

Counting The Cost:

What Future For Human Services
In Rural NSW?





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of New South Wales

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Executive summary

This report explores the current provision of social infrastructure and human services in rural NSW through the eyes of the non government sector. It examines patterns in demand and supply of human services over the last five years, focussing on major economic and social human rights.

It is based on a survey of Non Government Organisations (NGOs) conducted by the Council of Social Service of NSW (NCOSS) in July and August 2004. This information is complemented by the insights gained through a series of rural consultation visits undertaken by NCOSS during the same period.

The main trends identified in the report include:

- Significant reporting rates of decreases, delays and withdrawal of key infrastructure or capital;
- Patterns of declining provision and increasing demand clustering around key social and economic rights including the rights to health, housing, education and freedom from violence;
- A significant correlation between the decrease in human service provision over the last five years, and increasing demand for NGO provided services;
- Social problems traditionally viewed as largely inner urban problems (ie homelessness) are impacting significantly in rural NSW;
- In towns where main industries have closed down and no major economic activity has replaced the jobs lost, the lack of counselling and support services is leading to entrenched social problems. This is particularly the case for older men who are dealing with economic restructure and unemployment, within Aboriginal communities, and amongst young people;
- State agency re-structures are significantly felt on the ground by rural communities. As they feel a of loss of local control over services and a critical mass of human services policy expertise at a local level. This has both an economic and social impact on the towns affected;
- There is a strong interrelationship between human services sub systems with flow on effects of service reduction in one area of the system upon others.

The inter-relationships between human services are particularly felt in rural settings where a failure in one service system can have a very clear impact upon the community as there are no readily accessible alternatives.

For some human services areas at least, there has been both an increase in demand and a decrease in provision occurring at the same time. This raises issues regarding capacity and sustainability of service systems. It suggests that current funding patterns are failing to keep pace with expressed demand, and have little chance of meeting unmet need.

An important contextual issue is the continuing economic downturn in some regions occurring at the same time as development pressure and land values escalated in other parts of rural NSW. This contradictory pattern has important implications for both the provision of social infrastructure and the range of policy options employed to tackle rural poverty. This report suggests some strategies for dealing with resultant complexities in regional development policy.

Recommendations

- That all three tiers of government work together to develop a coherent, sustainable regional development strategy with a focus on job creation, community infrastructure (in particular, transport), human services delivery and the supply of affordable housing across all tenures;
- That the NSW government work with communities and the non government sector to develop a set of measurable, public objectives to guide improvements in well being, with particular reference to the experience of rural communities;
- That Cabinet require a detailed rural impact statement, based on effective consultation with communities as part of its decision making process on government legislation and policy, with particular reference to proposed service or infrastructure delays and withdrawals;
- That the Commonwealth and NSW governments trial a socio-economic (enterprise) zone in the Far West of NSW for a period of five years;
- That the NSW Government introduce a mandatory affordable housing benchmark of ten per cent for coastal NSW and other rural areas where development pressure and escalating land values are contributing to housing stress;
- That the NSW Government commit resources to its location based, whole of Government initiatives over a much longer period than the current three to five years;
- The introduction of "Region Assist"- a program which would provide funding assistance to regional peak NGO bodies in each of the State's Area Health Service Regions.
- That the NSW Government expands its investment in, and the priority it gives to, community development type programs, given the significant impact that higher social cohesion has on the correlations of disadvantage indicators as outlined by Vinson in *Community Adversity and Resilience* (2004).

1. Research Outline

1.1 Context

In May 2004 the NCOSS Regional Forum agreed to conduct a short piece of research into the perceived decline in rural infrastructure. This was in part a response to the NSW Mini Budget of April 6 which included announcements regarding the delay or removal of key services in some parts of the state. The subsequent full budget for 2004-05 delivered a state deficit for the first time in many years. Despite this, the final budget was described by government as containing the largest infrastructure and capital program in the State's history.

NCOSS aimed to explore the current provision of social infrastructure in rural NSW through the eyes of the non government sector. In particular, NCOSS wanted to consider the impacts of current patterns of social infrastructure and human services provision against demand.

