



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

Building Fairness First

NCOSS believes our society will be better if it is fairer. We believe in social justice and advocate for policies, programs and measures that are targeted towards:

- Fair distribution of, or access to, resources (including the quality of such resources);
- Recognition and respect of diversity; and
- Participation by and representation of everyone in all aspects of life.

The recent Australian Council of Social Service report, *Poverty in Australia*, shows that 1 in 8 Australians and 1 in 6 children live below the internationally accepted poverty line (of less than 50% of the median disposable income). NSW has a higher proportion of its residents below that line than any other state (14.3% compared to a national average of 12.8%). There is also evidence of a small but growing rate of inequality between our wealthiest households and those who are the least well off.

NCOSS supports the provision of high quality universal services as an important contributor to a fair and just society. NCOSS also recognises that treating everyone the same way will not address the many inequities in our society that are the result of complex systemic forces that have marginalised many people and communities over long periods of time. It is because of this that NCOSS advocates for targeted measures that address the factors leading to disadvantage and vulnerability. For us, we seek to make society fairer by focusing our attention and resources on those who most need it.

The NSW Government's state plan, *NSW 2021*, has as one of its goals to better protect the most vulnerable members of our community and

break the cycle of disadvantage. We share the Government's commitment to achieving this goal although we may from time to time differ on how best to do that.

It is with this in mind that NCOSS has prepared its Pre-Budget Submission (PBS) for 2013-14. While some of the recommendations are new, many are disappointingly repeated from previous years. They continue to be included because it is our assessment that they remain crucial to provide support, assistance and opportunities for those who most need it.

The NCOSS PBS reflects the skills, expertise, judgment and commitment of NCOSS staff and the many stakeholders we engage with. There is much research, analysis, consultation, discussion and debate and many hours of work required to put together the PBS and I wish to acknowledge and thank all who are involved, particularly the staff at NCOSS.

The publication of the PBS is, of course, just one step in the process. We must now engage with Government at a political and administrative level to advocate for the recommendations contained within the PBS. We must also discuss these issues with and convince a broader audience that what we propose is necessary and should be supported if we are to build a fair and just society.

Alison Peters
NCOSS Director
November 2012

NCOSS priorities for NSW Budget 2013-14

■ Department of Attorney General and Justice

■ Attorney General

□ *Crime Prevention Strategy*

NSW 2021 Goals

Goal 16: Prevent and reduce the level of crime

Goal 17: Prevent and reduce the level of reoffending

Goal 18: Improve community confidence in the justice system

Results

- A reduction in the recidivism rate among NSW offenders by assisting prisoners leaving prison to successfully adapt to life in the community and reduce offending behaviour.
- Reduction in the number of prisoners on remand and on custodial sentences.
- Decrease in crime rates and improved perception of crime in the community.
- Improvements in community safety and protection of property.
- Reduction in costs of the justice system.

Evidence/Rationale

NSW has one of the highest recidivism rates of all Australian states and territories. In 2009-10, 42.4% of all inmates who were discharged from full-time

custody returned to a NSW prison within two years compared to a national average of 37.6%.¹ The NSW Bureau of Crime Statistics and Research (BOCSAR) found that for adults, 21% reoffend within 12 months, a further 15% within 2 years and a further 7% within 3 years. For juveniles the figures are 40%, 15% and 7%.² 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.³ The reoffending rate is also high for ex-prisoners who have comorbid substance and mental health disorders (67%).⁴

Focusing on repeat offending should be an important part of a state-wide crime prevention strategy. The figures suggest that the chance of reoffending reduces substantially as time passes. This demonstrates the importance of support following the end of a custodial or community based sentence to reduce the risk factors contributing to reoffending. 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.⁵ 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.

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. Refocusing 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. 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.⁶

Actions

Increase 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

- \$3.2m p.a.

❑ **Community Legal Centres**

NSW 2021 Goals

- Goal 18:** Improve community confidence in the justice system.
- Goal 13:** Better protect the most vulnerable members of our community and break the cycle of disadvantage.

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 issues 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 with over 80% of people assisted by CLCs having an income of less than \$26,000 p.a.⁷ Centres are located across NSW. 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.⁸

The recent Community Sector Survey⁹ for 2010-11 found CLCs nationally provided 119,886 instances of service and turned away 11,693 requests for assistance with 73% of CLCs reporting that they couldn't meet demand.

Despite the demonstrated value for money, CLCs cannot meet increasing demand. Insecure funding continues to be barrier to attracting and retaining staff. Many small CLCs have been historically underfunded and struggle to stay viable as funding 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

- \$3.3m p.a.

“NCOSS believes that intensive residential support must be run separately to Corrective Service facilities and must be based in homes in the general community.”

■ **Corrective Services**

□ *Reduce remand population*

NSW 2021 Goals

- Goal 17:** Prevent and reduce the level of reoffending
- Goal 18:** Improve community confidence in the justice system

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

While there has been a slight fall in the sentenced prisoner population in NSW, at the same time the remand population has continued to rise.¹⁰ Studies have found that the majority of those remanded were discharged without a custodial sentence.¹¹ A sample of remandees in 2009 found that 12.7% self-reported that they were homeless.¹² It is possible that this is an underestimate as other data shows that on release around 50% of prisoners report being homeless.¹³ 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 the

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 service 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 course 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

- \$6.9m in 2013-14 and 2014-15.

□ *Long-term housing for released prisoners*

NSW 2021 Goals

- Goal 16:** Prevent and reduce the level of crime
- Goal 17:** Prevent and reduce the level of reoffending
- Goal 18:** Improve community confidence in the justice system

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, followed by ongoing support. 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 accommodation 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 areas.
- Increase the proportion of Corrective Services budget to community services that provide post release services to assist ex-prisoners maintain stable accommodation, improve their mental health status and access rehabilitation services.

Cost

An additional \$3.7m p.a. to increase existing programs; \$2.4m p.a. to expand services across NSW, total \$6.1m p.a.

Rehabilitation Programs within Prisons

NSW 2021 Goals

- Goal 17:** Prevent and reduce the level of reoffending
- Goal 6:** Strengthen the NSW skill base

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

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. Risk of re-offending reflects criminal history, educational and employment deficits and an offender’s use of alcohol and other drugs. Improved rehabilitation programs that address such factors 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 reported that in 2010-11 9,245 offenders in custody participated in programs amounting to 56,150 sessions.¹⁴ This represented a slight decrease in participation. 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.

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, prisoner needs are met and programs assist with integration and participation back into the general community.

Cost

- \$1.65m p.a.

■ Department of Education & Communities

□ Early Childhood Education

NSW 2021 Goal

Goal 15: Improve education and learning outcomes for all students

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.¹⁵

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.

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 2009.¹⁶ Around 25% of children in disadvantaged families missed out.

In the 2012-13 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.¹⁷ Preschool fees vary from service to service but the average was around \$28 per day in 2009.¹⁸ Low income families paid, on average, \$16.60 per day in that year¹⁹ and Aboriginal and Torres Strait Islander families paid \$10.40 per day.²⁰

“For low income families, cost of early education and care remains a significant barrier to participation, particularly for Aboriginal families.”

Actions:

- 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

- Approx \$15m p.a. for low income families.²¹
- Approx \$4m p.a. Aboriginal or Torres Strait Islander families.²²

■ Department of Family & Community Services

■ Ageing, Disability and Home Care

□ Essential Independent Advocacy and Independent Information for People with Disability

NSW 2021 Goals

- Goal 14:** Increase opportunities for people with a disability by providing supports that meet their individual needs and realise their potential
- Goal 32:** Involve the community in decision making on government policy, services and projects

Results

People with disability and their families can 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 decisions about their supports and individualised funding as well as their options in all aspects of their lives, thereby improving choices on inclusion and participation in their communities.

Evidence/Rationale

The importance of independent information and independent advocacy to people with disability cannot be overestimated. From July 2014, 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 options 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 within and away from traditional sources. People wanting to move away from their current service provider will not want to go to that provider for information about the possibilities. NCOSS 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 overall funding for the provision of non-government independent information and independent advocacy since 2000. This stagnation of critical information and advocacy support compares to escalation and progression in other areas of disability:

- Growth of 314%²³ in the number of people using disability services in NSW between 2000 and 2010.
- An increase of 38,400 people receiving the Disability Support Pension in NSW between 2006 and 2011.²⁴
- 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.
- The \$17m Industry Development Fund, jointly managed by ADHC and NDS, is designed to enable specialist disability service providers to prepare appropriate business practices to respond to people with disability as decision-makers and purchasers.
- The \$5m Consumer Development Fund, newly announced and jointly managed by ADHC and NSW Council for Intellectual Disability, will provide much needed one-off project funding for a range of training, tools and assistance to

enable people with disability and their families to build their capacity to operate in the person centred individualised system.

Independent advocacy and independent information is essential to the effective functioning of any system of supports that provides robust outcomes for people with disability. This flows from the principles and obligations set out in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

In NSW, the participation and inclusion of people with disability in their local or chosen communities is the primary aim of many of the initiatives funded under the NSW Government Stronger Together Disability Plan. The National Disability Strategy seeks to enhance the inclusion of people with disability in all aspects of life, i.e. employment, health, education, housing, transport, law and justice etc. National Disability Strategy Implementation Plans at the National and NSW levels signpost the first important steps towards equitable participation and 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 people using *Stronger Together*, as well as for people with disability and their families and carers who still await necessary support. 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 provider of independent disability advocacy and/or independent information from time to time.

Investment in independent advocacy and independent information will provide a number of factors²⁵ essential to the success of outcomes for people with disability and their families:

1. Value for money: timely, cost-effective advocacy and information available.
2. Safeguards: for both people and families to resolve misunderstandings and somewhere independent to talk.
3. Early warnings: to identify gaps, unintended consequences, to avoid escalation.
4. Levels of government and cross-agency issues: for complex issues to navigate multi-layered government and responsibilities.
5. Broad options and non-systems issues: finding help for those everyday issues such as housing, budgeting, managing the household, personal decisions that can exacerbate the need for disability supports.

6. Helping the system work better: to flexibly step in where the system cannot respond.
7. Complementary to existing supports: working alongside existing supports, not limited by program or service guidelines or boundaries or capacities.

Expenditure on independent 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 independent advocacy organisations for:

- independent information towards informed choices for people using individualised arrangements and towards general community participation, including people not currently receiving or requiring specialist disability services;
- independent advocacy support when required, involving both individualised arrangements and for people with disability not currently receiving or requiring specialist disability services; and
- assistance for information and advocacy organisations to expand to address escalating demand for supports across NSW.

Cost

- \$6.25m in 2013-14, then commensurate annual increases to address planned expansion.

Accommodation options for people with disability

NSW 2021 Goal

Goal 14: Increase opportunities for people with a disability by providing supports that meet their individual needs and realise their potential

Results

- Provision of supported living situations for people with disability, comprising access to housing and support opportunities which conform in all respects 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.

“Investment in independent advocacy and independent information will provide a number of factors essential to the success of outcomes for people with disability and their families...”

