school before the age of 18 years. Consequently, these young people are often not accessing necessary support services towards improved independence until a crisis occurs.

That same report indicated that 18 year old CALD school-leavers with disability are not being channelled into post school programs at equitable rates.

Transition teachers in high schools with students with disability are responsible for identifying and assessing students to ascertain the best options for them as they leave school. In many cases, this process begins two years before the student is due to leave. Transition teachers recommend entry to the appropriate post-school program and prepare the preliminary applications. An improvement in the cultural competency of these transition teachers will ensure that CALD students with disability receive the same quality of advice and encouragement as their Anglo-Australian peers. Similarly, an increase in the number of specialist transition teachers in areas of high culturally diverse populations will ensure that CALD students are not overlooked in accessing post school skills development, training and pre-employment opportunities.

Actions

- Provide funding for a program of skill development to enhance the cultural competencies of transition teachers. This measure will cost \$40,000 recurrent.

- Provide five culturally specific transition teachers in areas of high culturally diverse populations, eg. Liverpool, Fairfield, Parramatta, Blacktown and Auburn. These teachers could also provide advice to teachers in other areas. This measure will cost \$325,000 recurrent.

Cost: \$365,000 recurrent

■ Supporting schools to educate all students

Results

Students with additional needs are well supported to participate in the education system and the capacity of schools to educate all students is enhanced.

State Plan: S4, F2

Evidence/Rationale

60% of students with disability are educated in the regular class of local neighbourhood schools.

Each cohort entering secondary school has an increased number of students with disability. The processes and support at points of transition require attention if the student is to enter the new school smoothly and the knowledge, skills and insights gained in primary school are not to be lost.

An increasing number of students with disability are placed on short and long suspension. The student is currently blamed whereas both the student and the teacher lack effective support in a timely fashion.

Since 2004, Special Schools and Support classes and students with low support needs have been assisted by government measures. There have been no new measures to increase the capacity of schools to educate students with moderate to high support needs.

Schools that have enrolled students with moderate to high needs under the Funding Support program use most of their resources on Teachers' Aides Specialists who provide a valuable contribution but are the least skilled members of the school staff team.

Specialist staff located in area and regional offices provide some assistance, but the delay in accessing support can be great leading to:

- increased frustration on the part of the student and the teacher;
- missed opportunities to develop capacity in the teacher;
- the consolidation of poor practice in the classroom;
- increased likelihood of the student being suspended; and

- part-time, school based experts are only available to assist students with low support needs in literacy and numeracy. Area and regionally based itinerant staff assist in targeted areas of student need.

This silo effect produces artificial barriers and reduces the opportunity for timely support for teachers and students.

Research confirms that teachers do not change their teaching practice without exposure to:

- what teaching actually looks like when it is done differently and
- someone who can help them understand the difference between what they are doing and what they aspire to (Ainscrow:2005).

The use of coaching and mentoring by skilled school based colleagues is a highly valued professional learning strategy.

Actions

- Provide a skilled and experienced specialist teacher in each school to provide direct support to students with additional needs and simultaneously strengthen the capacity of teachers to support all students.
- This can significantly be achieved by repositioning area and regional positions, combining them with the existing 1,650 positions supporting students with low support needs.
- This will entail 590 new positions at \$100,000 per position.

Cost: \$59m

■ Department of Housing

■ Remove stamp duty for low income accommodation

Results

Increased number of properties available for low-income housing.

State Plan: E6

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.

Currently, community housing providers in NSW manage some 14,000 dwellings, which are a mixture of capital and leased stock.²⁹

The removal of stamp duty would provide a significant incentive for investors to lease their property to housing associations for use as intermediate or affordable housing. The stamp duty liability faced by an investor purchasing a median priced Sydney dwelling of \$412,000³⁰ would be \$14,000.³¹ If investors could be encouraged to purchase 1,000 new dwellings to be managed on a long term basis by non-profit housing associations, it would cost the State Government \$14m in foregone stamp duty revenue.

Action

Remove stamp duty on the purchase price of investment properties that the purchaser agrees to lease for at least 10 years to community housing associations.

Cost: \$14m in foregone revenue in 2008-09

■ Increase the supply of affordable rental housing

Results

The proposal details a five year expansion program to coincide with a new Commonwealth State Housing Agreement (CSHA), due to commence in July 2008. It seeks to reduce the level of housing stress by expanding the provision of social and intermediate³² rental housing so that by June 2013 there would be an additional 25,000 dwellings provided as follows:

- 5,000 units of community, Aboriginal and public housing under the CSHA capital funding stream;
- 16,500 units of intermediate rental housing receiving an affordable rental incentive; and
- 3,500 units of intermediate rental housing generated through the planning system.

State Plan: E6

Evidence/Rationale

There are 156,000 lower income households in NSW living in private rental who are experiencing housing stress.³³ 88,000 of these households are living in Sydney, and 68,000 in the remainder of the state. 60,000 of the lower income households in housing stress were families with children; 37,000 of these are living in Sydney and 23,000 in the remainder of the state.

The current five year CSHA comes to an end in June 2008. Our proposals seek to expand the provision of

The removal of stamp duty would provide a significant incentive for investors to lease their property to housing associations for use as intermediate or affordable housing.

social and intermediate housing over the life of the next agreement. Our proposals are also consistent with the Premier's undertaking in 2005 to develop an overall NSW Affordable Housing Strategy, which has not yet occurred.

NCOSS proposes that the next Commonwealth State Housing Agreement (CSHA) should include an identified capital funding stream dedicated solely to the expansion of community, Aboriginal and public housing stock. Given the number of low income households in housing stress, an appropriate target would be to expand the supply of social housing in NSW by 5,000 units over 5 years.

In line with current Commonwealth State matching requirements, the NSW Government would be required to contribute one third of the capital cost of new dwellings. This equates to around \$420m over the life of the agreement, or \$85m in 2008-09.

To maximise the leverage produced by this expansion, title of community housing capital stock acquired under the program should be transferred to community housing providers. This would provide them with an asset base against which they could borrow to fund the acquisition of further housing stock.

A national alliance of community and housing industry groups has proposed that a new affordable rental incentive program be established to encourage institutional investment in the provision of intermediate rental housing.³⁴ A central element of the proposal is the provision of a capped number of recurrent subsidies from the Commonwealth and State Governments which added to the rental yield would make investment in such housing a viable proposition for superannuation funds and other institutional investors.

Capital funding for the acquisition of new housing stock would be provided by financial institutions as loans or equity investment and would be managed by non-profit housing associations. In return for receiving the affordable rental incentive, rent setting and access benchmarks would need to be met. Access would be open to a mixture of very low, low and

moderate income households, and not just to people eligible for social housing.

NCOSS proposes that the NSW Government agree to provide a subsidy of \$2,000 per year per dwelling under such a proposal. The Commonwealth would need to provide a matching subsidy two or three times this amount. Subsidies would generally last for ten years and would be allocated via a tender process managed by the NSW Government.

NCOSS proposes that there should be 3,300 new subsidies available in NSW per year over the life of the next Commonwealth State Housing Agreement. This would enable 16,500 new dwellings to be established under the scheme by June 2013, at a relatively modest cost.

NCOSS has long advocated that the planning system be used to generate additional affordable housing stock. We were pleased that the NSW Government's 2005 Metropolitan Strategy foreshadowed a renewed interest in doing so as part of the process of developing an overall NSW Affordable Housing Strategy.³⁵ Since then, however, there has been little discernible progress in producing an integrated Affordable Housing Strategy or policy framework.

NCOSS would particularly urge the Government to expedite work on the promised guidance to local councils on the use of negotiated developer agreements, density bonus schemes and inclusionary zoning which requires an affordable housing levy from development, as promised in the Metro Strategy.³⁶ Action is also required to incorporate affordable housing provisions in the standard Local Environmental Plan (LEP) being rolled out as part of the Government's Planning Reform Agenda.

Subject to suitable guidance being issued, NCOSS considers that it should be possible to generate an additional 3,500 units of intermediate housing through the planning system by June 2013.

Actions

Develop a three-pronged strategy to substantially expand the provision of affordable rental housing over the term of the next Commonwealth State Housing Agreement by:

- Contributing to a joint Commonwealth-State capital funding program to expand the supply of community, Aboriginal and public housing.
- Contributing recurrent State subsidies to any new affordable rental incentive scheme to encourage superannuation funds and other financial institutions to invest in the provision of intermediate rental housing managed by non-profit housing associations.

- Providing guidelines under which councils and development corporations can use the planning system to generate new intermediate housing stock in key redevelopment and growth precincts.

Cost: \$85m per year for the capital funding program.
\$6.6m in 2008-09 (and \$13.2m in 2009-10) for the affordable rental incentive

■ Viability of public housing operations

Results

The public housing system in NSW is placed on a more financially viable basis.

State Plan: E6

Evidence/Rationale

Like most state housing authorities, the Department of Housing's rental operations have run at a loss for the past decade. This reflects the high proportion of public housing tenants who pay a rebated (income-related) rent, the estimated maintenance backlog of \$650m³⁷ and the cost of reconfiguring or replacing poor quality and inappropriate housing stock.

In the 2005-06 NSW Budget the Treasurer announced that the Government would provide the Department of Housing with additional funding of \$190 million over four years to address its working capital requirements. The Government subsequently provided Housing with \$20m in 2005-06, \$25m in 2006-07 and \$25m in 2007-08. An additional \$120 million is required in the 2008-09 Budget in order to complete the Government's original commitment.

Action

Provide additional funding of \$120m in 2008-09 as the final instalment of the NSW Government's four year plan to address the Department of Housing's working capital requirements.

