

NCOSS Pre-Budget Submission

Making NSW NUMBER 1 for FAIRNESS



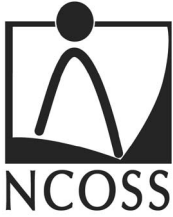
**Social and economic priorities
for a fair and sustainable community:**

2012-2013 State Budget

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



NCOSS



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 membership 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. Members range from the smallest community services to the largest major welfare agencies, state and regional level peak councils, churches, hospitals, local government and consumer groups.

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Introduction

When NCOSS was formed in 1935 its role was to lobby governments to adopt policies to relieve the symptoms of and reduce the causes of poverty. Importantly, our founding members also wanted NCOSS to better co-ordinate social and community welfare organisations. The focus for NCOSS continues to be on addressing disadvantage to advance social justice as well as on how we can together make a difference.

NCOSS believes that as a sector our role is to both deliver high quality services and to advocate for policies, programs and services that are the right ones, targeted to the right people and communities at the right time to reduce disadvantage. The services delivered by the sector are critically important but these can be enhanced by work in other areas and this needs to be identified and supported as keenly as our advocacy for services delivered directly by us.

This Pre-Budget Submission (PBS) follows on from *Vote 1 Fairness in NSW*, our election platform, and seeks through its recommendations to ensure budgetary measures are adopted to enhance the lives of those in our communities who are the most vulnerable and marginalised.

The election of the O'Farrell Coalition Government in March 2011 saw a number of policies and programs advocated for by NCOSS adopted and in some cases continued. These included *Stronger Together 2*, enhancing community transport and the ongoing implementation of the Wood Inquiry recommendations on child protection including the transfer of out of home care to the non government

sector. While these matters are, as a result, not featured as prominently in the PBS there remains a need to ensure that commitments made are implemented and with fair and adequate funding to ensure the best possible outcomes are achieved for people who access these services.

As always, there are many issues that could have been reflected in our PBS. Through input from our networks, forums and consultations, NCOSS endeavours to highlight those issues that have the highest priority at this point in time. Across a range of portfolios and the breadth of our interests the PBS, together with our other policy advocacy, seeks to make a real difference for those who are doing it tough.

The PBS is a testament to the collective wisdom and experience of those working within the community services sector. It is also a reflection of the skill and expertise of the NCOSS staff who consult, research and develop the arguments to support each recommendation. It is the product of many hours of hard work and I thank everyone for their contributions.

The work of the PBS does not, of course, end with its publication. We must advocate for each of the recommendations at every opportunity. This effort is required if we are to fulfil our vision for a fair, just and sustainable society.

Alison Peters
NCOSS Director
November 2011

NCOSS priorities for Government expenditure

■ Cross portfolio

■ Department of Family and Community Services (Aboriginal Housing Office and Housing NSW); Department of Finance and Services (Housing Asset Management and Office of State Revenue); and Department of Planning and Infrastructure

□ *Increased supply of social and affordable housing*

Results

Planned increase to the supply of social and affordable housing over the next four years.

Evidence/rationale

The lack of secure, appropriate and affordable rental housing is consistently cited as one of the major challenges facing low to moderate income housing in NSW.

In the 2011 Australian Community Sector Survey, 91% of respondent agencies identified housing and homelessness as the most acute area of unmet need.¹ The COAG Reform Council has reported that 45.7% of low income tenants are in rental stress in NSW, compared to 37.2% nationally. NSW was the only state or territory with a level of rental stress that exceeded 40%.²

The problem is becoming more intractable with the imminent completion of the Commonwealth's Stimulus Package, and the delayed implementation of the National Rental Affordability Scheme (NRAS).

Under the social housing element of the Stimulus Package, NSW is completing the last 917 homes. When completed, the total number of additional community, public and Aboriginal houses built with Commonwealth funds will be 6,329.³ All of this housing has now either been occupied or allocated to a housing provider. From 2012-13 the only Commonwealth social housing funding stream earmarked solely for new supply will be the COAG National Partnership Agreement on Remote Indigenous Housing,⁴ which runs to 2017-18.

NRAS provides affordable (or intermediate) rental housing to a broader income range, including low paid workers. The Commonwealth initially proposed that 50,000 NRAS incentives would be allocated nationally by 2011-12, with a further 50,000 incentives to be progressively available from 2012 'subject to continuing market demand from investors and tenants'.⁵ Disappointingly the Commonwealth has delayed the roll out of the initial 50,000 incentives and NSW has received far less than its fair share of the available incentives.⁶

Action

NCOSS believes that a formal plan, with numerical targets, needs to be developed to increase the supply of social and affordable housing over the next four years. This plan needs to be developed on a cross-portfolio basis within the NSW Government, and in partnership with the Commonwealth.

Key elements of this plan should include:

- Building 3,000 additional community, public and Aboriginal houses over the four year period 2012-13 to 2014-15;⁷
- Sufficient state subsidies and in kind assistance such as land to ensure that NSW receives its fair share of additional subsidies under NRAS,⁸ with NRAS state incentives having a clear budget allocation from consolidated revenue across the forward estimates;
- Completion of the existing community housing title transfer program, to enable providers to borrow to invest in new supply,⁹ and the development of an agreed framework for the future growth of community housing once the existing 30,000 dwelling target has been reached;¹⁰
- A public timetable for the early completion of existing developer funded affordable housing commitments;¹¹
- Consideration of using targeted land tax and stamp duty exemptions¹² to further encourage affordable housing projects, with a particular focus on extending the land tax exemption for low cost accommodation, which currently only applies to the area within 5 kilometres of the Sydney GPO, to high need LGAs in both Sydney and regional NSW¹³; and
- A target of leveraging an additional 1,000 affordable housing dwellings through the planning system by June 2015.

Cost: The NSW Government's financial contribution to be finalised as part of the plan but would include \$150-200m over four years for extra social housing dwellings

■ Department of Attorney General and Justice

■ Attorney General

□ *Crime Prevention Strategy*

Results

- A reduction in the recidivism rate among NSW offenders by assisting prisoners leaving prison to successfully adapt to life in the community and desist offending behaviour.

- Reduce number of prisoners on remand and custodial sentences.
- Decrease crime rates and improve perception of crime in the community.
- Improve community safety and protect property.
- Reduce costs in the justice system.

Evidence/Rationale

NSW has the highest recidivism rate of all Australian states and territories. In 2004-05, 43.5% of all inmates who were discharged from full-time custody returned to a NSW prison within two years.¹⁴ This rate has remained fairly consistent from the time information was collected for the NSW Reoffending Database in 1994. Fifty-seven percent of adults sentenced in 1994, reoffended, most within the first three years of their first sentence.¹⁵ The population group with the highest recidivism rate is indigenous adult females, in NSW the rate was 65.5% compared with 37.4% of the non-indigenous female prison population.¹⁶ The reoffending rate is also high for ex-prisoners who have comorbid substance and mental health disorders (67%).¹⁷

Focusing on repeat offending should be an important part of a state-wide crime prevention strategy. A significant factor in the risk of ex-prisoners reoffending is the extent to which they are able to resettle in the community once released from prison. Meeting the health and welfare needs of prisoners at the time of their release can reduce recidivism rates. This includes planning for reintegration into the community while in prison, intensive help at time of release and ongoing support to maintain employment and housing.¹⁸ For ex-prisoners that have intellectual and cognitive disabilities and/or mental health issues, this may require long term support. Mental illness, intellectual and cognitive disability and substance abuse disorders are far more prevalent in the prison population than in the general community. Around half of all adults in prison have experienced a mental health disorder in the previous 12 months, this rises to 78% if 'any disorder' is included. An estimated 20% of adults have an intellectual disability; some studies show an equivalent percentage with a borderline intellectual disability and 65.7% of reception prisoners have substance use disorders.¹⁹

Post-release support should be available to everyone who exits prison, whether from a completed fixed sentence, on parole or from remand. The range of clients and their needs are often beyond the scope of corrective services, refocussing the crime prevention program and its funding so that the Attorney-General directs funding and coordinates a whole of government approach would result in a more effective distribution of funds. Funding also

needs to be recurrent, the crime prevention program in recent years has been characterised by localised one-off funding, resulting in wasted expenditure when expensive set-up costs, evaluations and expertise of short term successful projects cease because future funding is not provided. While some crime prevention programs should be geographically based, the boundaries should be an evidence based boundary and not defined by a local government area. The benefit of the Attorney-General overseeing a funding program for crime prevention is that it allows projects to be considered that target population groups most likely to be in contact with the justice system, not only those on parole or community orders.

Actions

Re-establish the crime prevention funding program within the Attorney-General's programs. Focus the program on population groups with high rates of reoffending such as indigenous communities and women. The criteria for the program should be broad enough to provide services to anyone who has contact with the justice system and is at risk of reoffending. The services funded should be client focused rather than geographically based.

Cost: \$3.1m p.a.

□ Community Legal Centres

Results

- Increase legal services to targeted population groups, including people living with mental health and cognitive disabilities, ex-prisoners, domestic violence victims and families experiencing mortgage hardship, care and protection legal services and older people.
- Legal disputes prevented or resolved in early stages so that costs to police and courts are reduced.

Evidence/Rationale

Community Legal Centres (CLCs) are independent community-based organisations that provide free legal advice, casework and education to disadvantaged people. Population groups that CLCs typically serve are people with a disability (22.8%), Aboriginal people (11.7%), jobless (37.7%), single parents (27%) and women (61.5%). Around 80% of their clients receive a social security payment as part or all of their income. Centres are located across NSW, including new centres recently established on the NSW mid-north coast region. A study of the economic value of community legal centres found that for every \$1 spent on CLCs, the government saves a minimum of \$100 through their early intervention work that helps avoid ongoing costs to police, courts and social services.²⁰

"...for every \$1 spent on CLCs, the government saves a minimum of \$100 through their early intervention work that helps avoid ongoing costs to police, courts and social services."

A recent ACOSS survey of community services for 2009-10 found legal services provided 36,200 services and turned away 5,302 requests for assistance. Of those turned away, 34% had a high need, 36% had a medium need for legal services. Community legal services had a higher unmet need than housing, domestic violence support services and residential aged care.²¹

Despite the demonstrated value for money, CLCs cannot meet increasing demand. Insecure funding continues to be barrier to attracting and retaining staff. The ACOSS survey reported that CLCs had a staff turnover of 23%, the majority of services said that salary, job security and lack of training and development opportunities were a barrier to attracting and maintaining staff. For example, in 2011 a solicitor in a CLC could earn \$53,896 while a solicitor at the same level salary in the public sector was \$82,670. Many small CLCs were historically underfunded and struggle to stay viable as indexation has also not kept pace with increases in costs.

Actions

- Provide a base level of funding of funding for each CLC of \$500,000. To top up existing grants and provide indexation.
- Fund special services: Mortgage Hardship Service to expand services to meet current economic downturn, of \$300,000; Customer Legal Services for \$330,000, Prisoner Legal Services for \$400,000 and Care and Protection Services for \$380,000.

Cost: \$3.2m p.a.

■ Corrective Services

□ Reduce remand population

Results

- Reduction in the number of adults who are refused bail and remanded in custody because they cannot meet bail conditions.
- Increased opportunity for those awaiting trial to maintain connections to their community, including employment and housing.

- Service provision to be expanded to allow for increased referral to services that facilitate the provision of treatment, counselling and other remedial programs.
- Reduce corrections expenditure by reducing remand population.
- Reduction in over representation of Aboriginal people, people with intellectual disability and people with mental illness.

Evidence/Rationale

In the past year there has been a slight fall in the sentenced prisoner population in NSW, while at the same time the remand population continued to rise.²² Studies have found that the majority of those remanded were discharged without a custodial sentence.²³ A sample of remandees in 2009 found that 12.7% self-reported that they were homeless.²⁴ It is possible that this is an underestimate as other data shows that on release around 50% of prisoners report being homeless.²⁵ The study demonstrated that the needs of this homeless group are complex, they are likely to have comorbidities of mental health issues and substance abuse disorders and lack skills to live independently.

The current review of the *NSW Bail Act* may give courts greater discretion in granting bail. If this occurs, health and community service providers will need to provide support for those who are homeless and in need of mental health and drug rehabilitation services, who would otherwise be detained in custody. NCOSS believes that intensive residential support must be run separately to Corrective Service facilities and must be based in homes in the general community. They need to be operated by NGOs and be linked with other community support services to ensure continuity of care.

Actions

- Pilot four community based and run intensive residential bail support services, one for women, one for Aboriginal women, one for young people and one for men. The services will assist residents to comply with bail conditions such as attending appropriate rehabilitation or substance abuse programs. These pilots should be run by community based organisations (NGOs) over two years and then be progressively and independently evaluated.
- Extend access state-wide to problem solving court and diversionary schemes including the Drug Court and MERIT scheme, circle sentencing and forum sentencing. This should include a pilot of the Disability Diversionary Court, modeled on the Western Australia court.