Evidence/Rationale

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

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

It is clear, however, that the planned provision of supported accommodation and community living for people with disability is the slowest component of *Stronger Together* and must be immediately accelerated. The Productivity Commission defines accommodation support services as providing support to people with disability in accommodation settings (hostels, institutions and group homes), and in their own home (including attendant/personal care, in home support and alternative family placements). In its *Report on Government Services 2012*, the Productivity Commission compared the number of users of accommodation support services as a proportion of the total estimated potential population for accommodation support services. For the year 2009-10, NSW (3.9%) was significantly lower than the National average (4.3%) and scored lower than four other states and territories.

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 ratios of carers to people with disability.

In fact, 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 conservative 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. When added to the population pressures already mentioned, NCOSS fears the provision of supported accommodation and 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. 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. NCOSS acknowledges the process now underway towards legislative reform. The Coalition for Appropriate Supported Accommodation for People with Disabilities (CASA) is a group of non-government organisations concerned with the interests 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 (YIPRAC) began in 2007 jointly by the Australian and NSW Governments to provide accommodation and support to younger people with disability living in, or at risk of entering, residential aged care. *Stronger Together 2006-11* showed YIPRAC expenditure of \$80m over five years. Between 2006 and 2009,²⁶ NSW reduced the number of younger people aged under 50 years living in residential aged care by 22.9%, compared to Victoria at 34.4% and Queensland at 46.3% for the same period. NSW has clearly focused YIPRAC on providing enhanced services²⁷ within the aged care setting rather than providing more appropriate alternate supported accommodation or diversion, compared to some other states.

NCOSS 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

Funding for an initial 200 places for supported accommodation and 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

- \$25.7m in 2013-14, with staged increases over 5 years.

- *Equity in individualised disability funding arrangements*

NSW 2021 Goal

Goal 14: Increase opportunities for people with a disability by providing supports that meet their individual needs and realise their potential.

Results

Historical funding anomalies between Aging Disability and Home Care (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 has welcomed the *Stronger Together 2* commitment to individualised, portable funding arrangements from 1 July 2014. This provides that a person with disability can convert the value of their ADHC services into a portable individualised arrangement, giving them 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 state plan *NSW 2021*²⁸ anticipates a target of 10% disability service users accessing individualised arrangements from July 2014, with 100% able to access by 1 July 2019.

In the past year, the *Living Life My Way* consultations have reached nearly 6,000 people in two rounds of consultations comprising reportedly 300 events across NSW. *Living Life My Way* was intended to inform the content and development of person centred individualised funding arrangements, while involving people with disability, their families, service providers, and advocates and interested others in the process. Two rounds of Supported Living Fund applications have also been released in 2012 and have been strongly oversubscribed. This indicates a readiness and willingness on the part of people with disability to participate in person centred approaches and individualised funding arrangements possibly beyond original projections.

The announcement of the National Disability Insurance Scheme (NDIS) launch site in the Hunter region has also fuelled expectations to participate in NSW person centred initiatives from July 2014. NCOSS contends there could be two classes of people with disability using the NSW individualised funding arrangements: those entering the system for the first time and those already using disability specialist services.

The uptake of individualised funding arrangements for those already in the system, however, could be severely hampered by historical funding levels, locational variations and some program inconsistencies. For example, two people with similar support needs live in different areas of NSW. One attends a day program, receives personal care, some respite care and recreation services. The other person attends day program only and is on a waiting list for community living. If each were to convert to an individualised funding arrangement the first person would receive a vastly greater funding package than the second person despite their similar support needs. This situation has been referred to as the disability lottery.

“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.”

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. In 2009-10, the number²⁹ of Aboriginal and Torres Strait Islander users of National Disability Agreement services as a proportion of the potential population of indigenous users in NSW was only 24.6% compared to 37.8% for all other users. In the same year, the number³⁰ of users from non-English speaking countries as a proportion of the potential user population was only 7.1% in NSW. Consequently, 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. However, 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 NDIS preparations.

ADHC should create equity 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

- \$13m in 2013-14.

□ *Community care for people with disability*

NSW 2021 Goals

Goal 11: Keep people healthy and out of hospital

Goal 14: Increase opportunities for people with a disability by providing supports that meet their individual needs and realise their potential

Goal 24: Make it easier for people to be involved in their communities

Results

- Improved capacity of community care to meet the support needs of people with disability and their carers within reasonable timeframes and before crisis occurs.
- People with disability can make informed decisions about the supports they use to enable their life choices.
- Community care service providers are able to meet challenges and opportunities of individualised, person centred funding for community care services.
- Improved access to and outcomes from community care services for Aboriginal and Torres Strait Islander people, and people with disability in regional and remote areas.

Evidence/Rationale

There are around 50,000 people in NSW under the age of 65 who currently use Home and Community Care (HACC) services.³¹ The HACC Program has been divided between the Commonwealth and state and territory governments, so that community care services for non-Aboriginal people under the age of 65, and Aboriginal and Torres Strait Islander people under the age of 50 receiving HACC services 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.

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.³² Due to the characteristics of the younger HACC client population, NCOSS estimates that greater investment in community care will be needed into the future. Younger people with disability use a greater amount of community care services per capita, particularly for some service types, than people aged 65 and over.³³

The division of the HACC Program offers 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% to meet unmet demand.

Although the HACC Program is subject to the National Health Reform Agreement, which specifies that there will be no substantial alterations to service delivery mechanisms until 1 July 2015, changes must be planned ahead of this date. NCOSS supports the introduction of individualised portable funding arrangements that will be available to users of specialist disability services from 1 July 2014, and supports the extension of this opportunity to users of community care services.

People with disability who use community care services will need support to make decisions about the supports that will enable their life choices, to engage in personal planning, and to engage with personal budgets. NCOSS recommends that specific funding be allocated to support people with disability, particularly those with complex needs, to engage in planning and decision-making about their supports.

Community care providers will also need to be resourced to become responsive to individualised, self-directed funding. NCOSS recommends that funding be allocated to develop the capacity of community care providers to address the needs of a person-centred system so people with disability in NSW to have viable, high-quality options for community care.

Aboriginal and Torres Strait Islander communities have a higher proportion of disability than the non-Aboriginal population, and a life expectancy between 9.7 and 17 years below that of non-Aboriginal people.³⁴ 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.³⁵ Aboriginal and Torres Strait Islander people comprise over 12% of HACC clients aged under 50 years, while comprising 3.8% of all HACC clients in NSW.³⁶

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

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

- increased funding for home modification services for tenants of Aboriginal Lands Council properties, who have recently become eligible for HACC-funded home modification services.

The younger HACC client population tends to use services along different patterns to the older HACC client population. Priority areas that may be identified from these patterns include:

- a greater use of higher-cost and more intensive home modification services; and
- more services and flexible options for community transport services.

Rural, regional and remote areas have also received lower levels of HACC services in NSW compared with other states and territories,³⁷ despite people living in remote or isolated areas being considered a special needs group under the HACC Program guidelines.³⁸ The NSW Government has the opportunity to address this inequity through its planning for resource allocation.³⁹ The HACC Resource Allocation Formula (RAF), which was used in triennial planning for the 2008-2011 period, does not account for remoteness as a factor in resource allocation. The RAF accounts only for disability prevalence and socio-economic disadvantage by region, but not for additional service delivery costs relating to remoteness. Applying weighting factors relating to remoteness to resource allocation calculations would address this inequity and increase capacity in regional and remote areas.

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

- \$69.5m p.a.

“NCOSS recommends that specific funding be allocated to support people with disability, particularly those with complex needs, to engage in planning and decision-making about their supports.”

■ Office for Ageing

- Advice, advocacy, legal and counselling services for older people

NSW 2021 Goals

- Goal 13: Better protect the most vulnerable members of our community and break the cycle of disadvantage
- Goal 25: Increase opportunities for seniors in NSW to fully participate in community life
- Goal 24: Make it easier for people to be involved in their communities

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 and/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. As the Abuse of Older People Help Line and Resource Unit announced as part of the NSW Ageing Strategy gains publicity, there is likely to be increased demand for advocacy and legal support for people to negotiate complex situations.

The Access to Justice and Legal Needs: The Legal Needs of Older People in NSW report found that access to specific legal services for older people was lacking, and recommended increased funding for these services.⁴⁰ Ongoing increases to funding in this area will be necessary in coming years.

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.

Moreover, older Aboriginal and Torres Strait Islander people lack access to advocacy and legal support to a greater extent than non-Aboriginal people. Barriers to accessing mainstream legal services are heightened for older Aboriginal and Torres Strait Islander people.⁴¹ Increased support to Aboriginal Legal Services for services to older Aboriginal people would improve access for older Aboriginal and Torres Strait Islander people to advocacy and legal support.

It is also estimated that around 50,000 older people in NSW experience some form of abuse.⁴² This abuse can be physical, psychological, sexual, financial, social, health-related, or can manifest as neglect. Financial abuse arises from pressure from family members on an older person to provide financial resources. 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, support self-determination in financial matters, and 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.

Actions

Expand the current advocacy program for older people by:

- Providing \$250,000 p.a. increased funding for legal services for disadvantaged older people through community-based organisations.
- Providing \$250,000 p.a. for specific projects to enhance legal information for Aboriginal and Torres Strait Islander people.
- Providing \$250,000 p.a. funding for financial counselling and public financial education services for older people.

Cost

- \$750,000 p.a.

Seniors Card

NSW 2021 Goals

- Goal 26:** Fostering opportunity and partnership with Aboriginal people
- Goal 24:** Make it easier for people to be involved in their communities

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, between 9.7 and 17 years lower than the rest of the population,⁴³ 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 eligibility 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*

NSW 2021 Goals

- Goal 5:** Place downward pressure on the cost of living
- Goal 8:** Grow patronage on public transport by making it a more attractive choice
- Goal 9:** Improve customer experience with transport services
- Goal 11:** Keep people healthy and out of hospital
- Goal 24:** Make it easier for people to be involved in their communities
- Goal 25:** Increase opportunities for seniors in NSW to fully participate in community life
- Goal 26:** Fostering opportunity and partnership with Aboriginal 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.

Evidence/Rationale

The population of Australia is ageing. By 2020, the proportion of the NSW population aged 65 and over will be nearly 20%.⁴⁴ The NSW Ageing Strategy addresses the need to plan for an ageing population in NSW, however funded initiatives are needed to give effect to the Strategy’s aims.

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 recommends that funding be allocated to cross-portfolio projects to address the varied and diverse needs of older people across NSW. NCOSS suggests that newly funded initiatives, in line with the NSW Ageing Strategy, could include:

- The NSW Government needs to plan ahead for health services and expenditure to address the challenges raised by an ageing population. Funding towards the development and implementation of a plan for health services for older people by NSW Health would address many of the upcoming issues for health services. Such a plan would need to include funded initiatives such as health promotion activities, in partnership with Local Health Districts and community health care providers.
- Implementation of the Dementia Services Framework 2010-15 has largely been within existing resources. NCOSS supports the Framework, and many of the goals associated

“It is estimated that around 50,000 older people in NSW experience some form of abuse.”

with it. However, to be effective in delivering results for people in NSW with dementia, the NSW Government will need to invest in some funded initiatives to be delivered by Local Health Districts, community services and community health care providers.

