



NCOSS 2007 State Election Policy

A Fairer NSW

Bold Solutions and Real Results





First published October 2006

© Council of Social Service of New South Wales, 2006

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ISBN 1 875326 77 7

Printed by Allans Printers

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About NCOSS

NCOSS is an independent non-government organisation and is the peak body for the non-government human services sector in NSW. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals.

Member organisations are diverse; including unfunded self-help groups, children's services, youth services, emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local Indigenous community organisations, church groups and a range of population-specific consumer advocacy agencies.

The need for a fresh approach to what matters

What's often missed in public debate, especially around election time, is the simple idea of community well-being.

Promoting community well-being and improving the 'liveability' of our state, where people are healthy, happy and financially secure is the bedrock upon which a growing economy and a fair society can be built. Cohesive, creative and fair communities are more attractive places for businesses to invest and also better places to live. If life is too hard, if the transport doesn't work, if you can't afford childcare, if the housing is too expensive, people will vote with their feet.

We all want to:

- Make NSW a better place to live.
- Reduce poverty and social exclusion, and encourage community participation and inclusion.
- Maintain high and stable levels of economic growth and employment.

- Ensure the State's prosperity is shared by all its residents.
- Create higher standards of community well-being through improved provision and access to education, health, housing, employment, justice and other community services.
- Enforce effective protection and sustainability of the environment.
- Promote a just and equitable state that is enhanced by diversity and looks to the future.

The need for new solutions to disadvantage, poverty and inequity

Over 800,000 people in NSW live in poverty. NCOSS works for them.

To tackle poverty, we must first understand it. Many people do not think anyone in NSW lives in poverty, and if they do it is their fault. Others try to argue that poverty is about income support and so is a Commonwealth responsibility.

This fails to recognise that poverty, disadvantage and social exclusion are complex phenomena that need the full efforts of all levels of government if people are to enjoy better well-being. Whilst NCOSS recognises that the State Government cannot be held responsible for inadequate levels of income support, they are very clearly responsible for policy drivers that impact upon the lived experience of low income people including; education, health, transport, housing, concessions etc. Even where human services are subject to Commonwealth/State agreements, the State Government can and should do a great deal more to alleviate disadvantage in our state.

NCOSS believes the well-being of all residents must be the future State Government's first priority. The introduction of the NSW State Plan is a good opportunity to focus more clearly on improving community well-being as a fundamental aim of government.

For that to happen, stronger efforts need to be made to make NSW a fairer place, where peoples' right to a decent standard of living and to live free from discrimination is respected and promoted. Our approach focuses on quality services, accessibility, equity, participation, diversity,

reducing disadvantage and building a better and fairer society for everyone to enjoy.

NCOSS recognises the unique status of Aboriginal peoples as the traditional owners of the land, and in particular their enduring cultural and spiritual relationship with country. We believe the government must place more emphasis on turning around the appalling disadvantage that many Aboriginal people endure as a result of colonisation. The proposals contained in this document aim to show how some of this can be done.

However, changes to policy, legislation and services cannot succeed if they take place without meeting the very basic principle of self determination of Indigenous peoples. NCOSS calls on the future State Government to fully embrace the principles of self determination not only in words, but also in practice. Social justice for Aboriginal people cannot be achieved without self determination which is simply the right, enjoyed

by all peoples to guide their own destiny and have control over decisions that affect their own lives and that of their communities and families.

The Fairer NSW policy proposal

A Fairer NSW: Bold Solutions and Real Results aims to build consensus on what needs to be done to secure social justice and how we will know if we have succeeded. It identifies problems, solutions and results to some of the thorniest social issues facing our state.

These proposals are not a shopping list, but a set of opportunities for action by the Government, business, the non-government sector and the community. We believe these 21 proposals, organised across eight cross cutting themes, can achieve real results for people, families and communities that live on the wrong side of the economic and social divide.

Giving children and young people the best start in life

The Every Kid Campaign

A better start in life for children and young people

NCOSS has joined a coalition of peak and other welfare organisations¹, resourced by Uniting Care Burnside, to promote the need for investment in the early years, and in young people, as the best means of securing social and economic benefits for people in NSW.

Every Kid seeks to highlight what all children, young people and families in NSW, particularly the most disadvantaged, need to thrive. The organising group has identified education, including early childhood education, affordable housing, more intensive family support services, out of home care and dental health as areas where urgent improvement is required. Within these areas, Aboriginal health and well-being are of particular importance.

The message is simple: a child's well-being and life opportunities should not be determined by his or her disadvantage. All children must have the opportunity to thrive.

Every kid, regardless of where they live, family income or cultural background should live in safe and secure housing. Every kid needs parents who are supported to care for them the best they can. Every kid needs the chance to learn and succeed at school. Every kid should be able to get urgent dental care when they need it. Every kid should have help to succeed in life, and opportunities for work and study.

The full list of recommendations and detailed supporting papers for the Every Kid Campaign can be found on the Every Kid website: www.everykid.net

The following recommendations have been prioritised by NCOSS and its members:

Strong and Stable families - Child Protection

While abuse and neglect occurs in all social groups, children from disadvantaged families and communities are at much greater risk.

- The number of child protection reports in NSW has increased from 107,394 in 2000-01 to 252,000 in 2005-06.²
- In 2004-05 a total of 37.3 % of child protection reports involved children aged five years or younger.³
- In NSW, Aboriginal children and young people are almost five times more likely than non-Aboriginal children to be the subject of a substantiated child protection report.⁴
- DoCS data shows that the statistical probability of a child born today being reported to DoCS before they reach 18 years of age is now one in five.

What needs to be done

The incoming NSW Government should:

- Develop integrated child and family centres in every disadvantaged community in NSW.⁵
- Develop a network of respite care services for children at risk.

Results

If the incoming NSW Government provided extra support to disadvantaged families there would be:

Integrated child and family centres

- Improved access to services and coordinated service delivery.
- Better overall school achievement and later school leaving.
- Reduced reliance on government income support payments.

Respite care

- An improvement in child and family well-being.
- Reduction of stress in parents and children.
- Prevention of out of home placements.
- Prevention of abuse and neglect.
- Reduction in the number of reports to DoCS.

Education

Access to affordable early childhood education and care is not universally available in NSW. Many children and young people from disadvantaged families miss out on the education resources that could improve their opportunities in life.

- An estimated 10-20% of children in NSW miss out on Early Childhood Education and Care (ECEC) in the year before school, compared to a 95% participation rate in most other states and territories.⁶
- Literacy and numeracy rates for Aboriginal children, children of recently arrived refugees, children from poorer families and children in rural and remote areas consistently fall behind.
- The high rates of early school leaving for Aboriginal students result in much lower Year 10-12 retention rates (37% for Aboriginal students compared to 68% for all students).⁷

What needs to be done

The incoming NSW Government must:

- Provide two days a week free early childhood education for all children in the two years prior to school.
- Develop resource standards for schools that reflect the needs of students.

Results

A system that promotes diversity and opportunity, and acknowledges the individual needs of students can deliver:

- Age appropriate social, developmental and educational experiences for all children prior to starting school that promotes school readiness.
- Prevention of early school leaving and higher completion rates across NSW.
- Quality teaching in disadvantaged schools.

- Teachers with the resources and skills to teach mixed ability classes.
- High literacy and numeracy skills for children regardless of their background or where they live.

Healthy Children and Young People - Oral Health

There is overwhelming evidence that low-income earners and their dependants are a significantly disadvantaged group in the area of oral health.⁸

- Children in low socio-economic groups experience almost twice as many caries as children in high socio-economic groups.⁹
- Aboriginal and Torres Strait Islander children have around twice the caries rates seen in non-Indigenous children.¹⁰

For more information on oral health solutions and results please refer to the 'Better Oral Health Across NSW' section of this document.

Stable and affordable housing for children

While there is little direct research in Australia on the impact of affordable and stable housing on children's well-being, research does suggest that secure and stable housing has positive outcomes for people including children. In particular, stability and security of tenure is likely to promote better connections with the community, with schools, with peers and with social supports.

- In 2004-05, homelessness services provided 13,500 occasions of support where a child accompanied a parent or guardian.¹¹
- Almost two in every three children (63%) who accompanied a potential client of a homeless service and who requested immediate accommodation were turned away.¹²

For more information on housing affordability please refer to the 'A proposal to improve housing affordability in NSW' section of this policy document.

Out of Home Care – A guarantee for kids in care

There are significant numbers of children and young people in out of home care in NSW.

As of 30 June 2005:

- 10,041 children and young people in NSW were in out of home care.¹³

Various studies which have looked at outcomes for children and young people in care have had concerning findings. For instance:

- 80% of young people living at home with their families in NSW complete their HSC compared to only 35.6% of young people in care.¹⁴
- Just under half of kids in care were unemployed 12 months after leaving care.¹⁵
- One in three young women were pregnant or had a child soon after leaving care.¹⁶
- Many studies have found a disproportionate link between youth homelessness and care backgrounds.

What needs to be done

The incoming State Government could take action by:

- Committing to a Guarantee for Kids in Care

The Guarantee would acknowledge that if the State is to fulfil its role as a good parent then it must provide those things that we would expect a good parent to provide up to the age of 25. They are:

- High quality Education.
- Good Health outcomes.
- Supported transition to independence (housing; further education and/or employment); and
- The opportunity to pursue opportunities and interests.

Details of the Guarantee are set out in the Every Kid Campaign background paper for Out of Home Care on the campaign website at : www.everykid.net

Results

If the Government were to implement the Guarantee for Kids in Care we would see:

- Improved education outcomes, including improved participation (less incidence of truancy and suspension) and completion rates for year 12.
- Improved health outcomes.
- Improved self-esteem.
- Reduced numbers of young people from a care background coming in contact with the juvenile justice system.
- Increased access to employment and skills around independent living.
- An increase in the development of social and emotional skills required for adult interpersonal relationships.
- Improved access to secure stable housing and reduced incidence of homelessness.
- Increased ability to access stable income.
- Increased ability to devise and achieve long term goals.

Reducing inequality and tackling disadvantage amongst the working poor

A proposal for a fairer and rational concessions system in NSW

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

The proportion of part-time employees increased from 19.3% of the labour force to 23.4% between 1992 and 2005.¹⁷ Between 1990 and 2000 the proportion of casuals rose from 19% to 27%.¹⁸ This included large increases in industries not traditionally associated with casual labour including manufacturing, communications, finance and insurance.¹⁹

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

- 59,000 people went without meals.
- 95,000 people were forced to pawn or sell something because they needed cash.
- 36,000 were unable to heat their homes.
- 89,000 sought help from charities and welfare organisations.
- 537,000 were unable to pay their electricity, gas or phone bills on time; and
- 810,000 working families experienced a cash-flow problem in the past year.²⁰

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

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

At present, concession prices for public transport are offered to pensioners and Centrelink allowance recipients in NSW. Pensioners also receive rebates for energy, water and some other services. The current system of concessions and rebates does not cover many allowance recipients and no working poor households.