In July and August 2004 a survey of non government organisations was undertaken. This coincided with the rural consultation visits for the annual NCOSS Pre-Budget Submission.

Each year NCOSS visits regions across the State, seeking input from rural communities on their needs and priorities. A significant aspect of the consultation process for this year's submission involved community consultation meetings alongside visits and meetings with local service providers. The consultations provided a snapshot of prevailing conditions based on the first hand experience and knowledge of the participants. Although the consultations necessarily focused upon issues specific to each of the communities, they also highlighted broad systemic trends and problems, and statewide solutions in their discussions.

Previously NCOSS has used this information to develop specific budget recommendations for these locations. This year it was decided to adopt

a different approach and create a specific report on findings. NCOSS has therefore used the insights from both the NGO survey and rural PBS consultation meetings to inform this publication. This in turn will inform the state wide recommendations contained in the 2005-06 Pre-Budget Submission to be delivered to the NSW Government later in the year.

1.2 Aims of project

The specific objectives of the project were to:

- Examine existing provision of human services and associated social infrastructure in rural and regional NSW;
- Identify changing patterns in service provision and associated social infrastructure within and between regions;
- Examine the relationship, if any, between declining infrastructure and increasing demand;
- Identify trends or patterns in rural decline or development and consider policy options on a sub regional basis;
- produce a report, including recommendations for future action.

1.3 Scope and Methodology

1.3.1 Scope

This study deals with a range of human services issues that relate to and impact upon poverty and social exclusion. It covers a significant range of human services funding programs in NSW in regards to both recurrent and capital expenditure in the regions.

The study considers the supply and demand for the following human services:

- Accommodation and housing;

- Children and young people’s services;
- Community support services;
- Education;
- Emergency services;
- Employment and training;
- Financial and communication services
- Health services;
- Legal and violence prevention services;
- Services for people with disability, older people and carers;
- Transport.

It also considers the provision of infrastructure and capital critical to the provision of human services including:

- affordable housing to rent, public and community housing;
- community facilities/meeting spaces;
- electricity, gas, water and sewerage;
- health facilities ie. hospitals, clinics;
- major employers/industries;
- preschool and child care facilities;
- railways and roads;
- school buildings, TAFE;
- sporting, recreational and youth facilities;
- telecommunications ie phone and internet.

1.3.2 Methodology

NCOSS undertook a postal survey of non metropolitan, NGOs using a random sample from the NCOSS database. Survey forms were sent to 1000 randomly selected organisations outside the Sydney metropolitan area. 104 surveys were returned, equating to a response rate of just over 10 %.

The data represents issues from a variety of localities in NSW, with surveys received from a diverse cross section of non metropolitan areas.

21 responses were received from the Western NSW DoCS region, 35 from the Northern NSW DoCS region, nine from the Hunter and the Central Coast DoCS region, 19 from the Southern NSW DoCS region. The remainder chose not to identify their location.

The results of the surveys were collated and analysed in tandem with the information gathered through the rural Pre-Budget Submission consultations discussed above.

Policy staff consulted with communities in the North/New England region (Narrabri and Gunnedah), the Far West (Broken Hill, Lightning Ridge, Walgett, Wee Waa and Moree), the Illawarra (Shoalhaven) , South Coast (Eden and Bega) Snowy Mountains (Cooma) and the Southern Highlands (Goulburn, Queanbeyan). Consultation meetings were also undertaken with Aboriginal communities in these regions.

The final report was then compiled and published using the information gathered both from the NGO survey and the qualitative data and case studies provided through the rural PBS consultations.

2. Main survey findings

2.1 A pattern of diminishing supply of key human services and infrastructure

Survey respondents were asked to indicate where there had been a decrease in supply of key human services and infrastructure over the last five years. Also included were service responses for population groups who face specific impacts from poverty or the denial of basic services such as people with disability, people who have mental illness, carers and people who are homeless.

Survey responses indicated that there had been a decline in the provision of key human and social needs such as transport, housing, health, education and safety.

The human services identified are reliant on a mix of statutory and non government organisation provision.