- Older people, particularly those who are socially disadvantaged, face considerable social isolation. 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.

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 10% 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.

Actions

- Increase the Ageing Grants Program by \$1m.
- An additional \$2.3m funding for at least three cross-portfolio initiatives per year which engender collaboration between government agencies on critical issues for older people.
- \$1.3m funding for education and activity programs which foster positive ageing in older people in NSW.
- \$1.3m for intergenerational projects which can share the experience of older people within the community.

Cost

- \$5.9m p.a.

■ **Community Services**

□ *Early Intervention Services*

NSW 2021 Goal

Goal 13: Better protect the most vulnerable members of our community and break the cycle.

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 vulnerable children (i.e. not at risk of ‘significant’ harm but still at risk) and their families can receive appropriate services.

For example, Family Support Services provide support for families under stress. Typically, services 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.⁴⁵

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.⁴⁶

The Aboriginal Child, Youth and Family Strategy is another whole-of-government prevention and early intervention program that supports Aboriginal

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.

Consideration should also be given to streamlining the funding and accountability arrangements to reduce barriers to access support services across the range of early intervention and prevention programs.

Action

Increase the funding early intervention services for families in NSW.

Cost

- \$20m p.a.

□ *NGO Regional Support program*

NSW 2021 Goal

Goal 32: Involve the community in decision making on government policy, services and projects.

Results

- A state-wide system of Regional Support NGOs.
- Strengthened NGO capacity at a regional level.
- Improved NGO performance across all areas, including, governance, funding, accountability, workforce development, planning, communication and training.
- Enhanced NGO contact with NSW human services agencies at a regional level (State Plan).
- Increased capacity of people in NSW regions to engage with their communities. (State Plan).

Evidence/Rationale

As the NSW Government increases the extent of human service provision being provided by NGOs, it is essential that the capacity of NGOs is developed to the level required for government funding agencies to ensure quality service provision.

Some support is currently provided to NGOs by government funding agencies from a central point and relating to their individual programs. This can result in an uneven provision of support. One NGO can receive assistance from several government departments while another misses out (especially small rural NGOs). NCOSS has recently conducted consultations in rural NSW and this uneven opportunity has been identified as a problem. NGOs should also be supported by a generalist Regional Support NGO that can offer accessible, cost effective and appropriate support services in their region.

The Regional Support NGO will employ people with expertise in such areas as governance, finance, communications and planning to provide targeted advice and services where they are needed. This support would be better received by NGOs from an organisation in their region that is part of the local network, understands local issues and with whom they have developed a working relationship.

Regional Capacity Building Workers will be able to provide assistance to government funding agencies to implement new initiatives. They can support government consultation and planning sessions in their region, keep up to date with new government developments and assist NGOs to implement new strategies by providing information and feedback and conducting training sessions on a particular issue. For example, the introduction of individualised funding to support person centred approaches could be assisted in this way. This facility will make the introduction of new government initiatives much easier as there will be an existing structure to facilitate communication and planning, not just for one government department but for all government initiatives.

A network of Regional Support NGOs already exists across NSW. Some are sufficiently well resourced to provide a strong level of support to their communities and the effectiveness of this type of program is demonstrated by the level of development in their region. However, the network is unevenly resourced, so some regional support organisations have insufficient capacity, while other regions have no support.

Resourcing these regional NGOs evenly across the state will provide government with a distribution network for new initiatives, development capacity, a cost effective NGO capacity building process and a closer relationship with local communities.

In line with the NSW State Plan, it is easier for people to engage with their local community when there is a strong regional organisation that provides accessible networks, development capacity and opportunities for consultation, feedback and input into planning. The Regional Support NGO can also represent local needs and issues to regional and state level processes.

Regions with existing Regional Support NGOs include: Inner Sydney, Inner South-West Sydney,

“...it is essential that the capacity of NGOs is developed to the level required for government funding agencies to ensure quality service provision.”

Western Sydney, Cambelltown/Macathur, Northern Sydney, Central Coast, Mid North Coast, Northern Rivers/Far North Coast, and Illawarra.

Those regions without Regional Support NGOs include New England, Central West, Orana Far West, Riverina, Albury-Wodonga, Far South Coast and Southern Tablelands/Monaro. It is these regions where the need for development of human services is most crucial.

The NGO Regional Support Program will need development work to bring all Regional Support Organisations to a similar level of operations. A three year development phase is proposed to design the Regional Support Program, identify the expertise required and employ the Capacity Building Workers. There will also be considerable work to set up the seven new Regional organisations that are in rural NSW.

Actions

- Provide NCOSS with funds to work with existing regional NGOs to deliver the Regional Support Program and support the development of new regional NGOs in the seven areas where they are missing.
- Employ new Capacity Building Workers in each Regional NGO to begin the Regional Support Program.
- Set up new Regional Support NGOs in the regions where there are none at present and develop the organisations so they can employ Capacity Building Workers to deliver the Regional Support Program.

Cost

- \$1.75m in 2013-14 rising to \$3.5m in 2015-16

■ Housing NSW

- Assistance for social housing tenants with mental health needs

NSW 2021 Goals

Goal 11: Keep people healthy and out of hospital

Goal 13: Better protect the most vulnerable members of our community and break the cycle of disadvantage

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.⁴⁷

The HASI evaluation⁴⁸ found that participation in the program resulted in positive consumer outcomes for mental health hospital admissions (fewer admissions and shorter length of stay), mental health, stable tenancies, independence in daily living, social participation, community activities and involvement in education and voluntary or paid work.

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. Most people enter the program with a history of unstable housing, including almost half with no home immediately prior to entering HASI, for example, from hospital, prison, boarding houses, other unstable or temporary housing, or primary homelessness.⁴⁹

HASI 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.⁵⁰

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.⁵¹

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 evidence⁵² that it was achieving systemic improvements or that its overall implementation had been effective. 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 2013.⁵³ Seventy additional support packages would be provided each financial year until the initial 210 packages were in place.

Cost

- \$2.1m in 2013-14, and \$12.6m over 3 years, based on an average support cost of \$30,000 per client per year.⁵⁴

- ❑ *Personalised assistance for clients of specialist homelessness services in the private rental market and older single people at high risk of homelessness*

NSW 2021 Goal

Goal 13: Better protect the most vulnerable members of our community and break the cycle of disadvantage

Result

- Expanded range of options to assist clients of specialist homelessness services who are at high risk of repeat homelessness.

Evidence/Rationale

NSW has the highest rate of low income households who are in rental stress.⁵⁵ Households in this situation are at high risk of becoming homeless.

While the solution to the rental housing problem requires long term investment in the supply of additional social and affordable housing, and changes to income security and other measures, consideration also needs to be given to measures that can better assist at risk households in the private rental market.

Currently Housing NSW provides a range of private rental products. Some of these products are restricted to particular client groups, such as people with a disability or HIV/AIDS and women escaping domestic violence,⁵⁶ or in particular locations.⁵⁷

In addition a number of projects under the NSW Homelessness Action Plan (HAP) provide flexible forms of assistance for clients in the private rental market. These are currently being evaluated as part of the wider evaluation of the HAP and the current review of specialist homelessness services is considering the need for a more individualised approach. Access to Temporary Assistance has also been restricted to contain growth in spending and the numbers of households assisted.⁵⁸

NCOSS believes there is considerable scope for specialist homelessness services to play a greater role in the provision of assistance to clients seeking accommodation in the private rental market. This assistance can build on their existing knowledge of these clients and the decentralised nature of specialist homelessness services across the state.

Action

Selectively provide resources to enable specialist homelessness services provide:

- Brokerage services and partnership projects with real estate agents on designated areas where similar services are not available.

“...HASI has been very successful in assisting clients of the mental health system for whom access to safe and affordable housing is the cornerstone to stabilising their lives and illness.”

- Testing of different models for the provision of Temporary Assistance, with a strong case management focus.
- Funding for at least one pilot project to develop boarding house style housing for older single women, to be managed by an appropriate NGO.

In the longer term, there is a need to better align community care, housing and residential aged care programs to assist older people who are homeless or at a high risk of homelessness.

Cost

- \$3m over 3 years.

- ❑ *Increased supply of social and affordable housing*

NSW 2021 Goals

Goal 5: Place downward pressure on the cost of living
Goal 13: Better protect the most vulnerable members of our community and break the cycle of disadvantage

Results

- A planned increase in 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 NSW’s low to moderate income households.

In the 2011 Australian Community Sector Survey, 91% of respondent agencies in NSW identified housing and homelessness as the most acute area of unmet need.⁵⁹

The COAG Reform Council has reported that 47.6% of low income rental households are in rental stress in NSW, compared to 41.7% nationally.⁶⁰ Sydney has a significantly higher rate of rental stress (50.4%) compared to all capital cities, and outside the capital cities the proportion of low income households in rental stress was significantly higher in NSW and Queensland than in the other states.

The problem of rental stress is compounded by the absence of a social housing growth fund and the delayed implementation of the National Rental Affordability Scheme (NRAS).

Commonwealth funding to NSW for the social housing element of the Stimulus Package ended in 2010-11, with the last houses under construction. With the completion of this National Partnership Agreement, the only funding available for additional community, public and Aboriginal housing is part of the funding under the National Affordable Housing Agreement (NAHA)⁶¹ and the earmarked funding under the National Partnership Agreement on Remote Indigenous Housing, 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'.⁶² 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.⁶³

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 cross-portfolio basis within the NSW Government, and in partnership with the Federal Government.

Key elements of this plan should include:

- Building 3,000 additional community, public and Aboriginal houses over the four year period 2013-14 to 2016-17, with 20% of this new supply being earmarked for formal partnership agreements with specialist homelessness services.⁶⁴
- Sufficient state subsidies to ensure that NSW receives its fair share of additional subsidies under NRAS,⁶⁵ with NRAS state incentives having a clear budget allocation across the forward estimates.
- Completion of the existing community housing title transfer program, to enable providers to borrow to invest in new supply,⁶⁶ and the development of an agreed framework for the future growth of community housing once the existing 30,000 dwelling target has been reached.⁶⁷
- A \$30m Innovation Fund to assist registered community housing providers development affordable housing projects in locations where

NRAS incentives are insufficient to ensure financial viability.

- Consideration of using targeted land tax and stamp duty exemptions⁶⁸ 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 five kilometres of the Sydney GPO, to high need LGAs in both Sydney and regional NSW.⁶⁹
- A target of leveraging an additional 1,000 affordable housing dwellings through the planning system by June 2017.⁷⁰

Cost

The NSW Government's financial contribution to be finalised as part of the plan but would include \$150-200m over 4 years for extra social housing dwellings, \$30m over 4 years for the Innovation Fund and an additional amount for more NRAS subsidies delivered in advance of the existing timetable.

Department of Trade and Investment, Regional Infrastructure and Services

Energy Accounts Payment Assistance

NSW 2021 Goal

Goal 13: Better protect the most vulnerable members of our community and break the cycle of disadvantage.

Results

- A decrease in the number of people experiencing hardship as a result of an inability to pay their electricity bill.

Rationale

The Energy Accounts Payment Assistance (EAPA) Scheme provides support for people experiencing difficulty paying their electricity or gas bill because of a crisis or emergency situation.