What needs to be done

Working poor people should be entitled to concessions. This is the case in Victoria.

Strong connectivity between home, work and services is an important driver of economic growth and social sustainability. Transport is the key to this connectivity. Extending transport concessions will significantly improve transport affordability for the working poor. This will make a big difference in Sydney and other centres where there is public transport.

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

NCOSS is calling for:

- The extension of transport concessions to low-income Health Care Card holders. There are around 145,000 people with Health Care Cards who are not on a Centrelink pension or benefit.²¹ In addition, some people may not be aware that they are eligible for a card. The additional cost, in tax expenditure, to the NSW Government will be around \$30m per year (all things being equal).²²
- The extension of energy rebates to low income households in addition to pensioners.

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

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

Results

If the incoming NSW Government adopted the NCOSS concession proposals, we should see;

- A significant decrease in transport disadvantage with a maximum of 10% of net income spent on transport by people on fixed incomes or low paid employment; and
- A sizeable reduction in fuel poverty - utilities costs should not exceed 10% of net income for people on fixed incomes or low paid employment.

Concessions card for Aboriginal people over 45 years

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

Unfortunately, because the life expectancy of Aboriginal and Torres Strait Islander people is so much lower than for other Australians, many Aboriginal people will never be able to have access to Seniors Card benefits. The most recent data shows Aboriginal males can expect to die some 20 years younger than non Aboriginal males (females 18 years younger).

There were around 12,700 Aboriginal people aged between 45 and 60 years in NSW as measured by the 2001 Census of Population and Housing. The cost to the NSW Government would be only around \$1m per year as there would not be more than 5,000 people entitled to the card. This is because many of this age group would be working

more than 20 hours per week and so not entitled to this card. Others would already be in receipt of a transport concession as Centrelink beneficiaries.

What needs to be done

Aboriginal people need to gain access to affordable services. While we appreciate the policy priority must be to improve life expectancy for Aboriginal people, the existing inequity must be addressed.

NCOSS is calling for:

- The eligible age for the Seniors Card to be lowered to 45 for Aboriginal and Torres Strait Islander people. Potentially the card should also be re-named.

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

Results

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

Poverty proofing our health system

Tackling the social determinants of health

Unequal societies are less healthy societies. The single most important factor considered to cause poor and inequitable health outcomes is poverty. Tackling the social determinants of health to ensure there is equal access, equal opportunity and holistic health outcomes for all, but in particular for the most disadvantaged population groups, is a fundamental social justice issue.

Inequitable health outcomes are unfair, avoidable and fixable. A safe home, adequate income, social interaction and involvement, secure housing, decent food, access to preventative health services and affordable quality education, are all associated with better health and well-being. Consequently, violence, abuse and neglect, social exclusion, gender and racial discrimination, homophobia, inadequate housing, insecure employment and working conditions, insufficient income, Aboriginal dispossession, unplanned urban development, caring responsibilities, lack of educational opportunities, poor and non responsive public health and community services are all associated with poorer health outcomes.

The social model of health recognises these layers of influence as the social determinants of health. To tackle health inequalities all of these layers; socio-economic, cultural and environment factors, local social and community factors and individual lifestyle and behaviours must be addressed.

Linking health and equity together is not new. It is well known that some population groups experience multiple levels of disadvantage which contribute to their poorer health outcomes. These groups include:

- People with chronic mental health, their children and carers.
- Prisoners and children of prisoners.
- People with drug and alcohol related problems.

- People on low incomes.
- People with a chronic illness and their carers.
- Lesbians, gay, bisexual and transgender people.
- Refugees and newly arrived migrants.
- People with a disability, including intellectual disability and their carers.
- Aboriginal and Torres Strait Islander people.
- Children living in care or from abusive families.
- People who live in communities with little or basic health and social infrastructure.

People from these most disadvantaged groups in society experience worse health outcomes. They are:

- More likely to die earlier.
- Have higher rates of mental illness including depression, anxiety and suicide attempts.
- Have the worst rates of tooth decay and having their teeth missing.
- Experience higher rates of illness and disability such as diabetes and chronic disease.
- Have higher rates of teenage pregnancy.
- Have the highest rates of exposure to risk factors such as smoking, substance misuse and physical inactivity.

The health of people who are unemployed is significantly worse than people who are employed. This is reflected in higher mortality from heart disease, injury and some cancers. People who are unemployed also experience significantly higher rates of anxiety and depression.

Despite a number of improvements in the social and economic circumstances for Aboriginal and Torres Strait Islander people, they remain disadvantaged across a range of areas. The most recent data shows that Aboriginal males can be expected to live to 57 years and Aboriginal females

to 64 years. Aboriginal Australians are more likely to have poorer social, cultural and physical health compared to other Australians. They are 17 times more likely to be hospitalised for dialysis, are twice as likely to give birth to low birth weight babies, are more likely to smoke, more likely to die from assault or suicide and overall have higher rates of chronic diseases e.g. asthma, arthritis and diabetes.²³

People with intellectual disabilities are also a particularly disadvantaged group with a lower life expectancy than the general population.

Crime and violence is also linked to disadvantage. Exposure to physical and sexual violence for both children and adults is a health risk factor that can lead to injury, disability, death, psychological distress and mental illness such as depression, anxiety and suicide.

What needs to be done

In order to improve people's health we have to consider the health impacts of all public policy. A preventative approach across the whole of government, addressing the issue of access, service availability and the intersection with the social determinants of health, is long overdue.

Greater service integration and collaboration between health services, community care and the non-government sector is essential. Without this link people miss out on services and are unable to follow through on treatment or receive the most appropriate care. This is particularly an issue for the Aboriginal population with Home and Community Care and health services.

Strong beginnings - investing in the early years

Receiving a healthy, safe, nurturing and supportive start in childhood ensures individuals have a greater chance of enjoying better mental, social and physical health throughout their life.

NCOSS is calling for:

- An investment in the early years of life through a range of strategies including access to health care for children in out of home care, home visiting programs and access to pre-school education. (See the *Every Kid Campaign*.)

Developing a stronger primary health care system

The primary health care system has the greatest potential to address health inequities, as

population groups with the worst health often have the worst access to health services and make the least use of preventative health care.

NCOSS is calling for:

- Increased funding for Aboriginal Health services including Aboriginal Medical Centres. Funding of \$11.6m is recommended for a proposed new network of 16 Aboriginal Women's Health clinics and 16 Aboriginal Men's Health clinics. These clinics will be Aboriginal community controlled health services as part of the government's commitment to self determination. These clinics will be in addition to the Aboriginal Medical Centres. They will deliver a holistic approach to health, taking into account historical, social, and economic factors that may impact on the physical, mental and spiritual well-being of the individual and their community.
- Additional funding is also required for the Aboriginal Health and Medical Research Centre to undertake preventative work around chronic disease (similar to the Victorian approach).

Regional planning and inter-sectoral action - working better together

Addressing ill health and inequity cannot succeed unless all governmental planning and projects are considered in terms of their impact on health and health equity.

NCOSS is calling for:

- A requirement that the whole of government consider the impacts of their planning upon the health of the population. This would involve all levels of government (including local government and Area Health Services) and all government departments undertaking an Equity Focused Health Impact Statement before any potential government legislation, policy or project is implemented. Under this proposal, all Cabinet submissions must include an Equity Focused Health Impact Statement. This would have the same standing as financial impact statements in current Cabinet deliberations. The aim of this approach is to ensure there is an institutional mechanism for placing the social determinants of health at the heart of government.

Organisational development-building capacity to act

Government departments must address inequity within their current structures to ensure they are not further exacerbating already disadvantaged population groups.

NCOSS is calling for:

- Improved access to health services through a comprehensive health related transport package (see *Ticket to Health*)

Resources - for long term improvement in reducing health inequities

A re-orientation of funding allocation and distribution is required to ensure those in most need are receiving the services.

NCOSS is calling for:

- An increase in funding from NSW Health for public dental services (see *Better Oral Health Across NSW*).

Results

If the NSW Government, in a whole of government approach, began tackling the social determinants of health to reduce health inequity across NSW:

- The average life expectancy of Aboriginal and Torres Strait Islander People in NSW would be equal to non Aboriginal people in NSW.
- The difference between life expectancy at birth in low income areas would be equal to or better than the state average life expectancy at birth.

A Ticket to Health: a proposal for an effective health related transport system for NSW

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

Many Aboriginal communities report that they are dislocated from services to connect them to health providers. This means that it is not uncommon for Aboriginal people in isolated communities to walk or hitchhike long distances to attend medical appointments, or routinely miss health appointments because of the poor availability of transport.

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

Health related transport is a significant issue for people with physical and other disabilities who may need treatment to avoid their disability worsening.

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

- Approximately 800 000 people across NSW experience difficulties accessing health care when they need it.²⁴ 50% report a shortage of general practitioners in their area.²⁵
- Almost one quarter of people living in rural and regional areas will face difficulties accessing health care when they need it.²⁶
- Access to health treatment is getting progressively worse in NSW: there has been a significant increase in the proportion of people having difficulties getting health care; from 9.9% in 1997 to 13.9% in 2004.²⁷

Low income people experience comparatively poorer health outcomes than the general population;²⁸ transport is arguably a significant contributing factor.

Approximately 19.2% of people in a low income category have difficulty accessing health treatment when they need it.²⁹ This means:

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

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

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

Resources for the Community Transport (Home and Community Care Program) are limited and there can be long waiting lists. Community transport providers must respond to high demand for health related transport. This means that a significant proportion of trips (sometimes up to 90%) are to health related destinations.

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

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) is designed to assist with access to specialist medical treatment and oral surgical health care, for people living in isolated and rural communities in NSW, through the partial reimbursement of actual travel and accommodation costs. To be eligible patients need to travel more than 100 km (one way) from where they usually live to obtain specialist medical treatment not available locally. There are several

grounds on which exemption can be sought from the nearest treating specialist rule, but there is a low level of awareness of these exemptions.

There are a number of other problems relating to IPTAAS, including; the high upfront costs of the scheme, relatively high non-refundable personal contribution levels, low levels of reimbursement for accommodation costs and fuel, the lack of ability to elect a carer and the intensive paperwork required for each claim. These barriers (in particular the upfront costs) mean that many low income people don't use the scheme.

NSW Health does provide some funding for non emergency transport services, but only a small amount of money (\$800,000) is available for community services. NSW Health created a 'Transport for Health' program in 2002, but again, it has a limited budget. Many area health services, particularly in metropolitan areas, have access to few resources through the program, and have been unable to set up transport units and employ appropriate staff.

What needs to be done

No person in a situation of health crisis should have to worry how they are going to get to treatment, nor should people routinely miss health appointments because they cannot access affordable transport. NCOSS seeks a commitment from the incoming NSW Government to erase transport as a barrier to good health.