Cost: \$120m

■ Social housing water and energy saving upgrade program

Results

- The commencement of a program to retrofit existing community, Aboriginal and public housing stock to achieve water and energy saving targets.
- A reduction in the impact of rising utility user charges on social housing tenants.

State Plan: E1, E3

Evidence/Rationale

The Commonwealth and NSW Governments are encouraging households to implement water saving and greenhouse reduction measures. Simultaneously utility usage charges have been increasing exponentially.

Relatively few of the state's 140,000 social housing dwellings currently have rainwater tanks or the latest energy efficient hot water systems installed. While there are a variety of measures to assist home owners and schools to install more appropriate systems, there are none currently available for social housing providers. The cost of retrofitting the entire social housing portfolio is likely to run into several hundred million dollars.³⁸ NCOSS considers that this cost should be met through Commonwealth and State environment and climate change budgets.

Such a retrofitting program would benefit social housing tenants by reducing their household water and electricity charges, as well as producing environmental benefits for the community as a whole.

Water and energy saving requirements under BASIX³⁹ are incorporated into the budget for the construction of new social housing dwellings.

Action

Provide \$10m in 2008-09 as the initial allocation in a long term program to install rainwater tanks and to replace outmoded electrical hot water systems in the State's social housing property portfolio.

Cost: \$10m (from the Environment and Climate Change portfolio budget)

■ Develop models of shared equity home ownership for moderate income households

Results

The identification of suitable options for the introduction of government backed shared equity products for moderate income households in NSW.

State Plan: E6

Evidence/Rationale

High house prices present two barriers to home ownership for low income households: an initial or market entry barrier when seeking to meet the upfront purchase price and the ongoing challenge of meeting recurrent mortgage costs. Since the mid-1980s the 10% deposit required for a first home loan

...it should be possible to generate an additional 3,500 units of intermediate housing through the planning system by June 2013.

for a median priced house has risen from 25% to 60% of average annual household income.⁴⁰

The emergence of shared-equity loans and arrangements has been said to offer finance to a greater range of people on low or limited incomes and to improve affordability. Effectively, a shared-equity mortgage is one where the consumer gives up the right to some of the capital gain on the property in return for paying reduced, or no interest, on that part of their borrowings.

A recent review of shared equity products by Shelter NSW⁴¹ concluded that they are more viable in keeping costs down if a government instrumentality promotes the scheme and takes part ownership of the property. It argued that while market sponsored schemes give access to people who would otherwise not get on the ladder to home ownership, they may be very expensive in the long term compared to traditional forms of financing, especially if Australia experiences another round of house price inflation.

Government-sponsored shared equity schemes have been operating for a number of years in Western Australia and the Northern Territory, and new schemes have been announced for South Australia and the ACT. While it is known that a number of studies of possible niche market shared equity products have been commissioned by several NSW government agencies, there has been no formal statement of government policy on the matter and no government backed schemes have actually commenced.

Action

The NSW Government to commission a parliamentary or other public inquiry to investigate options for the introduction of government backed shared equity products.

Cost: \$250,000

■ Department of Premier and Cabinet

■ Domestic Violence Homicide Review Team

Results

- Reduced number of deaths caused by domestic violence.
- An early, more integrated and consistent response to domestic violence.

State Plan: R1, F4

Evidence/Rationale

In NSW, police respond to around 120,000 domestic violence incidents a year. In 2006 there were 26, 501 domestic related assaults (around 35% of all assaults), with many suffering serious injuries.⁴² While it is not known precisely how many domestic violence related deaths occur in NSW there are on average 77 domestic homicides in Australia a year; domestic homicides make up around 20% of all homicides in NSW; and of the 72 reviewable child deaths in NSW in 2004, 33 had been reported to the Department of Community Services as involving domestic violence. It is estimated then that around 20-30 domestic violence related deaths occur in NSW every year.

There is clearly a strong case for the introduction in NSW of a Domestic Violence Homicide Review Team similar to ones that have been operating in the United States since the 1990s. The aim of such a review team, should be to investigate domestic violence related deaths and undertake in depth research, with a view to prevention and early intervention to stop this escalating problem.

“Overseas, domestic violence-related homicide review teams share the position that domestic homicides are preventable, given that risk factors are usually present prior to the ultimate response of homicide. The purpose of these review teams is to understand whether there were gaps or shortfalls in service delivery in response to any problems that had been presented to agencies prior to the homicidal event and thereby to learn from the experiences. Domestic homicide review teams focus attention on victims’ contact with, and access to, intervention strategies and their effectiveness. Above all, these domestic homicide review teams are not about blaming service providers but are about understanding agencies’ roles and constraints in order to move forward, for the improvement of service delivery and for effective risk assessment and management to prevent such killings in the future.”⁴³

Actions

Establish a Domestic Violence Homicide Review Team within the Office of the NSW Ombudsman

Costs: \$300 – 350,000 based on three positions

■ Department of the Arts, Sport and Recreation

■ Sport and Recreation Transport Coordination

Results

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

State Plan: R4, S4, P4, P6, P7

Evidence/Rationale

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, NCOSS rural and regional consultations in Coonamble and Lightning Ridge demonstrated that transport was a key barrier to the participation of Aboriginal young people in sporting events in neighbouring towns.

The Department of the Arts, 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 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 the Arts, 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.

Action

Provide \$200,000 in 2008-09 for a coordination and brokerage pilot project in Far West NSW.

Cost: \$200,000 in 2008-09 (\$400,000 over 2 years)

■ Office of Liquor, Gaming and Racing

■ Gaming Industry Ombudsman

Results

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

State Plan: R3

Evidence/Rationale

For several years NCOSS has advocated for improved consumer protection and regulatory regimes for gambling in NSW 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

The working poor phenomenon is the result of significant changes in the workforce including an increasing number of part-time and/or casual employees.

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.

Action

The NSW Government establishes a Gaming Industry Ombudsman.

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

■ Department of Water and Energy

■ Concessions for low income earners in NSW

Results

Around 145,000 low income earners receive necessary help with essential living expenses.

State Plan: E1

Evidence / Rationale

Australia is faced with a relatively new form of social disadvantage - an increasing number of 'working poor' people whose main source of income is wages. The working poor phenomenon is the result of significant changes in the workforce including an increasing number of part-time and/or casual employees.

The proportion of part-time employees increased from 19.3% of the labour force to 23.4% between 1992 and 2005. Between 1990 and 2000 the proportion of casuals rose from 19% to 27%. This included large increases in industries not traditionally associated with casual labour including manufacturing, communications, finance and insurance.

The Australian Bureau of Statistics measured financial stress of working people. The data showed in one year:

- 59,000 people went without meals;
- 95,000 people were forced to pawn or sell something because they needed cash;
- 36,000 were unable to heat their homes;
- 89,000 sought help from charities and welfare organisations;
- 537,000 were unable to pay their electricity, gas or phone bills on time; and
- 810,000 working families experienced a cash-flow problem in the past year.

NCOSS believes concessions have the capacity to deliver much needed help to low wage earners to meet their day to day living expenses. For example, transport concessions provide a useful way to generate increased social participation and reduce isolation from services and employment (*see Ministry of Transport section*). Energy rebates ensure a higher standard of living, greater standard of health and cleanliness and a greater degree of comfort for recipients.

In this respect, concessions and rebates should not be treated as merely a cost to Government. Indeed because capacity to pay leads to increased social participation, there are a range of social and economic benefits attached to the provision of concessions that may outweigh any immediate costs.

Pensioners also receive rebates for energy, water and some other services. The current system of concessions and rebates does not cover many allowance recipients and no working poor households. Working poor people should be entitled to concessions. This is the case in Victoria.

In rural areas the proposed energy concessions will have the most impact, particularly in areas of extreme temperatures.

NCOSS calls for the extension of energy rebates to low income households in addition to pensioners. This can be achieved by extending the energy rebates (currently \$112 per annum) to households with low income including all households reliant on Centrelink allowances and the 145,000 to 150,000 people entitled to low income Health Care Cards.

As there should be one rebate per household not all Health Care Card holders and Centrelink allowance recipients will be eligible for the rebate. The additional cost to the NSW Government will be around \$50m per annum.

Action

Extend the \$112 energy rebate to Health Care Card holder households.

Cost: \$50m p.a.

■ Expansion of pensioner water rebates to the Central Coast

Result

Central Coast pensioners equitably receive relief with their water bills.

State Plan: E1

Evidence/Rationale

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.

Action

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

Cost: \$15m p.a.

■ No-interest loans for energy efficient products

Result

Low income households across NSW become more efficient with their energy use.

State Plan: E1, E3

Evidence/Rationale

Households in NSW are facing significant rises in energy prices and water prices. Many low income households have older, less efficient white-goods that consume more energy than newer models. Often, the newer, more efficient models are more expensive and beyond the reach of low income households.

In 2006, Sydney Water implemented a hardship policy that provides funding for no interest loans to enable low income households to purchase water efficient appliances and white-goods. Similarly, the NSW Government should provide community organisations with funds to offer no-interest loans for 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 \$1,000 and these are usually repaid within one year. This allows the funds to be lent out again.

Action

That the NSW Government provides \$1m in 2008-09 to the NSW No Interest Loans (NILS) Network to assist low income households to purchase energy efficient white-goods.

Cost: \$1m

■ Legal Aid Commission

■ Women's Domestic Violence Court Assistance Program (WDVCAP)

Result

A more equitable, cohesive and consistent response to domestic violence.

State Plan: R1

Evidence/Rationale

According to the 2005-06 Annual Report of the Legal Aid Commission, the Women's Domestic Violence Court Assistance Program provided assistance to 33,915 women in that year. The numbers of women seeking assistance have been rising at alarming rates (in 2002-03 there was a 21.9% increase) and these figures represent an 8.8% increase on 2004-05.