Cost: \$6.7m in 2012-13 and 2013-14

□ Long-term housing for released prisoners

Results

- Increased supported accommodation places for recently released prisoners.
- Reduce repeat offending.
- Long term and successful reintegration into the community of ex-prisoners.
- Transitional housing and emergency housing improve capacity as residents have successful exits from services.
- Affordable housing for disadvantaged populations.

Evidence/Rationale

An important factor in the risk of ex-prisoners reoffending is the extent to which they are able to resettle in the community once released from prison. Adults leaving prison need a range of support services, including initial transition housing and services to support a tenancy. Transitional community and public housing providers report to NCOSS that it is difficult to accept new clients into their program because of the lack of exit points. A successful exit for clients with complex needs often requires providing long term housing with services that will help clients maintain the tenancy.

Housing alone is not enough for ex-prisoners with the most complex needs, often a period with intense support will be necessary, following by ongoing support. The Corrective Services NSW funds non-government organisations, through the Community Funding Program, to provide a range of support services to offenders and their families. The funding to these services has not matched the increase in the number of people requiring these programs. Funding should be increased to ensure ex-prisoners receive enough support to maintain their tenancy in the long term.

Actions

- The NSW Government increases funding for post release services under the Community Funding Program.
- Establish programs that are culturally appropriate and ensure that there are a variety of programs aimed at the different needs of men and women and programs available across regional, rural and remote.
- Increase the proportion of Corrective Services budget to community services that provide post release services to assist ex-prisoners maintain tenancies, improve their mental health status and access rehabilitation services.

Cost: An additional \$3.6m p.a. to increase existing programs; \$2.3m p.a. to expand services across NSW, total \$5.9m p.a.

□ *Rehabilitation Programs within Prisons*

Results

- Increase in the number of prisoners who have access to constructive education programs within prison.
- 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.

Evidence/Rationale

As described elsewhere in this submission, the population of prisoners has a higher percentage of people with mental health issues, substance abuse disorders and intellectual and cognitive disabilities than the general population. Improved rehabilitation programs and proper discharge planning from prison can help to reduce recidivism. There needs to be culturally suitable programs in prison that are pitched at a level which is appropriate to the cognitive ability of the participant.

Corrective Services NSW produce statistics each year of the number of occasions of service, number of individuals in programs and the percentage of participants who are Aboriginal. It is not clear from their report what percentage of the prison population undertake a rehabilitation or education program, because it is not clear if the percentage is only of sentenced prisoners and how many prisoners do more than one program. However, the disparity between the availability of programs can be illustrated in the women's prisons. For example, there were 705 women in full-time custody on average each day in March 2011, with around 1,200 exits from women's prison's each year (remand and sentenced prisoners).²⁶ The Justice Health survey found that 45% of women had at least one incident of domestic violence in the past 12 months,²⁷ yet in 2009-10, only 60 women undertook the Women's Domestic Violence program 'Out of Dark'.²⁸ Recent medical reports found a strong link between the experience of physical violence and lifetime mental disorders and psychosocial disability.²⁹

The Corrective Services Annual Report identifies that there are 1,137 computers available across facilities in NSW, based on the daily total in 2009-10, this allows one computer for every nine prisoners. Given the short period of time prisoners have to use the computers in the day and conditions under which it can be used, and the number of hours out of cells (range between 6.6 and 19.3), it would be surprising if a prisoner could use a computer for more than an hour at a time each day. Access to more computers would give prisoners access to interactive learning programs, educational material and the legal information portal.³⁰

“Numerous studies have shown that early childhood education has a range of social and economic benefits, particularly for low income and disadvantaged families.”

Actions

- Increase funding for inmate rehabilitation programs.
- Ensure education facilities, including electronic learning services are available to all prisoners in NSW, including non-government run prisons.
- Fund prisoners undertaking full-time education to be paid an allowance equal to that paid by prisoners working in prison industries.
- Conduct regular evaluations of programs to ensure that there is equitable access, meeting prisoner needs and assisting prisoners with integration and participation back into the general community.

Cost:

\$1.6m p.a.

■ Department of Education and Communities

□ *Early Childhood Education*

Results

- Increased proportion of children from low income, disadvantaged and Aboriginal families attending age appropriate early education in the year prior to starting school.

Evidence/Rationale

High quality and affordable early childhood education and care should be universally available in NSW. High quality early childhood education and care provides lasting benefits to the child, family and community. Numerous studies have shown that early childhood education has a range of social and economic benefits, particularly for low income and disadvantaged families.³¹

The Council of Australian Governments has established a goal of universal access to 15 hours per week of an early childhood education program in the year prior to formal schooling by 2013. The NSW and Commonwealth Governments have agreed to a plan to achieve this goal. Additional funding has been provided to community-based preschools

and subsidies have been provided to preschools and long-day care centres for qualified early childhood teachers in the 2011-12 financial year.

The NSW Department of Education and Communities has 100 preschools located in public school established in communities of low socio-economic status and that have prioritised the most disadvantaged members of these communities.

NCOSS has welcomed these initiatives but more needs to be done to ensure that children from the most disadvantaged backgrounds are able to access preschool education in the year before school.

An estimated 19% of children in NSW missed out on Early Childhood Education and Care (ECEC) in the year before school in 2009.³² Around 25% of children in disadvantaged families missed out.

In the 2011-12 budget, the Government announced that government preschools will charge fees in order to bring them into line with community-based preschools. Fee relief will be offered to low-income and Aboriginal families.

For low income families, cost of early education and care remains a significant barrier to participation, particularly for Aboriginal families.³³ Preschool fees vary from service to service but the average was around \$28 per day in 2009.³⁴ Low income families paid, on average, \$16.60 per day in that year³⁵ and Aboriginal and Torres Strait Islander families paid \$10.40 per day.³⁶

Action:

- Subsidise preschool education for children from disadvantaged and low income families (e.g. those in possession of a health care card) such that preschool fees for these families can be set to zero for 40 weeks per year in the year prior to school.
- Subsidise preschool education for children from Aboriginal and Torres Strait Islander families such that preschool fees for these families can be set to zero for 40 weeks per year in the year prior to school.

Costs:

- **Approximately \$15m p.a. for low income families.**³⁷
- **Approximately \$4m p.a. Aboriginal or Torres Strait Islander families.**³⁸

■ **Department of Family and Community Services**

■ **Ageing, Disability and Home Care**

□ *Advice, advocacy and legal services for older people*

Results

- Older people in NSW are better aware of their legal rights and entitlements.
- Disadvantaged older people in NSW have access to specialist legal and financial advice to avoid crisis.
- Older people have better support in difficult or crisis circumstances.

Evidence/Rationale

Advocacy and advice services for older people in NSW are inadequate. There are currently few advocacy services specifically for older people. Although the NSW Government provides some funding and support for advocacy for older people, further advocacy in relation to legal and financial matters is necessary for older people in NSW. There is considerable unmet need in this area, which is only likely to increase as the population ages.

The 2004 Law and Justice Foundation report *Access to Justice and Legal Needs: The Legal Needs of Older People in NSW* found that access to specific legal services for older people was lacking, and recommended increased funding for these services. Ongoing increases to funding in this area will be necessary in coming years.

Older people have numerous legal needs that are specific to ageing. Advocacy for older people tends to be more complex than for other clients, as there may be multiple issues in relation to a matter, and cases can have specific implications for older clients. Furthermore, many services are not available in regional and rural areas of NSW to the extent that they are available in metropolitan areas, although the proportion of the population in regional and rural NSW aged over 65 is higher than in metropolitan areas. There is a need for increased availability of advocacy, advice and counselling to older people in regional and rural NSW.

It is also estimated that around 50,000 older people in NSW experience some form of elder abuse. This abuse can be physical, psychological, sexual, financial, social, health-related, or can manifest as neglect. The most common form of elder abuse is financial abuse, arising from pressure from family members on an older person to provide financial resources. Financial counselling for older people

would support older people to avoid reaching crisis, and early intervention would address the reluctance of many older people to come forward about abuse. Furthermore, specific financial counselling for older people would address those issues of financial hardship that are specific to older people, such as issues relating to financial products aimed at older people. There is currently no specific financial counselling service available to older people in NSW.

“Financial counselling for older people would support older people to avoid reaching crisis, and early intervention would address the reluctance of many older people to come forward about abuse.”

Actions

NCOSS proposes that the NSW Government expand the current advocacy program for older people by:

- Providing \$250,000 increased recurrent funding for legal services for disadvantaged older people through community-based organisations;
- Providing \$250,000 recurrent funding for financial counselling and public financial education services for older people; and
- \$500,000 for training for service providers in the government, community and private sectors in detecting and addressing elder abuse.

Cost : **\$1m p.a.**

❑ *Community care for people with disability*

Results

- Community care in NSW will have improved capacity to meet the support needs of people with disability and their carers within reasonable timeframes and before crisis occurs;
- Equitable delivery of community care and disability services to Aboriginal and Torres Strait Islander people;
- New services are developed to meet greater and evolving needs and to deliver on more flexible support responses.

Evidence/Rationale

It is estimated that around 50,000 people in NSW under the age of 65 currently receive Home and Community Care (HACC) services. As the HACC program is dispersed between the Commonwealth and state and territory governments, those non-Aboriginal people under the age of 65, and Aboriginal and Torres Strait Islander people under the age of 50, receiving HACC services will remain the responsibility of the NSW State Government. The continuation of a community care program for this group will be an essential component of the support that many people with disability need to fully participate in the community and experience a quality of life that is comparable with the rest of the community.

Due to the characteristics of the younger HACC client population, NCOSS estimates that greater investment in community care will be needed into the future. People with disability under the age of 65 (50 for Aboriginal people) using HACC services tend to use a greater proportion of services per capita than older HACC clients. NSW has consistently been shown to have lower coverage of HACC services, and lower proportions of the HACC target population using HACC services, than other states and territories.

The dispersal of the HACC program offers some new opportunities to the NSW Government to improve community care services. Guidelines and requirements for the HACC program will no longer apply to the community care program for people with disability delivered by states and territories from July 2012. The NSW Government therefore has the opportunity to increase growth funding into community care in excess of the limits set by the Home and Community Care Act 1985. NCOSS recommends that funding be increased by 30%.

The younger cohort of people using HACC services are known to be concentrated in particular groups, including Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people have also been eligible for frail aged HACC services from age 45 in NSW, while the Commonwealth age of eligibility for aged care for Aboriginal and Torres Strait Islander people is 50 years. Those Aboriginal and Torres Strait Islander people in NSW aged between 45 and 50 years currently receiving or eligible to receive HACC services will need to be seamlessly integrated into a younger-age disability community care program.

Aboriginal and Torres Strait Islander communities have a higher proportion of disability than the non-Aboriginal population, and a life expectancy nearly 20 years below non-Aboriginal people. The Australian Institute of Health and Welfare estimates that the incidence of disability in Aboriginal and Torres Strait Islander communities is 2.4 times that of non-Aboriginal communities. Community care services for Aboriginal and Torres Strait Islander people will need to be continually improved.

Improved community care services for Aboriginal and Torres Strait Islander people require additional funding support in the following priority areas:

- innovative Aboriginal transport projects;
- Aboriginal-specific respite options, including return-to-country programs; and
- more Aboriginal Access and Development Officers, whose positions are funded full-time, to assist Aboriginal and Torres Strait Islander providers with the development and transition of the community care program.

The younger HACC client population tend to use services along different patterns to the older HACC client population, and they tend not to use specialist disability services. Priority areas that may be identified from these patterns include:

- more support for higher-cost and more intensive Home Modification Services;
- more services and flexible options for Community Transport services; and
- increased advocacy and information services to enable people with disability to access community care services.

Community care providers will also need to be resourced to become responsive to person-centred approaches in disability support. Additional funding to develop the capacity of community care providers to address the needs of a person-centred system will also need to be delivered in order for people with disability in NSW to have viable, high-quality options for community care.

Actions

Increase funding for the community care program for people with disability under the age of 65, and Aboriginal and Torres Strait Islander people with disability under the age of 50 by 30%.

Cost: \$63.7m p.a.

Seniors Card

Results

- Seniors Card is available to Aboriginal and Torres Strait Islander people from 45 years of age.
- The removal of current inequity in the Seniors Card concession program.
- Significant reduction in social disadvantage by improving transport affordability for older Aboriginal and Torres Strait Islander people.

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 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.

Actions

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

Cost: While costing is difficult, NCOSS estimates that this change would cost around \$2m p.a.