Table 1: Top ten reported areas of diminishing supply

Bus and railway services	53%
General health services	42%
Public and community housing	40%
Accommodation and support for people with disability	39%
Mental health services	38%
Accommodation services for people who are homeless	32%
Oral health services	30%
Employment and training services	26%
Public education (both school and TAFE)	23%
Police services	21%

2.2 Significant reported rates of decreases, delays and withdrawal of key infrastructure or capital

Survey respondents also provided comment on changes to the availability of key infrastructure and capital. Declines in housing and health infrastructure were the most commonly reported. Almost one in four respondents reported loss of key industry/employers from their communities.

A summary of survey responses for the top ten areas of key infrastructure and capital delay or withdrawal over the last five years is provided in Table 2.

Table 2: Top ten reported areas of infrastructure decline

Affordable housing to rent	57%
Health facilities ie. hospitals, clinics	33%
Public and community housing	31%
Major employers/industries	23%
Railways and rail services	20%
Youth facilities	16%
Community facilities/meeting spaces	13%
School buildings, TAFE	13%
Preschool and child care facilities	11%
Telecommunications, phone and internet	11%

2.3 The survey revealed a pattern of an increasing demand for human services

Survey respondents also noted changes in demand for human services. When asked to indicate human services areas where there had been an increase in demand, the top ten services identified were once again reliant on a mix of statutory and non government service provision.

Almost two thirds of all respondents identified the basic need of accommodation for people who are homeless as increasing over time. Specific health services also clustered at the top end of the scale with regards to demand. Mental health, general health, drug and alcohol services and oral health all scored highly.

The Australian Institute of Health and Welfare reports that “Some of the differences in health status are as a result of rurality. Other differences (eg. higher death rates in remote areas due to respiratory and circulatory disease) are reflective of the fact that a larger proportion of the remote population is Indigenous. Indigenous populations have higher death rates and poorer health generally than other Australians due to a number of factors. This coupled with their greater representation in remote areas, tends to raise the death rate for the general population in those areas”.

Over half of the survey respondents reported increasing demand for accommodation and support for people with disability.

Table 3: Top ten reported areas with increasing demand

Accommodation services for people who are homeless	65%
Mental health services	58%
Accommodation and support for people with disability	52%
Bus and railway services	50%
Public and community housing	49%
Aged services	48%
Community transport	41%
Drug and alcohol services	40%
General health services	39%
Community care services	38%

2.4 Patterns of declining provision and increasing demand clustered around key social and economic rights including the right to health, housing, education and safety

This reflects a strong interrelationship between human services sub systems. For example, housing, homelessness, mental health, public and community housing tended to cluster in the survey response rankings towards the top of end of the scale for both decreasing supply and increasing demand.

Legal aid, community legal centres, domestic violence, sexual assault, interpreters, aboriginal health and women’s health were also clustered in the mid (though still very significant) range. There was a pattern of higher reporting rates of increasing demand against decreasing service provision. In the case of domestic violence it was doubled.

Another significant cluster took place around children’s services, youth services, education and training. This cluster was found in the lower, yet still significant rankings. Note how the rate of reporting on youth services quadrupled when comparing decrease in services with increasing demand. This would suggest significant amounts of long term unmet need for youth services in rural NSW.

2.5 Clustering in the high level of responses also occurred for key human services linkage providers, most notably transport

The lack of accessible and affordable transport was one of the most heavily reported problems. 53% of survey respondents reported a reduction in bus and rail services over the last five years. Half of the respondents (50%) also identified increasing demand for bus and rail transport services and almost half (48%) identified increasing demand for community transport.

Given the concentration of human service outlet points (eg hospitals, refuges, TAFE in larger regional centres), the provision of public and community transport becomes even more crucial in facilitating community access to key services. Affordable, accessible transport also enables connectivity to employment for people who are living in isolated communities.

2.6 A significant correlation between the decrease in human service provision over the last five years, and increasing demand for NGO provided services

Survey respondents commented on both declining service levels over the last five years and increasing demand for human services. Note however the differences in reporting rates. With increased demand being reported by significantly more survey participants compared to declining services. This would suggest that for some human services areas at least, there has been both an increase in demand and a decrease in provision occurring at the same time.