The 2006-07 Budget Submission NCOSS called for \$1.3m extra to the Program to increase the number

The numbers of women seeking assistance have been rising at alarming rates (in 2002-03 there was a 21.9% increase) and these figures represent an 8.8% increase on 2004-05.

and hours of specialist workers 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.

NCOSS welcomed a 2007 election commitment to spend \$2.54m to expand the Women's Domestic Violence Court Assistance Program (WDVCAP). The only detail announced about the extra funding was that it will be used to change the funding formula and establish schemes for five new locations. The 2007-08 budget summary indicated that this additional money will not flow until 2009-10 when \$2.7 extra will be allocated, increasing to \$2.8m in 2010-11. However there is clear evidence of an immediate need for more funding for WDVCAP, particularly the lack of any assistance in some high need locations, and the stretched and often part-time resources of many schemes that cover a wide area and a number of courts. NCOSS therefore calls on the Government to commence funding this budget cycle.

NCOSS notes that the Legal Aid Commission is currently undertaking a review of its services in relation to domestic violence, including the WDVCAP. NCOSS calls on the Legal Aid Commission and the Government to ensure that NGOs are fully consulted during the review and to consider the earlier NCOSS budget submissions which seek funding for additional specialist workers.

Action

Additional funds promised to the Program in 2007 to be implemented in 2008-09.

Costs: \$2.7m in 2008-09

■ Community Legal Centres

Results

- Improved access to justice by disadvantaged individuals and families in NSW.
- Better access to and use of early intervention, prevention and diversion of people from the justice system.

- Increased capacity to provide legal advice, information and education to disadvantaged people across the State.
- Avoidance of escalating and unnecessary costs accrued due to the inability of centres being able to assist at early stages of legal problems.
- Increased confidence in the ability of the NSW Government to afford access to justice to its most disadvantaged people.

State Plan: R1, R2, R4, F1, F2, F3, F4, F5, F7, P7

Evidence/Rationale

Eighteen generalist and thirteen specialist Community Legal Centres (CLCs) receive funding under the NSW and/or Commonwealth Community Legal Services Program (CLSP). CLCs target their services to our most disadvantaged communities and those most in need, such as women facing domestic violence, ex-prisoners, people with mental illness, young people, people with disabilities, Aboriginal people, and homeless people.

In February 2007, the Final Report of a three year joint Commonwealth/State Review of the NSW Community Legal Services Funding Program was released. NCOSS was represented on the Steering Committee of the Review and supports its recommendations.

The CLC Review found that:

- Community legal centres provide an effective and efficient form of legal service delivery in response to the legal needs of disadvantaged members of the communities they serve.
- Centres should retain their flexible Strategic Service Delivery Model which allows centres to provide a range of legal services according to their research into local legal needs.
- The Community Legal Services Program is significantly underfunded.
- Almost all centres are overwhelmed by demand for their services and cannot sustain their current level of service, let alone meet emerging service gaps.

Other research in 2006 found that CLCs work is characterised by an emphasis on early intervention – advice and information provided to people in a plain English, non-bureaucratic manner, often at early stages of a legal dispute. This intervention could make a huge difference to the lives of individual people and the NSW community.

Despite the innovative and crucial work that CLCs are engaged in, many are desperately underfunded and face increasing demand. The 2007 ACOSS survey found that a massive 33% of eligible clients were turned away during 2005-06.

NCOSS therefore supports the provision of additional funding to bring all CLCs up to a minimum funding baseline of \$500,000. NCOSS also supports new funding for employment law services, legal services for refugees and legal services for people with intellectual disabilities.

Actions

- The NSW Government increases the existing budget for the Community Legal Services Funding Program from \$4.3m to \$8.02m recurrent.
- The NSW Government provides funding of \$500,000 per year for the provision of new services relating to employment law, legal services for people with intellectual disabilities, and legal services for refugees

Cost: \$4.22m p.a.

■ Ministry of Transport

■ Capacity to pay transport related fines

Results

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

State Plan: R4

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 that a fine places on an individual, fines can also generate a range of undesirable social impacts for local communities. For example driver license 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. NCOSS estimates that approximately 90% of fines revenue is sourced from motor traffic fines. In estimating the forgone revenue for fine reductions to low income people, NCOSS has assumed that 10% of traffic fine recipients would be likely to claim a reduced fine amount.

Any shortfall in fines revenue generated by these capacity to pay measures are likely to be offset by a number of factors. Fines and other revenue protection measures have arguably increased CityRail revenue since 2005-06, due to the increased surveillance and regulation by the 600 Transit Officers. 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 have a lower disincentive to pay fines on time if they are income proportionate.

Actions

- 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.

Cost: over \$10m in forgone revenue in 2008-09

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

■ Community kilometres

Results

- Additional community transport services created through new contracting powers associated with bus services reforms.
- Better accountability and cost effectiveness for delivery of local services.
- Additional resources to address transport disadvantage.

State Plan: S6

Evidence/Rationale

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 useful proposal will assist to meet a range of transport needs that are currently not being addressed by existing funding programs; eg. 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 also create opportunities where appropriate for local NGOs, including community transport operators who can deliver flexible community focused services in local areas.

NCOSS recommends that \$7m be made available for metropolitan and outer metropolitan community kilometres projects and \$8m be allocated to the rural and regional bus contracts once the bus contracts are renegotiated.

Action

Provide recurrent funding in 2008-09 for Community Kilometres projects in metropolitan areas.

Cost: \$7m in 2008-09 and additional \$8m in 2009-10

■ Community Transport Program

Results

- Improved capacity of community transport operators to provide services to a range of people experiencing transport disadvantage.
- Improved connectivity of people accessing and using transport services in the community.

State plan: R4, S6

Evidence/Rationale

There are 134 Community Transport providers receiving HACC funding via the Ministry of Transport but not all of these are funded under the Community Transport Program (CTP). The CTP program aims to address transport needs at the local level for a broad range of people who experience transport disadvantage but are ineligible under the HACC program. Transport disadvantage is defined by a number of factors including mobility, isolation and age and directly compounds social exclusion.

As CTP has a relatively broad focus, the program has the capacity to assist those who most need the services but are not eligible for other forms of support. 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.

Despite receiving indexation, Community Transport Program funding has remained stagnant in real terms, at \$2.9m in 2006-07. The last significant allocation of growth funds for the CTP program was in 1998-99 according to the Ministry of Transport website. 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.

Action

Double the funding to the Community Transport Program in 2008-09 to \$5.8m and ensure that all Community Transport providers receive CTP funding.

Cost: \$2.9m in 2008-09

■ Public Transport Concessions

Results

- A significant decrease in transport disadvantage with a maximum of 10% of net income spent on transport by people on fixed incomes or low paid employment.
- All Health Care Card holders can access public transport concessions, including the Pensioner Excursion Ticket.
- Low income people experience less transport disadvantage and greater connectivity within the community.
- Improved equity in availability of concession fares.
- Increased patronage on services.

State Plan: R4, S6

Evidence/Rationale

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.

This proposal seeks to extend transport concessions to all Health Care Card holders, bringing NSW into line with transport systems in other jurisdictions such as Melbourne and Perth. There are currently three types of health care cards issued by Centrelink: pensioner cards, Centrelink allowance recipient cards and low income cards. In NSW, concession prices for public transport are offered to pensioners and Centrelink allowance recipients. The current system of concessions does not cover low income households or the working poor.

The provision of transport concessions represents a significant response from the NSW Government to the problem of social disadvantage. Transport concessions can provide a useful way to generate increased social participation and reduce isolation from services and employment.

This proposal is to extend public transport concessions to working poor people who can be identified by the relatively simple means of their possession of a low income Health Care Card.

There are around 145,000 people with Health Care Cards who are not on a Centrelink pension or benefit. Cheaper public transport for working poor people should improve connectivity between home, work and services, which is an important driver of economic growth and social sustainability. A

potential benchmark for this is for a maximum of ten percent of net income spent on transport for people on fixed incomes or low paid employment.

Concession travel should not be considered as a cost to government, but rather as 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.

Action

Expand public transport concessions to all Health Care Card Holders who use bus, rail or ferry services.

Cost: \$16m in 2008-09

SmartMove

Results

- An integrated day fare ticket for people who need to use multiple transport services – bus, rail or ferry – that will promote growth in patronage on public transport services.
- Reduced reliance on motor vehicles and the road system.
- Improved affordability for low income users.

State Plan: S6

Evidence/Rationale

The poor state of public transport in NSW has received a significant degree of public attention over the last year. Many people across the State struggle to use services that are infrequent, unreliable or simply do not take passengers where they want to go. Cost is also a major barrier in using public transport across NSW. Public transport fares can be expensive, not only because the cost of a single journey may be high, but because fares are not integrated. This means that different fares apply to different services, and passengers are forced to buy a new ticket each time they use a different mode of transport (bus, train or ferry) along any one journey. Consequently, public transport can be discouragingly costly if you need to use a number of different services in order to get to a destination. Integrated fare products, such as TravelPass, the Pensioner Excursion Ticket, and the DayTripper, do exist in the public transport system but these tickets are not available or usable by everyone, and are not valid on all services.

The inconsistent availability of these tickets is an equity issue, with higher transport costs a result for people who do not have access to an integrated fare. For example people who wish to travel five days per

...public transport can be discouragingly costly if you need to use a number of different services in order to get to a destination.

week from Horsley Park in South West Sydney to Macquarie University can pay over \$100 return in public transport costs for 5 days travel. On the other hand, a resident of Mona Vale on Sydney's Northern Beaches will be able to travel to Macquarie University using a Purple Travel Pass, paying a maximum of \$55 per week for unlimited travel on CityRail, Sydney Ferries and State Transit Buses. Despite the discrepancy in price, the duration and distance of these two journeys is approximately the same. The situation is perhaps worse in rural and regional NSW, where higher bus fares and a lack of affordable ticket products making travel very expensive on limited public transport services.