Although health services in NSW have significantly restructured the way they do business, they have not generally taken into account the transport needs of patients. NCOSS estimates that NSW Health spends a 1/1000th of its annual budget (or \$1 in every \$1,000 allocated to health in NSW) on non emergency health transport services to the general community. A commitment to expand funding for transport to a mere **\$3 in every \$1,000** spent on health in NSW would significantly improve connectivity to health services in NSW.

Any expansion in funding for health transport in NSW would need to be strategically allocated in order to provide a range of options for people, and promote greater responsibility in response to transport issues by health services.

Funding must lead to delivery of services. The program should focus not only on transport

coordination and demand management objectives, but also provide services for people who are not able to take advantage of other forms of transport.

A significant increase in funding in this area would create the capacity for additional trips in other programs, such as HACC transport and the Taxi Transport Subsidy Scheme, administered by the Ministry of Transport.

Transport services must collaborate and be better linked with health and community services so, for example, carers are not left waiting six hours for a return trip but have only two hours respite care.

NCOSS is calling for:

Non Emergency Health Transport

- Increase access to health treatment by expanding funding for non emergency health transport services from \$3.2m per annum to \$10m.
- Create health transport options for Aboriginal people, by providing dedicated services to Aboriginal communities, including the consolidation and growth of the network of Aboriginal transport coordinators.

IPTAAS

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

NSW Health Administration

- Consistent funding to Area Health Services to ensure that every region has the necessary resources to set up and run a Health Transport Unit with a transport coordinator. These units would work in close contact with Ministry employed Regional Coordinators and Community Transport to coordinate services and manage demand for services with Area Health services. Coordination with available public transport services is very important.
- Area Health Services should be required to keep relevant stakeholders informed of the level of their (non emergency) transport budget and the extent of transport services that they actually provide or fund including the cost of internal transport systems.

Results

If the NSW Government adopted the Ticket to Health proposals we should see:

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

Homes, jobs and services: breaking down the Inequality Divide

Improving housing affordability in NSW

More than one third of low income households in Sydney are in housing stress, in that they face housing costs of more than 30% of their gross income. For the rest of the State the proportion is just under one quarter.³⁰

The State Government acknowledges that some 175,000 low to moderate income households in Sydney are in housing stress, comprising 115,000 private renters and 60,000 home purchasers.³¹

Growth in the supply of private rental dwellings has been focused on the high end of the market, with the supply of low to moderate rental dwellings declining and much low rent stock being occupied by higher income households. Only 11% of low income private renters in Sydney are accessing low rent housing stock.³²

Unless we reverse these trends and develop more mixed income, mixed use communities, we risk even greater social polarisation in Sydney.

While 40% of tenants have been renting for more than 10 years, most tenancy agreements are for short and fixed terms³³ and the law allows 'no cause' evictions, meaning tenants have little security of tenure. Tenants forced to move incur additional costs and disruption, and experience added difficulty in maintaining access to childcare, school, employment and training opportunities.

What needs to be done

A comprehensive package of measures is required to generate a substantial expansion of affordable (including social) housing in NSW over the term of the next Parliament (2007-2011).

NCOSS is calling for:

- A capital investment of \$400m over four years to provide up to 2,000 additional units of affordable housing,³⁴ separate from previously announced redevelopment and refurbishment measures.

- The incorporation of explicit affordable housing targets for each region, sub-region and local government area in the development of the ten sub-regional plans for Sydney under the Metropolitan Strategy and for the accompanying Regional Strategies in other parts of the State. NCOSS believes that new land releases and large scale multi-unit redevelopments should include a minimum affordable housing provision of 10 per cent.
- As part of the process of meeting these affordable housing targets; use the planning system to generate additional affordable housing units by a combination of developer levies, density bonuses and voluntary planning agreements. To facilitate this, the State Government needs to amend SEPP 70 - Affordable Housing (Revised Schemes)³⁵ to incorporate new affordable housing schemes put forward by local councils or State Government development corporations.
- Bold initiatives directed at generating a new supply of affordable rental housing, such as the waiver of State land tax and/or transfer (stamp) duty, to encourage landlords to lease suitable residential properties to non-profit housing associations on a long term basis.
- Changes to the Residential Tenancies Act 1987 to enshrine 'just cause' evictions and introduce a system of long term residential leases. The Act should provide that a landlord cannot unreasonably refuse consent to an assignment or subletting of a dwelling that is covered by a long term lease.³⁶

Beyond the current state election timetable, NCOSS supports the negotiation of a formal agreement between the Commonwealth, States and Territories agreement to expand the provision of affordable (including social) rental housing and to improve and better target assistance to low to moderate income home purchasers.³⁷

Results

- 2,000 additional units of state-funded affordable housing within four years, plus additional units generated via the planning system.
- Additional leasehold stock through the provision of incentives to landlords.
- Reduction in numbers of households in NSW experiencing housing stress due to affordability problems.
- The opportunity to develop more balanced and inclusive mixed income communities in urban growth areas.
- Improved stability for private tenants and their families through tenancy law reform, resulting in a reduction in transaction costs associated with frequent moves.

Accessible housing

The rapid ageing of the population and the growing incidence of disability and mobility impairment is not being matched by a corresponding increase in the availability of housing stock in the general community that is accessible.

Many NSW residents cannot obtain housing that is readily adaptable to their current and future needs, and as a result face unnecessary restrictions and an unacceptable risk of falls and other accidents. Unless this trend is reversed the community faces the growing cost of treating increasing numbers of people hospitalised as a result of falls and other injuries.^{38, 39}

The planning system has concentrated on measures to encourage and regulate the provision of designated retirement villages for a minority of older people. A number of individual councils have introduced requirements for adaptable housing for multi-unit residential development but this is occurring on ad hoc basis, in the absence of any policy guidance from the State Government.⁴⁰

What needs to be done

NSW needs to grasp the opportunity to build housing that meets changing demographic needs. The planning system is the ideal vehicle to achieve this.

NCOSS is calling for:

- A mandatory requirement for all new multi-unit residential developments, to include

a proportion of adaptable housing that is designed and constructed in accordance with the requirements of the relevant Australian Standard.⁴¹

- The proportion of adaptable housing to be provided should vary in accordance with the density of development, beginning with a minimum 10% requirement for single-storey multi-unit developments and increasing for higher density developments. There should be provision for councils to provide incentives such as density bonuses to developers who voluntarily agree to provide a level of adaptable housing above the minimum requirements.
- Demonstrated best practice in the area of adaptable housing as part of the State Government's announced plans to rebuild, modify or upgrade almost one quarter of the State's social housing stock.⁴²
- The introduction of a separate requirement that all new multi-unit housing stock should be visitable by people with disabilities.

By *adaptable* we mean housing that is designed in such a way that it can be modified easily in the future to become accessible to both residents and visitors with disabilities or progressive frailties.

By *visitable* we mean housing that has at least one wheelchair accessible entry with an accessible path of travel to the living area and to a suitable toilet.

Results

- Housing that meets people's needs now and in the future.
- Increased housing choices for people with disability, older people and their carers, through consistent adaptable housing requirements for new multi-unit residential developments.
- The proportion of housing stock that is visitable by people with disabilities to progressively increase as new housing is developed.
- The opportunity to demonstrate innovative and cost effective approaches to housing design.

Real jobs with decent pay

Increasingly, NSW (Sydney in particular) is becoming polarised with relatively advantaged areas becoming more affluent and

disadvantage concentrating in particular areas. The disadvantaged areas have relatively high concentrations of public housing or private rental housing of poorer quality. Education and training levels tend to be lower than the state average. Some people have fallen out of the labour market (i.e. they are not looking for work) because there are too few opportunities or local jobs are taken by better qualified people travelling to the area.

Unemployment is a particular concern. While the rate of unemployment in NSW is relatively low at present compared with the past thirty years (the NSW unemployment rate was 5.4% in August 2006)⁴³, there are significant variations in the rate of unemployment across the state and significant numbers of people in part-time employment who are seeking more hours of work (under-employment). In addition, many jobs are insecure and low paid. High concentrations of unemployed and people reliant on Centrelink payments can be found in areas such as Redfern/Waterloo, Wiley Park and Ashcroft⁴⁴ and in many parts of rural and regional NSW.

The key to getting people into real jobs, with decent pay is skills development and opening up opportunities for people who have so far been left behind in enjoying the fruits of the new economy. Enhancing the TAFE sector is a key strategy for building a skilled workforce in disadvantaged communities. Early school leavers, older people and people with disabilities should have full access to TAFE so that they can develop skills for employment and volunteering, and enjoy life-long learning.

What needs to be done

The Commonwealth Government, which has primary responsibility for employment growth, has recognised the uneven distribution of job creation across the country. Its solution is to encourage people to move location by providing an incentive payment to assist in removal costs. In contrast, the NSW Government should focus on local solutions that create jobs in situ and that assist local economic development.

NCOSS is calling for:

- A coordinated strategy that addresses urban and regional renewal, improved human services and job creation.

Urban and regional renewal not only creates employment directly but attracts investment

and hence employment into an area. Improving human services better caters for the needs of people who may struggle to maintain tenancies and employment without assistance. Both these strategies can improve job prospects of unemployed and discouraged jobs seekers. A key element must be improved education and training since new, better paid jobs are likely to be in industries requiring skilled workers.

NCOSS proposes that the NSW Government, in collaboration with local governments, the private sector and community organisations, develop specific coordinated strategies for local areas with high rates of unemployment that address job creation, community renewal and improved human services. These would be in addition to the Department of Housing Communities renewal strategies and include areas with relatively low concentrations of public housing tenants and regional centres.

Such strategies should focus on:

- Improving public spaces.
- Developing transport connectivity.
- Enhancing local education and training institutions (especially TAFE); and
- Identifying local employment needs in partnership with local employers, while concentrating on secure, long term employment.

NCOSS recognises that many of the elements of the proposed strategies exist or have existed in recent history. The new aspect is to bring the elements together in a coordinated strategy and concentrate efforts in the most disadvantaged areas.

Results

Results can be measured in terms of reduced unemployment rates, increased participation in the labour force, increased number of full-time jobs and increased participation in education and training. Measures of success would include:

- Greater shares of full time jobs in local government areas where employment participation rates are currently below state average; and
- Reduction in the proportion of workforce on minimum wages.

Providing support where it is needed

Better pathways out of homelessness

Current efforts to deal with homelessness in NSW are fragmented across program and agency boundaries, working against effective policy development, planning, funding, service integration and performance monitoring.

The current Partnership Against Homelessness, involving 12 government agencies, operates under a place management approach and focuses on pilot projects that are almost entirely located in inner Sydney. It does not provide a mechanism for the NGO sector to participate in an active and planned way in efforts to address homelessness across NSW.