Whole-of-government priorities for older people

Results

- Older people experience improved health, increased participation in community life, and better opportunities in NSW.
- Older people can share their experience and expertise within the community and among generations.
- Older people and carers are able to participate more in community life, employment and volunteering.

Evidence/Rationale

As the Commonwealth government assumes responsibility for the Home and Community Care (HACC) program, the NSW Government can refocus attention on other aspects of ageing. As the NSW Government is refocusing its ageing platform, this is an opportune time to improve service delivery for older people in a range of areas.

Older people will comprise a larger part of the NSW population, and the general average age of the population will also be higher. This is also true for people with disability, including severe and profound disability, who are now reaching middle and advanced age in significant numbers, a phenomenon unprecedented in human history. It is critical to make NSW communities accessible to a wide variety of people, to enable them to live fulfilled lives, and for NSW communities to gain the benefits of their participation.

There has been no real increase in funding for the Ageing Grants Program for many years. By NCOSS estimates, there has been a decrease of funding in real terms of nearly ten percent in the Ageing Grants Program in the past five years. Increasing funding for the Ageing Grants Program would resource those organisations already working closely with older people to increase their capacity to meet the upcoming increase in demand and to advocate effectively on behalf of older people.

Opportunities and challenges relating to population ageing are being identified by NSW Ageing, Disability and Home Care, but responses require collaboration with other government agencies. Funding for new initiatives in planning, housing, health, transport, justice, and other areas of government responsibility will equip NSW to become more participatory and inclusive of older people into the future.

NCOSS suggests that newly funded initiatives, in line with the forthcoming NSW Ageing Strategy, could include:

- Promotion of the principles of Universal Design in the planning of infrastructure and housing developed by the NSW Government, and increasing requirements for the development of accessible housing and built environments, which will make communities more conducive to participation, and reduce the social isolation of older people. Further investment in accessible public transport and affordable housing would also reduce isolation and increase participation.
- The NSW Government needs to invest further in prevention, early intervention, out-of-hospital health care programs, and community-based health care for older people, towards the achievement of Goals 11 and 12 of the *NSW 2021 Plan*. The *NSW Intergenerational Report 2011-12* that was released along with the 2011-12 State Budget identified Health as the area of government expenditure that would see the greatest increase as a result of ageing of the population. Investment in planning of priorities for the health care system will stand NSW in good stead for the future.

“It is critical to make NSW communities accessible to a wide variety of people, to enable them to live fulfilled lives, and for NSW communities to gain the benefits of their participation.”

- Funding for intergenerational projects that address the isolation and stigma faced by many older people, including creative and cultural engagement, encouraging workforce participation and volunteering, would pave the way for a more inclusive society. Initiatives targeted at Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities would support those communities to address the emerging challenges and take advantage of the opportunities of an older population. Older people and carers face barriers to participation stemming from stigma associated with ageing and caring.

Actions

- Increase the Ageing Grants Program by \$1m per annum.
- An additional \$2.2m per annum for at least three cross-portfolio initiatives per year which engender collaboration between government agencies on critical issues for older people.
- \$1.3m per annum for education and activity programs which foster positive ageing in older people in NSW.
- \$1.3m per annum for intergenerational projects which can share the experience of older people within the community.

Cost: **\$5.8m p.a.**

❑ *Essential Independent Advocacy and Information for People with Disability*

Results

People with disability and their families are able to access independent, timely, free of charge information and advocacy support that is not aligned to government or service providers. This will enable people with disability and their families to make informed choices about their specialist supports and individualised packages as well as their options in all aspects of their lives, thereby facilitating inclusion and participation in their communities.

Evidence/Rationale

The importance of independent information and advocacy to people with disability cannot be overestimated. In the new environment of person centred approaches where the person with disability and their family has greater choice and control over the supports they receive, informed choice and non-aligned guidance will be key to creating confidence for people with disability and the specialist disability support system. People will want information and advice both from and away from traditional sources. People wanting to move away from their service provider will not want to go to that provider to check out their choices. NCOSS also recognises that many people with disability, from a range of backgrounds, have not had a good experience with government information and may want independent advice/advocacy in the first instance. This certainly reflects the overseas experience when transforming towards personal choice and individualised arrangements.

Through ADHC, the NSW Government has funded disability advocacy and information organisations for many years. These bodies comprise a range of services including individual advocacy, local, self-advocacy and citizen advocacy, local and systemic advocacy, independent information for people with disability, their families, professional and service providers etc.

There has been no real growth in funding to the non-government information and advocacy sector for over a decade. This stagnation of critical information and advocacy support compares to important growth in disability service provision:

- An increase of 28,800 people receiving the Disability Support Pension in NSW between 2005 and 2010.³⁹
- The first phase of *Stronger Together* investment effectively doubled spending in disability services between 2005 and 2011, and *Stronger Together 2* will double this expenditure again.
- Under *Stronger Together 2006-11*, disability industry capacity has increased by 41% in the past five years and is projected to increase by another 105% up to 2016.⁴⁰
- The \$17m Industry Development Fund, jointly managed by ADHC and NDS, is designed to enable disability specialist service providers to prepare appropriate business practices for people with disability as decision-makers.

The effectiveness and success of individualised supports to people with disability will hinge on a vibrant, active and available non-government independent information and advocacy sector.

Individualised funding arrangements are as new to people with disability and families as to service providers and organisations. Consequently, *Stronger Together 2* has provided decision support resources “to assist individuals, their families and carers to identify needs and goals, plan their service requirements, access specialist disability services and to assist with access to mainstream services.”⁴¹ NCOSS understands that there will be up to 250 Local Area/Support Coordinators funded towards this purpose.

The priorities for information and advocacy support for people with disability, their families and carers are clear:

1. resources to provide capacity building for people with disability and families in individual decision making (including tools, guidance and assistance where required);
2. independent information towards informed choices for both people using individualised arrangements and towards general community inclusion, (i.e. people not currently receiving ADHC services);
3. independent advocacy support when required, involving both individualised arrangements and for people with disability not currently receiving ADHC services; and
4. assistance for information and advocacy organisations to expand to address escalating demand for supports across NSW.

The NSW Government has signed up to the National Disability Strategy which promotes the social and community inclusion of people with disability in everyday life. NCOSS acknowledges that even with *Stronger Together*, there will be significant unmet disability need in NSW. There is a need for investment in independent non-government non-aligned advocacy and information for *Stronger Together* service users, as well as for people with disability and their families and carers who still await services. Equally, people with disability who do not require ongoing specialist disability services but may have difficulty with participation and inclusion in daily life will require available and independent support from a trusted disability information and advocacy provider from time to time.

Expenditure on disability advocacy and information is long overdue and critically necessary to facilitate best possible outcomes for person-centred approaches for people with disability within and outside the specialist disability service system in NSW.

Actions

An immediate increase in funding to independent information and advocacy organisations for:

- capacity building for people with disability and families in individual decision making (including tools, guidance and assistance where required);
- independent information towards informed choices for both people using individualised arrangements and towards general community inclusion, i.e. people not currently receiving specialist disability services;
- independent advocacy support when required, involving both individualised arrangements and for people with disability not currently receiving specialist disability services; and
- assistance for information and advocacy organisations to expand to address escalating demand for supports across NSW.

Cost: \$6m in 2012-13, then commensurate annual increases to address planned expansion under *Stronger Together 2*.

- ☐ *Accommodation options for people with disability*

Results

- Provision of supported living situations for people with disability, comprising access to housing and support opportunities which conform in all respects to the NSW Disability Services Act, to current State Legislation, to the UN Convention on the Rights of Persons with Disability and that reflect the general living situations of other adults in the broader community.
- Community living alternatives for people with disability residing in boarding houses and residential aged care settings.

Evidence/Rationale

Through *Stronger Together 2*, the NSW Government has provided very welcome and necessary investment in supports to people with disability and their families. It contains a wide range of measures, most notably focussing on person-centred approaches delivering portable individualised funding arrangements tailored to the needs of the person with disability. NCOSS believes this will result in better outcomes for people, more appropriate specialist and generic supports, improved efficiencies, greater flexibility and enhanced participation and inclusion of people with disability as citizens.

Stronger Together provides a range of community living/supported accommodation supports to people with disability including 300 places under

“Expenditure on disability advocacy and information is long overdue and critically necessary to facilitate best possible outcomes for person-centred approaches for people with disability...”

the Supported Living Fund and other measures including the Leaving Care initiative for young people with disability leaving the care of the Minister and the Community Justice Program for people exiting the Justice system. For disability supported accommodation under *Stronger Together*, this amounts to a total of over 2,000 places over the ten years to 2016.

NCOSS argues, however, that the planned provision of supported accommodation/community living for people with disability is the slowest component of *Stronger Together* and must be immediately accelerated.

Many of the *Stronger Together* measures will ameliorate the immediate need for long term disability supported accommodation but other pressures will intensify 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;
- people with disability increasingly choosing community living; and
- the falling ratio of carers to people with disability.

The PricewaterhouseCoopers Report: *Stronger Together: A sustainable Approach to Meeting Increasing Demand February 2011* indicated that a projected annual reduction of 1.6% in informal care, i.e. care provided by family etc, will result in a 7.2% increase in demand for formal support (i.e. services, simply due to the ageing of carers and family).

Unmet need

In its 2007 Report on *Current and Future Demand for Specialist Disability Services*, the Australian Institute of Health and Welfare (AIHW) provided estimates of the unmet need in NSW for accommodation and respite services of just under 8,000 places for the year 2005. This compares to the 2,000 accommodation places provided by *Stronger Together* between 2006 and 2016. NCOSS fears the provision of supported

accommodation/community living will remain in crisis for many people with disability in NSW.

Licensed Boarding Houses

In August 2011, the NSW Ombudsman reported to Parliament on people with disability in licensed boarding houses in *More than Board and Lodging: the Need for Boarding House Reform*. Boarding houses are required to be licensed if two or more people with disability live there. In this report, the NSW Ombudsman again called for immediate legislative reform and protections as well as appropriate supports for people with disability who reside in licensed boarding houses. The report shows there are 31 licensed boarding houses in NSW with a capacity of up to 687 people, whom NCOSS believes are arguably amongst the most vulnerable isolated and disadvantaged people. CASA, the Coalition for Appropriate Supported Accommodation for People with Disabilities, is a group of non-government organisations concerned with the interest of residents in licensed boarding houses. CASA has long advocated for alternative accommodation and support for the most vulnerable and isolated people with disability, with certainty and safeguards, and including a measure of quality of life.

Residential Aged Care

The NSW Younger People in Residential Aged Care Program (YPIRAC) began in 2007 jointly by the Commonwealth and NSW Governments to provide accommodation and support to younger people with a disability living in, or at risk of entering, residential aged care. *Stronger Together 2006-11* showed expenditure of \$80m over five years but there appears to be no new allocation for *Stronger Together 2*. NCOSS is aware of negotiations now underway to extend this program. NCOSS strongly argues that no younger people with disability should reside in residential aged care and that appropriate accommodation and supports should be provided in the longer term for people with disability, especially prioritising the under 50s age group. The Brain Injury Association of NSW reports of many younger people with disability now on ADHC's immediate needs waiting list as well as "many more" younger people now in hospital, will be pushed into residential aged care as their only accommodation option, against their choice or that of their family.

Actions

An initial 200 places for supported accommodation/community living options to address immediate and longer term unmet need, and to provide accommodation alternatives for people with disability to Boarding Houses and Residential Aged Care.

Cost: \$25m p.a. in 2012-13, with further staged increases over five years

□ *Equity in individualised disability funding arrangements*

Results

Historical funding anomalies between ADHC funding programs will not adversely disadvantage people with disability and their families when converting their program funding into portable individualised arrangements from 1 July 2014.

Evidence/Rationale

NCOSS welcomes the *Stronger Together 2* commitment to individualised portable funding arrangements from 1 July 2014. This is a bold and necessary step forward in improvements for supports to people with disability in NSW.

This provides that, from July 2014, a person with disability can convert the value of their ADHC services into a portable individualised arrangement; giving them more choice and control over how the funding is spent and what supports are provided. The opportunity to convert to the individualised arrangement will be voluntary. The newly released *State Plan NSW 2021*⁴² cites a target of 10% disability service users accessing individualised arrangements by July 2014, with 100% able to access by 1 July 2019.

Clearly, uptake will be slow at first, but NCOSS believes that as confidence grows and the service sector transforms, there will be more and more people who convert to an individualised approach to supports.

This uptake, however, will be severely hampered by historical funding levels and program inconsistencies. For example, the same adult with disability in their 30s who wanted to convert their day program into an individualised arrangement would receive a different level of funding depending on whether they are currently in a Post School Options Program, a Community Participation Program or a Life Choices Program. The program they were in was totally dependent on how they entered the disability system at the time of entry, not necessarily their disability or circumstance.