3. Future policy directions and recommendations

3.1 Sustainable regional development policy

This study identifies a disturbing pattern of diminishing human services in the face of growing demand. It details experiences in many communities of high rates of violence, limited vocational opportunities, particularly for youth and also for mature workers; significant health inequities; transport failures; and workforce development problems alongside high rates of housing stress.

Given this picture, it is clear that regional development policies needs a starting point to recognise of the economic and social interdependencies of housing, employment, transport, social participation, community infrastructure and regional identity. It should also be recognised that social, economic and environmental factors interact at a sub-regional and local level in differing ways; so that a one size fits all policy approach will not necessarily produce the best result.

The traditional approach to regional development has been one of attracting and growing business opportunities, including emerging markets in tourism and education. Whilst an active economic development strategy can provide the building blocks of regional development, in that it provides much needed jobs and potential economic growth, the sustainability of any economic development will be also influenced by other social and economic factors including housing availability and affordability, transport and the provision of community infrastructure including education and training. Thus, a community and social strategy is needed to complement the economic strategy.¹

NCOSS recommends:

That all three tiers of government work together to develop a coherent, sustainable regional development strategy with a focus on job creation, community infrastructure (including in particular transport), human services delivery and the supply of affordable housing across all tenures.

3.2 Job creation and enterprise zones

There are a number of options for economic regeneration that have not yet been fully tested in Australia. Overseas experience of enterprise zones suggests that they may be effective in stimulating employment and investment. The work being undertaken in far western NSW by the Barwon Darling Alliance² to promote regeneration through a socio-economic zone is worthy of further consideration by government. In particular the linkages between the job creation and economic restructuring outcomes of the enterprise zone model and potential social outcomes. These include workforce development strategies, economic incentives to human services industries, community partnerships, links to TAFE and vocational opportunities and infrastructure investment.

NCOSS recommends:

That the Commonwealth and NSW governments work in partnership with the Barwon Darling Alliance to trial a socio-economic (enterprise) zone in the Far West of NSW for a period of five years. That this trial be measured against an integrated set of objectives for progressing the wellbeing of the community. This would include key social performance indicators such as economic participation and employment.

3.3 Affordable housing targets in coastal regions with significant growth and development pressure

Housing plays a key role in regional development. Currently, a lack of suitable housing contributes to regional disadvantage. This is particularly the case where land values are escalating due to development pressure.

As disadvantaged people move to escape high rents in Sydney and major towns they are finding not only high concentrations of poverty but also strong upward pressure on rents.³ The home purchase market in many parts of coastal NSW is also experiencing severe increases in pricing.⁴

A strategy to alleviate these pressures and maintain access to housing for lower income people needs to focus on results. One option is to use planning law to introduce affordable housing targets along the coastal strip, with a requirement that affordable housing provided include rental stock as well as homes for purchase.

Mandatory affordable housing benchmarks and plans are a feature of planning systems overseas, for example in the UK.⁵ Whilst the prevailing market conditions are quite different to those in Australia, the notion of setting affordable housing benchmarks through the planning system is a valuable one and worthy of further consideration by government.

NCOSS recommends

That the NSW Government introduce a mandatory affordable housing benchmark for coastal NSW and other rural areas where development pressure and escalating land values are contributing to housing stress.

That the initial benchmark requires developers to allocate ten per cent of stock as affordable housing to rent or buy.

3.4 A need for long term investment in communities as the causes and potential remedies of social disadvantage are located at many levels⁶

The lack of human services resources is keenly felt in rural NSW where poverty and disadvantage patterns show a high level of

correlation between early school leaving, imprisonment, unemployment, family violence and child abuse.⁷

Strong social cohesion may inhibit the negative impacts of the spatial concentration of social and economic disadvantage in rural NSW. Long term resourcing will better assist rural communities in maximising their own efforts to tackle the cumulative effects of disadvantage in their areas. NCOSS considers government to have an enabling and resourcing role to play in supporting these efforts.