Homelessness is not just an inner Sydney phenomenon, nor is it just about people sleeping on the street. Hidden homelessness is a growing trend. Using a broad definition of homelessness, it was estimated that there were 26,676 homeless people in NSW at the time of the 2001 Census. Just 15% of these were staying at a SAAP service at the time, with most either staying temporarily with friends or relatives (45%) or living in a boarding house (29%).⁴⁵

In 2004-05 the 388 SAAP services in NSW assisted 24,150 clients and a further 10,750 accompanying children. Aboriginal Australians were massively over-represented amongst SAAP clients, comprising 17% of the state total. Clients sought assistance for a variety of reasons, most commonly involving; domestic violence; drug, alcohol or substance abuse; usual accommodation unavailable; relationship or family breakdown or financial difficulty.⁴⁶

Recent research in inner Sydney concluded that the prevalence of psychiatric disorders amongst people who are homeless is four times that of the general population. The study demonstrated that there was considerable co-morbidity between psychiatric disorders, predominantly alcohol and affective disorders in men and mood and anxiety disorders in women.⁴⁷

What needs to be done

NSW will only be able to effectively deal with homelessness and those at risk of homelessness when the State Government develops a coordinated and responsive service system, rather than a disjointed series of projects, programs and planning and consultative structures. To do this a new approach is required.

In partnership with Homelessness NSW.ACT, the NSW Women's Refuge Resource Centre and the Youth Accommodation Association, NCOSS is calling for:

- A comprehensive ten year NSW Homelessness Strategy, bringing together separate programs and measures under the Supported Accommodation Assistance Program (SAAP), the Partnership Against Homelessness, services for victims of domestic violence, relevant supported housing programs and other inter-departmental initiatives.
- Such a Strategy to be developed on a cross-departmental basis, coordinated by the Premier's Department, in partnership with the non government sector.

The incoming Government should establish a task force, with both government and non government members to develop the Strategy framework, which would include clear reporting and performance monitoring requirements. The Strategy needs to recognise the complexity and multidimensional nature of homelessness and ensure that responses are flexible and responsive to individual circumstances.

To ensure the required degree of cooperation and change, the final Strategy should be personally endorsed by the Premier.⁴⁸

Results

- A more integrated and better planned service system that tackles both the causes and consequences of homelessness.

- Downward pressure on the numbers of people experiencing homelessness.
- Earlier intervention to prevent at risk individuals and families becoming homeless.
- Improved support for those people who are homeless and have other support needs, such as mental health or substance misuse problems.
- Improved pathways out of homelessness, including but not limited to affordable housing, supported housing and secure private rental.

- No mention or increase to the necessary provision of advocacy services to support people with disabilities in their decisions and general access.

A fairer NSW for people with disability

The new Stronger Together ten year Disability Plan will provide \$1.3 billion over the next five years to improve the range, adequacy, availability and appropriateness of supports to people with disabilities in NSW. NCOSS welcomes this as a 'down payment' on disability services promised by Premier Iemma.

There remains however some concerns for the implementation of the Plan and expenditure over the next few years as well as significant identified gaps in provision to people with disabilities.

NCOSS concerns on the Stronger Together Plan include:

- Capacity of DADHC to effectively and efficiently roll out the new expenditure and to meet designated targets for new places each year.
- While focus on maintaining family relationships is endorsed, the Plan seems to rely too heavily on the continued support of families regardless of the best interests or wishes of the person with disability or the family. In other words, supporting people to achieve an independent adult life should be the priority.
- A worrying new focus on redevelopment of some disability institutions and no timeframe for closure of all institutions where people with disability currently reside.
- A comparatively low release of supported accommodation places to address unmet need in the community (i.e. only 330 over 5 years out of 990 new places). The majority of places will be for those over whom DADHC has arguably a statutory responsibility.

What needs to be done

Stronger Together should be completed by strategies to meet the needs of people living in Boarding Houses, including:

- Improved legislation.
- Increased health and support services.
- Access to individual advocacy; and
- Relocation for people with disabilities with high support needs to more appropriate community based supported accommodation.

The Provision of Aids for the Disabled Program (PADP) urgently requires a significant increase in funding to cope with both unmet and escalating needs for equipment for people with disabilities. NCOSS asks for an increase of \$15.5m in the first year and then increases until waiting lists and unmet need is addressed.

The NSW Government must improve the access to people with disabilities to its regular generic infrastructure and services including:

- Accessible physical environment.
- Labour force participation and employment opportunities, especially within government.
- Planning that sets progressive targets for transport accessibility.

Results

A fairer NSW for people with disability can deliver:

- Improved quality of life for people in boarding houses.
- Avoidance of further disability caused by lack of proper aids and equipment.
- Closure of all institutions and relocation to community based supported accommodation for those people requiring ongoing support.
- Fulfilment of the rights of people with disabilities to fully participate in society.

Better, more affordable services

Services need to be accessible, affordable and appropriate.

Basic services such as health care should be equally accessible for the whole population of NSW. Access must not be restricted to people on a basis of their immigration status. This is particularly important for children.

Nor should a person's ability to speak English determine their access to basic services we all take for granted. Adequate interpreter and translation services for people with disabilities and people from Culturally and Linguistically Diverse (CALD) backgrounds must be provided so that they can access services in common with fellow NSW residents.

Geographic equity must be a priority for human services. Currently there are significant gaps in services and infrastructure outside our major cities, and even on the metropolitan fringe. Lack of public transport, for example, is one of the major drivers of poverty as people cannot connect to jobs and services.

Rural and remote communities do not have a significant degree of choice and often are faced with over stretched and under resourced public services, distances to travel for services or a lack of either comprehensive quality public or private care (dental services are a good example of this).

Smart Move: a proposal for an Integrated Day Fare for Public Transport in NSW

The poor state of public transport in NSW has received a significant degree of public attention over the last year. Many people across the State struggle to use services that are infrequent, unreliable or simply do not take passengers where they want to go.

Cost is also a major barrier in using public transport across NSW. Fares can be expensive not only because the cost of a single journey may be high but also because fares are not integrated.

Different fares apply to different services and passengers are frequently forced to buy a new ticket each time they use a different form of transport (bus or train) as part of a single journey. This can make public transport very costly if you need to use several different services to get to a destination.

Integrated fare products do exist, such as TravelPass, Pensioner Excursion Ticket, DayTripper and the Newcastle All Day Ticket. These tickets are however, not available or usable by everyone and are not valid on all services. Only the Pensioner Excursion Ticket, which is restricted to Greater Metropolitan Sydney, can be used on privately operated bus services.

The inconsistent availability of integrated tickets is an equity issue, with people who do not have access to them facing higher transport costs. For example people who wish to travel from Horsley Park to Macquarie University can pay over \$100 return in public transport costs for five days travel. On the other hand, a resident of Mona Vale travelling to Macquarie University would pay a maximum of \$54 per week using a Purple TravelPass. This is despite the fact that the duration and distance of these two journeys is approximately the same.

The situation is even worse in rural and regional NSW, where higher bus fares and a lack of affordable ticket products make travel more expensive on very limited public transport services.

Poor integration of public transport services and fares is a disincentive to public transport use. In Sydney areas that are well served by public transport and have access to a range of fare products, residents typically rely on motor vehicles less for travel than do those living in areas that do not have this same level of access.

For example trips by car in Sydney's Eastern and Inner Suburbs account for 56% of total travel,

whereas in South West Sydney such trips account for 80% of total trips. Sadly it is low income households, often located away from frequent public transport services, which have been disproportionately affected by fare inequities.

What needs to be done

Other Australian cities have taken positive steps towards creating integrated ticketing products that encourage people to use public transport for more of their journeys. Such products are currently available in Brisbane (Translink), Melbourne (Metlink) and Perth (Transperth). These have improved the affordability of public transport and increased patronage.

In July 2006, NCOSS publicly released a proposal that separate Integrated Day Fares be made available for Sydney, the Blue Mountains, the Central Coast, Illawarra and Lower Hunter.⁴⁹ The proposal, called *Smartmove*, also suggested that bus/rail Day Fares be negotiated for rural and regional bus contract regions.

NCOSS is calling for:

- A *Smartmove* Sydney Day Fare of \$10 full fare or \$5 concession, for those not eligible for the \$2.50 Pensioner Excursion Ticket. It would allow ticket holders all day travel on all bus and rail services in the Sydney metropolitan area.
- Blue Mountains, Central Coast, Illawarra and Lower Hunter Day Fares be priced at \$8 full fare or \$4 concession. It would cover all day travel on all bus and rail services in those areas.
- Day Fares should also be negotiated for bus and rail services in rural and regional bus contract regions.

This would be particularly useful in areas such as the North Coast and the South Coast where there are a number of regular bus services in addition to school bus services. NCOSS suggests that the maximum Day Fares in these regions be no more than those proposed for the Blue Mountains, Central Coast, Illawarra and Lower Hunter.⁵⁰

Whether or not a system of Day Fares is implemented in rural and regional bus contract areas, NCOSS recommends that the NSW Government review current fares to address the existing inequities between metropolitan and country bus fare levels.⁵¹

Results

- Simplify and extend public transport day fare products.
- Promote affordability amongst transport users disadvantaged by the existing fare system, including residents in Western and South Western Sydney covered by private bus services and concession card holders ineligible for the Pensioner Excursion Ticket.
- Contribute to the sustainability of public transport by promoting growth in patronage, and reduce reliance on motor vehicles.

Enabling older people to be active and connected

Older people have the right to be active citizens, engaged with the community and full participants in society. This means we must maximise the capacity to contribute by promoting connectivity and minimise premature and unnecessary dependence. Older people can make worthwhile contributions whether or not they require support.

Inclusion and connectivity

Planned, safe neighbourhoods can encourage intergenerational contact and provide opportunities for active involvement by older people in their community.

Transport is a critical enabling service for older people, many of whom cannot access private vehicles. All forms of public transport are necessary to enable older people to remain active. Transport should be considered an investment in the well-being of older people and their contribution to the community. Affordability, availability and accessibility are the hallmarks of a successful public transport system.

A range of affordable housing that not only meets the needs of older people but also people with disability and people with children is needed. Investing in universal, affordable housing now is an investment in the whole communities' housing futures.

Providing support to carers is another critical facet to ensuring the inclusiveness of older people in society. Supporting carers is an important strategy as many older people become carers of their own partners, which adds to their social isolation and stress.

Elder abuse has also been identified as a concern facing older people in NSW, however the extent of this form of abuse is difficult to establish due to low reporting rates. Please refer to the *“Providing support to older people, women, children and communities surviving violence and abuse”* section of this document for details of the proposed Elder Abuse Hotline.

Healthy ageing

Timely, appropriate and preventative access to allied and community health initiatives and services will maintain the well-being of older people and delay unnecessary decline and adverse health outcomes.

Ageing is not linear but cyclical. Proper treatment and management of chronic conditions can maintain and improve independence, especially when it involves self-management techniques.