Also, a person with disability will be able to convert the value of all the ADHC disability supports they receive. Where a person receives more than one service, the person can convert these, but again this depends on a range of often historical factors, sometimes not directly related to need.

Consequently, locational and historical inconsistencies have affected the level and type of services that a person with disability could receive with funding from ADHC. Similarly, Aboriginal and Torres Strait Islander people and people from diverse cultural backgrounds have been proportionally under-

represented as ADHC service users and NCOSS strongly recommends that equity strategies for people with disability from Aboriginal communities and culturally diverse backgrounds are developed, implemented and funded in advance of 1 July 2014.

NCOSS recognises that there is extensive unmet need among people with disability for supports that enable inclusion and participation. NCOSS fully supports the 1 July 2014 opportunity for individualised funding arrangements but this must be accompanied by strategies towards equity to overcome demographic, locational and historical program funding inconsistencies in advance of important *Stronger Together 2* implementation and, indeed, National Disability Insurance Scheme (NDIS) preparations.

ADHC would be well advised to create equity among some programs in advance of the person-centred approaches to dispel such anomalies.

Actions

Review program funding levels and provide equity adjustment payments to enable fairness among people with disability with like needs when converting to individualised funding arrangements.

Cost: **\$11.6m in 2012-13 for day program equity adjustments⁴³**

■ **Community Services**

□ *Early Intervention Services*

Results

Through improved early intervention services there will be a reduction in the number of:

- child protection reports; and
- children and young people entering Out of Home Care.

Evidence/Rationale

Since the *Report of the Special Commission of Inquiry into Child Protection Services* in 2008, the NSW Government has provided additional resources in the child protection area as part of the *Keep Them Safe Action Plan* especially in Out of Home Care and the *Brighter Futures Program*. However, there is a need for additional resources to expand both universal and targeted support services so that children and families not reported to Community Services (i.e. not at risk of 'significant' harm) can receive appropriate services.

For example, Family Support Services provide support for families under stress. Typically, services

“Family services are essentially preventative services, not crisis services. They focus on strengthening and supporting families and building on family members’ existing skills...”

in this sector help families (with dependent children) whose capacity to function is limited by the stresses of life - either internal issues such as mental health or external issues such as dealing with government agencies. Family services are essentially preventative services, not crisis services. They focus on strengthening and supporting families and building on family members’ existing skills so that a crisis is less likely to happen. Family Support Services work with over 20,000 families and over 35,000 children annually. In 2007-08 they were unable to work with 1 in 6 referred families due to resource limitations representing about 4,000 families and 7,000 children.⁴⁴

Families NSW is a population based prevention and early intervention strategy for families expecting a baby or with children aged from birth to eight years of age. There are a range of activities funded under the program. Funding should be increased for those activities with a strong evidence base. For example, there is a strong evidence base for supported playgroups which assist parents who would not normally access a playgroup to increase their skills and confidence, and let children play and learn in a structured and positive environment.⁴⁵

The Aboriginal Child, Youth and Family Strategy is another whole-of-government prevention and early intervention program that supports children aged up to five years, and their families and communities. It provides a range of services that include Aboriginal parenting programs, school transition programs, supported playgroups, family workers and programs to build the capacity of the community to respond to challenges.

Action

Increase the funding of early intervention services for families in NSW.

Cost: **Additional \$20m p.a.**

□ *Community Strengthening*

Results

Enhanced capacity of organisations to strengthen communities particularly in rural and regional NSW.

Evidence/Rationale

'Community Strengthening' refers to a process that addresses the local and specific economic and social priorities of local community members by local initiatives and actions. Community strengthening recognises that the effects of social problems can be reduced or eliminated by working on the causes of problems as well as the symptoms. Such actions also build capacity of local communities so that community members become empowered through knowledge and skills gained through planning and taking action.

The following features or attributes characterise a strong community:

- people are connected - they have a sense of belonging with others in the community and with the community as a whole;
- people are respectful of each other - they encourage a diversity of ideas and opinions, where alternative views are respected;
- people participate – they have opportunities to be, and are, involved in areas of community life and decision-making;
- people are resourceful – they have access to and use a variety of resources, where these resources are used to respond to or adapt to change and the various challenges they face; and
- people are trusting – they trust each other and the institutions in their community.

Community strengthening:

- involves community members in identifying local issues and problems;
- provides information and education to community members;
- trains workers to work sensitively in disadvantaged communities;
- involves the community in program design, planning and implementation;
- involves community members in community research and evaluation; and
- tailors the program to the unique needs and strengths of the community.

The Community Builders Program, which funds community strengthening organisations, has two part: renewable funding (formerly part of the Community Services Grants Program) and fixed-term funding (formerly the Area Assistance Scheme). In 2010-11 the renewable component received an additional \$10m.

The short-term funding remains limited to forty-five local government areas in NSW with large parts of Sydney, South East NSW, and Western NSW not eligible. Even with the limited geographic spread of the program, funding is inadequate.

Actions:

- Increase Community Builders fixed-term funding.
- Extend the spread of the program to cover all of NSW.

Cost:

Additional \$10m p.a.

■ **Housing NSW**

□ *Assistance for social housing tenants with mental health needs*

Results

- Improved support to public and community housing tenants with an identified serious mental health condition, leading to fewer tenancies breaking down and reduced admissions to public hospitals.

Evidence/rationale

The existing Housing and Accommodation Support Initiative (HASI) has been very successful in assisting people with mental health needs, particularly clients of the mental health system for whom access to safe and affordable housing is the cornerstone to stabilising their lives and illness. HASI clients receive clinical care by public mental health services, accommodation support provided by health NGOs funded by NSW Health, and secure and affordable housing funded by Housing NSW.⁴⁶

The HASI evaluation⁴⁷ found that participation had had a positive impact on consumers' levels of hospitalisation and mental health, with the majority having a high degree of independence in their daily living skills and most were living in stable accommodation. Only a small proportion of public housing tenants who were HASI consumers were in rental arrears or experiencing other threats to their tenancy.

From the perspective of housing providers, HASI is seen to have chiefly assisted consumers of the health system who were in need of housing with support. It is not seen as having reduced the number of social housing tenants who need support to sustain their tenancy, including pre-existing tenants or new tenants who come into social housing via different pathways.⁴⁸

There is unfortunately no accurate measure of how many social housing tenants might need support to sustain their tenancy because of a serious mental health condition. A recent research report on the experience of tenants living in selected public housing estates did, however, report a general view that unwell tenants did not have access to the level of support they needed, requests for professional help sometimes went unheeded and compassionate neighbours were often left to pick up the slack.⁴⁹

Coordinated assistance to existing social housing tenants with mental health needs was supposed to be provided under the *Joint Guarantee of Service for People with Mental Health Problems and Disorders Living in Aboriginal, Community and Public Housing*, commonly known as JGOS. JGOS commenced in 1997 and was recently terminated following a November 2009 special report to Parliament by the NSW Ombudsman that found little evidence that it was achieving systemic improvements or that its overall implementation had been effective.⁵⁰ In line with the Ombudsman’s recommendations, a new Housing and Mental Health Agreement has recently been signed between NSW Health and the Department of Family and Community Services.

NCOSS welcomes the development of the new agreement but is concerned that no additional resources have been allocated to drive the systemic improvements that are required. We believe that measurable improvements over time in the level of assistance provided to social housing tenants with mental health needs is required if the sector’s active engagement in the implementation of the new agreement is to be sustained.

Action

- Progressively fund 210 Housing and Mental Health Support Packages (HMHSPs) for existing public and community housing tenants with an identified serious mental health condition over three years, beginning July 2012. Seventy additional support packages would be provided each financial year until the initial 210 packages were in place.

Cost: **\$2.1m in 2012-13,**
\$12.6m over three years⁵¹

“HASI has been very successful in assisting people with mental health needs, particularly (those clients) for whom access to safe and affordable housing is the cornerstone to stabilising their lives and illness.”

- ❑ *Personalised assistance for clients of homelessness services seeking housing in the private rental market and for older single women at risk of homelessness*

Results

- More homeless people helped to sustain a tenancy in the private rental housing market.
- Early intervention to prevent more single older women becoming homeless.

Evidence/rationale

Access to social housing is tightly targeted on income grounds and is increasingly allocated to applicants with assessed special needs. As a result many clients of welfare services will be expected to seek housing in the private rental market.

Over recent years Housing NSW has expanded its range of private rental products to include brokerage services and tenancy facilitation and has implemented Start Safely, a new private rental subsidy scheme for women escaping domestic violence. These measures complement its long standing tenancy guarantees, Rentstart and private rental subsidies for people with a disability or HIV / AIDS. Under Housing Pathways access to these products can be sought via either Housing NSW or community housing outlets.

Despite these measures, there are still obvious gaps in the service system. In particular the private rental brokerage is currently only operational in 27 Housing NSW offices.⁵² There is also concern that an increasing number of single older women are at high risk of homelessness following events such as ill health or unemployment and have few options to turn to for early intervention advice and assistance.⁵³

NCOSS believes that it would be timely to develop partnerships between Housing NSW and Specialist Homelessness Services (formerly SAAP) to address these unmet needs.

Action

- Trial the provision of private rental brokerage type assistance by a selected Specialist Homelessness Service in three locations where Housing NSW does not currently provide such a service.
- Fund a project to provide information and advice to single older women who are homeless or at high risk of homelessness. This project to develop partnerships to expand the supply of rental housing for this target group, including through affordable housing schemes such as NRAS and the secondary dwellings ('granny flats') provisions in the Affordable Rental Housing State Environmental Planning Policy (ARH SEPP).

Cost:

- **Brokerage service trial: \$600,000 over two years (\$200,000 per location)**
- **Single older women's service: \$900,000 over three years**

■ Department of Premier and Cabinet

□ *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 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.

Evidence/ Rationale

The NSW Government makes a substantial investment in funding the delivery of human services via the NGO sector; over \$1.5bn⁵⁴ is distributed to the sector annually via the Department of Family and Community Services and the Ministry of Health. The sector is comprised of approximately 2,100 organisations who receive funding from the NSW

Government and delivers an extraordinary range of essential services to the people of NSW.⁵⁵

Like any other vital and growing industry, the sector needs a long term strategic plan to ensure its sustainability and capacity to meet the demands of the future.

A central aim of the plan is to ensure that both the Government and the sector have a clear understanding of our current and projected workforce capability. Given the Government's growing investment in the sector, dedicated funding to develop a comprehensive 'whole of industry' plan must be a priority.

Despite the evidence of a rapidly increasing need for services, there is not the commensurate capacity in the workforce to meet demand. The 2011 Australian Community Sector Survey indicated that 68% of respondent agencies were experiencing difficulty in attracting appropriately qualified staff.⁵⁶ This survey also found that in NSW there was an average staff turnover equivalent to 26% of the workforce.⁵⁷

These findings were further confirmed in recent research conducted by the University of NSW Social Policy Research Centre:

"NGO workers perceived government organisations to provide better conditions of employment in the way of pay, job security and career paths. As these factors relate to workers' material rewards and conditions, these beliefs are likely to act as powerful incentives for workers to move out of the NGO sector."⁵⁸

While the sector is experiencing substantial growth, 18% between 2006-10, according to the latest *Community Services and Health Industry Skills Council – Environmental Scan*,⁵⁹ it is also ageing relatively more quickly than other sectors and experiencing increasing demand for its services.

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; a finding reinforced in the recent research by the Social Policy Research Centre.

"There is a critical gap in community service workforce data, and this limits workforce planning, development and research."⁶⁰

There is a priority need for research that:

- maps the composition and structure of the NSW NGO human services workforce;
- identifies the current and emerging trends and needs within the workforce; and

- 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 2012, provide funding to NCOSS 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 needs assessment and development of collaborative cross-sector strategies to address emerging industry skills gaps and 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 non-government community services industry Task Force comprised of key stakeholders across higher education and vocational training providers, 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: **\$600,000 in 2012-13**
(\$1.8m over three years)

■ Department of Trade and Investment, Regional Infrastructure and Services

□ 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.

“Like any other vital and growing industry, the sector needs a long term strategic plan to ensure its sustainability and capacity to meet the demands of the future.”

- Enhanced capacity for participating community services to focus on their core functions of service delivery and community development.

Evidence/Rationale

There continues to be considerable interest in the potential benefits and efficiencies of shared service arrangements within the non-government sector. In the past three years NCOSS has noted a significant increase in demand for information/resourcing on models of shared services from both the sector and Government agencies.

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 regional consultations undertaken by NCOSS during the past three years has reinforced the high and unmet needs of non-metro NGOs; particularly in the areas of human resources management, information/communications technology and management and governance issues.