Increased cost of living pressures on people with low incomes together with rising electricity prices mean that a growing number of people are now finding it difficult to pay essential bills.⁷¹ A number of service providers have reported that energy hardship is now impacting people who have never previously required assistance.

Failure to pay can lead to disconnection and additional costs associated with reconnection. An

inability to pay utility bills on time can also result in negative social outcomes, including having adverse effects on family relationships.⁷² Ultimately, the accumulation of debt can precipitate a cycle of disadvantage that is difficult to break. The EAPA scheme averts this cycle by helping people stay connected to essential energy services during a financial crisis.

In late 2010 the NSW Government established an Advisory Group to provide advice on options to strengthen and improve delivery of the Scheme. Recommendations were provided to the Minister but the Government has yet to make public its response.

While the Terms of Reference for the review called for changes to be made within the existing budget, NCOSS believes that additional funding is required in order to improve the scheme and ensure it remains effective. The current budget has remained essentially static since 2010-11⁷³ despite increases in electricity prices of more than 35%.⁷⁴

The EAPA budget should therefore be increased in line with the cost of electricity (less the impact of the carbon price) and the following issues considered:

Voucher payment parameters

EAPA vouchers are currently issued at a value of \$30, with a maximum of eight vouchers (\$240) issued at any one time to a customer requiring assistance. While EAPA distributors have the discretion to provide additional assistance in exceptional circumstances, many are reluctant to do so as they believe this may limit their ability to assist other customers.

The average quarterly electricity bill is now between \$493 and \$648.⁷⁵ Measured as a proportion of an average bill, the value of both a single voucher and of the \$240 cap for assistance has eroded.

The value of vouchers should be increased to \$50, with a new maximum for assistance of at least \$300. The provision for EAPA distributors to issue assistance in excess of this cap should be retained.

Access for customers of exempt suppliers

Customers who purchase their electricity through non-standard energy suppliers, such as people living in retirement villages or residential parks, are not currently eligible for assistance through EAPA. These customers are not only more vulnerable to disconnection, but also face more severe consequences as a result of an inability to pay.

For many park residents, energy purchase is included as part of their tenancy agreement. An inability to pay may therefore result in a breach of this agreement, making residents vulnerable to eviction. Residents

“Customers who purchase their electricity through non-standard energy suppliers, such as people living in retirement villages or residential parks, are not currently eligible for assistance through EAPA...”

of retirement villages and boarding houses similarly purchase their electricity through exempt suppliers and are therefore unable to access EAPA. These residents are also unable to access the NSW Energy Rebate.⁷⁶

The EAPA scheme should be expanded so that residents of residential parks, retirement villages and boarding houses are able to access the scheme.

Actions:

- Increase funding for the value of Energy Accounts Payment Assistance (EAPA) Scheme and index the Scheme to the cost of electricity.
- Increase the value of EAPA vouchers and the assistance cap.
- Extend access to EAPA for customers of exempt suppliers, including people living in residential parks, retirement villages and boarding houses.

Cost

An additional \$3.6m for the EAPA program in 2013-14⁷⁷, with the overall program budget indexed to the cost of electricity.

■ Department of Finance and Services

■ NSW Fair Trading

- *Increased funding for the Tenants' Advice and Advocacy Program*

Results

- Enable tenants' advice and advocacy services to cope with the growth in tenancies and help prevent disadvantaged households being evicted into homelessness.

Evidence/Rationale

The Tenants' Advice and Advocacy Program (TAAP) provides funding to non-profit organisations to provide information, community education, advice and advocacy services to public and private tenants

in NSW. The program includes direct services, including four Aboriginal services, and resource services that provide assistance and support to the direct services to enable them to achieve high quality service provision.

Funding for the TAAP program comes from the interest on bonds held by the Rental Bond Board and on the Property Services Statutory Interest Account.

The base funding for the program has remained static despite continuing growth in the number of tenancies and in the workload of TAAP services. Two independent reviews⁷⁸ commissioned by NSW Fair Trading recommended substantially increased funding but this has not happened.

Government policy increasingly assumes that disadvantaged households will be housed in the private rental market. TAAP services play an important role in assisting such households understand their rights and to advocate for them if difficulties arise.

Action

Increase base funding for the TAAP program by 25% in line with the growth in the number of tenancies over the past ten years and the increased workload of TAAP services.

Cost

- \$2.5m in 2013-14.

□ Boarding house reform – transitional assistance to local government

Results

- NSW councils will be better prepared to play their role in the Government's broader boarding house reform agenda.

Evidence/Rationale

For many years the sector has been concerned about deficiencies in the current regulatory arrangements for boarding houses, including the absence of occupancy rights, the lack of a whole of government policy framework, gaps in standards and uneven and inconsistent use of existing powers by state and local government agencies.

The previous Government set up the NSW Interdepartmental Committee on Reform of Shared Residential Services, whose Discussion Paper was the subject of targeted consultation in 2011.⁷⁹

In May 2012 the Ministers for Ageing and Disability Services and Fair Trading jointly announced a series of reforms in response to the work of the IDC. These reforms included the introduction of a registration system, occupancy rights for residents, standards for boarding houses, increased penalties for non-compliance with the regulations and increased powers of entry.⁸⁰ This announcement was warmly welcomed by the sector.

Subsequently the Government released an *Exposure Draft Boarding Houses Bill 2012*, and accompanying Position Paper,⁸¹ for comment. Under the proposal, local councils will remain responsible for regulating the location of boarding houses, building safety and fire standards, maximum occupancy, cleanliness, light and ventilation. These powers are, however, to be extended to a much larger number of premises.⁸²

The proposed legislation requires councils to inspect registered boarding houses within 12 months of registration, re-registration or change of ownership, to determine compliance with planning, building and fire safety requirements and standards. If a boarding house is deemed to be operating without proper authorisation or in breach of a standard, councils will take action within their existing powers.

Currently only a small number of councils have comprehensive policies in place about boarding houses and are proactively involved in monitoring their operation. The successful implementation of the Government's reform agenda requires this situation to change.

NCOSS believes that the local government sector should be provided with transitional assistance to assist them with the reform agenda. This transitional assistance could be used to develop training programs, policies and procedures, and reporting systems that are consistent with the reform agenda.

Action

Provide non-recurrent funding over two years to councils to prepare for the implementation of the reform agenda. In determining this distribution of funding, preference to be given to collaborative work involving groups of councils.

Cost

- \$1.5m over 2 years (2013-14 and 2014-15).

■ Department of Premier and Cabinet

□ A State-wide Workforce Development Project

Results

- A strengthened NGO workforce developed using a state-wide and coordinated approach.
- A comprehensive workforce profile that informs better planning to meet the current and projected needs of the NGO sector workforce in NSW.
- Identification of existing NGO workforce capacity building practice and initiatives.
- Development of strategies to improve the attraction and retention of the NGO workforce in NSW.
- Assistance to NSW Government funding agencies and the NGO sector in NSW to adopt strategies to improve workforce attraction, retention and skills development.

Evidence/Rationale

The NSW government is increasing the type and number of human services being delivered by NGOs. The success of this changed direction is to a large degree dependent on having a plentiful and capable workforce, yet there is at present, competition for available workers due to the current and growing size of demand in the human services sector.

The size and growth of the NGO sector is increasingly being identified as significant in a number of studies. The Productivity Commission⁸³ says:

“The not-for-profit (NFP) sector is large and diverse, with around 600,000 organisations. The ABS has identified 59,000 economically significant NFPs, contributing \$43bn to Australia’s GDP, and 8% of employment in 2006-07. The NFP sector has grown strongly with average annual growth of 7.7% from 1999-2000 to 2006-07.”

The Community Services and Health Industry Skills Council⁸⁴ reports that, when combined with health services, it makes up the largest industry in Australia, with more than 1.35m workers. This workforce is growing at the rate of 4.6% per year, compared to an all-industries average of 0.2% in the 2011.

These numbers indicate that action needs to be taken as a matter of priority, to understand the nature and scale of the demand and to identify strategies to meet current and projected need.

While there has been some NSW Government funding for workforce development in some programs, there has been insufficient work across the system as a whole in NSW. A state-wide and

“Research must be undertaken to map the human services sector in NSW and identify workforce needs before sensible and workable strategies can be developed to improve workforce development.”

coordinated approach is essential to improve the situation overall, as increased employment in one program is likely to be at the expense of an inadequate workforce in another part of the sector. The overall need is to attract more workers into the sector and keep them there. The 2011 Australian Community Sector Survey indicated that 68% of respondent agencies were experiencing difficulty in attracting appropriately qualified staff.⁸⁵ This survey also found that in NSW there was an average staff turnover equal to 26% of the workforce.⁸⁶

NCOSS is well placed to carry out this role from a sector development perspective as it has ongoing experience in sector development and coverage of the whole NGO sector across the state. Workforce development consistently emerges as one of the sector’s most pressing needs. The proposed State-wide Workforce Development Project will allow a concerted and organised approach to the development of an effective human service workforce in NSW

Research must be undertaken to map the human services sector in NSW and identify workforce needs before sensible and workable strategies can be developed to improve workforce development.

The Equal Pay Case has placed a further highlight on the needs of the human services sector workforce and the provision of higher wages will support attraction and retention of staff. This year, NCOSS carried out a study of the impact of the Equal Pay Remuneration Order on small to medium NGOs in rural NSW and identified implications for their workforce because of and beyond the Equal Pay issue that need attention. NGOs have found ways to respond to workforce needs in their particular location that may inform wider NGO practice. These include work life balance, workplace satisfaction and flexible training options.

A program of workforce capacity building activities identified in the proposed Workforce Development Research need to be implemented in the NGO sector, supported by the NSW Government, through this proposed State-wide Workforce Development Project.

Actions

- NCOSS to deliver a State-wide Workforce Development Project.
- Conduct research to map the structure and composition of the NGO sector in NSW and its workforce development practices and needs.
- Identify existing workforce development capacity building strategies, trends and innovative practice.
- Recommend a comprehensive workforce development strategy that informs planning and practice to meet the current and projected needs of the NGO sector in NSW.
- Assist the NGO sector in NSW, supported by the NSW government to carry out workforce capacity building initiatives.

Cost

- \$150,000 p.a.

■ Ministry of Health

□ Primary and Community Health

NSW 2021 Goals

- Goal 11:** Keep people healthy and out of hospital
- Goal 12:** Provide world class clinical services with timely access and effective infrastructure

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/Rationale

Funding for primary and community health does not align with the NSW Government’s commitment to keep people healthy and out of hospital.⁸⁷ NSW has one of the lowest levels of funding for primary and community health in Australia. In 2009-10, NSW had the second lowest per capita expenditure on public and community health of any State. It spent \$187 per person, compared to the national state average of \$274 per person.⁸⁸

In 2012-13, NSW is spending just 7% of the health services budget on primary and community health services, compared 58% on in-patient hospital and emergency services.⁸⁹ Funding growth rates are also significantly lower for primary and community health services, at less than one-third the rate of in-patient hospital and emergency services.