The NSW Healthy Ageing Framework 1998-2003 attempted to provide coordination across all human service government agencies to respond to the needs of older people. Whilst a good start, it gave no measures and there were no public progress reports. Many other states have a public plan for older people.

Coordination including hospital discharge

Government agencies (programs and services) working separately from each other are sometimes at cross purposes, to the detriment of outcomes for older people. Better coordination of services to older people across agency and program boundaries is needed, especially involving health and hospitals, community planning and community care, disability supports and mental health services.

A good example of effective and successful outcomes through proper coordination is the ComPacks and *Sub Acute Fast Track Elderly* (SAFTE) programs.

What needs to be done

NSW needs a public plan on ageing that is a forward looking visionary document, with specified and mandatory targets. It should include the following priority actions:

- Extending ComPacks to all metropolitan and regional/rural hospitals and then to private hospitals (estimated cost \$18m per annum).

- The SAFTE Care program (still in its pilot stages) should be evaluated and then rolled out to all NSW hospitals and private hospitals.
- Maintain and extend the \$2.50 pensioner excursion fare, regardless of revenue-neutral status and remove the \$10 booking fee for CountryLink rail services.
- Extend the public and community transport network and improve the safety and suitability to access for older people.

Improvements to Home and Community Care services should include:

- Timely approval and release of annual HACC growth funding.
- Accelerated growth funding to address the significant unmet needs for home support services to older people, people with disabilities and carers.
- Improved services to Aboriginal and Torres Strait Islander communities and CALD communities as well as rural and remote areas.
- Better integration with other related support systems, i.e. health, residential aged care and disability support systems, especially to avoid cost shifting to HACC due to the inadequacy of other systems.
- Improved accountability and integration of the NSW Home Care Service.

Results

Enabling older people to be active and connected can deliver:

- Better connectivity and reduction in isolation.
- Older people's right to participate in society is respected, promoted and delivered.
- Fewer hospital admissions and re-admissions and improved separation rates.
- Better inter-generational relations.

Better Oral Health across NSW

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

Poor oral health results in difficulty in eating, impaired speech, loss of self-esteem, restriction of social and community participation, and can impede a person's ability to gain employment.⁵²

Oral health is affected by a complex interplay of social, environmental and economic factors. There is overwhelming evidence that shows people living in disadvantaged circumstances experience more oral disease and more barriers in accessing care, than people living in more advantaged circumstances.

Aboriginal populations experience a higher percentage of people with no natural teeth (16% compared with 10% for non-Aboriginal populations).⁵³ People from refugee backgrounds have also been found to have high rates of dental disease due to a combination of nutritional deficiencies, limited access to preventative and curative oral care and, in some cases, torture and trauma.

People with intellectual disabilities experience dental disease up to seven times more than the general population.⁵⁴

It is estimated that approximately 4,000-5,000 people living with HIV and AIDS in NSW are in need of public dental health services with up to 90% of people with HIV developing at least one oral health condition associated with HIV disease. The lengthy waiting times for basic dental services for people with a chronic illness such as HIV can have significant detrimental effects on oral health as well as other systemic health conditions exacerbated by infection or late diagnosis.

People living in rural areas experience greater oral health disadvantage compared to residents in urban areas. Residents in rural areas:

- Have more tooth decay (children).
- Are more likely to have no natural teeth (adults).
- Have less frequent dental check ups.
- Have fewer preventative treatments.⁵⁵

Among all children in NSW:

- Around 33% have evidence of tooth decay; and
- Less than 50% have a dental check-up each year.⁵⁶

Of great concern is the increasing hospitalisation rate for the removal or restoration of teeth among children, which has increased by 80% for children aged 5 – 14 years.⁵⁷

Among adults in NSW:

- Two thirds don't have all of their natural teeth.
- Only one in 10 have a dental check-up each year.
- More than 25% have a filling each year.
- Hospitalisations for the removal or restoration of teeth have increased in recent years.⁵⁸

Dental caries is the most prevalent health problem in Australia and periodontal diseases the fifth most prevalent health problem.⁵⁹ Around 90% of all tooth loss can be attributed to these two health problems and, because they are preventable and treatable, most tooth loss is avoidable.⁶⁰

Access to affordable, good quality, dental care is unevenly spread across NSW. Many disadvantaged population groups are unable to afford private dental treatment but are also unable to access timely, preventative treatment through the public system. This is exacerbated in rural areas due to a non-existence or lack of both public and /or private dental services, limited public transport and long distances to regional clinics.

As a result of poor funding, the public dental system has been described as one that predominantly provides emergency, acute or episodic treatment. There is limited long term care and little in the way of prevention. Users of the public dental system often miss out on a range of preventative services offered through the private dental system such as fillings and restoration of teeth. As a result, many consumers have to cope with missing or badly broken teeth or have teeth removed. This can result in further disadvantage through social isolation and exclusion from employment opportunities.

It is well recognised that the public dental system is under severe strain:

- Demand for the service far outweighs current resources, often resulting in long waiting times.
- By 2010, there will be a 30% increase in demand for dental services from the public sector and just over a 20% increase in demand from the private sector.⁶¹
- However, by 2010 there will be 1,500 fewer dental professionals (including para-dentals) than is required to maintain the current level.⁶² The shortage of the dental workforce is a more significant issue in rural than urban areas with rural public health clinics worse off in terms of retention and recruitment of staff.

What needs to be done

An increase in funding from NSW Health for public dental services is drastically needed. An increase in funds and resources will enable the public dental services to adequately meet the following characteristics and standards:

- A focus on preventive dental services such as appropriate oral hygiene practices, access to and information on a healthy diet, regular check-ups, cleaning and scaling, early detection, fillings and restoration rather than extractions.
- Ensuring that treatment for decayed teeth and oral health diseases is appropriate, timely and evidence based. Taking remedial action when problems arise to prevent expensive, complicated dental care or tooth loss; and
- Ensuring that no person should have to wait more than 24 hours to receive emergency dental care.

Further exploration is also required of possible means to increase the numbers, and provide support to dental workers in rural areas.

The cost of the increase in funding would be an initial \$170m per annum (recurrent), with negotiations to take place with the Commonwealth about increasing this figure on a cost-share basis up to \$700m p.a.

NCOSS is calling for:

The incoming NSW Government to adequately fund the public dental system including:

- The Oral Health Fee for Service Scheme, so that the fees more closely reflect the actual cost of the service and people's ongoing oral health needs.
- Further, a sliding scale in the Oral Health Fee for Service Scheme should be introduced. Ranging from \$170 for a dental check up to \$500 for more complex treatments, with a matching increase in the number of vouchers that people can access in a twelve month period.
- The NSW Oral Health Promotion Plan, so that it can be successfully implemented and that the strategies within the plan are actioned.
- Additionally, \$2.75m per annum (recurrent) is needed to develop and implement oral health promotion and prevention programs for specific socio-economically disadvantaged groups and rural/remote communities.

Results

- Improved oral health for all people living in NSW, especially those that are the most socio-economically disadvantaged or living in rural and remote areas.
- A reduction in other costlier health problems through the treatment of oral health problems as evidenced by the link between oral and general health.
- Increased preventive treatment and timely interventions, reducing the need for extraction and enabling people to maintain their own teeth for a greater length of time.
- The reduction in waiting times and the waiting list for public dental services.
- Greater access to, and availability of, dental services in rural and remote areas.
- The reduction in hospitalisation rates for the removal or restoration of teeth for children, adults and disadvantaged population groups.

A road map for justice reform

The justice system is the cornerstone of a safe, cohesive and caring community.

For the justice system to work we need to make sure that disputes are settled fairly and in a timely manner, that victims rights are observed and that offenders are dealt with in ways that will reduce re-offending.

To do this a modern justice system must address the causes of the continuing over-representation of offenders from disadvantaged and marginalised backgrounds, including people with disabilities, people with mental health disabilities, Aboriginal people, people experiencing homelessness and women.

In order to achieve an effective law and order system we must address the causes of crime, such as social and economic disadvantage, inequitable access to support services and social exclusion.

The justice system is more than policing and jail. Most peoples' interaction with the law is on civil matters such as housing problems, debt, neighbour disputes, consumer problems etc. Early intervention in civil law matters can serve to reduce poverty by preventing problems escalating. Unfortunately, access to justice, particularly for these day to day matters is becoming increasingly difficult for disadvantaged and marginalised groups. Some of the barriers include lack of access to interpreters and insufficient funding for civil legal aid.

To ensure a safe society it is critical to adequately provide information on legal rights and access to legal services; have a strong justice sector that provides adequate remedies and respect for the rule of law.

Providing support to older people, women, children and communities surviving violence and abuse

Domestic violence, family violence, sexual assault and abuse continue to be a blight upon families and communities in NSW. Every person should live free from violence however we are a long way from achieving that basic level of safety and security for many people.

- According to the recently published Report, 'Spotlight on Safety', published by the NSW Department of Community Services (DoCS), the total number of child protection reports received by DoCS in 2004-05 was 216,386 (102,349 children).

Trans-generational disadvantage – psychosocial disadvantage and a history of trauma (including that caused by dispossession), expose families to abuse or make some children more vulnerable to abuse.

The impact of family violence, neglect and sexual assault upon children cannot be over-emphasised. Nor can the impact on children experiencing or witnessing domestic violence.

In 2004, the NSW Police recorded 25,761 domestic assaults.⁶³ The actual number is likely to be much higher as research indicates that only '36% of women who experienced physical assault by a male perpetrator reported these incidents to the police'.⁶⁴ The most common place for physical violence to occur against women is in the home.⁶⁵

- Up to 9% of Australian women aged 18 and over are physically assaulted each year.⁶⁶ In 37% of cases, the assailant is a man they know.⁶⁷
- Most victims of domestic assault incidents recorded by police are aged between 20 and 39. The majority of victims are female (71.1% and the majority of offenders are male (80.4%).⁶⁸

- Almost half of all victims under 15 are abused by a parent or guardian.⁶⁹
- Approximately 20,000 Apprehended Violence Orders (AVOs) are in place at any one time in NSW each year.⁷⁰
- Aboriginal and Torres Strait Islanders are six times more likely to be victims of domestic assault than non-Aboriginal people.⁷¹

In general, the incidence of domestic assault recorded by police is higher in areas that have: a higher percentage of Indigenous residents, a higher percentage of sole parents under 25 years of age, a higher percentage of public housing, a higher male unemployment rate and higher rates of residential instability.⁷²

- The towns of Bourke and Walgett have the highest recorded rates of domestic assault in NSW.⁷³ Campbelltown and Blacktown record the highest rates of domestic assault in the Sydney metropolitan region.⁷⁴

It is estimated that one in three women experience physical violence at some stage in their lives since the age of 15.⁷⁵ One in five have experienced sexual assault.⁷⁶

- Results from the Personal Safety Survey 2005 indicate that 126,000 women had experienced sexual violence in the prior 12 months.⁷⁷
- The number of proven sexual assault charges is less than five percent of the total number of sexual assault victims in NSW.⁷⁸

Criminal justice outcomes for sexual assault prosecutions are extremely poor. Prosecutions for sexual assault offences have the lowest guilty pleas, lowest guilty verdict rate and highest appeal rate of any offence category. Many victims report that the trial process brings them further trauma and most victims would not encourage other victims to report sexual assault. Police, lawyers and counsellors have also expressed frustration and disappointment about the way the current system limits their efforts to encourage victims to report sexual assault and thoroughly investigate the offence. For changes to sexual assault prosecutions to have long-term impact, they must be substantial. NCOSS therefore supports the recently announced reforms to sexual assault laws.