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 provides a model of a capacity building strategy that deliver 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 accounts, training) through packaging aggregated regional demand;
- Generating local employment opportunities; and

- Leveraging business support (pro bono and subsidised expertise) and brokering affordable training opportunities to meet identified regional NGO needs.

The Regional Service Hubs should be non-government organisations that understand the ‘business environment’ of the client groups and can provide specialised support to meet the needs of NGOs across program areas and service types.

Actions

Over a three year period, commencing 2012-13:

- 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: **\$980,000 in 2012-13**
(\$3.036m over three years)

■ Ministry of Health

□ Strengthening local decision-making for health

Results

- Increased participation of health consumers and communities in decision-making about their own health, and the delivery of health services at the local and systemic levels.
- Stronger, resilient, and healthier communities.
- More equitable health outcomes for low income and disadvantaged people.
- More effective, efficient and responsive local health services.

Evidence

Engaging people in decision-making about their health and care improves the quality of health services and improves health outcomes.⁶¹ Evidence shows that when services are designed and delivered with the involvement of the people and communities who use them, they are more appropriately targeted to need. This increases people’s satisfaction with services, and creates a more efficient and effective health system.

The NSW Government prioritised greater local decision-making to improve access to timely, quality health care in their 2011 health policy platform. It has established Local Health Districts governed by local Boards to plan, manage, and deliver health services in their local area. However, Local Health Districts will not result in effective local decision-making without broad engagement of the local community.

Membership of District Boards is skills-based, and not representative of all of the different groups and opinions within the community. While each Local Health District has its own community participation structures, institutional mechanisms such as committees do not engage marginalised groups with the greatest health care needs. Hard-to-reach populations such as homeless people and carers, and disadvantaged groups such as Aboriginal people, are also less likely to be involved in formal participation structures that shape health services. Where marginalised people do engage, their opinions may not be “heard” or equally valued compared to clinicians or professional advocates.

Effective local decision-making requires community engagement and capacity building to ensure broader participation across the entire community. The *Ottawa Charter for Health Promotion* recognises that building social capital and resources empowers individuals and communities to be involved in, and influence, decisions that affect them. The *Marmot Review of Health Inequalities* also found that in addition to driving more effective local engagement, this approach buffers against the risk of poor health by creating social supports, and contributes to wellbeing by increasing community participation.^{62,63}

The *Community 2168* project is an example of a community renewal and capacity building partnership between NSW Health, Housing NSW, and the Liverpool City Council. Local projects have included Healthy Lifestyle Information Days, Resident Speak-Outs, training in meeting procedures, and developing an Employment Pathways Directory. Project evaluation over eleven years indicates an overall trend towards improvement in the area.⁶⁴ Results have waned in periods where the project was not fully resourced, highlighting the importance of a sustained, long-term approach.

The NSW Government’s Community Builders Program is an evidence-based program that aims to strengthen communities, and particularly the disadvantaged groups within them. It funds non-government organisations to deliver projects with local communities that build capacity, skills development, sector development, and resource local hubs. The Program builds both the capacity of, and opportunities for, local people to engage in civic activities.

Investing in strengthening communities, particularly those most disadvantaged, is therefore essential to achieve more effective and participatory local decision making to drive quality health services and improved health and wellbeing of local communities.

Action

Funding to support locally based, community-driven projects in three Local Health Districts with the most disadvantaged populations (two rural and remote, one metropolitan) through a contribution to the NSW Community Builders Program.

Within the framework of the Community Builders Program Guidelines, projects should focus on:

- building the capacity of disadvantaged groups to engage in local decision-making fora through knowledge and skills development, information access, networks and groups;
- resourcing the establishment of strong health and wellbeing advocacy networks;
- health advocacy programs designed to support individual citizens in culturally, socially and economically disadvantaged populations; and
- community driven initiatives aimed at addressing health system needs specific to the local community.

Priority should be given to long-term or sustainable projects, with an evaluation component.

Cost: \$900,000 p.a.

□ *Oral Health*

Results

- Improved oral health amongst socio-economically disadvantaged people.
- More equitable, timely access to dental services, particularly rural and remote NSW.
- Reduced acute healthcare costs.

Evidence

Oral health is integral to general health and wellbeing, and quality of life. Poor oral health impacts on a person’s ability to eat, sleep, work and socialise. The burden of illness from oral health problems is estimated to cost the health system \$5.3bn annually.⁶⁵

Disadvantaged people in NSW have significantly worse oral health outcomes than the general population. They have higher rates of complete tooth loss, higher rates of extractions, and more self-reported treatment needs.⁶⁶ Aboriginal children have more than twice the dental decay rates than non-Aboriginal children.⁶⁷

Systemic barriers to accessing dental services are the main cause of oral health inequities:

- The cost of private dental services is unaffordable for people on low-to-moderate incomes. More than one-third of Australians put-off going to the dentist due to cost.⁶⁸

“Poor oral health impacts on a person’s ability to eat, sleep, work and socialise. The burden of illness from oral health problems is estimated to cost the health system \$5.3bn annually.”

- There is a lack of services in rural, remote, and low socio-economic metropolitan areas due to a maldistribution of dentists across NSW. There are nearly three times as many practicing dentists in Sydney than remote areas.⁶⁹
- The public dental system is over-burdened with over 120,000 people on the NSW public dental waiting list – more than for public hospitals.⁷⁰ People who rely on public dental services are therefore less likely to receive timely, preventative care and more likely to develop serious, more costly oral health problems.

The NSW public dental system is constrained by chronic under-funding. In 2006 the NSW Legislative Council Inquiry into Dental Services recommended that funding of public dental services be increased comparable to other states.⁷¹ However, NSW continues to have the lowest public dental funding per capita of any state or territory.⁷² In 2011-12 there was a real decrease in funding for oral health with a budget escalation of only 2%, well below inflation.⁷³

Public dental workforce shortages are a major barrier to increasing service capacity in the public system. There continues to be significant difficulties attracting and retaining oral health professionals in the public sector despite recent workforce initiatives, including Award changes, in 2008. Less than 16% of registered dentists in NSW work in the public sector, despite nearly half of the population being eligible for public dental services. Anecdotal evidence is that there are high vacancy rates in the sector.

The states have overall funding responsibility for public dental services under the national health reform agreements in 2010 and 2011. High demand for public dental services will continue in the absence of a national population-based oral health scheme recommended by the National Health and Hospital Reform Commission. The Commonwealth Government’s commitment in 2011 to a small voluntary dental internship program is insufficient to meet NSW’s public workforce needs.

The NSW Government must boost funding to reduce public dental waiting lists through the private

sector, expand outreach services and shared capital development to increase access in regional and rural areas, and invest in infrastructure to capitalise on national reform initiatives.

Action

- Increase funding for the Oral Health Fee for Service Scheme (OHFFSS). Provide an additional 10,000 vouchers per annum cumulative over four years, rising to a total of 40,000 vouchers in the fourth year, to leverage capacity in the private sector and reduce public sector ambulatory waiting lists.
- Fund public oral health outreach service delivery programs, including mobile vans to improve access for special needs groups, and Hub and Spoke Models that leverage workforce at the major teaching hospitals to provide specialist services in rural and remote communities.
- Invest in capital infrastructure development in line with the *NSW Oral Health Strategic Directions Plan 2011-20*, including shared capital plans to develop Regional and Rural Oral Health Centres in partnership with educational institutions and the private sector to expand service delivery capacity to rural and remote areas.
- Fund an additional State contribution to the Commonwealth Voluntary Dental Intern Program, including intern places, mentor positions and infrastructure, to increase the service delivery capacity of the public system through clinical student work and increase the future public dental workforce.
- Employ full-time oral health promotion coordinators in each of the 15 Local Health Districts to increase oral health promotion and prevention.
- Increase funding for population oral health and dental health services research, including systematic data collection on special needs and disadvantaged groups to ensure future services are developed to meet community need.

Costs:

- **Fund additional OHFFS vouchers: \$10m over four years, then \$4m recurrent;**
- **Expand outreach service delivery: \$10m over four years, then \$2m recurrent;**
- **Develop capital infrastructure in regional and rural areas: \$13.5m over three years;**
- **Develop and expand the Voluntary Dental Internship Program: \$9.6m over three years;**
- **Oral health promotion: \$12m over four years, then \$3m recurrent; and**

- **Research: \$8m over four years, then \$2m recurrent.**

Total cost: \$63.1m over four years, then \$17.3m p.a.

□ Primary and community health

Results

- More equitable health outcomes for low income and disadvantaged people.
- Improved health and wellbeing of the general community.
- A more effective, efficient, and sustainable health care system in NSW.

Evidence

The focus of NSW health system on emergency and acute hospital services is fiscally unsustainable. In the past five years the NSW health services budget has grown over 40%.⁷⁴ It accounted for more than a quarter (27.5%) of State expenditure in 2011-12, and is expected to rise to 37% of the NSW budget by 2050-51. Health will be the largest contributor to state expense growth (with ageing) over the next 40 years.⁷⁵

The NSW Government has recognised that a health system based on wellness, rather than illness, is more financially viable. According to the *NSW State Plan 2021*, "Keeping people healthy and out of hospital will improve our quality of life and is the best way to manage rising health costs. Our health system needs reshaping to focus more on wellness and illness prevention in the community."⁷⁶

Primary and community health services are critical to re-shaping the NSW health system. They have a greater focus promoting health, preventing illness, and early detection and intervention. Early intervention and prevention is a key social policy principle of the NSW Government in "*Smarter, Stronger, Healthier, Safer*". Evidence from Australia and overseas indicates that this approach is more cost-effective long term.^{77,78,79}

Health non-government organisations (NGOs) are a key part of the community health system. They reach disadvantaged people most at risk of poor health who may not access main-stream services or default to the acute hospital system. They support integrated, on-going care for people in the community, and provide continuity of care between hospital-based services and primary health care.

NSW has one of the lowest levels of funding for primary and community health in Australia. In 2008-09, NSW had the second lowest State Government⁸⁰ per capita expenditure on public and community health at \$238, compared to the national state average of \$305.⁸¹

In 2011-12, NSW spent just 11% of the health budget on primary and community-based health services⁸² compared to more than two-thirds (68%) on hospital-based services.⁸³ The budget for hospital-based services also grew at twice the rate of primary and community-based services.

Similarly, the Ministerial Grants Health NGO Program accounted for less than 1% of the NSW health budget in 2011-12, and there has been a sustained decrease in real funding for services due to grant indexation below inflation.

The NSW Government’s prevention initiatives on chronic disease are not enough to keep people healthy and out of hospital. Both the Connecting Care Program and Community Pharmacy Checks have a narrow clinical focus on vascular chronic disease. There is growing evidence that interventions aimed at modifying individual lifestyle and behavioural risk factors associated with chronic disease have limited success.⁸⁴ Research shows that systems-level and community approaches that address the broader social determinants of health are more effective at preventing chronic disease and keeping people well in the community.

A broader investment is needed across the full spectrum of primary and community health services, such as child and maternal health, multicultural health, transport for health, and Aboriginal health, in order to deliver a more fiscally sustainable, equitable health system based on wellness.

Action

Fund a staged increase in proportional expenditure on Aboriginal Health Services, Population Health, and Primary and Community Based Services over four years to reach a provisional global investment target of 14% by 2015-16, and bring NSW into line with the national per capita state average.

This funding increase should be directed to:

- Accelerate investment in promotion, prevention and early intervention health services in the community, with a more equitable resource distribution allocation to disadvantaged and at-risk populations.
- NSW Health Ministerial NGO Grants Program to address the shortfall in grants indexation compared to the real cost of services, and to fund capacity building, infrastructure, and workforce development.

Cost: \$123.2m each year for four years, a total increase of \$492.6m

“NGOs... reach disadvantaged people most at risk of poor health who may not access main-stream services or default to the acute hospital system.”

❑ **Provision of Appliances for Disabled People (PADP)**

Results

People with disability are supplied in a timely manner with appropriate aids, appliances and other assistive technologies which support them to live more independently in the community and which facilitate their inclusion and participation in all aspects of society.

Evidence/Rationale

The PADP program provides equipment, aids and appliances to support people with life-long or long term disability to live independently in the community and to facilitate participation and inclusion.

NCOSS acknowledges the \$3m increase in the 2011 State budget to PADP plus \$2m for home oxygen service, taking the *EnableNSW* budget for its five included programs to \$38.3m in NSW. NCOSS further acknowledges the reported improvements by *EnableNSW* in the waiting times and administration of PADP to provide equipment to people with disability.