NCOSS recognises the important steps that the NSW Government has started to take in “whole of government” place based initiatives in recent years. However, we are concerned that sustainability of improvements to social and economic well being which an intensive focus can bring, is given far greater hope through the longer term commitments of Government.⁸

Many of the participants in the PBS consultations stressed the need for long term strategies and resourcing rather than reliance on one to three year initiatives. The 2004 Vinson study emphasises the critical need for long term (ten years or more) investment in community renewal to give the most disadvantaged locations, many of which are in rural NSW, a genuine chance at improving their economic and social well-being.

NCOSS recommends:

That NSW Government commit resources to its location based, whole of Government initiatives over a much longer period than the current three to five years in programs such as Families First, Community Solutions and Priority Regional Communities.

That the NSW Government expands its investment in, and the priority it gives to, community development type programs, given the significant impact that higher social cohesion has on the correlations of disadvantage indicators as outlined by Vinson in *Community Adversity and Resilience (2004)*.

3.5 A partnership between government and NGOs – regional NGO structures must be established and resourced to fulfil this potential

There is a need to enhance the organisational capacities of non government human services agencies across NSW and to establish effective regional based planning and program development linkages between Government Regional Coordination Management Groups and the non government sector.

NCOSS has developed a model called “*Region Assist*” to fulfil this objective. The establishment of credible, properly resourced regional NGO bodies across NSW would provide several benefits, including:

- A front line, brokered and/or directly provided set of NGO governance, management support and organisational development services which would improve the risk management capacities of all NGOs and hence the safety and effectiveness of NSW Government funding assistance;
- The ability of the NGO sector to collaborate much more effectively with Government agencies at the regional and local levels;
- Improved capacities for Government agencies to work with the NGO sector, on a location basis, to change poorly performing programs, initiate new activities and develop labour force skills and opportunities across the sectors; and
- A much greater capacity for constructive engagement between Government and NGO sectors on key issues in regions and localities.⁹

NGO Region Assist would incrementally fund and develop regional NGO bodies over the three year period across the NSW Area Health Services boundaries. In some locations, existing regional NGOs would form the base for specific Region Assist development.

In other regions, government would work with NCOSS and current regional and local networks of NGOs to develop a regional NGO body capable of delivering the Region Assist functions.¹⁰

NCOSS recommends:

The introduction of a three-year program that provides funding assistance to regional peak NGO bodies in each of the State’s Area Health Service Regions. At the conclusion of the three years, NSW Government funding assistance would be maintained through annual, ongoing contributions from each of the NSW Government human services agencies.

3.6 Social performance reporting to ensure government policy achieves results in the regions

The key measure of human services are its results for individuals and communities. Other jurisdictions, including Victoria, Tasmania and Western Australia, the United Kingdom, the United States, and Canada all employ some form of social well being reporting. The NSW government has not yet introduced a formalised accountability mechanism to measure performance against key social indicators.

NCOSS considers that a series of simple benchmarks should be developed to measure NSW performance in tackling disadvantage and promoting community wellbeing. Such benchmarks would need to recognise the particular and diverse experience of rural NSW. Many rural areas are coming from a much lower base both in terms of services provided and higher levels of deprivation. Benchmarking would need to be highly aspirational for these areas and resources would need to be invested to bridge the current inequities in outcomes.

NCOSS recommends

That the NSW government work with communities and the non government sector to develop a set of measurable, public objectives to guide improvements in well being, with particular reference to the experience of rural communities.

3.7 That rural impact statements be undertaken for all major government policy and legislation

Government requires that financial institutions undertake consultation with communities before making a decision to withdraw or reduce

services. This model is to be applauded. It could also be extended to government human services and infrastructure so that communities are given an opportunity to inform government of any likely impact or unintended consequences of changes to patterns of service provision.

NCOSS recommends

That Cabinet require a detailed rural impact statement, based on effective consultation with communities, as part of its decision making process on government legislation and policy, with particular reference to proposed service or infrastructure delays or withdrawals.

4. Detailed findings from consultations and survey by human service cluster

4.1 Accommodation and housing (including accommodation and support services for people who are homeless, public and community housing);

Survey findings:

- Four out of ten respondents reported a reduction in public and community housing services over the last five years;
- Almost half (49%) reported increasing demand;
- In regards to capital and infrastructure, affordable housing ranked first in decline at 57%, with public and community housing ranking third at 31%;
- Almost one in three (32%) reported a decline in services to the homeless;
- Accommodation services for people who are homeless ranked highest for increasing demand 65%.