Violence and abuse against people with a disability, including intellectual disability, same sex domestic violence, homophobic violence and elder abuse are starting to be identified as issues, however the true extent remains masked as very few people report abuse.

Violence may be also used as a tool of social exclusion against women from culturally and linguistically diverse backgrounds in NSW.

- NSW Police recorded a 300% rise in racial assaults in the aftermath of 11 September, 2001.⁷⁹
- A HREOC consultation indicated that 80% of the participants were concerned of their physical safety since 11 September, 2001, due to a fear of violence relating to their race, culture or religious beliefs.⁸⁰

What needs to be done

The prevalence of child abuse demonstrates that the physical and sexual abuse of children is a cultural and social issue, and the State Government should support community-level interventions and education campaigns that aim to work within, and change, the cultural factors associated with child abuse. Education needs to also occur at a community and professional level so that the conditions engendering abuse and neglect are identified, acknowledged and addressed.

There have been multiple inquiries, taskforces and reports on domestic and family violence. A consistent theme is the need to adequately invest in prevention and early intervention. There have been repeated calls to provide a cohesive and consistent response to domestic violence, sexual assault and abuse that is culturally sensitive, that treats the trauma and does not re-victimise and listens to and respects the experiences of people surviving violence.

The clear message from Aboriginal women regarding preventing and reducing violence should be heard and acted upon. The work of women in violence prevention services and though Aboriginal controlled programs, focusing on healing and respect, should be better supported and resourced.

Addressing sexual assault and domestic violence, both in terms of prevention and redress, is a priority issue that requires adequate resourcing of police liaison officers, chamber registrars, refuges, legal services and counselling services for women and children. The Premier should make a personal commitment to drive re-investment in front line, specialist women's services so that there is a continuum of care for survivors – not just a crisis response.

Priority actions should include:

- Establishment of an independent Domestic Violence Related Homicide Review Team (DVRHRT) situated in the Ombudsman Office to identify the agency, policy and systemic responses, which fail to protect men, women and children who are murdered or die as a result of domestic violence, and implement any recommendations from the DVRHRT to service delivery which will improve the safety response.
- Establish an integrated domestic violence intervention response through the establishment of a 24 hour, seven days a week domestic violence multi-agency project, which would include police, NGO employed women's advocates, increased support workers in an expanded DVCAS, establish best practice designated DV courts, and enhanced funded SAAP refuges, supported women's housing and brokerage projects (particularly the far west safe houses).
- Target a re-investment funding program to women specialist workers in community and women's health and family support services to provide reparative counselling and groupwork services for women and children.
- Funding a state-wide, systemic and culturally sensitive prevention and early intervention strategy. Including family support, legal, specialist counselling, children and young people's services, which is established and managed by Aboriginal communities, to include strategies to eliminate all violence, sexual assault and abuse in isolated communities.

- Implement the recommendations from the NSW Report "*Breaking the Silence: Creating the Future. Addressing child sexual assault in Aboriginal communities in NSW*" (2006).
- Establish an Elder Abuse hotline (similar to the domestic violence line).

Results

- A reduction in domestic and family violence and improved support for survivors.
- Improved support for survivors of sexual assault.
- Improved recording rates for domestic and family violence, and sexual assault as measured by DOCS domestic violence line and BOSCAR statistics.
- Help prevent and reduce the prevalence of mental health issues for young people who suffer trauma during their childhood.
- Help prevent future destructive psychosocial behaviour of children whom experience childhood trauma and abuse.
- Direct assistance to older people experiencing abuse.

Closing the revolving door of prison

Addressing the causes of overrepresentation of disadvantaged groups in the criminal justice system can help to prevent crime and keep people out of prison in the first place. Actively pursuing programs and actions to stop people coming back to prison (recidivism) is also vital if crime rates are to keep heading in the right direction.

It must also be acknowledged that prison might not be the right place for certain kinds of offenders, such as people suffering from severe mental illness or an intellectual disability.

Disadvantaged groups of people form a disproportionate number of the defendants coming before the courts and ending up in prison system. Intellectual disability, mental illness, acquired brain injury, drug dependency, homelessness, dual diagnosis and a history of abuse are all factors that can contribute to over representation in the prison system. These factors may also overlap, with entrenched poverty the common thread that binds these experiences together.

- In 2003, 54% of women in prison, and 41% of men in prison had reported receiving a form of psychiatric treatment at some point in their lives. One third of these people had reported being previously admitted to hospital or been admitted as a psychiatric inpatient⁸¹
- Many studies have shown people with intellectual disabilities to be overrepresented in the criminal justice system. For example, in 2003, at least 10% of young people in detention centres had intellectual disabilities and a further 27% were functioning in the borderline range of intellectual disability.⁸²
- People with an intellectual disability are also over-represented as victims of crime, and may be particularly vulnerable to sexual assault and fraud.

Other marginalised groups are also over-represented in the prison system, which points to deeper systemic injustices that must be addressed.

- Aboriginal people who have been the subject of long-term disadvantage and discrimination, are nearly 16 times more likely to be imprisoned than non-Indigenous people.⁸³
- In general women are currently the fastest growing population in NSW prisons, particularly the 'flow through' prison population (on sentences of six months or less). 90% of these women have a drug and alcohol problem. It is also suggested that most of these women have suffered physical and sexual violence as a child and domestic violence as adults.⁸⁴
- Between 2000 and 2004 the population of Aboriginal women in NSW prisons increased by 25%.⁸⁵

Children are particularly vulnerable if they come into contact with the criminal justice system.

- An Aboriginal or Torres Strait Islander youth is 19 times more likely to end up in the juvenile system than a non-Aboriginal youth.⁸⁶
- 91% of juvenile offenders with care and protection orders move into the Adult system.⁸⁷

Recidivism rates in NSW are the worst in Australia. 44% of prisoners released return to prison within two years.⁸⁸ Within nine months, 50% of prisoners are homeless.⁸⁹

What needs to be done

We need to tackle the causes of crime as well as the consequences.

The justice system needs to find more creative ways of addressing the sources of offending behaviour. This is not only a matter of fairness but also to improve community safety.

Social crime prevention allows the courts to dispense justice while also using the human services system to address the underlying causes of offending behaviour. Examples include problem solving courts and diversionary schemes such as the Drug Court, MERIT scheme and youth justice conferencing. These approaches are showing positive results and should be rolled out across the state.

The way the justice systems works needs to be modified to suit the needs of people with disability, including those with intellectual disability, so that people who shouldn't be in prison in the first place don't end up there. In Western Australia a Disability Diversionary Court has been established. This type of approach has much to commend it. NSW should look closely at such models to see if they can be replicated here. In the meantime improving continuity and disability expertise of legal aid lawyers (in the same way the children's Legal Aid lawyers operate), would be a cost effective way to improve our justice system.

Improved rehabilitation programs and proper discharge from prison can help to reduce recidivism. There needs to be culturally suitable programs in prison which are pitched at a level which is appropriate to the cognitive ability of the participant.

If there have been any programs which have proved useful in prison, then these need to be reinforced in a supportive manner, post release if they are to have any prolonged impact.

Each prisoner should take part in a needs analysis prior to release which identifies major issues that may place the person at risk of recidivism such as housing and health needs.

Based on the needs analysis, contact should be made with post-release services prior to release, to conduct planning around what services the prisoner will require to live in the community and to ensure that the support is available.

There is a paucity of post release human services for offenders generally and the situation is particularly bad for Aboriginal people and for people with dual or multiple diagnosis. Many people go straight from prison to homeless services.

Needs vary but key services need to be coordinated through proper case management and include education and training, accommodation and related support, alcohol and other drugs services, mental health services and flexible approaches to promote acceptance of services. There needs to be a flexible and coordinated response from mainstream agencies, specialist disability services and Indigenous services.

Greater communication and liaison between Justice Health and the NGO sector needs to occur to facilitate support for prisoners post release.

Results

Closing the revolving door of prison proposals can deliver:

- A reduction in the over-representation of Aboriginal people, people with intellectual disability, people who are homeless and people with a mental illness in our prison and juvenile justice systems.
- A reduction in the high recidivism rate amongst NSW offenders by assisting prisoners leaving prison to successfully adapt to life in the community and avoid re-offending.
- A reduction in crime, as the causes of crime are managed alongside recidivism.

Protecting and promoting human rights in NSW

Australia is the only western nation without a national Bill of Rights. As a result, some states have taken up the challenge of addressing the

lack of comprehensive human rights protection. Widespread public consultation has supported the development of Charters of Rights in the ACT and Victoria, and they are also being considered in other states including Tasmania and Western Australia.

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

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

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

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

What needs to be done

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

NCOSS is calling for:

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

Result

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

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

A Vibrant Third Sector

A sensible funding policy for NSW

Funding levels directly impact upon the capacity of non government organisations. Inferior wages, conditions and the lack of job security are some of the negative impacts of current funding policy. This is creating major systemic barriers to the recruitment and retention of experienced and qualified staff in the sector, at a time when a number of government agencies are seeking to outsource more of their service delivery.

The range of funding policies of the various human service government agencies also creates unnecessary duplication for those NGOs in receipt of funding from more than one agency. The current patchwork of funding policies increases compliance costs and inhibits inter-government and inter-sectorial collaboration.

What needs to be done

NCOSS is calling for:

- A common human services agency funding policy in NSW that includes a negotiated approach to full indexation and fully funds award wages at the appropriate professional levels.
- This policy must also provide longer term funding security to enable realistic strategic and business planning for non government organisations.

See: www.ncoss.org.au/hot/compact/Working-Together-good-funding-jul06.pdf

The NSW funding policy must align with the principles contained in the *Working Together for NSW Agreement between the NSW Government and the non-government sector*.

Results

- A stable and sustainable community sector capable of retaining and attracting qualified professional staff within a highly competitive employment market.

- Greater efficiencies derived from standardised government funding policies and procedures that reduce NGO compliance costs and duplication.
- Increased commonality between government funding agencies and funded NGOs that facilitates improved capacity to deliver on whole of government and community policies and programs.
- Improved viability for an estimated 7,000 NGOs in NSW, measured through annual Community Sector Survey.