In 2006, the PriceWaterhouseCoopers Report recommended an increase in recurrent funding to PADP of \$100m; in December 2008, the Inquiry Report into PADP of the General Purpose Standing Committee No 2 recommended an immediate increase to \$36.3m recurrent. Since 2007, NCOSS has been calling for a staged increase up to \$100m by 2014-15, but still receives reports of exclusion and hardship as a result of the lack of access to aids and equipment to people with disability.

NCOSS has been working with the NSW PADP Community Alliance on a range of issues towards enhanced provision of aids, equipment and assistive technologies to people with disability across NSW. The PADP Community Alliance has developed Position Statements which identify key recommendations on critical issues.

In relation to the overall PADP program, the Alliance has several key recommendations:

- increase in base funding;
- PADP as an entitlement program;
- improved performance indicators;
- abolish the co-payment;
- data on current, unmet and future demand;
- access for people from culturally different backgrounds; and
- coordination and integration of NSW Health and the Department of Family and Community Services, Ageing Disability and Home Care.

The Alliance advocates the elimination of all co-payments for access to *EnableNSW* supports, but until this is achieved, there should be no apparent financial or other access inequity between people requiring *EnableNSW* services. At present, people using the Prosthetic Limb Service (PLS) are treated financially favourably compared to other eligible PADP clients regarding co-payments.

NCOSS calls for an immediate increase in investment in recurrent funding to the provision of disability equipment, with person-centred processes, streamlined administration and no co-payments. Progress towards fees and eligibility policy reviews must continue in advance of proposed national harmonisation and possible introduction of a National Disability Insurance Scheme.

Action

That additional core funding for PADP is provided at an amount that ensures ongoing capacity for the provision of equipment, aids and appliances to support people with life-long or long-term disability.

Cost: An additional \$24.4m in 2012-13, rising to a total recurrent budget of \$100m in 2016-17 to meet eligible population forecasts

□ Transport for Health

Results

- Significant improvements in health connectivity for rural, regional and remote communities, Aboriginal communities and people on low incomes.
- A reduction in the number of people missing health appointments due to transport problems.
- Improvement in survival rates and quality of life for people with potentially fatal or chronic illness by improving access to health care.
- Improved health for Aboriginal and Torres Strait Islander people.

Evidence/Rationale

For many people, a lack of transport options acts as a barrier to accessing health services. This is

especially true for people in rural and regional areas, people on low incomes, people with disabilities, and older people. The lack of transport can reduce the likelihood that people will access preventative treatment, receive effective care, or be diagnosed early.

The need for transport for health is significant and increasing. The consolidation of health services, a move towards early discharge and the use of day surgery, and poor planning for public transport to health destinations have placed further pressure on health transport services. As the population ages, demand for these services will continue to grow.

Research conducted by the Cancer Council, the Community Transport Organisation and NCOSS found that the number of community transport trips to health services more than doubled in the ten years from 1996 to 2006: from 240,000 trips in 1996 to 680,000 trips in 2006. It was also estimated that approximately 90,000 requests for transport to health services were refused each year.

Community transport providers continue to report that demand for health transport is overwhelming their capacity to address other issues of transport disadvantage, and to provide trips for other purposes such as social, cultural and recreational journeys.

Some funding for non-emergency health transport is provided through the Transport for Health Program. Eligibility for support under this program is wider than for the Home and Community Care Program, and is provided on the basis of a patient's inability to reasonably gain access to local health services by either public or private transport. However, health transport funding is inconsistent, and is estimated to account for approximately only 10% of health trips undertaken by community transport providers.

Funding for the health-related transport component of the Transport for Health program should, as a matter of urgency, be increased, and planning around transport to health services improved.

Actions

- Increase NSW Health funding for non-emergency transport services to \$11.4m per annum plus CPI (as per the No Transport No Treatment Report released in December 2007).
- Improve monitoring and evaluation of the Transport for Health Program, especially of the number of people that are refused a service (to determine actual demand).

Cost: \$11.4m p.a. from 2012-13 for health related transport

■ NSW Treasury

- *Funding for NGOs to meet increased wages as a result of the Equal Remuneration Case*

Results

- Continuing effective delivery of services by NGOs on behalf of the Government.
- Improved outcomes for low income and vulnerable people and communities.

Evidence/Rationale

The NSW Government provides approximately \$1.5bn p.a. in funding to NGOs in the social and community services sector.⁸⁵ The work carried out by NGOs is covered by the Social, Community, Home Care and Disability Services Industry (SCHCADS) Award. An application was lodged in March 2010 seeking that equal remuneration principles be applied to relevant rates of pay in the SCHCADS Award.

While the case is yet to be concluded (at October 2011) and Fair Work Australia is yet to determine the matter the impact of any increase to pay in the sector will be significant. It is anticipated that any determination made is likely to take effect during the 2012-13 financial year.

NGOs are concerned that failure by funders to meet their fair share of funding any increase that may arise from the Equal Remuneration Case will result in cuts to services to the most disadvantaged and vulnerable people and communities. This would undermine the intent as well as the outcomes of many programs and further entrench disadvantage.

The NSW Government has estimated that the cost to NSW of meeting the revised application in full would be \$1.122bn over five years⁸⁶ from 2011-12. However, on the assumption that a general escalation of 2.5% is already factored into the Budget's forward estimates, the additional expenditure required would be \$774m over five years. The Commonwealth, using different methodology, has estimated that the total cost to all tiers of government in meeting the revised application in full to be less.⁸⁷ While the outcome of the case remains uncertain the NSW Government's own calculations suggest a maximum expenditure that may be required to ensure the Government meets its fair share of any increased costs associated with the Equal Remuneration Case.

Some NGOs deliver services funded by their own resources and/or through funders other than Government. These services are often critical to the success of other programs and services. In the way that Governments have assisted other industries and sectors adjust to changing circumstances through

"It was estimated that approximately 90,000 requests for transport to health services were refused each year."

industry assistance packages, it is appropriate that the NSW Government consider a similar approach for this sector. This will ensure the continuity of important services and ongoing employment for workers which will have benefits for the NSW economy more generally.

It is important that Government, in entrusting NGOs to deliver critically important services and programs on its behalf recognises the need to ensure NGOs are adequately funded to do this work properly and to therefore meet any obligations that may arise from the determination in the equal remuneration case.

Action

- Ensure the Government contributes its fair share to NGO funding programs to enable a seamless transition to pay rates as may be determined by Fair Work Australia.
- Establish a separate NGO assistance package to ensure NGOs who provide important and vital services not funded by governments are able to transition to pay rates determined by Fair Work Australia without compromising service delivery.

Cost

While precise costings will be unclear until such time as a determination is made, the NSW Government's own estimates suggest \$57m in 2012-13 with a total of \$774m to 2015-16.

■ Transport for NSW

- *Accessible Public Transport*

Results

- A more coordinated and well-informed approach to making the public transport system more accessible.
- An increase in the number of people, particularly those with mobility limitations, able to participate in paid and voluntary work, education, and recreational activities.

- An increase in the number of people able to access social and health services and social and family networks.
- Improvements in the cost of living for people with disabilities who rely on taxis for transport, particularly those in rural and regional areas.

Evidence/Rationale

Transport services can enable people to participate in opportunities such as paid and voluntary work, education and recreational activities, and to access social and health services and social and family networks. The current transport system, however, excludes many people from accessing such opportunities and supports due to mobility limitations.

NCOSS believes that the public transport system should be accessible to everyone, regardless of their mobility needs. This is important not only for people with physical disabilities, but for all people who might have limited mobility, such as people with a health condition, or parents with young children or prams. As the population ages, ensuring universal access across the public transport system will become increasingly important.

The Government currently funds a number of programs that aim to make our public transport system more accessible. The Government also maintains a subsidy scheme to address the mobility needs of people who have difficulties accessing the system due to disability. However, many of these programs are currently inadequately funded.

A holistic approach that ensures the mobility needs of all people are taken into consideration is also lacking. The Accessible Transport Action Plan has not been updated for more than three years, and the Accessible Transport Consultative Group, established to provide advice and to raise community concerns regarding accessibility, no longer appears to be active.

The following recommendations address priority mobility needs while recognising that long-term planning work is required to shape a fully accessible system.

□ Accessibility Advice

A group consisting of representatives from Government, peak disability groups and industry should be (re-)established. This group would provide advice on issues concerning access to transport for older people and people with disability. With a move towards a more integrated approach to transport, and a commitment to investing in public transport infrastructure and services, it is an opportune time to revitalise processes that support better accessibility outcomes.

□ Easy Access Program

The Easy Access Program involves upgrading stations to make the train network more accessible for everyone, including people with mobility limitations, people with disability, older people and people using prams and trolleys.

As at June 2010, 121 of the 307 stations in NSW were accessible (39%) (*Transport NSW Annual Report*). As required by the agreements reached with the Commonwealth relating to the *Disability Discrimination Act 1992*, the NSW Government has committed to making 55% of stations accessible by 2012, and all stations accessible by 2022. These commitments are outlined in the Accessible Transport Action Plan.

NCOSS welcomed the Government's election commitment to provide an additional \$60m over four years towards Easy Access station upgrades. However, we are concerned that this commitment is not enough to meet the agreed timelines. In 2011-12, \$30m has been allocated to the program, consisting of \$22.5m of committed funds and \$7.5m in new funding. This level of funding is comparable with the 2010-11 budget (\$27.4m) and the 2009-10 budget (\$30.1m). NCOSS understands that \$30m allows for the upgrade of about six stations per year, at which rate it will take more than 30 years to meet the 100% accessibility target in the Accessible Transport Action Plan. NCOSS therefore believes that the annual budget for this program should be at least doubled to \$60m.

NCOSS also welcomes the Government's review of the process and criteria for prioritising stations for upgrading, and looks forward to information about this process being made publicly available.

□ Taxi Transport Subsidy Scheme

The Taxi Transport Subsidy Scheme entitles people with severe and permanent disability to a half rate concession of the prescribed taxi fare, up to a maximum subsidy limit of \$30 per trip. There are approximately 76,000 registered participants in the scheme, which subsidises approximately 2.2 million journeys per year.

The subsidy cap of \$30 has not been increased since 1999, despite numerous recommendations to do so.⁸⁸ Over the same time period, taxi fares have increased by more than 60%. In comparison, the cap for the Victorian scheme was doubled from \$30 to \$60 in 2008.

Although the average subsidy paid through the scheme is well below the subsidy cap, this does not suggest that the scheme is providing an adequate level of subsidy for all participants. People living

in rural and regional areas, and those required to travel long distances to access work opportunities, for example, are being further disadvantaged by a failure to increase the subsidy in line with taxi fares.

Actions

Accessibility Advice

- Establish an advisory group on public transport accessibility.

Easy Access Program

- Increase funding for the Easy Access Program to ensure at least \$60m p.a.
- Ensure the process for selecting stations for the Easy Access program is equitable and transparent and make this process publicly available.

Taxi Transport Subsidy Scheme

- Increase the cap for taxi subsidies from \$30 to \$50
- Review the eligibility criteria for the scheme

Cost:

- **\$60m p.a. for the Easy Access Program**
- **An additional \$9m recurrent for the Taxi Transport Subsidy Scheme⁸⁹**

□ Transport for Aboriginal Communities

Results

- A reduction in transport disadvantage for Aboriginal and Torres Strait Islander people and better access to services.
- Improved health outcomes for Aboriginal and Torres Strait Islander people, including for mothers and their infants.
- Improved educational outcomes and employment outcomes for Aboriginal and Torres Strait Islander people.

Evidence/Rationale

Aboriginal and Torres Strait Islander communities across Australia have experienced acute levels of transport disadvantage, frequently as a direct consequence of segregation policies that dislocated communities from jobs and services.

For many Aboriginal people, a lack of transport is a barrier to accessing health services, to realising employment and education opportunities, and to attending cultural and recreational activities. In many Aboriginal communities there are no public or community transport services. In other communities services are limited, or may be culturally inappropriate.

“The subsidy cap of \$30 has not been increased since 1999, despite numerous recommendations to do so. Over the same time period, taxi fares have increased by more than 60%.”

In 2004 the inaugural Aboriginal Community Transport conference identified a number of strategies to improve access to transport for Aboriginal communities through the development of both mainstream and Aboriginal-specific transport services.

Strategies to improve mainstream community transport providers’ capacity to serve Aboriginal communities included the provision of Aboriginal Cultural Awareness Training to community transport groups across the State, increasing Aboriginal representation on the Community Transport Organisation’s (CTO’s) management committee, and the inclusion of Aboriginal transport as a standing item on the agenda at regional forums and at the CTO’s annual conference.

Of particular importance was the creation of the Aboriginal Transport Network (ATN), which provided an opportunity for Aboriginal transport workers across the State to meet and share information, support one another, and continue working to develop ways in which access to transport for Aboriginal people can be improved.