The focus of NSW health budget on emergency and acute hospital services is fiscally unsustainable. In

the past six years the NSW health services budget has almost doubled.⁹⁰ It accounted for more than a quarter (27%) of State expenditure in 2012-13, and is expected to rise to 37% of the NSW budget by 2050-51.⁹¹

Primary and community health services are critical to re-shaping a more sustainable NSW health system. They have a greater focus promoting health, preventing illness, and early detection and intervention. Evidence from Australia and overseas indicates that this approach is more cost-effective long term.^{92,93,94} The NSW Government recognised that a health system based on wellness rather than illness is more financially viable in *State Plan NSW 2021*.⁹⁵

Short-term cost-saving imperatives are undermining more efficient and effective investment in services over the long-term. Cost savings in the Ministerial Grants Health NGO Program announced in 2012-13 budget will reduce the level of funding for primary and community-based health services to vulnerable groups who are most at risk of ill-health. This will lead to greater demand for more costly, acute care services long term.

Funding cuts to the Health NGO Program threaten the sustainability of services. These cuts compound the sustained decrease in real program funding over a number of years due to grant indexation below inflation. New market-based service opportunities will not compensate for the chronic under-funding of existing NGO services.

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.

Existing chronic disease prevention and management are only one component of comprehensive primary health care.⁹⁶ There is growing evidence that interventions aimed at modifying individual lifestyle and behavioural risk factors associated with chronic disease have limited success.⁹⁷ 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 Population Health and Primary and Community Based Services over three years to reach a provisional global investment target of 13% of total health service expenditure 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

- \$208m p.a.

▣ *Community Managed Mental Health*

NSW 2021 Goal

Goal 11: Keep people healthy and out of hospital

Results

- Increased participation of people with a mental illness in the community.
- Reduced prevalence and severity of mental illness.
- Reduced use of acute and inpatient services, and overall reduced costs of care.
- Improved health and well-being of mental health consumers, their family and carers, and the community.

Evidence/Rationale

Mental health problems affect the whole community. In NSW, over 1.1 million people live with mental disorders.⁹⁸ Mental disorders are the leading cause of disability burden in Australia.⁹⁹ Poor mental health can have a severe impact on a person’s life, on that of their family, and on the health and well-being of the community. This can be exacerbated by co-existing problems.

NSW 2021 prioritises action to strengthen community mental health responses and hospital avoidance programs under the NSW Community Mental Health Strategy.¹⁰⁰ Local and international research shows that community-based mental health care is as cost-effective as inpatient care. It has been shown

“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...”

to result in higher self-reported quality of life and service satisfaction ratings among mental health consumers.^{101,102,103}

Recovery orientated psychosocial and support services are an essential part of the continuum of mental health care. They provide people with a mental illness the opportunity to participate in the community, promote personal recovery, and avoid unnecessary relapse and hospitalisation.¹⁰⁴

Community drop-in and ‘one-stop-shops’ provide functional support, group, vocational, and recreational activities for people who have experienced mental illness in a recovery-oriented environment. They are generally located near community hubs and can link in with mainstream services.

An evaluation of Day-To-Day Living (D2DL), a structured and socially based activity program funded by the Commonwealth, found that it was broadly successful.¹⁰⁵ The program increased participant mental health wellbeing, prevented relapse, and assisted re-integration into society. In particular, the report highlighted improvements in the quality of life experienced by consumers and increased participation in their communities.

There is a lack of community drop-in and integration centres in NSW. The D2DL evaluation found that the program provided one place for every twenty potential service users.¹⁰⁶ The Mental Health Coordinating Council has identified a shortage of funded group-support activities outside of the Sydney metropolitan area, including the Far West LHD, Mid-North Coast LHD and Western NSW LHD.¹⁰⁷ Consumer consultations conducted by the NSW Consumer Advisory Group (CAG) confirms the lack of access to services in these areas.

While there has been increased national and state funding for mental health in recent years, the availability of services remains limited¹⁰⁸ and is insufficient to meet consumer need. Continuing expansion of community managed rehabilitation and support services is critical to achieving an optimal mix of mental health services in NSW.

Actions

NSW Government to fund a community drop-in and integration program in four under-serviced areas of NSW, such as Dubbo, Coffs Harbour, Port Macquarie and Broken Hill.

Priority sites should be selected on a population basis and taking into account the unique socio-demographic characteristics and existing resources and infrastructure capabilities for local communities.

Cost

- \$1m p.a.

□ Oral Health

NSW 2021 Goals

Goal 11: Keep people healthy and out of hospital

Goal 12: Provide world class clinical services with timely access and effective infrastructure

Results

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

Evidence/Rationale

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. It is also a significant cost for society and the economy. In NSW, the direct annual cost of dental disease is around \$2.8bn.¹⁰⁹ It causes over 15,700 potentially preventable hospitalisations each year.¹¹⁰ Yet oral diseases are largely avoidable through population-level interventions and preventive care.¹¹¹

Disadvantaged and low-income 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.¹¹² Aboriginal children have more than twice the dental decay rates than non-Aboriginal children.¹¹³

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.¹¹⁴
- There is a lack of services in rural, remote, and low socio-economic metropolitan areas due to a maldistribution of dentists across NSW and the under-utilisation of oral health professionals.

There are nearly three times as many practicing dentists in Sydney than in remote areas.¹¹⁵

- The public dental system is over-burdened with over 118,000 people on the NSW public dental waiting list.¹¹⁶ 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. The NSW public oral health budget in 2012-13 was \$178m, the equivalent of just \$24.50 per person. NSW continues to have one of the lowest public dental funding per capita of any state or territory. This is despite the 2006 NSW Legislative Council Inquiry recommendation that funding of public dental services be increased comparable to other states.¹¹⁷

NSW faces a significant reduction in oral health funding in 2013-14. There will be a funding shortfall of several hundred million dollars in NSW from the announced closure of the Medicare Chronic Disease Dental Scheme (CDDS).¹¹⁸ It is also likely to increase demand for public dental services. Yet under the new National Dental Reform Package, NSW will receive around half of the funding previously provided by the CDDS.¹¹⁹

The Commonwealth has stated that national funding will not substitute adequate resourcing by the states and territories. The states continue to have overall funding responsibility for public dental services under the national health reform agreements in 2010 and 2011.

The NSW Government must boost public dental funding to address the oral health needs of those disadvantaged people who cannot afford or access private dental services and are missing out on care. Specific consideration must be given to those at risk priority groups who would have received treatment under the CDDS but are not on public dental waiting lists, including Aboriginal people, people in residential aged care, people with HIV and blood-borne viruses, and other medical conditions.

Action

- A staged enhancement to core funding for public dental services over three years, comparable to other states and territories.

Cost

\$35.5m each year cumulative for three years from 2013-14, increasing to \$106.5m in 2015-16. Total cost of \$213m over three years.

- ❑ *Support services for people being discharged from hospital to remain at home for longer*

NSW 2021 Goal

Goal 11: Keep people healthy and out of hospital

Results

- Improved before and after hospital care and support, thereby reducing unnecessary hospital admissions and readmissions, both generalist and mental health.
- Reduced surgical and emergency department waiting times by the freeing up of hospital beds.
- Patients will experience improved health outcomes through decreased infection rates, higher survival rates and decreased costs associated with hospital stays.
- Enhance the overall health of the community by meeting the ‘life’ needs of people to avoid emergency presentations and on discharge and ensuring that they are being appropriately supported until they can manage their own care or make more permanent arrangements.

Evidence/Rationale

The Ministry of Health ComPacks (Community Packages) Program involves an individualised community care package of brokered support services, through community case management, designed to meet each patient’s assessed clinical and social support needs for up to six weeks after they are discharged from hospital. Community case management reduces the impact on other community and health services, including acute care.

ComPacks is a joint hospital discharge process involving multidisciplinary health teams and non-clinical community care case managers, for patients who require two or more services to remain safely at home after discharge. ComPacks is designed to maximise independence, capacity and preferences of the person and to improve access to sustainable community services.

ComPacks has proved to be highly successful in improving patient support as well as better targeting resources. A review of governance of the ComPacks Program in 2011 showed that there was widespread support from stakeholders for the model, and most agreed that the model should be retained.¹²⁰

“NSW has significant rates of unplanned hospital readmission after surgery which might be reduced by better meeting patients’ support needs after discharge.”

NSW has significant rates of unplanned hospital readmission after surgery¹²¹ which might be reduced by better meeting patients’ support needs after discharge. This would result in savings in acute and sub-acute bed days, and emergency department presentations.

Any savings in bed days delivers important hospital improvements in responding to patient needs. This saving in bed days was evident for people with complex and very complex medical conditions. Discharge planners and social workers reported that ComPacks improves their capacity to address a person’s acute care needs without adversely affecting capacity to support people with less acute discharge needs.

ComPacks are only available in 119 of NSW public hospitals. While there is an imperative for increased funding to complete the coverage of ComPacks in metropolitan hospitals, an urgent priority will be to extend ComPacks to all regional and rural areas across NSW, as unplanned hospital readmission increases with geographical remoteness.¹²²

Actions

- An additional \$18.7m recurrent funding to complete the coverage of all public metropolitan hospitals and expand to public regional and rural hospitals. This would fund approximately 13,454 additional ComPacks packages across NSW.

Cost

- \$18.7m p.a.

□ Transport for Health

NSW 2021 Goals

Goal 11: Keep people healthy and out of hospital

Goal 12: Provide world class clinical services with timely access and effective infrastructure

Results

- Improved health outcomes for people in rural, regional and remote communities and for people experiencing socio-economic and health disadvantage, including people with low incomes, Aboriginal and Torres Strait Islander people, and people with disability.
- A reduction in unnecessary hospital admissions.
- A reduction in the number of people missing health appointments due to transport problems.

Rationale

The lack of appropriate transport acts as a significant barrier to accessing health services. Transport difficulties can reduce the likelihood that people will access preventative treatment, receive effective care, or be diagnosed early.

Those people most likely to experience transport difficulties include those who are also experiencing socio-economic and health disadvantage, and those who live in isolated or rural communities.¹²³

The need for non-emergency health transport services is significant and growing. In the ten years from 1996 to 2006 the number of health transport trips delivered by community transport providers more than doubled.¹²⁴ Requests for assistance now outstrip available funding, with approximately 90,000 requests for transport to health services refused each year.¹²⁵

As the population ages, demand for health transport services will continue to grow. Decisions affecting the way in which health care is provided – such as the consolidation of health services, the use of day surgery¹²⁶ and moves towards earlier discharges¹²⁷ – are also placing further pressure on health transport services.

Yet despite current and predicted growth in need, there has been little change in real terms in the funding allocated to Health Related Transport.¹²⁸

Many community transport providers are now delivering health transport services well in excess of those for which they are actually funded. As a result, efforts to accommodate health transport needs are impacting community transport providers’ ability to deliver the social inclusion transport services - such as social, cultural and recreational journeys - for which they receive the majority of their funding.

This will have long-term social and health impacts as older people and people with disability become increasingly socially isolated.

Funding for the Health Related Transport Program should, as a matter of urgency, be increased, and planning around transport to health services improved.

While the current NSW Government has made additional funding available for one component of the Health Transport Program - the Isolated Patients Travel and Accommodation Scheme (IPTAAS) - this scheme currently only benefits those people who have access to a private vehicle, and/or those who are well enough to travel via public transport and who live in a location where public transport is readily available.