A state-wide NGO sector development strategy

Whilst most human service agencies have some 'capacity building' initiatives associated with their respective NGO programs, and many peak organisations provide sector development support to their members, there is no coordinated and state-wide approach to the future development of the non-government sector.

In particular there is no comprehensive workforce strategy to ensure the sector can continue to deliver quality services on behalf of government in response to community needs. NSW is way behind other jurisdictions in developing industry plans with, and for, the community sector. The Western Australian Government introduced its plan in 2004⁹⁰ and the Tasmanian Government is actively supporting the development of the non government community service industry plan in that state.

What needs to be done

NSW needs a state-wide sector development strategy informed by a comprehensive whole of community sector needs analysis.

The strategy should take the long view of capacity building and include a minimum implementation phase of five years. All human service agencies that have funded NGO programs would be expected to contribute to the development,

funding and implementation of the strategy, which would be developed by NCOSS in collaboration with other peak bodies.

A workforce development strategy needs to be the central component of the overall strategy and include a comprehensive implementation plan to address both the current as well as the projected skills shortages in the sector. In addition, the workforce development strategies must address ways of retaining existing staff and providing better opportunities for professional development and career advancement.

Results

- Enhanced capacity for the NGO sector to deliver quality services to the community in partnership with government.
- Improvements in the attraction and retention of experienced staff in the sector.
- Improved capacity for the sector to compete with other industries in attracting quality staff.
- A state-wide coordinated approach to sector development based on sound evidence and stakeholder engagement.

Regional Service 'Hubs'

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

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

What needs to be done

The Regional Services Hubs (RSH) are a capacity building strategy that delivers regional corporate services, within reach and within budget. A number of existing regional peaks and community development NGOs are currently providing support services in their regions and are well placed to advise government on developing and

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

Similar models operate in the United States and the Republic of Ireland (Community Development Corporations) and more recently in the Northern Territory. The RSH strategy has many potential capacity building benefits, both for the community sector and the region it serves.

Regional Service Hubs can:

- Deliver much needed corporate services to NGOs in regional and rural NSW.
- Facilitate more cost effective services (such as IT support) through packaging aggregated regional demand.
- Generate local employment opportunities.
- Leverage business support (pro bono and subsidised expertise) and broker affordable training opportunities to meet identified regional NGO needs.

Results

- The provision of affordable and relevant back office support and corporate services for regional and rural NGOs.
- Reduced compliance and on costs for participating community services.
- Enhanced capacity for participating community services to focus on their core functions of service delivery and community development.

Increased Research Capacity-Better Practice, Better Outcomes

As a sector that works across service delivery, community development and policy, the community sector is very well positioned to develop, implement and evaluate new approaches to improve outcomes for disadvantaged people and communities.

In this respect the community sector is a 'natural laboratory' and has the potential to substantially contribute to the research-policy-practice dynamic. A strong research evidence base is essential to inform service delivery practice and improve outcomes; however the capacity of the community

sector in these areas is limited by the lack of dedicated research capacity and formal links with relevant academics and research institutes.

What needs to be done

Research literacy and evidence-based practice is crucial to the future of the third sector. Government funding is required to enhance research capacity. This funding should provide for a small number of dedicated research positions that;

- Undertake research within the community sector on key issues to inform improved practice and better policy.
- Act as facilitators or 'knowledge brokers' between the community sector and researchers/research institutes using partnership models.
- Translate findings and tested evidence based learning's into practical resources to enhance service delivery capacity.

Results

- Increased access for community service agencies to new research and improved capacity to implement evidence based practice at the grass roots level.
- The development of a more proactive learning culture within the sector and increased research literacy and capacity across the workforce.
- Enhanced ability for the community sector to contribute to collaborative research projects with researchers/research institutes that aim to improve outcomes for disadvantaged people through evidence based service interventions.

Footnotes

¹ The Coalition is made up of; Uniting Care, Burnside; NSW Family Services Inc; Shelter NSW; the Aboriginal Secretariat (AbSec); ACWA; Family Advocacy and NCOSS.

² Meagher, Reba. Hon. "Child Protection Reports up nearly 20%." Press Release 30.4.2006

³ NSW Department of Community Services. "Annual Statistical Report, 2004/2005" May 2006. p21 www.community.nsw.gov.au/html/news_publications.data.html

⁴ Richardson, Nick. "Child Abuse and Neglect in Indigenous Australian Communities." National Child Abuse Clearinghouse *Child Abuse Prevention Resource Sheet*, no 10 March 2005. www.aifs.gov.au

⁵ Services which combine quality early childhood education and care, home visiting, parent education and health screening services

⁶ It is almost impossible to calculate the numbers of 4 year olds who access either a preschool or long day care service because of the way data is collected and problems of differentiating children by age and by "year before starting school". Hayes and Press, in their Report to the OECD Thematic Review of Early Childhood Education and Care Policy, 2000, use figures (graph p.36) that would indicate 90% of 4 year olds access preschools and long day care. However, we know there is some overlap between these two groups. Around 34,000 4 year olds in NSW attend Long Day Care services that would be regarded as providing a preschool program (ABS Child Care Study, 2004). The ABS Child Care Study, 2004, also indicates that 77,500 children in NSW attended preschool programs in the year before school but this is across age groups, 3 -5. The Productivity Commission notes that 34,077 4 year olds accessed preschool in NSW in 2004-05, with a further 16,720 5 year olds. This can mean children accessing preschool as both 4 and 5 year olds which again makes it impossible to count the number of children in NSW Government funded preschool places. (Productivity Commission, *Report on Government Services*, 2006, Table 14A.30)

⁷ The NSW Aboriginal Consultative Group Inc and the NSW Department of Education, "The Report of the Review of Aboriginal Education, Yanigurra Muya: Ganggurrinyrna Yarri Guurulaw Yirringin.gurray,"- Darlinghurst: NSW Department of Education and Training, August 2004, pp 25-28"

⁸ Oral Health Promotion State-wide (NSW) Steering Committee, *NSW Oral Health promotion: Framework for Action 2010*. NSW Health, September 2004, p13.

⁹ Australian Health Ministers Advisory Council, National Advisory Committee on Oral Health, 2004. *Healthy Mouths Healthy Lives: Australia's national oral health plan 2004-2013* – Adelaide: South Australian Department of Health.

¹⁰ Australian Health Ministers Advisory Council, National Advisory Committee on Oral Health, 2004. *Healthy Mouths Healthy Lives: Australia's national oral health plan 2004-2013* – Adelaide: South Australian Department of Health.

¹¹ Australian Institute of Health and Welfare, 'Homeless People in SAAP: SAAP National Data Collection Annual Report 2004-2005 – New South Wales supplementary tables', Canberra, 2006, p.6.

¹² Australian Institute of Health and Welfare, 'Demand for SAAP Accommodation by Homeless People 2003-04', *AIHW Bulletin*, no.34, March 2006, p.3.

¹³ NSW Department of Community Services. *2006 Annual Statistical Report 2004/05*, Out of Home Care, Ashfield, p46.

¹⁴ Cashmore J and Paxman M. (1996) cited by CREATE Foundation, *Australian Children and Young People in Care, Report Card Education*, December 2004, pg 7.

¹⁵ Cashmore J and Paxman M. (1996) *Longitudinal study of wards leaving care*. Social Policy Research Centre. Sydney, executive summary

¹⁶ Mendes, P & Moslehuddin B. 2004. *Graduating from the Child Welfare System: A Comparison of the UK and Australian Leaving Care Debates*, International Journal of Social Welfare, 13, Blackwell Publishing p334.

¹⁷ Australian Bureau of Statistics (July 2006) (Cat No. 6105.0), *Australian Labour Market Statistics: Spotlight on employment type*, www.abs.gov.au.

¹⁸ Campbell, I. and Burgess, J. (2001), 'A New Estimate of Casual Employment?', *Australian Bulletin of Labour* 27(2), pp. 6–29.

¹⁹ Watson, I., Buchanan, J., Campbell, I. and Briggs, C. (2003), *Fragmented Futures: New Challenges in Working Life*, Federation Press, Sydney.

²⁰ Australian Council of Trade Unions (2004) *New Data Fuels 'Working Poor' Fears: 60,000 People Can't Afford Food*, www.actu.asn.au.

²¹ Hockey, J. Hansard 21 June 2005, p.120.

²² Based on an approximate average subsidy of \$240 per eligible person per year. Not all eligible low income Health Care Card holders use public transport. Also this does not include concessions to private transport operators as this is not a tax expenditure but direct expenditure. Contracts for these operators may need to be renegotiated if significant increases in concession fares eventuate.

²³ Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*

²⁴ NSW Department of Health, Centre for Epidemiology and Research, *2004 Report on Adult Health from the New South Wales Population Health Survey*. NSW Public Health Bull 2005; 16(S-1). 90.

²⁵ 7.3% of respondents who expressed difficulty accessing health appointments, cite shortage of General Practitioners as a barrier to accessing health services. Centre for Epidemiology and Research, NSW Department of Health. *2004 Report on Adult Health from the New South Wales Population Health Survey*. Online at www.health.nsw.gov.au/public-health/survey/hsurvey.html

²⁶ NSW Department of Health, Centre for Epidemiology and Research, *2004 Report on Adult Health from the New South Wales Population Health Survey*. NSW Public Health Bull 2005; 16(S-1)

²⁷ NSW Department of Health, Centre for Epidemiology and Research, *2004 Report on Adult Health from the New South Wales Population Health Survey*. NSW Public Health Bull 2005; 16(S-1) 87.

²⁸ NSW Department of Health, Centre for Epidemiology and Research, *2004 Report on Adult Health from the New South Wales Population Health Survey*. NSW Public Health Bull 2005; 16(S-1). 90. Survey respondents could mention more than one response.