To ensure the ATN remains viable, dedicated and recurrent funding is required.

Although there have been some improvements in Aboriginal people’s access to transport services in recent years, there are still significant barriers. The ATN has played, and should continue to play, a vital role in overcoming these barriers.

At present, most ATN members are located on the North Coast (where a number of Aboriginal Transport Development Workers have been funded under the Home and Community Care program). The work required to maintain the Network is carried out by these members in addition to their day-to-day responsibilities. These positions are demanding, and require a focus on local issues, and the Network’s current capacity to provide a State-wide perspective is therefore limited. A dedicated coordinator is essential to provide an overview of Aboriginal transport needs across NSW, and to take the lead in the development of strategies to address these needs.

The Coordinator's role would include:

- secretariat duties for the Aboriginal Transport Network;
- supporting Aboriginal transport services and transport development workers; and
- identifying opportunities to improve Indigenous access to mainstream community transport providers (e.g. overseeing cultural awareness training, developing a best practice guide, etc).

To ensure funds were available to implement initiatives identified as a priority by the Network, and to support the development of transport services for Aboriginal people (provided by either Aboriginal or mainstream providers), a recurrent funding program should be created within the existing Community Transport Program.

Actions

- Provide funding for a full-time State Coordinator for the Aboriginal Transport Network located within the community sector.
- Provide funding to support the Aboriginal Transport Network to continue to hold regular meetings and to host a bi-annual conference.
- Create a recurrent funding program, within the existing community transport program, to provide dedicated funding to address Aboriginal transport disadvantage.

Cost:

- **\$100,000 p.a. for a full-time state coordinator for the Aboriginal Transport Network.**
- **\$20,000 per annum to support the Aboriginal Transport Network's regular meetings and bi-annual conference.**
- **\$1.5m per annum for an Aboriginal Community Transport sub-program.**

■ Revenue Measures

□ Registration Levy

Objective

To create an ongoing revenue stream to support community transport programs addressing transport disadvantage.

Action

Introduce a \$2 levy on private vehicle registration fees to be hypothecated into community transport.

Evidence/rationale

Community transport provides a vital service for transport disadvantaged groups in the community. It supports people whose access to mainstream transport services is limited by physical, social or geographical factors, including isolated families, the frail aged, people with disability, and carers. For these people, access to recreation, shopping, medical care, social services and social contact, is made possible only through the services provided by community transport.

In NSW there are a number of funding streams that support the provision of community transport. Of these, the Community Transport Program has the broadest focus, with the capacity to assist those who most need services, but are not eligible for, or are unable to use, other forms of transport. Historically, this program has been significantly underfunded, with almost half of existing community transport providers not receiving Community Transport Program Funding.

The NSW Government has made a welcome commitment to provide an additional \$12m over four years to support the Community Transport Program. This funding will go a long way towards providing a more equitable distribution of funds across the State. However, projected changes in the size and age profile of the population suggest that demand for community transport will continue to grow. As fuel costs rise, providing community transport services will also become increasingly expensive. In addition, recurrent funding is required to enable services to operate most effectively.

In Florida, USA, the Transport Disadvantage Trust Fund was established to support services similar in aim to the Community Transport Program in NSW. It is funded in part through a fee levied on motor vehicle registrations. This fee contributes to both vertical and horizontal equity by establishing a pool of funds to support people who are unable to access private transport, and by creating a system that provides transport options for people at all stages of life.

In NSW, the introduction of such a levy would apply to approximately 4.5 million registered passenger vehicles (not including vehicles registered with a pensioner concession). It would therefore have the capacity to generate approximately \$9m per annum.

Results

- An ongoing funding stream dedicated to the provision of community transport to address transport disadvantage.
- Improved social inclusion for transport disadvantaged people including access to education, employment and volunteering opportunities, health and social services and life-sustaining activities. The Florida State University has calculated that providing services for the transport disadvantaged results in a return on investment of approximately \$8 for each dollar invested.

Revenue: Approximately \$9m p.a.

□ *Road-pricing system*

Objectives

- To reduce the economic, social and environmental costs associated with congestion.
- To encourage more efficient use of transport infrastructure, including spreading demand on the road network more evenly across the day.
- To create an incentive to switch to public transport by introducing charges to more accurately reflect the cost of car and road use.
- To increase financial support for public transport.

Action

Reform Sydney’s existing road tolls and introduce a time-varied user-pays road pricing system to address current congestion problems and increase travel time.

A new system would incorporate the current ad hoc road tolls to provide an integrated road-charging system that is both more equitable and more efficient.

Any road-pricing system should be implemented in such a way as to ensure it would not unfairly disadvantage people unable to access public transport alternatives (e.g. people in locations where public transport services are inadequate, people with disabilities, the frail-aged, etc).

Revenue raised through a user-pays road pricing system should be hypothecated into public transport.

“Traffic congestion reduces productivity including through traffic delays, unreliable travel times and increased vehicle operating costs.”

Evidence/Rationale

The Bureau of Transport and Regional Economics estimates that the current annual social cost of congestion in Sydney is between \$5-\$6bn, and is expected to grow to more than \$7.5bn by 2020.

Traffic congestion reduces productivity including through traffic delays, unreliable travel times and increased vehicle operating costs. A survey conducted by the NRMA in 2011 found that almost 80% of businesses believe congestion on Sydney’s roads has worsened over the past year, while one in four businesses estimate that operating costs had increased by \$5,000 as a result.

Congestion exacerbates the negative environmental impacts of motor vehicle transport, affects the urban environment and air quality, and can increase health costs. By adding to the time taken to travel to and from work, congestion also has a negative impact on the ability for commuters to achieve a work/life balance.

The 2010 *Henry Tax Review* recommended variable congestion pricing as an effective mechanism to reduce congestion. Similarly, a survey of 500 economists conducted by the Economic Society of Australia in 2011 showed that 73% of respondents supported the introduction of a road-user charge to tackle traffic congestion. In Sydney, a \$6 charge has been estimated to reduce traffic entering the CBD by 13% (Glazebrook 2003).

Evidence from London shows that road-pricing systems can effectively reduce peak traffic and associated congestion, improve travel time on roads, and encourage people to switch to public transport.

A road-user charge would also create a revenue stream that could be re-invested in public transport, prioritising locations that are currently lacking in public transport infrastructure.

Results

- A reduction in congestion including:
 - A reduction in emissions associated with congestion;
 - Traffic flows spread more evenly across the day, ensuring more efficient use of existing infrastructure.
- Increase in the use of other modes of transport; and
- Increased funding for public transport through revenue raised

Revenue: **Unknown**

Removal of gaming machine tax concession for clubs

Objective

To provide additional revenue for the NSW Government for funding socially beneficial programs.

Action

Remove the tax concession on gaming machine revenue enjoyed by Clubs in NSW.

Evidence/rationale

In 2009-10, 1,282 clubs received \$3,245m in pre-tax profit from 71,275 gaming machines. They paid \$640m in tax. In the same year 1,659 hotels received \$1,514m in pre-tax profit from 23,640 gaming machine and paid \$428m in tax.⁹⁰

Clubs have had the right to operate gaming machines since 1956. Over the years Government policy has linked the social benefit club’s provide their members and community (based on their not-for-profit status, membership requirements, and social benefit objectives).⁹¹ Decisions over a number of years by successive NSW Government have resulted in clubs in NSW enjoying a substantial concession on gaming machine taxation compared to NSW hotels. This is based on the belief that clubs provide a substantial social benefit.

NCOSS accepts that clubs do provide a social and economic benefit to the communities in which they operate. The Independent Pricing and Regulatory Tribunal (IPART) attempted to gauge the level of social and economic benefits of clubs including any negatives from the impact of problem gambling.⁹² However, NCOSS contends the net social and economic benefits of clubs were overestimated by IPART since not enough weight was given to the impact of problem gambling occurring in clubs. The Productivity Commission estimated that problem gamblers account for 22-60% of total gaming machine spending.⁹³

Furthermore, IPART did not account for the changing nature of clubs in NSW. In a historical review of the clubs industry in NSW found that clubs have become:

“...more aggressively commercial in machine gambling operations and more politicised in attempts to protect their main revenue source. The marketing and expansion strategies commonly adopted in machine gambling operations, the industry’s contemporary structure and performance, the emergence of many large clubs with extensive poker machine installations, and the goals and functioning of these clubs, reveals that many have increasingly pursued the usual commercial goals of profit oriented organisations.”⁹⁴

NCOSS contends that the tax concessions provided to clubs in NSW could be better spent on social and economic priorities by the NSW Government. NCOSS believes that clubs are not in the best place to determine these priorities. NSW Government agencies, local government and non-government services are in a better place to determine local needs.

Results

Additional revenue to the NSW Government that could be spent on priorities determined in consultation with communities.

Revenue: **\$770m p.a.**

■ Footnotes

¹ ACOSS (2011): *Australian Community Sector Survey 2011 Volume 3 NSW*, August 2011 p. 19.

² COAG Reform Council (2010): *National Affordable Housing Agreement Baseline performance report for 2008-09*, COAG Reform Council April 2010 p. 56. This finding was based on unpublished data from the ABS Survey of Income and Housing 2007-08. More recent Survey of Income and Housing data will not be available until 2012. Amongst NSW low income private renters the level of rental stress was even higher at 57.0%, compared to the 47.5% nationally.

³ *Family and Community Services 2011-12 Budget booklet*, September 2011 p. 30.

⁴ Plus whatever proportion of NSW's annual funding under the National Affordable Housing Agreement (NAHA) that the state government elects to invest in new supply.

⁵ Commonwealth of Australia (2008): *National Rental Affordability Scheme Prospectus*, 2008 p.10.

⁶ As at 31 August 2011 NSW had received only 3,217, or 13.1%, of the 24,586 incentives that had been either allocated or reserved, see Department of Sustainability, Environment, Water, Population and Communities (2011): *National Rental Affordability Scheme Monthly Performance Report*, August 2011, p. 6. NSW did much better in NRAS Round 4, announced in October 2011, being allocated 4,802 incentives.

⁷ This is the same target as outlined in our state election platform *Vote 1 Fairness in NSW* (March 2010, p. 22), with implementation delayed by one further year. We would expect the Commonwealth to be the primary funder of this new supply but with the NSW Government making a fair contribution. If the average cost per dwelling was \$350,000, the total cost would be \$1.05bn over four years. NCOSS suggests that the NSW Government should contribute between \$150-200m over four years, and the Commonwealth \$850-900m.

⁸ NCOSS would see 30% of additional incentives as an appropriate target for the state's share. We are unable to quantify and cost this commitment until the number of available future incentives is clarified.

⁹ In 2009, the then NSW Government announced that it would transfer the title of around 7,000 properties to the community housing sector by June 2012 (*'Historic shift in housing policy in NSW'*, media release by Hon David Borger MP, Minister for Housing, 25 June 2009). Subsequent legislation enables providers to use the market value of these properties to borrow funds to build or buy more housing. Providers need ministerial approval to borrow against or sell houses transferred to them.

¹⁰ The existing community housing strategic framework has a target of 30,000 houses by 2017, see *Planning for the Future: new directions for community housing in NSW 2007-08 to 2012-13*, Housing NSW, December 2007. The 30,000 target is likely to be achieved ahead of schedule and it is time to begin work on a further strategy. Stakeholder groups, including those committed to public housing, should be closely involved in the development of any such strategy.

¹¹ Principally repeated commitments to a Redfern Waterloo Affordable Housing Scheme and consideration of an affordable housing scheme for Barangaroo.

¹² Currently land tax exemptions are available for low cost rental accommodation within 5 km of the Sydney GPO; boarding houses charging less than set tariffs; caravan parks predominantly occupied by people who are retired; residential aged care facilities and retirement villages; and certain properties owned by non-profit organisations. Land tax is determined on the basis of aggregated land holdings, which can act as a disincentive to acquiring a portfolio of rental housing by a single entity or person. Stamp duty exemptions can be given to certain types of charitable and benevolent organisations who purchase or are transferred ownership of land but property purchased to be let or sold for profit is not exempt.

¹³ Currently a land tax exemption is available for low cost accommodation located within 5 kilometres of the Sydney GPO, where rents are below specified limits and a residential tenancy agreement is in place. With the gentrification of the inner city, this exemption should be extended to additional local government areas across the state where low to moderate income households are experiencing high levels of rental stress.

¹⁴ Gruneit A, Forell S and McCarron E, Taking justice into custody: The Legal Needs of Prisoners, *Access to Justice and Legal Needs*, Vol 5, Law and Justice Foundation of NSW, July 2008.