The SmartMove Day Fare on available public transport services would help to connect people affordably to jobs, services and education. A notable low income group that would benefit comprises 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.

Actions

- That the NSW Government develops SmartMove, an integrated Day Fare ticket for Greater Metropolitan Sydney, Illawarra, Central Coast, Lower Hunter and the Blue Mountains which will allow all day travel on any bus rail or ferry service within the relevant zone with both an adult and concession Day fare ticket.
- That a SmartMove Day Fare is negotiated for bus and rail services in rural and regional bus contract regions.

Cost: cost neutral

Although it is certain that some existing ticket products will be affected, there is a strong evidence to suggest that, if fare integration is marketed properly and provided that planned service improvements across public transport in NSW are implemented, the SmartMove proposal would be cost neutral in the long term, if not the short term.

■ Transport Services for Aboriginal Communities

Results

- Improved availability and appropriateness of existing services for Aboriginal and Torres Strait Islander communities.
- New services that reduce the social isolation of transport disadvantaged Aboriginal communities.

State Plan: R4, F1, P6, P7

Evidence/Rationale

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 has a state-wide Aboriginal Transport project officer, which was a very positive step towards addressing current issues. There are now three additional HACC funded transport developments workers on the Mid-North Coast bringing the total to eight non-government Aboriginal transport development workers. All of these workers, however, are located along the eastern seaboard of NSW.

Future commitments to fund Aboriginal Regional Coordinators, Community Transport, and local NGO based development workers in inland NSW 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 the transport related recommendation in "Community Care and Disability Services for Aboriginal People", in the section relating to the Department of Ageing Disability and Home Care.)

Action

Commit \$1m to fund Aboriginal Regional Coordinators and local community based development workers, prioritising inland areas of need.

Cost: \$ 1m in 2008-09

■ Taxi Transport Subsidy Scheme

Results

- People with disability who cannot use public transport can access more affordable transport options through taxis.
- Reduce costs for people who make use of taxis as the only viable form of transport to get to important destinations.

State Plan: R4, S6

Evidence/Rationale

Despite almost 5 years of work under the Disability Discrimination Act Transport Standards there are still major issues regarding access to the public transport system for people with disability. Only 32% of CityRail stations are accessible, and fewer than 25% of private buses are accessible. Consequently, many people with mobility impairments are forced to use taxi transport to get to important destinations.

The Taxi Transport Subsidy Scheme TTSS provides a 50% subsidy to towards the relatively high costs associated with the use of taxis. Yet despite this subsidy, transport costs can still be prohibitively high, particularly where frequent travel is required, eg. to medical appointments or employment. This particularly affects M50 registered taxi users, who are not able to transfer from a wheelchair to an unmodified vehicle, and therefore are restricted to using accessible vehicles.

In spite of the subsidy, some wheelchair users can spend up to \$350 a week meeting the costs of taxi transport. NCOSS recommends that the TTSS subsidy is increased to 75% to 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 in real terms taxi fares in NSW are over 15% higher than they were in 1999. TTSS wheelchair user who travels an average distance daily to work is likely to spend \$643 more per year for taxi transport than in 1998-99, even with the TTSS subsidy applied. 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, eg. people in Western Sydney and in rural and regional NSW. There was also an acknowledgement from IPART of higher regional costs in its 2006 *Review of Fares for Taxis in NSW*.

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; and
- Annual CPI indexation of upper subsidy limit.

Cost: \$8.5m

■ Sustainable Transport Development Projects

Results

- Sustained community-based transport development services for growth areas in NSW.
- 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.

State Plan: P2, P6

Evidence / Rationale

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

NCOSS believes there are opportunities to promote sustainable transport planning and development in growth areas across NSW...

development, and provide and complementary function to other workers, such as the Ministry of Transport Regional Coordinators.

NCOSS recommends that the Ministry of Transport expand 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.

Action

Provide \$580,000 recurrent funding to establish four Sustainable Transport Development projects in 2008-09.

Cost: \$580,000 in 2008-09

■ NSW Health

■ Aboriginal Health

Results

- Improved mental and physical health and well-being outcomes for Aboriginal men, women and communities.
- Aboriginal health outcomes and life expectancy in line with health outcomes for the general community.
- Lower rates of chronic disease in the Aboriginal population.

State Plan: S1, S2, S3, F1, F3, F4, F5

Evidence/Rationale

The health status of Aboriginal Australians is the worst in the developed world.⁴⁴ It is significantly poorer than that of non-Aboriginal Australians,⁴⁵ with the life expectancy of Aboriginal Australians in NSW approximately seventeen years less than non-Indigenous Australians.⁴⁶

NSW has the highest percentage of the Aboriginal and Torres Strait Islander population of any State or Territory (29.2%),⁴⁷ making the health status of Aboriginal Australians a particular priority for NSW.

A key component of improving the health of Aboriginal people is prevention and early intervention. In NSW in 2004, more than three-quarters (76.4%) of all premature Aboriginal deaths were potentially avoidable.⁴⁸ Similarly, hospitalisation rates for conditions for which hospitalisation can be avoided through prevention and early management were twice as high for Aboriginal people as non-Aboriginal people.⁴⁹

Aboriginal people are more likely to be affected by a range of chronic health conditions, including chronic respiratory diseases, diabetes, cardiovascular disease and kidney disease.⁵⁰ Prevention of chronic disease is an essential element in improving Aboriginal Health and life expectancy.

As set out in *Two Ways Together*, improving the health and wellbeing of Aboriginal people in NSW requires the development of a genuine partnership approach that will enable Aboriginal people and communities to take responsibility for the solutions.⁵¹ The right to self-determination is a fundamental component of this framework.

Actions

- NSW Health to fund 55 Women’s Health workers in NSW Aboriginal Medical Services at \$4.125m per annum
- NSW Health to fund 55 Men’s Health workers in NSW Aboriginal Medical Services at \$4.125m per annum.
- NSW Health to fund the Aboriginal Health and Medical Research Centre to undertake preventive work around chronic disease at \$351,200.

Cost: \$8,601,200 p.a.

■ Co-morbidity – Mental Illness and Substance Dependency

Results

- Reduction in long term hospitalisation for people with co-morbidity resulting in improved health outcomes and reduced costs for the health system.
- Reduction in pressure on the criminal justice and homeless service systems.
- Increased access to services by young people with co-morbidity.

- An improvement in the health outcomes of people with a co-existing mental illness and substance dependency across NSW.

State Plan: R1, R2, S1, S3, F1, F2, F3, F5

Evidence/Rationale

Prevalence rates of substance abuse issues in mental health settings have been consistently reported at between 30% and 80%.⁵² Similarly, more than half of the people who use or abuse substances have experienced psychiatric symptoms significant enough to fulfil diagnostic criteria for a mental illness.⁵³

Co-morbidities are associated with a host of social, behavioural, psychological and physical problems, including: increased symptom severity and suicidal behaviour, greater non-compliance with treatment, more hostile and aggressive behaviours, increased risk of violence to others, higher rates of offending, imprisonment and homelessness, and longer duration of admission to psychiatric inpatient units.⁵⁴ As a result, integrated program responses are essential to prevent people falling between the gaps of separate service systems.

There are significant barriers in access to services for young people with co-morbid mental illness and substance dependency, particularly in rural and regional areas.⁵⁵ Evidence suggests models in the mental health system and some adult-oriented services are not appropriate for young people with co-morbidity. Despite this, there is a significant lack of co-morbidity services responding specifically to young people, and “even when present, residential youth alcohol and drug programs are frequently limited in numbers and scope”.⁵⁶

Actions

- NSW Health to fund a statewide three-year trial of an integrated residential treatment and rehabilitation facility for people with a mental illness and substance dependence co-morbidity followed by an independent evaluation. If proven as a successful intervention, an ongoing commitment to funding should be guaranteed.
- NSW Health to fund a statewide three-year trial of an integrated residential treatment and rehabilitation facility for young people with a mental illness and substance dependence co-morbidity, followed by an independent evaluation. If proven as a successful intervention, an ongoing commitment to funding should be guaranteed.

- NSW Health to provide ongoing funding for comprehensive workforce initiatives for all workers involved in assisting people with a dual diagnosis.

Cost: \$2.7m p.a. for two trial projects

\$900,000 p.a. (recurrent) for workforce initiatives

■ ComPacks and SAFTE / Healthy at Home

Results

- Improved before and after hospital care and support, thereby reducing unnecessary hospital admissions and readmissions, both generalist and mental health.
- 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.
- Enhanced overall health of the community by:
 - a. meeting the 'life' needs of people to avoid unnecessary emergency presentations and on discharge from hospital; and
 - b. ensuring that people are appropriately supported until they can manage their own care or make more permanent arrangements.

State Plan: S2, F4, F5

Evidence/Rationale

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 up to eight weeks 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.

Also known as Healthy at Home Program, SAFTE (Sub Acute and Fast Track Elderly) Care is an interagency approach to provide integrated community care for frail older people who show the first signs of an

Aboriginal people are more likely to be affected by a range of chronic health conditions, including chronic respiratory diseases, diabetes, cardiovascular disease and kidney disease.

escalating medical condition or crisis. SAFTE Care aims to avoid hospital admissions by providing a combined assessment by a health clinician and ComPacks Case Manager within 24 to 48 hours of referral, fast tracking diagnostics and assessment and then up to 6 weeks of case management and access to long-term sustainable support. An interim evaluation of the SAFTE Care program conducted by the University of Wollongong in June 2006 found that 81% of the clients seen by SAFTE would have presented at an Emergency Department, in the absence of the service (staff judgement).