The pattern of reporting was consistently strong across NSW, but each sub region had its own location conditions to report. For example, Scone reported no emergency accommodation at all with the nearest service in Muswellbrook and for men in Maitland. There is no refuge in the town or environs of Lismore. Port Stephens reported no crisis accommodation available.

Bowral reported the closure of emergency accommodation because of lack of funding for overnight staff. It now has no men's, women's or youth refuge.

Illawarra reported that of 759 referrals to the crisis refuge, only 63 young people could be accommodated in 2003-04.

The private rental market was reported as largely inaccessible due to escalating property values and some rents. This was particularly the case for coastal areas, but also occurred in

unexpected places such as Cootamundra, which reported a doubling of market rents. Grafton reported people having to pay more than half their income in rent.

In some centres such as Lightning Ridge there is no social housing stock at all. In other areas the lack of supply leads to long waiting lists. The Central Coast reports a 15 year wait for public housing and a two year wait for emergency public housing. Mullimbimby and Ulladulla both reported waiting lists of up to ten years.

There are currently more than 80,000 households on the NSW Department of Housing waiting list. Less than 20 per cent of our public housing stock is outside Sydney, compared to the national average of 26.6%.¹¹ Yet 45 per cent of all recipients of rent assistance in NSW are living in non metropolitan NSW, indicating that at least 140,000 people in rural NSW are struggling to make their rent.

Insights from PBS consultations

The lack affordable accommodation across the spectrum from emergency to permanent housing was a key message from the PBS consultations.

In Walgett for example, there is a small women's refuge but no youth refuge or accommodation service for men who are homeless. The same service pattern exists in Lightning Ridge, Broken Hill, Eden and Bega.

Moree reported hidden homelessness as a significant problem. For example, many Aboriginal people move from one family to another and so are not strictly classed as 'homeless.' Participants in the Moree PBS consultations suggested the need to revisit the definition of "homelessness" in Aboriginal communities.

Tourist hubs, especially along the coast report a lack of emergency accommodation even though

their areas are under the joint pressure of seasonal fluctuations in housing availability and increases in population associated with tourism. For example, the closest general crisis accommodation for people in Bega is in Moruya.

“In Cooma there is general crisis accommodation but nothing specific for young people. Young people are really desperate for housing during the winter while they are waiting for the seasonal employment to become available when it snows. However at the same time accommodation costs escalate, as it is the peak tourist season. There are examples of young people living in cars at this time”.

Rural centres are also affected by the accommodation demands associated with the placement of prisons in or near their communities. For example a gaol has recently been reopened in Cooma and families arrive to live nearby but with no available affordable accommodation.

Silting up of emergency housing due to the lack of move on accommodation is a problem consistently reported. For example, the Walgett Safe House currently has ten beds and is operating at capacity. Lack of medium and long term accommodation in Walgett means there is a tendency for the service to fill this gap by offering ongoing accommodation to clients as there is no other housing options available.

Queanbeyan also reported that people who need support stay in crisis – for example sleeping in cars, not going to school etc. This results in a two way bottleneck (not enough crisis accommodation and support and nowhere to go in the long term resulting in crisis again).

Disturbingly, discrimination by private landlords against Aboriginal people was cited as an issue in a number of communities including towns in the far west of NSW and the Illawarra.

4.2 Children and young people’s services

(including child care, outside school hours care, pre schools, youth services, sport and recreation)

Survey findings:

- 12% of survey respondents reported a decline in child care services over the last ten years; 17% reported increasing demand over the same period;
- 10% reported decreasing provision in the area of outside school hours care, with 22% reporting an increase in demand;
- 5% reported decreasing provision of pre-schools, 14% reported increasing demand;
- 9% reported decreasing youth service provision;
- Increasing demand for youth services ranked much higher at 12th, with 36% of respondents reporting escalating demand;
- 10% reported a decrease in sport and recreation provision, with 16% reporting increasing demand;
- 9% of those surveyed reported withdrawal, delays or decrease in sport and recreation facilities.