IPTAAS expenditure should be complemented by funding for programs that support travel to health services for people who miss out on the benefits of this scheme. Further work is also required to ensure equitable access to IPTAAS, with current administrative arrangements disadvantaging some groups, particularly Aboriginal and Torres Strait Islander people.

Actions

- Increase funding allocated to community transport through the Health Related Transport Program to \$11.4m p.a. plus CPI.
- Conduct an immediate review of the 2006 Transport for Health Policy with the view to improving the coordination and delivery of health transport services.
- Develop an Aboriginal Health Transport Strategy that includes consideration of improved access to the Isolated Patients Travel and Accommodation Assistance Scheme.

Cost

- \$11.7m p.a. from 2013-14.

□ Aids and Equipment Program for people with disability

Results

People with disability are supplied in a timely manner with appropriate aids, equipment 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

Through EnableNSW, the Aids and Equipment Program (formerly PADP) provides equipment and

aids to support people with life-long or long term disability to live independently in the community and to facilitate participation and inclusion. NCOSS acknowledges continual improvements by EnableNSW in streamlining administration and waiting times.

In 2006, the PriceWaterhouseCoopers Report recommended an increase in recurrent funding to PADP of \$100m. In December 2008, the Inquiry Report into PADP by the Legislative Council General Purpose Standing Committee No 2 recommended an immediate increase to \$36.3m. Since 2007, NCOSS has been calling for a staged increase up to \$100m by 2014-15, and still receives reports of exclusion and hardship as a result of the lack of access to aids and equipment by people with disability. Currently, NCOSS understands the Aids and Equipment Program to be funded at around \$38m.

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

In relation to the overall Aids and Equipment Program, the Alliance has several key recommendations:

- increase the base funding;
- change the Aids and Equipment Program to an entitlement program;
- improved performance indicators;
- abolish co-payments;
- publish data on current, unmet and future demand;
- improve access for people from culturally and linguistically diverse backgrounds; and
- improve coordination and integration between Ministry of Health and the Department of Family and Community Services.

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 eligible Aids and Equipment Program clients regarding co-payments.

“As the population ages, demand for health transport services will continue to grow.”

An issue regularly raised with the Alliance is the coordination between systems and agencies; particularly in relation to the Home Modifications Program through Ageing Disability and Home Care, and the Aids and Equipment Program from EnableNSW. People with disability requiring hoists or other installed equipment can get caught between two separate and non-related systems, each depending on the approval of the other before either can progress. This familiar scenario, despite assurances, has not yet been determined. There are fears that it may only become more complicated under a person centred individualised system if not resolved, especially with the commencement of the National Disability Insurance Scheme launch site in the Hunter in 2013-14.

NCOSS and the Alliance urgently call 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. Long overdue progress towards fees and eligibility policy reviews must continue in advance of proposed national harmonisation and proposed introduction of a National Disability Insurance Scheme.

Action

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

Cost

An additional \$24.4m in 2013-14, accelerating to a total recurrent budget of \$100m in 2016-17 to meet eligible population forecasts.

■ Transport for NSW

□ *Transport Disadvantage in Rural and Regional Areas*

NSW 2021 Goals

- Goal 6:** Strengthen the NSW Skill Base
- Goal 24:** Make it easier for people to become involved in their communities
- Goal 25:** Increase opportunities for seniors in NSW to fully participate in community life
- Goal 26:** Fostering opportunity and partnership with Aboriginal people

Results

- Improvements in the social and economic sustainability of rural and regional communities.
- Improved social inclusion for transport disadvantaged people including access to education, employment and volunteering opportunities, health and social services and life-sustaining activities.
- Improved health, education and employment outcomes for Aboriginal people.

Evidence/Rationale

Transport disadvantage can severely limit one’s ability to participate in society: to take up opportunities for education or employment, to access health care and other services, and to take part in social, community and recreational activities.

Transport disadvantage occurs when people have limited or no access to private transport, and have difficulty using public transport either because it is not available, or is physically, socially or culturally inaccessible.

People most likely to experience transport disadvantage include people with low incomes, people with limited mobility and Aboriginal and Torres Strait Islander people. Because the transport system is primarily designed to support school and commuter travel patterns, it also rarely meets the needs of school-leavers and young adults, older people, and people with caring responsibilities.

Followed recommendations made by Ministerial reports into Sustainable Public Transport and the Bus Industry, Transport for NSW developed a Transport Coordination Program to address the needs of people facing transport disadvantage in rural and regional areas.

Coordinators in 11 regions across NSW work to improve coordination with community stakeholders, transport operators and other agencies. Funding is available in each region for projects addressing services gaps contributing to transport disadvantage. Of the projects funded to date, many have effectively addressed issues of transport disadvantage existing in Aboriginal communities. Others have contributed to social inclusion outcomes for at risk young people or have bridged the accessibility gap for people unable to access regular route bus services.¹²⁹

Funding is, however, available only on a trial or seeding basis, with the expectation that projects will become self-sustaining. In many cases this expectation is unrealistic, and has meant that some successful projects have been discontinued.

Other forms of transport—including roads and mass passenger transport services—receive ongoing Government subsidies on the basis that they provide an overall benefit to society. This same principal should apply to transport services for people experiencing disadvantage.

Following a rigorous review or evaluation process, ongoing funding should be made available to successful projects developed through the Regional Transport Coordination program. Funding should be distributed on the basis of need, with allocation and reporting structures developed to ensure an equitable proportion of funding is directed to Aboriginal and Torres Strait Islander people.

Actions

- Create a pool of funding to ‘pick-up’ successful pilot projects funded through the Regional Transport Coordination program.
- Extend the period for which pilot funding is available from 12 months to two years.

Cost

- \$2.5m over three years, then \$2m p.a. from 2016-17.

□ Accessible Public Transport

NSW 2021 Goals

- Goal 14: Increase opportunities for people with a disability by providing supports that meet their individual needs and realise their potential
- Goal 24: Make it easier for people to become involved in their communities
- Goal 25: Increase opportunities for seniors in NSW to fully participate in community life
- Goal 26: Fostering opportunity and partnership with Aboriginal people

Results

- 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 enables 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. Yet our current transport system excludes many people from accessing such opportunities and services. Priority should be given to investing in the infrastructure, services and information supports needed to make our transport system accessible to everyone.

Infrastructure

The public transport system should be physically 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 restricted 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.

As at June 2012, 131 (42.7%) of stations on the City Rail Network are wheelchair accessible. Of these, 68 are fully compliant with the Disability Standards for Accessible Public Transport (2002).¹³⁰

In order to meet the target of 100% compliance by 2022, it will be necessary to upgrade approximately 18 stations per year. Funding currently allocated to accessibility upgrades (including previously committed funds and the additional \$60m over

“Priority should be given to investing in the infrastructure, services and information supports needed to make our transport system accessible to everyone.”

four years in new funding allocated by the current NSW Government) will not be sufficient to meeting this goal. Funding for accessibility updates should therefore be increased to at least \$60m per year, with greater transparency around the criteria and decision-making processes used to prioritise stations.

Inaccessible bus stops and roadside infrastructure also prevent many people with restricted mobility from using public transport services. The majority of this infrastructure is owned and maintained by local government authorities, who do not have access to the funding required to provide the necessary improvements.¹³¹ The NSW Government should establish a funding program of at least \$4m a year to support local authorities to upgrade the network of bus stops to improve accessibility.

Providing an affordable alternative

The Taxi Transport Subsidy Scheme (TTSS) entitles people with severe and permanent disability, who may be unable to use other forms of transport, to a half rate concession of the prescribed taxi fare up to a maximum subsidy cap of \$30 per trip. This subsidy cap has not been increased since 1999, despite numerous recommendations to do so.¹³² Over the same time period, taxi fares have increased by more than 60%.

In contrast, Victoria doubled the cap for their equivalent scheme from \$30 to \$60 in 2008, while South Australia and Western Australia have increased the level of subsidy available to wheelchair users from 50% to 75%.

In NSW, the available data suggests the average TTSS subsidy per journey is well below the subsidy cap. This, however, is a poor indication of the adequacy of subsidy scheme for all participants, with many members censoring their travel due to affordability concerns. In particular, members in rural and regional areas may be unable to afford to travel beyond their hometown, while those who use the scheme to travel to and from work (in both metropolitan and regional areas) report spending a significant proportion of their incomes on taxi fares.

The TTSS should be reviewed to ensure it provides an affordable transport alternative for people unable to use other transport services, with the cap increased from \$30 to \$50.

Accessible information

Accessible information enables passengers to plan their journeys and navigate the public transport system. While the NSW Government is working on a range of initiatives to improve access to information, some people will continue to require additional assistance in order to use the system.

Of particular concern are people with disability who may require one-on-one travel training when learning to navigate public transport. Other groups who may experience difficulties in accessing information, or lack the confidence required to use the public transport system, include older people who are no longer able to drive, some Aboriginal people, people from culturally and linguistically diverse backgrounds, and people with low numeracy and literacy.

To address the needs of these groups, a travel-training program comprising two streams should be established:

- Intensive support for people who require individual training assistance; and
- Information sessions and/or group travel training targeting potential public transport customers who require additional assistance.

Evidence from overseas suggests that the long-term benefits of travel training are likely to far outweigh initial costs. These benefits include increased opportunity for inclusion and independence, together with reduced long-term social care and support requirements.¹³³

Actions

- Increase funding for the Easy Access Program to ensure at least \$60m p.a.
- Establish a funding program to support local authorities to upgrade the network of bus stops to improve accessibility.
- Review the Taxi Transport Subsidy Scheme to ensure affordable access for participants, and increase the subsidy cap from \$30 to \$50.
- Establish a travel-training program to be rolled-out across NSW.

Cost:

- \$60m p.a. for the Easy Access Program.
 - \$4m p.a. for bus stop upgrades.
 - An additional \$9m recurrent for the Taxi Transport Subsidy Scheme.¹³⁴
 - \$4m p.a. for individualised travel training (funded through Department of Family and Community Services) and \$2m p.a. for tailored information sessions / group travel training programs (funded through Transport for NSW).
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■ Revenue Measures

■ Removal of gaming machine tax concession for clubs

NSW 2021 Goal

Goal 2: Rebuild State finances

Results

Provide additional revenue for the NSW Government to fund socially beneficial programs.

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.¹³⁵

Clubs have had the right to operate gaming machines since 1956. Over the years Government policy has linked the social benefit clubs provide their members and community (based on their not-for-profit status, membership requirements, and social benefit objectives).¹³⁶ 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 negative impact from problem gambling.¹³⁷ 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.¹³⁸

Furthermore, IPART did not account for the changing nature of clubs in NSW. 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.”¹³⁹

“...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.”

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 and priorities.

Action

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

Revenue

- \$790m p.a.

■ Registration Levy

NSW 2021 Goals

- Goal 24: Make it easier for people to become involved in their communities
- Goal 25: Increase opportunities for seniors in NSW to fully participate in community life
- Goal 26: Fostering opportunity and partnership with Aboriginal people

Results

- A sustainable funding stream dedicated to the provision of local and 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.