ComPacks has proved to be a resounding success in terms of improved patient support as well as better targeting of resources. SAFTE is designed to provide similar outcomes but identifies the person as their needs escalate before avoidable hospital presentation.

ComPacks costs on average \$30 per person per day, compared to \$600 per day for an acute bed and \$350 per day in a sub-acute bed 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 all regional and rural areas across NSW. Current experiences in rural and regional areas identify similar outcomes with only minor differences.

Actions

- An additional \$8m recurrent funding to complete the coverage of all public metropolitan hospitals and expand to public regional and rural hospitals.

- Monitor ComPacks for effectiveness, especially in regards to providing case management that is appropriate to people from CALD backgrounds and Aboriginal people.
- Accelerate funding to the SAFTE Care/Healthy at Home Program by \$10m in 2008-09.
- Quarantine the funding for out-of-hospital care only and attach it to the individual for brokering services.

Cost: \$ 18m recurrent

■ Health NGOs

Results

- Increased viability and sustainability of the Health non-government organisation (NGO) sector, which is an integral part of the health system and health care delivery.
- Enhanced health and well being of the community, especially for those who are the most disadvantaged.
- Improved health within the general community, reducing the need for more expensive acute care interventions and hospitalisation.

State Plan: S1, S2, S3, F1, F2, F3, F4, F5

Evidence/Rationale

Ensuring the viability of the NSW Health NGO Sector

NGO Health services are a vital component of mainstream health services, in many cases providing core services that have not historically been, or would not be, provided by the public sector. Many health NGOs specifically target marginalised groups in their community who do not use mainstream health services, or do not use them until they are seriously ill. Their flexible structures and client-focused ethic make them well suited to responding to the needs of these groups.

The NSW Health NGO program currently receives less than 0.8% of the NSW Health Budget.

The Health NGO Sector has a broad range of strengths that include the ability to provide a cost effective service. However, over the last five years there has been a significant increase in operation costs, with figures indicating that Workcover costs alone rose by 142% from 2001-02 to 2004-05, while total insurance costs over the same period rose by 68%.⁵⁷ In addition to this, indexation levels have failed to provide for the true cost of increases in service delivery. In addition to the rise in rental and maintenance costs, NGOs have also reported increasing administrative burdens and information technology costs.

The cumulative effect of these funding shortfalls is significant. As such, costs accumulate, the NGO sector's capacity to provide services to the community is reduced, with many services forced to decrease direct service delivery to cover increased costs.

■ Workforce Development

Workforce development is increasingly being recognised as an important component of creating sustainable organisations that continue to meet the changing needs of communities.⁵⁸ NSW Health explains that:

Workforce development refers to a process initiated within organisations and communities, in response to the identified strategic priorities of the system, to help ensure that people working within these systems have the abilities and commitment to contribute to organisational and community goals.⁵⁹

The Australian Health Ministers' Conference has recognised that the health sector faces both current challenges – workforce shortages and maldistribution – and future challenges – new technology, demographic change and empowered consumers – in relation to the health workforce. These issues are particularly acute for the NGO sector, where staff recruitment and retention and funding availability for professional development are additional challenges. (Also see *NCOSS Industry Development Plan on Workforce Issues.*)

Actions

- NSW Health increase funding to Health NGOs by 15% to meet increased core costs of service delivery at an additional \$14.9m per annum.
- NSW Health to fund NGO Health Peak Bodies to develop and implement workforce initiatives and programs for NSW Health-funded NGOs at \$500,000 per annum (recurrent).

Costs: 15.4m recurrent

■ Health Resource Teams

Results

- Improved quality of life and health and well-being of people with intellectual disability and therefore a reduction in health costs across the person's life span.
- Improved diagnostic assessments of the health care needs of people with intellectual disability and complex medical conditions.

- Improved referral processes to and from general practitioners and other health and disability professionals.

State Plan: R4, S1, S2, F5

Evidence/Rationale

Australian research has shown that the life expectancy of a person with an intellectual disability is 17 years lower than the general population, even lower for those with severe disabilities. Obesity in people with intellectual disability is up to three times the level in the general population, however a significant proportion of people with disability who died in care were underweight and some died because of critical illnesses. Dental disease is also up to seven times more frequent than in the general population.

The poor health status of people with intellectual disability arises from a wide range of factors including:

- Communication issues between the health professional and the patient.
- Vulnerability of people with intellectual disability to various health conditions.
- Diagnostic overlay – assuming that symptoms are related to the disability.
- Inadequate multidisciplinary focus on health problems.
- Lack of an established expertise 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.
- People with disabilities being undervalued within society.
- Health promotion campaigns not being accessible to people with intellectual disability.

The development of multidisciplinary intellectual disability health resource teams would provide a focus of expertise to assess the complex health care needs of people with intellectual disability in liaison with general practitioners. Such a multidisciplinary approach would include a doctor who specialises in intellectual disability and professionals in nursing, dietetics, speech pathology, neurology, psychiatry, oral health and alcohol and other drugs. The teams would be ideally placed to foster the development of better local networks to address the health care needs of people with intellectual disability and to provide advice and training to doctors and other health and disability professionals.

Australian research has shown that the life expectancy of a person with an intellectual disability is 17 years lower than the general population...

Actions

NSW Health to create two multidisciplinary intellectual disability health resource teams, specifically for people with intellectual disability, one metropolitan and one rural/remote.

Cost: \$2.2m recurrent

■ Mental Health

Results

- Increased savings in mental health dollars through the reduction and prevention of relapse and decreased re-admissions to hospital.
- Reduction in pressure on the NSW homeless service system, particularly the Supported Accommodation Assistance Program (SAAP).
- Reduced rates of re-offending and reduction in pressure on the criminal justice system.

State Plan: R2, S1, F2, F3, F4, F5

Evidence/Rationale

Stable, appropriate and adequate housing is fundamental for mental wellbeing.⁶⁰ The Housing and Accommodation Support Initiative (HASI) assists people with mental health problems to acquire and maintain stable housing and facilitate their ongoing community connectedness and wellbeing.

HASI Stage One provided 100 ‘high support’ places for people with ‘complex mental health problems and disorders’. Evaluation of the program indicated that:

- 70% of clients remained in the same home for twelve months or more;
- 78% of people who started HASI remained in the program in March 2006; and
- 84% of participants have spent less time in emergency departments or psychiatric units since joining HASI.⁶¹

Evidence indicates that up to three quarters of the homeless population may have mental disorders,⁶²

and that people from lower socio-economic groups are linked with more extreme and long-lasting symptoms and a higher chance of being hospitalised.⁶³ Yet despite recognition in program information of the suitability of HASI for people experiencing homelessness, it has been suggested that people experiencing homelessness have difficulty accessing HASI, and that a targeted program working in collaboration with homelessness services is needed to facilitate access.⁶⁴

There is also a complex nexus between mental illness and homelessness in people exiting prisons. The prevalence of mental illness amongst inmates is considerable when compared to the general community.⁶⁵ Data indicates that:

- Approximately three quarters (74%) of the NSW inmate population have experienced a psychiatric disorder in the last 12 months, compared to one-fifth (22%) of the general population.
- At the point of reception almost half (46%) have suffered a mental disorder (psychosis, affective disorder, or anxiety disorder) in the previous 12 months. Over one-third (38%) of sentenced inmates have suffered a mental disorder in the previous 12 months.⁶⁶

Similarly, the association between recidivism in ex-prisoners and homelessness is significant, particularly for ex-prisoners with a mental illness, who are more likely to end up without adequate housing.⁶⁷

This model would see current HASI partners working collaboratively with support services for people exiting prison and people experiencing homelessness to determine client access to the program and deliver targeted support and accommodation to these two groups.

Actions

NSW Health to continue to expand the Housing and Accommodation Support Initiative program with the Department of Housing to provide a targeted focus on people who are experiencing or at risk of homelessness and people exiting prison by:

- providing 100 places for people experiencing or at risk of homelessness with very high support needs at \$7m recurrent;
- providing 100 places for people exiting prison with high support needs at \$7m recurrent; and
- conducting evaluations of each of the programs at \$50,000 per program

Cost: \$14m recurrent plus \$100,000 non-recurrent

For more information on Mental Health see 'Sexual Assault Services'.

■ Non-Emergency Health Transport & IPTAAS Health

Results

The Transport for Health recommendations will result in:

- Significant improvements in health connectivity or rural, regional and remote communities, Aboriginal communities and amongst low income earners.
- A reduction in the number of people missing health appointments due to transport problems of at least 50%.

State Plan: S1, S2, F1

Evidence/Rationale

Barriers to accessing transport affect people's ability to seek treatment when needed. For example, many people located in rural and regional areas who do not own a motor vehicle are likely to face significant difficulties travelling to specialist services, some of which are located 200 or 300kms away from their home.

Many Aboriginal communities report that they are dislocated from services to 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 the poor availability of transport.

People who require intensive treatment for an illness – such as cancer or dialysis treatment – may often be required to travel long distances many times per week. Dialysis patients in Western NSW, for example, can travel 300-400 km a number of times per week in order to receive treatment.

Health related transport is a significant issue for people with physical and other disabilities who may need treatment to avoid adverse health outcomes.

Although transport to health services is clearly a problem in rural and regional NSW, it can also be a problem in metropolitan areas. Poor planning for public transport to health destinations, inaccessible transport services, and limited resources for community transport all pose barriers for access to health services. Many patients resort to unaffordable forms of transport, such as taxis, in order to get to important health appointments.