¹⁵ Holmes J, *Re-offending in NSW*, NSW BOCSAR, Issue paper no. 56, February 2011, p.1

¹⁶ Australian Institute of Criminology, *Recidivism rates, 22 July 2010*, sourced from ABS 2008.

¹⁷ Smith N, Trimboli L, Comorbid substance and non-substance mental health disorders and reoffending among NSW prisoners, NSW BOCSAR, *Crime and Justice Bulletin* Number 140, May 2010.

¹⁸ Australian Institute of Criminology, *Interventions for Prisoners Returning to the Community, 2005*, p.9-10.

¹⁹ NSW Law Reform Commission, *People with cognitive and mental health impairments in the criminal justice system: an overview*, Consultation Paper 5, January 2010, p. 13-16.

²⁰ Institute of Sustainable Futures, UTS, 2006, *The Economic Value of Community Legal Centres*.

²¹ ACOSS, *Australian Community Sector Survey, 2011*, Paper 173, Vol 3, NSW.

²² ABS, *Corrective Services 4512.0*, March Quarter 2011.

²³ Gruneit A, Forell S and McCarron E, *Taking justice into custody*, p.18.

²⁴ Ayres S, Heggie K, *Bail Refusal and Homelessness Affecting Remandees in NSW*, Corrective Services NSW, Research Publication no. 50, July 2010.

²⁵ Baldry E, *Homelessness and the Criminal Justice system*, presentation 1 August 2011, AHI Homeless Persons Week Forum.

²⁶ ABS, *Corrective Services, 4512.0*, March 2011.

- ²⁷ Justice Health, *2009 NSW Inmate Health Survey*, Key Findings Report, p.70.
- ²⁸ Corrective Services NSW, *Annual Report*, p. 93.
- ²⁹ Rees S et al, Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function, *American Medical Association, JAMA*, August 3, 2011, vol 30b. no 5, 513.
- ³⁰ Corrective Service NSW, *Annual Report*, p.84.
- ³¹ See OECD, 2006, *Starting Strong II: Early Childhood Education and Care*, Organisation for Economic Co-operation and Development, Paris, for an international review of the literature.
- ³² Urbis, 2010, *Evaluation of the National Partnership on Early Childhood Education*, Annual Progress Report 2010, p.58.
- ³³ Mann, D., Knight, S. & Thomson, J., *2011 Aboriginal Access to Preschool: What attracts and retains Aboriginal and Torres Strait Islander families in preschools?*, SDN Children's Services, Sydney.
- ³⁴ Urbis, 2010, *Evaluation of the National Partnership on Early Childhood Education*, Annual Progress Report 2010, p.58.
- ³⁵ NSW Government, 2010, Annual Report, *Universal Access to Early Childhood Education 2009*, http://www.deewr.gov.au/Earlychildhood/Policy_Agenda/ECUA/Documents/NSW2009AnnualReport.pdf, accessed 26 September 2011.
- ³⁶ *ibid.*
- ³⁷ Based on number of children from low income families likely to be enrolled and average low income daily fee.
- ³⁸ Based on number of children from Aboriginal or Torres Strait Islander families likely to be enrolled and average daily fee for these families.
- ³⁹ *Productivity Commission Report on Government Services 2011*, Chapter 14, People with Disability, Table 14A.1.
- ⁴⁰ *Stronger Together 2006-2016: The Second Phase*, page 19. http://www.adhc.nsw.gov.au/__data/assets/file/0010/237178/STRONGER.PDF
- ⁴¹ *Stronger Together 2011-2016: The Second Phase*, http://www.adhc.nsw.gov.au/__data/assets/file/0010/237178/STRONGER.PDF
- ⁴² NSW Government, *State Plan NSW 2021: A Plan to Make NSW Number One*, <http://2021.nsw.gov.au/>
- ⁴³ NCOSS has made calculations for day programs based on available data for day programs. Appropriate costings will be necessary for inconsistencies in all other ADHC programs such as respite, therapy, community access etc.
- ⁴⁴ NSW Family Services Inc (2009), *The Role of Family Support Services in Keeping NSW Children Safe*, NSW Family Services Inc, Glebe.
- ⁴⁵ See for example: ARTD (2008) *Supported Playgroups Evaluation - Phase 2: Final report to the Communities Division of the NSW Department of Community Services*, Community Services, Sydney.
- ⁴⁶ *Housing and Accommodation Support Initiative (HASI) for people with mental illness*, NSW Department of Health November 2006.
- ⁴⁷ McDermott, S., Bruce, J., Oprea, I., Fisher, K. R. and Muir, K. (2011): *Evaluation of the Whole of Mental Health, Housing and Accommodation Support Initiative (HASI) Second report*, prepared for NSW Health and Housing NSW, Social Policy Research Centre University of NSW, December 2010 (published March 2011).
- ⁴⁸ Such as successful priority housing referrals from Specialist Homelessness Services and other non-mental health NGOs.
- ⁴⁹ Jon Eastgate, Paula Rix and Craig Johnston: *View from the estates: Tenants' views on the impact of changes in eligibility and allocation policies on public housing estates*, Shelter brief number 47, Shelter NSW June 2011 p. 21. This study involved focus groups with tenants in five different locations and did not attempt to quantify the incidence of particular support needs.
- ⁵⁰ NSW Ombudsman (2009): *The implementation of the Joint Guarantee of Service for People with Mental Health Problems and Disorders Living in Aboriginal, Community and Public Housing: A special report to Parliament under section 31 of the Ombudsman Act 1974*, November 2009.
- ⁵¹ Based on an average support cost of \$30,000 per consumer per year, as cited in the HASI evaluation. It is envisaged that the actual level of support provided, and thus the cost, would vary according to the assessed need of individual consumers. Support would be provided on an ongoing basis but could be adjusted in line with changes in their circumstances.
- ⁵² There are 24 private rental brokerage services, with three operating across two offices. The Tamworth/Moree service is restricted to Aboriginal clients. About half Housing's offices do not currently provide a brokerage service.
- ⁵³ Ludo McFerran: *It could be you: female, single, older and homeless*, Homelessness NSW and the Older Women's Network NSW Inc, August 2010. The women interviewed in the study did not fit the expected profile of older homeless people; most had worked throughout their lives, raised children and endured abusive and difficult relationships. As women living alone in their 50s and 60s, however, they became susceptible to a health crisis or age discrimination, resulting in difficulties in keeping or finding employment and, without family support, became at risk of homelessness.
- ⁵⁴ NSW Department of Premier and Cabinet, *Non-Government Organisations - Red Tape Reduction*, December 2009 (Based on figures for 2007-08).
- ⁵⁵ Cortis, N., Hilferty, F., Chan, S. and K. Tannous (2009) *Labour dynamics and the non-government community services workforce in NSW*, SPRC report prepared for the Department of Premier and Cabinet and the Department of Community Services, University of New South Wales, May 2009.
- ⁵⁶ Australian Council of Social Service, *'Australian Community Sector Survey Report 2011: Vol 3 – New South Wales'*, ACOSS Paper 173, August 2011., p. 26.
- ⁵⁷ Australian Council of Social Service, *'Australian Community Sector Survey Report 2011: Vol 3 – New South Wales'*, ACOSS Paper 173, August 2011., p. 26.
- ⁵⁸ Cortis, et al op cit, p. 56.

- ⁵⁹ Community Services and Health Industry Skills Council, Environmental Scan 2011 March 2011.
- ⁶⁰ Cortis, et al, op cit, p. 97.
- ⁶¹ Consumers Health Forum of Australia.
- ⁶² Strategic review of health inequalities in England post-2010, Fair Society, *Healthy Lives - The Marmot Review Final Report*, The Marmot Review, London, 2010.
- ⁶³ First International Conference on Health Promotion, Ottawa Charter for Health Promotion, World Health Organisation, Ottawa, 1986.
- ⁶⁴ *Community 2168*, Strategic Plan 2009-12.
- ⁶⁵ Australian Institute of Health and Welfare. *Health system expenditure on disease and injury in Australia*, 2004-05. Cat. no. HSE 87. Canberra: AIHW, 2010.
- ⁶⁶ Australian Institute of Health and Welfare & Dental Statistics and Research Unit. *Research Report: oral health and access to dental care – the gap between the 'deprived' and the 'privileged' in Australia*. Cat. no. DEN 67. Adelaide: AIHW, 2001.
- ⁶⁷ New South Wales Child Dental Health Survey 2007 (COHS 2009).
- ⁶⁸ Ellershaw AC & Spencer AJ 2011. *Dental attendance patterns and oral health status*. Dental statistics and research series no. 57. Cat. no. DEN 208. Canberra: AIHW.
- ⁶⁹ AIHW Dental Statistics and Research Unit, 2008, Dentist Labour force in Australia 2005, *AIHW Dental Statistics and Research Unit Research Report No. 33*, Cat. no. DEN 172, Australian Research Centre for Population Oral Health. Available at: <http://www.aihw.gov.au/publications/den/dlfia05/dlfia05.pdf>
- ⁷⁰ As at January 2011, http://www.health.nsw.gov.au/cohs/health_services.asp
- ⁷¹ Recommendation One, *Dental Services in NSW*, NSW Parliament Legislative Council, Standing Committee on Social Issues, Report 37, 2006.
- ⁷² In 2010-11, the NSW Government spent just \$23.45 per capita on public dental services. Source: ADA Inc. (NSW Branch), 2010.
- ⁷³ In 2011-12 the oral health budget was \$172.8m, a 2% increase on the 2010-11 budget of \$169.4m, less than general indexation of 2.5% and below inflation of 3.8%.
- ⁷⁴ From \$11,687,800 in 2006-07 to \$16,420,946 in 2011-12.
- ⁷⁵ *NSW Long-Term Fiscal Pressures Report 2011-12*, NSW Intergenerational Report, Budget Paper No. 6, NSW Government, Sydney, 2011.
- ⁷⁶ Goal 11, *NSW State Plan: NSW 2021 – A plan to make NSW number one*, NSW Government, 2011.
- ⁷⁷ Owen A et al., *Community health: the evidence base: A report for the NSW Community Health Review*. Centre for Health Service Development, University of Wollongong, 2008.
- ⁷⁸ National Health and Hospitals Reform Commission, *A Health Future for All Australians: Final Report*, Canberra, 2009.
- ⁷⁹ The Marmot Review, Strategic review of health inequalities in England post-2010, *Fair Society, Healthy Lives - The Marmot Review Final Report*, London, 2010.
- ⁸⁰ State expenditure only. The ACT and NT were excluded due to data anomalies.
- ⁸¹ Source: AIHW data cubes, *State and territory health expenditure, current and constant prices, 2003-04 to 2008-09*, accessed 21/09/2011. Spending on public and community health calculated on the following expenditure categories: Public health, community health, aids and appliances, and dental services.
- ⁸² Including the NSW Health service groups: Primary and Community Health \$1,187m; Population Health \$555m, Aboriginal Health \$97m to a total of \$1,839m. Mental Health Services have been excluded as they span both acute hospital and primary and community-based services.
- ⁸³ Including the following NSW Health service groups: Outpatient Services \$1,665bn, In-Patient Services \$7,728m, and Emergency Services \$1,767m = Total \$11,161m.
- ⁸⁴ *Towards reducing health inequities: A health system approach to chronic disease prevention*, Provincial Health Services Authority, Canada, 2011.
- ⁸⁵ *Equal Remuneration Case Witness Statement of Michael Gadiel*, 29 July 2011 at para 31. Accessed through <http://www.fwa.gov.au>
- ⁸⁶ Ibid at para 59.
- ⁸⁷ *Equal Remuneration Case, Australian Government Submission*, 11 July, 2011 at paras 2.12 to 2.31. Accessed through <http://www.fwa.gov.au>
- ⁸⁸ Most recently these include the Independent Pricing and Regulatory Tribunal's 2011 Review of Taxi Fares in NSW (June 2011) and the Select Committee on the NSW Taxi Industry's Inquiry into the NSW taxi industry (June 2010).
- ⁸⁹ This is based on the assumption that 10% of subsidised journeys exceed the \$30 cap (with 4% at \$35, 3% at \$40, 2% at \$45 and 1% at \$50).
- ⁹⁰ *Communities NSW Annual Report 2009-10*, p.51.
- ⁹¹ Hing, N 2006, 'A history of machine gambling in the NSW club industry: from community benefit to commercialisation', *International Journal of Hospitality and Tourism Administration*, vol. 7, no. 1, pp. 81-107.
- ⁹² IPART 2008, *Review of Registered Clubs Industry in NSW: Final Report*, IPART, Sydney.
- ⁹³ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra.
- ⁹⁴ Hing, N 2006, 'A history of machine gambling in the NSW club industry: from community benefit to commercialisation', *International Journal of Hospitality and Tourism Administration*, vol. 7, no. 1, p.28.