Evidence/Rationale

Many people are not able to access mainstream transport services due to physical, social, cultural or geographical factors. Known as transport disadvantage, this limits opportunities for education, employment and volunteering, impacts one’s ability to access medical care and social services, and contributes to social isolation.

People more likely to experience transport disadvantage include isolated families, Aboriginal people, the frail aged, people with disability, and carers. Transport disadvantage is also more concentrated in locations that are poorly serviced by public transport, such as rural and regional areas. As our population ages, the proportion of people who are unable to drive and who experience difficulty accessing public transport is likely to increase.

There is an urgent need to better address the needs of people experiencing transport disadvantage. Services should be integrated within the public transport system, and should be funded to fill existing gaps. This might involve facilitating access to mass passenger services, offering a parallel form of transport where necessary, or developing alternative modes of public transport in locations where buses or trains are not viable.

In NSW, the Transport Coordination Program makes an important contribution to addressing transport disadvantage by identifying service gaps and developing and piloting projects or services to fill these gaps. While community transport often plays a lead role in delivering services for the transport disadvantaged, there is also the potential to strengthen the role played by other modes, such as buses and taxis.

But in order to meet current and future demand for programs and services addressing transport disadvantage, additional resources and recurrent funding will be required.¹⁴⁰

A \$2.50 fee levied on motor vehicle registrations would not only provide a dedicated income stream to support transport disadvantage,¹⁴¹ but would also lead to broader social benefits. Florida State University estimates that every dollar invested in services for the transport disadvantaged generates an \$8.35 return.¹⁴²

The approach outlined here is consistent with the Draft NSW Long Term Transport Master Plan, which proposes to explore how additional revenue from transport can be hypothecated for the purposes of funding specific projects or initiatives.

Action

Introduce a \$2.50 levy on private vehicle registration fees to be hypothecated into local and community transport.

Revenue

- Approximately \$12m p.a.¹⁴³

Road User Charging

NSW 2021 Goals

- Goal 1:** Improve the performance of the NSW economy
- Goal 7:** Reduce travel times
- Goal 8:** Grow patronage on public transport by making it a more attractive choice
- Goal 19:** Invest in critical infrastructure
- Goal 20:** Build liveable centres

Results

- A reduction in the economic, social and environmental costs associated with car dependency and congestion.
- More efficient use of existing transport infrastructure.
- Increased public transport modal share.
- A revenue stream for reinvestment in public transport.

Evidence/Rationale

In order to reduce the economic, social and environmental costs associated with car dependency and congestion, transport should be priced in such a way so as to encourage people to use whichever mode incurs the lowest overall cost to society.

As the draft NSW Long Term Transport Master Plan acknowledges, many costs associated with road use are not currently borne by the individual road user. Of those charges that are levied at individuals, most are not paid at the point-of-use and therefore do little to influence transport choices. Once someone has outlaid capital to purchase and register a car, there is often no incentive to use public transport when this might be more appropriate.

Road user charges should therefore be reformed in such a way so as to more closely align the price paid for using a road with the internal and external costs of usage.

The externalities associated with car use that should be considered include environmental costs (such as air, noise and water pollution), health costs (including the cost of accidents, of physical inactivity, and of health conditions linked to pollution), social costs (including social exclusion, reduced social cohesion, and community severance), and a loss of amenity.¹⁴⁴ The cost of congestion, estimated by the Bureau of Transport and Regional Economics to be between \$5-6bn annually, should also be considered.¹⁴⁵

One element of road user charging reform would be the introduction of a more strategic road-tolling regime for Sydney’s motorways. In developing such a regime, equity should be a primary consideration. The following principles should apply:

- Charges should not unfairly disadvantage people unable to access alternative forms of transport. Relevant strategies may include rebates or concessions for people with disability and others for whom public transport is not a viable alternative; lower charges on routes where there are no public transport alternatives or limiting charges on these routes to High Occupancy/toll lanes (HOT) lanes.
- Charges should not make transport unaffordable. Relevant strategies may include discounts for concession card holders and low-income earners.
- Charges should ensure more efficient use of the road network. The existing road network is only used at capacity a relatively small proportion of time. Pricing structures should focus on more efficient use of the existing network, rather than on maximising revenue. Relevant strategies may include time-variable charges, and pricing structures that encourage the efficient use of space and resources (e.g. car-pooling).
- Revenue must be hypothecated into public transport. If revenue is reinvested in the motorway network rather than in public transport, road user charges will ultimately encourage car use and car dependency. Revenue should instead be used to make public transport a more attractive alternative. The experience of cities across the world suggests that this approach is key to securing public support for new road tolls.¹⁴⁶
- Revenue should be redistributed with consideration for equity. Locations currently lacking in public transport infrastructure should be prioritised for investment.

Action

Reform existing road user charges and introduce a more strategic road-tolling regime that seeks to align cost with usage, with revenue raised hypothecated into public transport.

Revenue

- Unknown

“Locations currently lacking in public transport infrastructure should be prioritised for investment.”

Value Capture from infrastructure investments

NSW 2021 Goals

Goal 2: Rebuild State finances

Goal 19: Invest in critical infrastructure

Results

- A revenue stream to assist in payment for infrastructure.

Evidence/Rationale

Rising land values that are generated from investment in public infrastructure should contribute fairly to Government revenue. Ownership of land, even if that land is unused, can yield a significant return especially if infrastructure investment occurs locally (e.g. road upgrades, rail lines, schools or hospitals etc).

The draft NSW Long Term Transport Master Plan listed a number of countries that have introduced measures to capture a share of the increased value of properties located near infrastructure, including the United States, Britain, Japan, Singapore and Hong Kong. Different approaches to value capture are used in these countries.

NCOSS believes that consideration should be given to how the NSW Government can capture some of this value and use it to pay for infrastructure development.

Action

Explore the options for the NSW Government to capture a fair share of the enhanced value land located near infrastructure development.

Revenue

- Unknown

■ Footnotes

¹ Attorney General & Justice *Annual Report 2010-2011*

² BOCSAR *Reoffending in NSW*, May 2011

³ Australian Institute of Criminology, *Recidivism rates*, 22 July 2010, sourced from ABS 2008.

⁴ 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.

⁵ Australian Institute of Criminology, *Interventions for Prisoners Returning to the Community*, 2005, p.9-10.

⁶ 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.

⁷ *Community Law Unaffordable and Out of Reach: The problem of Access to the Australian Legal System*

⁸ Institute of Sustainable Futures, UTS, 2006, *The Economic Value of Community Legal Centres*.

⁹ ACOSS, *Australian Community Sector Survey 2012*

¹⁰ ABS Corrective Services 4512.0 June Quarter 2012

¹¹ Gruneit A, Forell S and McCarron E, *Taking justice into custody*, p.18.

¹² Ayres S, Heggie K, *Bail Refusal and Homelessness Affecting Remandees in NSW*, Corrective Services NSW, Research Publication no. 50, July 2010.

¹³ Baldry E, *Homelessness and the Criminal Justice system*, presentation 1 August 2011, AHI Homeless Persons Week Forum.

¹⁴ Attorney General and Justice *Annual Report 2010-11*

¹⁵ 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.

¹⁶ Urbis, 2010, *Evaluation of the National Partnership on Early Childhood Education*, Annual Progress Report 2010, p.58

¹⁷ 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.

¹⁸ Urbis, 2010 *Evaluation of the National Partnership on Early Childhood Education Annual Progress Report 2010*, p.58

¹⁹ NSW Government, 2010, *Annual Report Universal Access to Early Childhood Education 2009*, www.deewr.gov.au/Earlychildhood/Policy_Agenda/ECUA/Documents/NSW2009AnnualReport.pdf, accessed 25 September 2012. The 2011 report for NSW is not yet available.

²⁰ *ibid.*

²¹ Based on number of children from low income families likely to be enrolled and average low income daily fee.

²² Based on number of children from Aboriginal or Torres Strait Islander families likely to be enrolled and average daily fee for these families.

²³ Productivity Commission *Report on Government Services 2004* Table 13A.4 and Report 2012 Table 14A.13

²⁴ Productivity Commission *Report on Government Services 2012* Chapter 14 People with Disability Table 14A.1

²⁵ NSW Disability Network Forum *Submission to the Ability Links Taskforce*, www.ncoss.org.au/resources/DNF/forum/120903-NSW-DNF-Submission-to-the-Ability-Links-NSW-Taskforce.pdf

²⁶ Productivity Commission, *Report on Government Services 2012*, Table 14.66

²⁷ Productivity Commission, *Report on Government Services 2012*, Table 14.68

²⁸ NSW Government State Plan NSW 2021 *A Plan to Make NSW Number One*: 2021.nsw.gov.au/

²⁹ Productivity Commission, *Report on Government Services 2012*, Table 14A.45

³⁰ Productivity Commission, *Report on Government Services 2012*, Table 14A.53

³¹ Australian Government Department of Health and Ageing (2011) *Home and Community Care Program Minimum Data Set 2009-10 Annual Bulletin*, Australian Government Department of Health and Ageing, Canberra, Table A3.

³² Based on NCOSS analysis of several editions of the Steering Committee for the Review of Government Service *Provision Report on Government Services*, published by the Productivity Commission, Canberra. For instance, in 2006-07, NSW had the lowest overall hours of service for HACC clients per 1,000 non-Aboriginal people 70 years or over and Aboriginal and Torres Strait Islander people aged 50-69 years; by 2010-11, NSW had only risen to second lowest number of hours per 1,000 non-Aboriginal people aged 70 years or over, and Aboriginal and Torres Strait Islander people aged 50-69 years.

³³ Australian Government Department of Health and Ageing (2011) *Home and Community Care Program Minimum Data Set 2009-10 Annual Bulletin*, Australian Government Department of Health and Ageing, Canberra, Table A20.

³⁴ ABS & AIHW (2008) *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008*, Cat. no. IHW 21. Canberra: AIHW, p. 154. AIHW (2011) *Life expectancy and mortality of Aboriginal and Torres Strait Islander people*, Cat. no. IHW 51. Canberra: AIHW.

³⁵ Australian Institute of Health and Welfare (2011) *Aboriginal and Torres Strait Islander people with disability: wellbeing, participation and support*, IHW 45., Canberra: AIHW.

³⁶ Steering Committee for the Review of Government Service Provision (2012) *Report on Government Services 2012*, Productivity Commission, Canberra, Table 13A.61.

³⁷ SCRGSP (2012) *Report on Government Services 2012*, Productivity Commission, Canberra, Tables 13A.56, 13A.57 & 13A.58.

³⁸ Department of Ageing, Disability and Home Care (2009) *NSW Guidelines for Home and Community Care Funded Services*, August 2009, pp. 2-3. See also Commonwealth Government (2012) *Commonwealth HACC Program Manual*, Canberra, available at: www.health.gov.au/internet/main/publishing.nsf/Content/ageing-hacc-manual.htm, '2.3 Special Needs Groups'.

³⁹ Department of Ageing, Disability and Home Care (2008) *Home and Community Care Triennial Planning Resource Allocation Formula Summary Report*, Sydney, PriceWaterhouseCoopers, May 2008, pp. 4-7.