- Approximately 700,000 people across NSW experience difficulties accessing health care when they need it.⁶⁸ 50% report a shortage of general practitioners in their area.⁶⁹

- Almost one quarter of people living in rural and regional areas will face difficulties accessing health care when they need it.⁷⁰
- Access to health treatment is getting progressively worse in NSW: there has been a significant increase in the proportion of people having difficulties getting health care; from 9.9% in 1997 to 13.9% in 2005.⁷¹

People on low incomes experience comparatively poorer health outcomes than the general population;⁷² transport is a significant contributing factor. Approximately 16.4% of people in a low income category have difficulty accessing health treatment when they need it.⁷³ This means:

- Some low income people routinely miss health appointments because of transport problems.
- For some low income households, the ability to meet food, energy and other essential bills is compromised as a result of high health transport costs.
- Some low income people, particularly in rural and regional areas, must move away from family and support networks in order to access health services.

There are a number of services and forms of support available to people who need to access health services, but they all have limitations.

Public transport is not always available to some locations, particularly in country NSW. Services in some regions can be inaccessible to people with mobility impairment. Costs can be high – rural and regional bus services are expensive, and do not offer the same range of concessions as metropolitan services. For some people physical access to transport is a barrier to it being used.

Resources for Community Transport (Home and Community Care Program) are inadequate and there can be long waiting lists. Community transport providers must respond to high demand for health related transport. This means that a significant proportion of trips, sometimes up to 90%, are to health related destinations. A report *No Transport No Treatment* commissioned by The Cancer Council NSW, the NSW Community Transport Organisation and NCOSS (to be released late 2007) describes a major study of community transport in NSW. This report found that community transport must turn away 90,000 requests for transport to health services each year. This is due to insufficient resources.

Non emergency health transport has a very limited state-wide budget, and has inconsistent availability and eligibility.

Despite significant restructures, health services in NSW have not generally taken into account the transport needs of patients.

The 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 rural communities in NSW, through the partial reimbursement of actual travel and accommodation costs. To be eligible patients need to travel more than 100 km (one way) from where they usually live to obtain specialist medical treatment not available locally. There are several grounds on which exemption can be sought from the nearest treating specialist rule, but there is a low level of awareness of these exemptions.

There are a number of other 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 and fuel, the lack of ability to elect a carer and the intensive paperwork required for each claim. These barriers (in particular the upfront costs) mean that many low income people simply don't use the scheme.

NSW Health does provide some funding for non emergency transport services, but a comparatively small amount of money is available for community services. The 'Transport for Health' Program has a limited budget. Many area health services, particularly in metropolitan areas, have access to few resources through the program, and have been unable to set up transport units and employ appropriate staff.

Despite significant restructures, health services in NSW have not generally taken into account the transport needs of patients. NCOSS estimates that NSW Health spends a 1/1000th of its annual budget (or \$1 in every \$1,000 allocated to health in NSW) on non emergency health transport services to the general community. Any expansion in funding for health transport in NSW would need to be strategically allocated in order to provide a range of options for people, and promote greater responsibility in response to transport issues by health services.

Funding must lead to delivery of services. The program should focus not only on transport coordination and demand management objectives, but also provide services for people who are not able to access other forms of transport.

Actions

■ Non Emergency Health Transport

- Increase access to health treatments by expanding funding for non-emergency health transport services to \$10m per annum;
- Create health transport options for Aboriginal people, by providing dedicated services to Aboriginal communities, including the consolidation and growth of the network of Aboriginal transport coordinators.

■ IPTAAS

- Improve the affordability of IPTAAS for low income people by removing the administration fee for Health Care Card holders.
- Ensure travel and accommodation expenses are reimbursed to the equivalent of the public service rate.
- Ensure flexibility around upfront payments so that low income people, including Aboriginal people, are able to use IPTAAS.

Cost: \$7m in 2008-09 for non-emergency health transport.

NCOSS is unable to cost the IPTAAS recommendations without access to relevant NSW Health expenditure and usage data.

■ Oral Health

Results

- Improved oral health for all people living in NSW, especially those who are the most socio-economically disadvantaged and people 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.

State Plan: S1, S2, F4, F5

Evidence/Rationale

Good oral health is not simply the absence of oral health problems but a state of well-being in which a person can eat, speak, work and socialise without

discomfort or embarrassment. Poor oral health results in difficulty eating, impaired speech, loss of self-esteem, restriction of social and community participation, and can impede a person's ability to gain employment. Poor oral health has also been linked to other serious health conditions, such as heart disease.⁷⁴

There are an estimated 200 000 people, including children, currently on public dental waiting lists in NSW.⁷⁵ NSW spends less per capita on public dental services than every other state and territory, and significantly less than the Northern Territory, Tasmania, Queensland and South Australia.

In 2006, the Legislative Council's Standing Committee on Social Issues reported on dental services, finding that socio-economically disadvantaged groups bear the brunt of underfunded public dental services:

The committee notes the level of treatment that the public system is able to provide to users contrasts with the wide range of general and elective treatments provided to people who can afford to pay for services provided by private practitioners. The reduced treatment available in public dental services is affecting the health of public dental patients, who can suffer in a range of ways from social embarrassment up to serious medical conditions and, in extreme cases, the death of patients who do not receive adequate and timely treatment.⁷⁶

The report also highlighted the particular shortages in the public dental workforce, finding that this led to reduced access to dental services, growing waiting lists, increased waiting time and a reduction in the provision of preventive care, concluding that "it is paramount that more funding is provided to implement a comprehensive range of workforce initiatives."⁷⁷

The fact that, despite the majority of tooth loss being preventable,⁷⁸ most public dental treatments are extractions indicates that the public dental system is failing. As a result of 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. Throughout the NCOSS regional consultations, communities consistently raised oral health as a priority health issue, with workforce shortages and long waiting lists being cited in Albury, Wagga Wagga and Muswellbrook.

Actions

- An initial \$102.5m to bring core public dental funding to a minimum \$231m per year recurrent, in line with the NSW Legislative Council's recommendations that public dental funding be increased to be comparable to other states.

- \$50m in first year rising to \$123.7m in the fifth year for comprehensive oral health workforce initiatives including enhancements to the public dental workforce, particularly in rural and regional areas.

Cost: \$152.5m

■ Provision of Aids to Disabled People (PADP)

Results

- People with disability have easier access to aids and equipment that support them to live more independently in the community.
- Avoidance of increased dependence caused by lack of timely and appropriate aids and equipment.

State Plan: F2, F4

Evidence/Rationale

The resourcing and administration of the Provision of Aids to Disabled People 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. In recent years, 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 obtain equipment.

As a result of a substantial community campaign, the NSW Government announced a \$3m enhancement to the PADP program in 2007-08, bringing the total funding for the program to \$26.8 m. NCOSS welcomes recent initiatives to establish a consistent policy for the program, and to 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. The timely provision of appropriate equipment will 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.

The need to address refugee health concerns has grown exponentially over the recent years.

Action

That the NSW Government increases funding by 33% for the Provision of Aids to Disabled People Program from \$26.8m to \$35.7m p.a.

Cost: \$8.9m recurrent

■ Refugee Health

Results

- Improved health outcomes for people of refugee background settling in NSW.

State Plan: S1, S2

Evidence/Rationale

NSW receives more refugees than any other state in Australia with over 4,000 each year. Many have major health needs, often as a result of persecution, psychological trauma, disrupted access to health care and other adverse effects of conflict.⁷⁹

The Royal Australasian College of General Practitioners⁸⁰ outlines that refugees are more likely to be affected by psychological disorders (such as anxiety and depression), the physical consequences of torture (such as deafness), undermanaged or unrecognised chronic pain, diabetes and hypertension, poor oral health, infectious diseases (such as TB) and delayed growth or development in children.

The need to address refugee health concerns has grown exponentially over the recent years. Factors contributing to increasing demand for health services for refugees include:

- A rapid demographic shift with over half the quota of refugees now coming from African countries. The health needs of these communities are more complex, interpreter usage has increased, and educational needs of health professionals are greater.
- Department of Immigration policy of settling 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 recognising 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’s 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.

Additional targeted funds are needed to ensure the health needs of refugees are appropriately met.

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, in keeping with other states and territories, over three years from \$1.28m in year one to \$3.3m in year 3 per annum.
- 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, by implementing projects targeted at rural and remote refugee communities, oral health, nutrition and African communities at \$450,000 per annum.

Cost: \$1.73m recurrent in 2008-09 to \$3.75 recurrent in 2010-11

■ Reproductive Health

Results

An improvement to 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.

State Plan: S1, F3

Evidence/Rationale

Since 2001 several factors have combined to restrict access to pregnancy termination services in NSW. These changes have included a decrease in the number of bulk-billing abortion providers, which has in turn led to an increase in the cost of termination of pregnancy. The overall outcome has been an increase in the up-front costs for a termination and an increase in the overall out-of-pocket expense, with some estimates indicating an increase of \$130 in out of pocket expenses.

In addition to this, since the mid-90s the proportion of pregnancy terminations conducted in NSW public hospitals has almost halved. In 2003-04, 4.8% of terminations were carried out in New South Wales public hospitals, compared to 96% of terminations in South Australia.⁸¹ There has been some suggestion that the number of NSW public hospitals providing terminations is as little as three.

Increasing upfront costs and difficulties obtaining a termination from public hospitals has a disproportionate affect on women who are socio-economically disadvantaged, particularly young women and women in rural and regional areas who often face additional transport costs to access termination services. It has been recommended that local information about services for pregnancy termination be improved.⁸²

The National Health and Medical Research Council⁸³ and other researchers⁸⁴ have recommended that counselling for pregnancy options (motherhood, adoption and termination) be available for all women seeking it to aid in decision making and, where relevant, post-abortion.

Action

NSW Health to fund a state-wide Pregnancy Options Counselling and Support Service to provide counselling, advocacy and brokerage, and to develop and maintain a state-wide referral database and network of health care providers working in the field.