- ²⁹ 15.9% of people in the lowest quintile, and 22.4% of people in the second lowest quintile report difficulties accessing health care when needed. See Centre for Epidemiology and Research, NSW Department of Health. *2004 Report on Adult Health from the New South Wales Population Health Survey*. Online at <http://www.health.nsw.gov.au/public-health/survey/hsurvey.html>
- ³⁰ Yates, Judy and Gabriel, Michelle: *Housing affordability in Australia*, AHURI Background Report, February 2006, p. 11.
- ³¹ See *City of Cities: a Plan for Sydney's Future*, Department of Planning, December 2005 p. 127.
- ³² AHURI, *Supply and demand in the low rent private market*, AHURI Research & Policy Bulletin Number 50, February 2005.
- ³³ Office of Fair Trading Department of Commerce, *Residential Tenancy Law Reform Options Paper*, 2005 p. 4.
- ³⁴ This costing assumes that the additional units of affordable housing would be allocated to the community housing sector. This would facilitate access to private sector loan funds and Commonwealth taxation and rent assistance subsidies. If it were decided to allocate some of the additional units to public housing, increased funding would be required.
- ³⁵ The current SEPP restricts these provisions to Green Square, Ultimo Pyrmont, and Willoughby local government area. There are some additional voluntary developer agreements that also make provision for affordable housing.
- ³⁶ In doing so we recognise that a shift to institutional investment in private rental housing is likely to be necessary before long term private tenancies become common in Australia.
- ³⁷ In line with the *Framework for National Action on Affordable Housing*, adopted at the joint meeting of Housing, Local Government and Planning Ministers held in August 2005.
- ³⁸ Cripps, R. and Carman, J. *Falls by the elderly in Australia: Trends and data for 1998*, Feb 2001, AIHW.
- ³⁹ *The NSW Health Care System: An Overview*, NSW Health Futures Planning Unit, April 2005 pp. 39-40.
- ⁴⁰ Shelter NSW has engaged a consultant to conduct a stock take of measures adopted by a sample of individual councils to address adaptable and accessible housing requirements. This work had not been completed at the time of writing.
- ⁴¹ Australian Standard 4299-1995 (Adaptable Housing) sets out a range of essential and desirable specifications. The highest level of adaptability is category A, which meets all desirable as well as all essential specifications.
- ⁴² Announced in conjunction with the Reshaping Public Housing package, it said 12,000 dwellings would be completely replaced, 10,000 would be modified to become suitable for people with disabilities, and a further 8,000 would be refurbished. See '\$2.7 billion investment in new and upgraded homes', media release from Hon Joe Tripodi MP 27 April 2005.
- ⁴³ Australian Bureau of Statistics (ABS) Labour Force, Australia, Aug 2006
- ⁴⁴ ABS *Census of Population and Housing*, 2001
- ⁴⁵ Chamberlain, Chris and MacKenzie, David: *Counting the Homeless 2001*, Australian Census Analytic Program, Australian Bureau of Statistics, November 2003
- ⁴⁶ Australian Institute of Health and Welfare, *Homeless people in SAAP: SAAP National Data Collection Annual Report 2004-05* New South Wales supplementary tables, Canberra, January 2006.
- ⁴⁷ Teesson, M., Hodder, T., & Buhrich, N., (2004): 'Psychiatric disorders in homeless men and women in inner Sydney', *Australian and New Zealand Journal of Psychiatry*, 38: 162-168.
- ⁴⁸ For a more detailed outline of homelessness in NSW and the proposed Strategy, see *Call for a New South Wales Homelessness Strategy*, a joint paper from HomelessnessNSW.ACT, NCOSS, the NSW Women's Refuge Movement and the Youth Accommodation Association, September 2006, available online: <http://www.ncoss.org.au>
- ⁴⁹ '\$10 ticket for Sydney Public Transport a Smart Move', NCOSS media release 31 July 2006, available online: <http://www.ncoss.org.au/media/>
- ⁵⁰ Busways currently offers day tickets in Coffs Harbour and Port Macquarie, priced at \$10 adult and \$5 concession.
- ⁵¹ See, for example, *Submission to the Ministry of Transport's 2005 Concession Review*, Public Transport Development Project, Northern Rivers Social Development Council, available online: <http://www.nrsdc.org.au/publications/ConcessionReviewSubmission.doc>
- ⁵² NSW Oral Health Promotion: Framework for Action 2010, NSW Oral Health Promotion State-wide Steering Committee, 2004
- ⁵³ Australian Institute of Health and Welfare, Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2003 The Aboriginal and Torres Strait Islander Health Series
- ⁵⁴ Scott A, Marsh L, Stokes ML (1998) "A survey of oral health in a population of adults with developmental disability: comparison with a national oral health survey of the general population" ADJ 43; 257-261
- ⁵⁵ *The Health of the People of NSW*- Report of the Chief Health Officer 2004, NSW Health
- ⁵⁶ *The Health of the People of NSW*- Report of the Chief Health Officer 2004, NSW Health
- ⁵⁷ *The Health of the People of NSW*- Report of the Chief Health Officer 2004, NSW Health
- ⁵⁸ *The Health of the People of NSW*- Report of the Chief Health Officer 2004, NSW Health
- ⁵⁹ Australian Health Ministers' Advisory Committee Oral health of Australians: National planning for oral health improvement: final report Adelaide: South Australian Department of Human Services, 2001
- ⁶⁰ Australian Health Ministers' Advisory Committee Oral health of Australians: National planning for oral health improvement: final report Adelaide: South Australian Department of Human Services, 2001
- ⁶¹ Australia's National Oral Health Plan 2004-2013 National Advisory Committee on Oral Health 2004
- ⁶² Australia's National Oral Health Plan 2004-2013 National Advisory Committee on Oral Health 2004
- ⁶³ Julie People, Trends and patterns in domestic violence assaults (Crime and Justice Bulletin No. 89 October 2005) [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/\\$file/cjb89.doc](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/$file/cjb89.doc)

- ⁶⁴ Australian Bureau of Statistics, 2006 Media Release, First national personal safety survey released <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mediareleasesbyCatalogue/F9E5031D932C2908CA2571C500784266?OpenDocument>
- ⁶⁵ Australian Bureau of Statistics, 2006 Media Release, First national personal safety survey released <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mediareleasesbyCatalogue/F9E5031D932C2908CA2571C500784266?OpenDocument>
- ⁶⁶ Julie People, Trends and patterns in domestic violence assaults (*Crime and Justice Bulletin* No. 89 October 2005) [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/\\$file/cjb89.doc](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/$file/cjb89.doc)
- ⁶⁷ Australian Bureau of Statistics, 2006 Media Release First national personal safety survey released <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mediareleasesbyCatalogue/F9E5031D932C2908CA2571C500784266?OpenDocument>
- ⁶⁸ Julie People, Trends and patterns in domestic violence assaults (*Crime and Justice Bulletin* No. 89 October 2005) [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/\\$file/cjb89.doc](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/$file/cjb89.doc)
- ⁶⁹ Julie People, Trends and patterns in domestic violence assaults (*Crime and Justice Bulletin* No. 89 October 2005) [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/\\$file/cjb89.doc](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/$file/cjb89.doc)
- ⁷⁰ Michael Stocker and Dr Olav Nielssen, *Apprehended Violence Orders And Stalking* <http://www.aic.gov.au/conferences/stalking/StocNiel.pdf>
- ⁷¹ Julie People, Trends and patterns in domestic violence assaults (*Crime and Justice Bulletin* No. 89 October 2005) [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/\\$file/cjb89.doc](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/$file/cjb89.doc)
- ⁷² Julie People, Trends and patterns in domestic violence assaults (*Crime and Justice Bulletin* No. 89 October 2005) [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/\\$file/cjb89.doc](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/$file/cjb89.doc)
- ⁷³ Julie People, Trends and patterns in domestic violence assaults (*Crime and Justice Bulletin* No. 89 October 2005) [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/\\$file/cjb89.doc](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/$file/cjb89.doc)
- ⁷⁴ Julie People, Trends and patterns in domestic violence assaults (*Crime and Justice Bulletin* No. 89 October 2005) [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/\\$file/cjb89.doc](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb89.doc/$file/cjb89.doc)
- ⁷⁵ Phillips. J & Park. M 'Measuring violence against women: a review of the literature and statistics' Parliament of Australia: Parliamentary library. 6 December 2004. <http://www.aph.gov.au/LIBRARY/INTGUIDE/SP/ViolenceAgainstWomen.htm>
- ⁷⁶ Phillips. J & Park. M 'Measuring violence against women: a review of the literature and statistics' Parliament of Australia: Parliamentary library. 6 December 2004. <http://www.aph.gov.au/LIBRARY/INTGUIDE/SP/ViolenceAgainstWomen.htm>
- ⁷⁷ Australian Bureau of Statistics, 2006 Media Release, *First national personal safety survey released* <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mediareleasesbyCatalogue/F9E5031D932C2908CA2571C500784266?OpenDocument>
- ⁷⁸ Bureau of Crime Statistics & Research NSW (2005) '*Some important facts about sexual assault in NSW*' http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/25d19cb709a207064a256d67002288bc/f4ecea39f8900b0dca2571a2001f8316?OpenDocument
- ⁷⁹ Christina Ho, *Violence as Social Exclusion: CLAD Women in Multicultural Australia* p.9
- ⁸⁰ Christina Ho, *Violence as Social Exclusion: CLAD Women in Multicultural Australia* p. 10
- ⁸¹ Australian human rights equal opportunity commission, *Inquiry into Civics and Electoral Education* (2 June 2006) <http://www.aph.gov.au/house/committee/em/education/subs/sub034.pdf>
- ⁸² Department of Juvenile Justice, 2003 NSW *Young People in Custody Health Survey*, Key Findings Report.
- ⁸³ Australian Human rights equal opportunity commission <http://www.aph.gov.au/house/committee/em/education/subs/sub034.pdf>
- ⁸⁴ E. Baldry '*Prison boom will prove a social bust*', SMH, 18.1.05 <http://www.smh.com.au/news/Opinion/Prison-boom-will-prove-a-social-bust/2005/01/17/1105810839489.html>
- ⁸⁵ Australian Medical Association, *Undue Punishment? Aboriginal People and Torres Strait Islanders In Prison: An Unacceptable Reality* (Report Card Series 2006 Aboriginal and Torres Strait Islander Health) [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9BH/\\$file/Indigenous_Report_Card_2006.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9BH/$file/Indigenous_Report_Card_2006.pdf)
- ⁸⁶ Australian Medical Association, *Undue Punishment? Aboriginal People and Torres Strait Islanders In Prison: An Unacceptable Reality* (Report Card Series 2006 Aboriginal and Torres Strait Islander Health) [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9BH/\\$file/Indigenous_Report_Card_2006.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9BH/$file/Indigenous_Report_Card_2006.pdf)
- ⁸⁷ Australian Medical Association, *Undue Punishment? Aboriginal People and Torres Strait Islanders In Prison: An Unacceptable Reality* (Report Card Series 2006 Aboriginal and Torres Strait Islander Health) [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9BH/\\$file/Indigenous_Report_Card_2006.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9BH/$file/Indigenous_Report_Card_2006.pdf)
- ⁸⁸ Sentencing Advisory Council, *Recidivism* (Reviewed 16/6/2006) <http://www.sentencingcouncil.vic.gov.au/CA256F82000D281D/page/Sentencing+Monitoring-Prison+and+detention-Recidivism?OpenDocument&1=90-Sentencing+Monitoring~&2=30-Prison+and+detention~&3=70-Recidivism~>
- ⁸⁹ E. Baldry '*Prison boom will prove a social bust*', SMH, 18.1.05 [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb26.pdf/\\$file/cjb26.pdf](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb26.pdf/$file/cjb26.pdf)
- ⁹⁰ Industry Plan for the Non Government Human Service Sector Working Party, (2004) *Industry Plan for the Non-Government Human Services Sector*