⁴⁰ Ellison, S., et al. (2004) *The legal needs of older people in NSW*, Law and Justice Foundation of NSW, Sydney last accessed: 13/08/2012, available at: www.lawfoundation.net.au/report/older, pp. 361-367.

⁴¹ Schetzer, L. & Henderson, J. (2003) *Access to Justice and Legal Needs Public consultations: A project to identify legal needs, pathways and barriers for disadvantaged people in NSW*, vol. 1, Law and Justice Foundation of NSW, Sydney, last accessed 13/08/2012, available at: www.lawfoundation.net.au/report/consultations/, p. 16, pp. 63-67.

⁴² Based on prevalence studies by Kurrle, S. E., Sadler, P. M. & Cameron, I. D. (1992) 'Patterns of elder abuse' in *Medical Journal of Australia*, vol. 157, pp. 673-6. However, there has not been a prevalence study of the abuse of older people in the 20 years since Kurrle et al. conducted the above cited study.

⁴³ ABS & AIHW (2008) *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008*, Cat. no. IHW 21. Canberra: AIHW, p. 154. AIHW (2011) *Life expectancy and mortality of Aboriginal and Torres Strait Islander people*, Cat. no. IHW 51. Canberra: AIHW.

⁴⁴ NSW Government (2011) *Budget Paper 6.: Long-Term Fiscal Pressures Report: NSW Intergenerational Report 2011-12*, Sydney, NSW Government, Appendix D: 2006-07 Long Term Fiscal Pressures Report: Projections Summary, p. D-1.

⁴⁵ NSW Family Services Inc (2009) *The Role of Family Support Services in Keeping NSW Children Safe*, NSW Family Services Inc, Glebe.

⁴⁶ 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.

⁴⁷ *Housing and Accommodation Support Initiative (HASI) for people with mental illness*, NSW Department of Health November 2006.

⁴⁸ Jasmine Bruce, Shannon McDermott, Ioana Ramia, Jane Bullen and Karen R. Fisher (2012): *Evaluation of the Housing and Accommodation Support Initiative (HASI) Final report, prepared for NSW Health and Housing*

NSW, Social Policy Research Centre University of NSW, September 2012, SPRC Report 10/12.

⁴⁹ HASI evaluation p.14.

⁵⁰ Such as successful priority housing referrals from specialist homelessness services and other non-mental health NGOs.

⁵¹ 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.

⁵² *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*, NSW Ombudsman, November 2009.

⁵³ NCOSS envisages that these Support Packages would be delivered by HASI providers under funding provided by Housing NSW. They would be additional to HASI places.

⁵⁴ The HASI evaluation reported that the annual cost of HASI per client ranges between \$11,000 and \$58,000, plus project management costs of \$200-\$500, depending on the level of support provided. These figures do not include the cost of clinical mental health services; see HASI evaluation p.23.

⁵⁵ *Affordable housing 2010-11: comparing performance across Australia. National Affordable Housing Agreement report to the Council of Australian Governments*, COAG Reform Council, 30 April 2012 chapter 2 p.8.

⁵⁶ These include Private Rental Subsidy for people with a disability or HIV/AIDS and Start Safely for women escaping domestic violence.

⁵⁷ These include the Tenancy Guarantee and the Private Rental Brokerage Service, which are only available in designated locations.

⁵⁸ *Future directions for specialist homelessness services Consultation paper*, Housing NSW July 2012.

⁵⁹ *Australian Community Sector Survey 2011 Volume 3* NSW, ACOSS, August 2011 p. 19.

⁶⁰ *Affordable Housing 2010-11: comparing performance across Australia. National Affordable Housing Agreement report to the Council of Australian Governments*, COAG Reform Council, 30 April 2012 chapter 2 p. 8. This finding was based on unpublished data from the ABS Survey of Income and Housing 2009-10.

⁶¹ NAHA funding is broad-banded and can be spent by the states and territories on a wide range of housing and homelessness programs. According to the Commonwealth's forward estimates, funding to NSW under the NAHA for 2013-14 will be \$411.5m; it is up to the NSW Government to determine what proportion of this funding is earmarked for new supply.

⁶² *National Rental Affordability Scheme Prospectus*, Commonwealth of Australia, 2008 p. 10.

⁶³ As at 31 July 2012 NSW had received only 6,772, or 16.7%, of the 40,550 NRAS incentives that had been either 'allocated' (tenanted) or 'reserved' (approved but not yet delivered), see *National Rental Affordability Scheme Monthly Performance Report*, 31 July 2012, p. 3. As at that date there were only 1,382 tenanted NRAS properties in NSW.

⁶⁴ Similar to the arrangement that applied to some Stimulus Package and NSW Homelessness Action Plan projects.

⁶⁵ NCOSS would see 30% of additional incentives as an appropriate target for the state's share. We would also support speeding up the delivery of already approved 6,772 dwellings.

⁶⁶ 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.

⁶⁷ 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.

⁶⁸ 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 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.

⁶⁹ 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.

⁷⁰ The Affordable Housing Taskforce, appointed by the Minister for Planning and Infrastructure, is currently

reviewing the existing Affordable Housing State Environmental Planning Policy (AHSEPP). A draft plan is expected to be released in the near future.

⁷¹ From 2009-10 to 2010-11 the number of small residential retail disconnections for non-payment of bills increasing by 17.2%. IPART (2012) *Electricity retail businesses' performance against customer service indicators in NSW*.

⁷² Jude Lobo (2009) *Financial Stress: the hidden human cost*, Wesley Mission 7.

⁷³ NSW Government, *NSW Budget Paper No. 2 2012-13 Budget Statement*, (2012) Appendix C Tax Expenditure and Concessional Charges, 25

⁷⁴ IPART (2012) Changes in regulated electricity retail prices from 1 July 2012.

⁷⁵ Based on 2012-13 prices for each standard supply area forecast in IPART (2012) Changes in regulated electricity retail prices from 1 July 2012.

⁷⁶ NSW Government, Industry & Investment, Energy Rebates. Retrieved September 21 from www.industry.nsw.gov.au/energy/customers/rebates

⁷⁷ This is based on a 24% increase in electricity prices (excluding the impact of the carbon tax), as proposed by PIAC in *Meeting the continuing challenge of affordability: Submission to IPART's Draft Report, Changes in regulated electricity retail prices from 1 July 2012*.

⁷⁸ *Evaluation of the Tenants' Advice and Advocacy Program*, Robyn Kennedy & Co. for the Office of Fair Trading, December 2008. Advocacy Program: Research project on duty advocacy, Aboriginal services and the TAAP funding formula, Final report, Robyn Kennedy and Co. for Fair Trading, December 2010.

⁷⁹ *Boarding House Reform Discussion Paper*, NSW Interdepartmental Committee on Reform of Shared Private Residential Services, ADHC, Department of Family and Community Services, August 2011.

⁸⁰ 'NSW Government to deliver improved protections for boarding house residents', Media release by Andrew Constance MP, Minister for Ageing and Minister for Disability Services, and Anthony Roberts MP, Minister for Fair Trading, 10 May 2012.

⁸¹ *Position Paper Exposure Draft Boarding House Bill 2012*, ADHC, 29 June 2012.

⁸² Previously some powers were restricted to buildings with 12 or more residents and a floor area of over 300 square metres.

⁸³ The Productivity Commission (2010) *Contribution of the Not-for-Profit Sector*, Research Report, Canberra, Overview page XXIII

⁸⁴ Community Services and Health Industry Skills Council, *Environmental Scan* (2012), Canberra, page 8.

⁸⁵ Australian Council of Social Service, *Australian Community Sector Survey Report 2011: Vol 3 – New South Wales*, ACOSS Paper 173, August 2011, p. 26.

⁸⁶ *ibid.*

- ⁸⁷ NSW 2021, Goal 11
- ⁸⁸ State expenditure only. The ACT and NT were excluded due to data anomalies. Source: Australian Institute of Health and Welfare 2011. *Health expenditure Australia 2009-10*. Health and welfare expenditure series no. 46. Cat. no. HWE 55. Canberra: AIHW, accessed 11/09/2012. Spending on public and community health calculated on the expenditure categories: Public health, and Community health.
- ⁸⁹ NSW Treasury (2012) *2012-13 Budget Estimates: NSW Budget Paper No. 3, Health Cluster*, Sydney.
- ⁹⁰ From \$11,687,800 in 2006-07 to \$17,277,671 in 2012-13, an increase of 48%
- ⁹¹ NSW Long-Term Fiscal Pressures Report 2011-12, *NSW Intergenerational Report*, Budget Paper No. 6, NSW Government, Sydney, 2011
- ⁹² Owen A et al. (2008), *Community health: the evidence base: A report for the NSW Community Health Review*. Centre for Health Service Development, University of Wollongong.
- ⁹³ National Health and Hospitals Reform Commission (2009), *A Health Future for All Australians: Final Report*, Canberra.
- ⁹⁴ The Marmot Review (2010), *Strategic review of health inequalities in England post-2010, Fair Society, Healthy Lives - The Marmot Review Final Report*, London.
- ⁹⁵ "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." NSW State Plan: *NSW 2021 – A plan to make NSW number one*, NSW Government, Sydney.
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¹²⁹ For a list of projects funded through the Regional Transport Coordination Program see: www.transport.nsw.gov.au/content/regional-transport-projects

¹³⁰ Transport for NSW (2012) *Disability Action Plan 2012-2017 Consultation Draft V1*

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¹³⁴ 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)

¹³⁵ Communities NSW Annual Report 2009-10, p.51. Latest publicly available data.

¹³⁶ 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.

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¹⁴⁰ While in 2011 the NSW Government committed an additional \$12m over four years to support the Community Transport Program, projected changes in the size and age profile of the population suggest that demand for services to address transport disadvantage will continue to grow.

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¹⁴³ This calculation assumes the levy would apply to approximately 4.8 million registered vehicles in NSW (see www.rta.nsw.gov.au/cgi-bin/index.cgi?fuseaction=statstables.show&cat=Registration, statistics as at June 2012). Vehicles used for specific purposes (such as for the provision of public transport, for charitable purposes, for fire fighting and as ambulances) and vehicles registered with pensioner concessions, have been excluded.

¹⁴⁴ See, for example, Delucchi, Mark A. (2004) Summary of the Nonmonetary Externalities of Motor-Vehicle Use: Report #9 in the series: *The Annualized Social Cost of Motor-Vehicle Use in the United States*, based on 1990-1991 Data. Institute of Transportation Studies, University of California, Davis, Research Report UCD-ITS-RR-96-03(09)_rev1

¹⁴⁵ This calculation only considers productivity losses associated with travel delays, increased vehicle operating costs and poorer air quality. It does not include other costs incurred as a result of congestion including physical and mental health and overall well-being. (Bureau of Transport and Regional Economics, *Estimating urban traffic and congestion cost trends for Australian cities*. Working Paper 71).

¹⁴⁶ Albalade& BI, "What local policy makers should know about urban road charging: lessons from worldwide experience, *Public Administration Review*, Sept 2009; Bipartisan Policy Commission, "How fair is road pricing? Evaluating equity in transportation pricing and finance 29/9/2010