Cost: \$374, 610 recurrent

■ Sexual Assault Services

Results

- Improved mental health outcomes for adult survivors of child sexual assault.
- Decrease in demand on other health and community services, including corrections and homelessness services.

State Plan: R1, R2, S1, F3, F4, F5

Evidence/Rationale

Researchers estimate that 30% of all women and 16% of all men in Australia have been sexually assaulted as children.⁸⁵ Developmental trauma resulting from childhood sexual assault can lead survivors to fall into chronic patterns of disorganisation and destructiveness, which in turn results in increased use of medical, hospital, correctional, social and mental health services.⁸⁶

Sector estimates indicate that that 90% of adults represented in mental health services, drug and alcohol services, corrective services and psychiatric units have a history of childhood sexual assault.

Leading international experts in the treatment of complex trauma argue that survivors require a minimum of three to five years of weekly therapy with an adequately skilled counsellor who can work with these impacts and effects in a holistic way to overcome the impacts and effects of chronic abuse in childhood.⁸⁷ Effective, specialist trauma therapy has been shown to dramatically decrease the use of other services such as emergency departments, corrective services, drug and alcohol services and mental health facilities, and is also a more appropriate and humane response.⁸⁸

Adult survivors of childhood sexual assault are routinely turned away from many health services, as they are often considered to be too complex, and their needs beyond the scope of the resources of generalist services. Provision of increased funding for specialist services is urgently required.

Actions

- NSW Health to provide additional recurrent funding of \$4.4m to employ 22 additional full time specialist workers in Women's Health Centres and 22 additional full time specialist workers in Community Health Centres in NSW to provide services to Adult Survivors of Child Sexual Assault, men and women. These specialists will provide face to face therapeutic counselling, group work, health education, recreation groups, resources and activities.
- NSW Health to fund four coordination positions, based within a state wide NGO service, to provide supervision, therapeutic direction and professional development of sexual assault counsellors across NSW, and support collaborative practice between agencies to respond to the needs of adult survivors at \$400,000 recurrent.

Cost: \$4.8 million recurrent

■ Substance Dependency

Results

- An increase in residential rehabilitation services in order to effect lasting change and provide assistance with reintegration into community living for people with a substance dependency.
- A reduction in other costlier health problems by treating substance dependency and enabling the person to improve their health and well being.
- Reduction in personal and social disruption, loss of life and poor quality of life, and a reduction of costs within the justice system.

Adult survivors of childhood sexual assault are routinely turned away from many health services...

- Reduction in family and other violence perpetrated to and by people with a substance dependency.

State Plan: R1, R2, S1, S3, F4, F5

Evidence/Rationale

Residential rehabilitation is a term used to describe 24 hour, staffed, residential treatment, which offers drug and alcohol intervention programs. It is 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.

The Australian Treatment Outcome Study suggests that residential treatment services see clients that are "harder cases".⁸⁹ Clients in residential treatment have a significantly higher number of previous treatment episodes, a lower age of first intoxication, have used and injected more classes of drugs, experienced more overdoses and have significantly higher levels of previous suicide attempts and psychopathology than clients in methadone maintenance or withdrawal programs.

In the context of these characteristics, residential rehabilitation services were found to have good levels of short and long-term retention in treatment. After 12 months, residential treatment produced significantly higher levels of abstinence than either methadone maintenance or withdrawal programs, while non-treatment had a 0% rate of abstinence.⁹⁰ These findings indicate that residential rehabilitation is an effective treatment option, especially for those clients with more severe drug use and psychological issues.

Although residential treatment has success with "harder cases", this client group should not be considered the sole treatment population for residential rehabilitation services or therapeutic communities. People with less entrenched histories and less dysfunctional characteristics are also responded to appropriately in residential rehabilitation settings.

Actions

- NSW Health, in consultation with relevant NGO providers, reviews current government funding for residential rehabilitation beds and identifies the actual cost of providing an effective service for a range of client needs with skilled and appropriate staffing.
- NSW Health appropriately funds 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, young people and Aboriginal and Torres Strait Islander people.
- NSW Health, in conjunction with key NGO services, develops a range of relevant and appropriate residential rehabilitation services across NSW.
- NSW Health increases the number of residential rehabilitation services available especially in rural and remote areas and for Aboriginal communities.

Cost: Estimates of residential rehabilitation bed provision in NGOs vary from \$117 to \$185 per bed per day.

NB: It is recommended that all government grant contributions for this type of service be based on the existing benchmark developed by NSW Health (currently \$85 per bed day) and that the costing details be further reviewed. At the existing figure the average 20 bed unit should attract \$620,500 or each bed should be funded at \$31,025.

■ Youth Health

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, isolation, poverty, unemployment, educational disengagement, abuse, age, cultural background, family breakdown, mental health, drug and alcohol misuse and sexual health problems.

State Plan: S1, S2, S3, S4, F3, F4, F5

Evidence/Rationale

Young people are the future of our society. Young people aged 12-24 years represent 17.4% of the population of NSW.⁹¹ Young people who are healthy and connected to their communities are better equipped to encounter adverse influences, which in turn enhances their ability to build the social and economic wealth of their community and NSW.

According to the third national statistical report on the health and wellbeing of Australia's young people aged 12-24, most young people in Australia are faring well, however significant areas of concern remain: Aboriginal and Torres Strait Islander young people and young people from lower socio-economic backgrounds continue to be disadvantaged across a broad range of health and socioeconomic indicators. The report also indicates that there are rising hospital separation rates for some chronic conditions and high rates of mental illness and some communicable diseases amongst young people, with mental disorders accounting for almost 50% of the total disease burden among young people in 2003.⁹²

Youth health services, youth centres with health outreach models, and youth health coordinator positions are currently limited in number and geographical reach. For example, the majority of young people living in rural NSW do not have access to these services/positions and where youth-specific health services do exist, young people are likely to experience lengthy waiting lists due to under-resourced services.

Young people continue to experience barriers in accessing health services making targeted health service provision essential. Mainstream services have demonstrated a limited capacity to provide appropriate services that reflect young people's developmental stage, cultures and changing needs.⁹³ Barriers to health services broadly relate to the availability, accessibility and equity of health service delivery. In two studies based in Sydney and wider NSW,^{94,95} young people identified barriers to accessing health services. These included concerns about confidentiality breaches, trust in the service providers, feelings of embarrassment when discussing personal issues, cost of services and lack of awareness of services and how to access them. In addition, youth workers and community-based health service providers indicate that the number of bulk-billing general practitioners available to young people is declining, creating further disincentives for young people to access preventive primary health care when needed.

Actions

- NSW Health to establish area-based Youth Health Coordinators for all Area Health Service zones in NSW at \$1m recurrent.
- NSW Health to establish youth health services in Area Health Service zones which currently do not have youth specific health services. This will include \$2m recurrent for outreach youth health facilities for regional and rural NSW; \$1.25m recurrent for youth health facilities for regional and rural NSW; and \$1m recurrent for new youth health services in metropolitan Sydney.

- NSW Health to enhance existing youth health service provision to ensure equity of health service provision to young people across NSW at \$2m recurrent.

Cost: \$7.25m recurrent

■ Women's Health Program

Results

- Women's health and well-being is improved, especially amongst disadvantaged groups
- Enhanced sustainability and capacity of the NSW women's health program to deliver services that support the health and wellbeing of women in NSW through community development and prevention and early intervention strategies that use a social approach to health care.
- Decrease in demand on other health services.

State Plan: S1, S2, S3, F2, F3, F4, F5

Evidence/Rationale

Gender is a core determinant of health. Across their lifespan women's health is fundamentally shaped by biological factors and gender roles.

In 2000, NSW Health adopted a policy framework approach recognising that gender leads to different social, economic and political opportunities for women and men.⁹⁶ These inequalities can create, maintain or exacerbate exposure to risk factors that endanger health. They can also affect access to and control of resources, including decision making and education, which protect and promote health.

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.

Young people continue to experience barriers in accessing health services making targeted health service provision essential.

As a result of their social circumstances women can experience particular health issues and conditions, for example:

- Women are more likely than men to report at least one long term health condition.⁹⁷
- Women are more likely than men to suffer long and short sightedness, migraine, hayfever and allergic rhinitis, asthma, hypertensive disease, chronic sinusitis and arthritis.⁹⁸
- Women are more likely to report having a long-term mental or behavioural problem.⁹⁹ In particular women report anxiety related problems and mood (affective) disorders at one and a half times that of men. Women are also more likely to report high to very high levels of psychological distress than men.¹⁰⁰
- Stroke, dementia and related disorders, and pneumonia and influenza are more frequent causes of death in women than men.¹⁰¹

Actions

- NSW Health increases funding to Women's Health Centres to ensure a base core recurrent funding minimum of \$300,000. This measure will total \$800,000 recurrent.
- NSW Health increases funding to women's health centres to enable them to meet growth in demand and provide additional services to address the needs of local populations. This measure will total \$1.38m recurrent.

Cost: \$2.18m recurrent

■ Roads and Traffic Authority

■ Sydney Motorway Concessions

Results

- Improved affordability of transport costs for low-income motorway users.
- Better cross regional access to employment, education and services.

State Plan: S7, E7

Evidence/Rationale

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.

Action

Provide a half toll concession to motorists on the M7 Western Sydney Orbital.

Cost: Up to \$15m in 2008-09

■ Endnotes

¹ Judy Cashmore, Wards Leaving Care ,1996 ; Create Foundation: Education Report Card 2006; Health Report Card, 2006

² Dimitra Tzioumi, Health problems of Children in Out of Home Care Results from a Health Screening Clinic , Paper given to the ACWA conference 2006.

³ National Evaluation of the Supported Accommodation Assistance Program (SAAP IV) final report, Erebus Consulting Partners, May 2004.

⁴ Responding to Homelessness, NSW Auditor General, May 2007.

⁵ Homeless SAAP clients with mental health and substance abuse problems 2004-05 Bulletin 51 and Supplementary statistical tables for NSW, AIHW, March 2007. Demand for SAAP assistance by homeless people 2004-05, AIHW, December 2006 p. 69 and 73

⁶ Demand for SAAP assistance by homeless people 2004-05, AIHW, December 2006 p. 69 and 73.

⁷ HomelessnessNSW.ACT, the Youth Accommodation Association and the Women's Refuge Resource Centre. The joint call for the strategy was first submitted to the NSW Government in September 2006 in response to the draft NSW State Plan.

⁸ Taken from Shared Access Trials Monitoring and Evaluation Framework, Department of Housing, April 2007 p. 4.

- ⁹ The first trial involves young people aged 16-18 years old who are leaving out of home care in the Hunter region, and involves the Departments of Housing and Community Services with NGO partners. The second trial involves women ex-prisoners with at least one prior conviction who are being released from Dillwynia Correctional Centre at Windsor, and involves the Departments of Housing and Corrective Services and Wesley Uniting Employment.
- ¹⁰ See Housing and Accommodation Support Initiative for people with mental illness, NSW Department of Health, November 2006 p. 4.
- ¹¹ Australian Services Union, Building Social Inclusion in Australia, priorities for the social and community services sector workforce, September 2007.
- ¹² Council on the Ageing, Working in Community Aged Care: Growth or Crisis? Summary of the Community Care Workforce Forum, December 2006
- ¹³ New South Wales Council of Social Service, Sharing Financial Administration: A Feasibility Study of Potential Models for Small Non Government Organisations, 2007.
- ¹⁴ Future Directions 2004; Department Ageing, Disability and Home Care
- ¹⁵ HACC Minimum Data Set 2005-06
- ¹⁶ Productivity Commission Report on Government Services 2007 Chapter 12.
- ¹⁷ 1:4 A Report to the Minister for Community Services on the implementation of a 1:4 staff:child ratio for children aged under two years in NSW children's services, p.5
- ¹⁸ Since the Task Force report was released, a group of early childhood experts convened by the Academy of Social Sciences in Australia has released Ten Policy principles for a National System of Early childhood Education and Care that advocates for standards that reflect a ratio of at least 1 adult to 3 children for infants (1:3); at least one adult to four children for one to two year olds . Policy paper Summary, September 2006.
- ¹⁹ Isaac Prilleltensky, Geoffrey Nelson and Leslea Peirson, Promoting Family Wellness and Preventing Child Maltreatment, Toronto, 2001, pp439-40
- ²⁰ Figures based on the Australia Fair Campaign analysis of the ABS surveys in those years and released by ACOSS in 2007. Australia Fair report, 2007 and ACOSS media release, October 23, 2007.
- ²¹ Paper delivered by Alecia Payne at the NCOSS conference, Perspectives on Poverty, October 2007, Online: www.ncoss.org.au/resources
- ²² Department of Community Services website data
- ²³ Department of Community Services, Child Protection Quarterly Data, July 2005-March 2007
- ²⁴ Child Protection Australia 2005-2006, Australian Institute of Health and Welfare, table 3.7 p.41 www.aihw.gov.au
- ²⁵ McCain MN & Mustard JF, 2002. The early years study three years later: From early child development to human development. Toronto: The Founders Network cited in Prevention and Early Intervention Literature Review, Department of Community services; www.community.gov.au
- ²⁶ Giedd JN, Blumenthal J, Jeffries NO, et al. Brain development during childhood and adolescence: a longitudinal MRI study. Nature Neuroscience, 1999; 2(10): 861-3 and Rapoport JL, Giedd JN, Blumenthal J, et al. Progressive cortical change during adolescence in childhood-onset schizophrenia. Archives of General Psychiatry, 1999; 56(7): 649-54. and Frontline Inside the Teen Brain Interview with Deborah Yurgelun-Todd Online: www.pbs.org/wgbh/pages/frontline/shows/teenbrain/interviews/todd.html%3Cbr%3E
- ²⁷ Mission Australia National Survey of Young Australians 2006, key and emerging issues, p.31
- ²⁸ Kids Helpline New South Wales, Highlights from 2006 pp1-5 Online: www.kidshelp.com.au
- ²⁹ Taken from 2007-08 NSW Budget Housing Commentary, Department of Housing, June 2007, p 27. As at June 2007 there were 8,557 capital dwellings managed by community housing providers and a further 5,642 leasehold dwellings.
- ³⁰ Taken from Rent and Sales Report No. 80, Department of Housing 2007.
- ³¹ As confirmed via the transfer of land or business calculator on the Office of State Revenue website.
- ³² 'Intermediate housing' refers to rental housing provided by non-profit housing associations that is open to moderate as well as very low and low income households. It has a more exact meaning than the catch-all phrase 'affordable housing' . The accepted definition of moderate income households is between 80% and 120% of the median household income calculated by the ABS.
- ³³ Data from Judith Yates and Michael Gabriel: Housing affordability in Australia, background report, AHURI, February 2006. Housing stress is defined as spending 30% or more of gross household income on housing costs.
- ³⁴ See Major national group calls for new incentive to boost supply of low-rent housing, media release by the National Affordable Housing Summit group 20 March 2007. The Summit group includes ACOSS, the ACTU, the Community Housing Federation of Australia, the Housing Industry Association and National Shelter. Further details are available on their website at <http://www.housingsummit.org.au/>
- ³⁵ City of Cities: a plan for Sydney's future, Department of Planning, December 2005.
- ³⁶ See action items C4.3.1, C4.3.2 and C4.3.3 in City of Cities: a plan for Sydney's future, Department of Planning, December 2005, pp. 148-149.
- ³⁷ Follow up of performance audit: maintenance of public housing, NSW Auditor General, March 2005 p. 2.
- ³⁸ According to the Department of Housing, total capital stock for public, community, indigenous and crisis accommodation housing stood at 139,626 as at 30 June 2007. There were an additional 8,546 leased dwellings. There is no data on the public record on how many of the capital properties would require retrofitting.
- ³⁹ BASIX, the NSW Building Sustainability Index, sets water and energy reduction targets for new dwellings and substantial alterations and additions, as a condition of planning approval. While targets vary according to location and dwelling type, the general target for new houses is a reduction of 40% in both water and energy consumption levels. The NSW Government estimates that complying

with BASIX can slash household water and power bills by up to \$600 a year on average, see 'Next stage of BASIX now in place', media release by the Minister for Planning, 1 July 2006.

⁴⁰ First Home Ownership, Productivity Commission Inquiry Report, March 2004.

⁴¹ Shared-equity home ownership: welfare and consumer protection issues, Shelter NSW brief 33, July 2007. We have drawn heavily upon this paper in summarising the policy debate around shared equity products.

⁴² NSW Ombudsman, Media release, 13 December 2006

⁴³ Article by Julia Stewart in the Australian Domestic and Family Violence Clearinghouse Newsletter, No.21, April 2005

⁴⁴ Indigenous Health Right Statement, ANTA Indigenous Reference Group, 2004

⁴⁵ Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report, Australian Institute of Health and Welfare, 2007

⁴⁶ The Health of the People of NSW: Report of the Chief Health Officer 2006, NSW Health, 2006

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(Appendix 1 continued)

State Plan Goals & Priorities

RIGHTS, RESPECT & RESPONSIBILITY				DELIVERING BETTER SERVICES								
Keeping people safe		Building harmonious communities		Healthy communities			Students fulfil their potential		A high quality transport system		Customer friendly services	
Reduced rates of crime, particularly violent crime	Reduced rates of re-offending	Reduced levels of anti-social behaviour	Increased community participation and integration in community activities	Improved access to quality healthcare	Improve survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care	Improved health through reduced obesity, smoking, illicit drug use and risk drinking	Increasing share of peak hour journeys on a safe and reliable public transport system	More students complete Year 12 or recognised vocational training	Increasing levels of attainment for all students	Safer roads	Increased customer satisfaction with all Government services	
R1	R2	R3	R4	S1	S2	S3	S4	S5	S6	S7	S8	

NCOSS PBS Recommendations

NSW HEALTH	Description	R1	R2	R3	R4	S1	S2	S3	S4	S5	S6	S7	S8
		Aboriginal Health					■	■	■				
Co-morbidity – Mental Illness and Substance Dependency	■	■				■		■					
ComPacks and SAFTE / Healthy at Home							■						
Health NGOs						■	■	■					
Health Resource Teams				■		■	■						
Mental Health		■				■							
Non-Emergency Health Transport & IPTAAS Health						■	■						
Oral Health						■	■						
Provision of Aids to Disabled People (PADP)													
Refugee Health						■	■						
Reproductive Health						■							
Sexual Assault Services	■	■				■							
Substance Dependency	■	■				■		■					
Youth Health						■	■	■	■				
Women's Health Program						■	■	■					
RTA ⁷	Sydney Motorway Concessions											■	

Endnotes

- ¹ NCOSS believes that improved outcomes for people who are homeless must become a separate priority item in the State Plan
- ² A-G'S - Attorney-General's Department
- ³ OFT - Department of Commerce: Office of Fair Trading
- ⁴ PREM - Department of Premier and Cabinet
- ⁵ AS&R - Department of the Arts, Sport and Recreation
- ⁶ LG&R - Office of Liquor, Gaming and Racing
- ⁷ RTA - Roads and Traffic Authority

Please note: Priorities P1 (Increased business investment); P5 (AAA rating maintained); and E8 (More people using parks, sporting and recreational facilities, and participating in the arts and cultural activity) are not included in the above table