Bowral reported pressure on child care places as the population of young families increases in the area. Waiting lists for outside school hours care were reported in a number of centres including Lake Macquarie and Port Stephens.

Lightning Ridge reported the closure of a local play group due to lack of funding. The Illawarra reported difficulties in placing children under two years in adequate and affordable child care services, and in particular diminished funding for additional needs children. They also reported having to undertake a huge fundraising effort each year to keep child care centres open and affordable. The parent resource base for fund raising is diminishing, particularly given the need for an increasing number of parents to work full time.

An unidentified survey respondent described an “affordability crisis for preschools”. Casino reported long waiting lists, whilst Molong reported that numbers of places are constant but fees are becoming prohibitive. Nambucca reported frozen funding for local pre schools for over ten years.

Woolgoolga reported a “total lack of facilities” for young people. In Lake Macquarie there are facilities but no programs. In Nambucca the youth service has closed, as have services in Casino, Batemans Bay, Bathurst and Coffs Harbour. Illawarra reported that the youth worker position has not been funded since February 2004. Lismore reported the ongoing delay with the opening of the youth centre in town.

Insights from PBS consultations

The southern consultations noted a lack of foster care places, support for foster carers and respite opportunities. Long waiting lists for day care and pre-school were noted in Goulburn with particular access problems for outlying communities.

Similar problems were reported in the Far West. Many children in Lightning Ridge do not attend pre-school and people cannot afford child care. Lack of affordability is impacting on the viability of Occasional Care in towns such as Narrabri where the service is extremely under-resourced, thereby being forced into increasing fees to a clientele that cannot afford to pay.

Fees are impacting harshly on low income families. In Queanbeyan some parents use an ACT address in order to access free preschool. In one low income area a child care service closed because parents couldn't afford the fees.

In some towns such as Gunnedah, there are no Out of School Hours (OOSH) services and significant unmet demand, both for OOSH and vacation care.

Aboriginal communities also deal with the impact of poor availability and affordability of children's services in towns such as Gunnedah. Unfortunately innovative ideas to address the low percentage of Aboriginal children in child care and preschool, for example bus transport to pre-school for Aboriginal communities, have not been resourced.

Youth at risk were regarded as a priority in the Far West consultations. TAFE teachers reported the challenges of working with young people before they become destructive or suicidal. Moree Pius X Aboriginal Corporation reported problems affecting youth in Moree included drug and alcohol, crime and domestic violence. Similar issues were raised across the Far West consultations. Walgett Dharriwaa Elders

reported an ongoing problem with a lack of activities for young people, despite having a large population of children and young people.¹²

The lack of youth facilities is impacting upon juvenile justice, either directly through offending or in community perceptions that young people in public spaces are “up to no good”. Some programs are not accessible due to participation fees, transport costs, kit etc. The lack of access by Aboriginal young people to sporting facilities and ovals was seen as a related problem in the Lightning Ridge and Moree consultations.

Goulburn and Illawarra reported limited options for social and leisure activities for youth and significant problems with the availability and cost of transport to access these services where they exist.

In Eden a DoCS funded youth service was recently closed down and submission from the church to run a program was unsuccessful. There is a youth worker attached to the local church who runs camps/recreation activities for Aboriginal young people. This work is highly regarded but is limited by resources.

4.3 Community support services (including community and neighbourhood centres, family support services, gambling counselling services and interpreter services)

Survey results

- One in five reported a reduction in provision of Community and Neighbourhood Centres with 29% of respondents noting an increase in demand for these services;
- 29% reported increasing demand for Family Support Services;
- One in four reported increasing demand for gambling counselling services;
- 15% reported a decrease in interpreting provision, with 8% reporting increasing demand.

Evidence from the surveys reflects the impact of many years of inadequate funding for neighbourhood centres combined with increasing reliance on short term project funding for specific initiatives. Family Support is under similar pressures. In Illawarra a counselling service for families has been closed. In Bowral the books have been closed as the service has reached capacity. The Batemans Bay community must travel to Moruya to see the part-time worker based there.

In Scone a sole worker centre deals with 500 clients per month. In Shoalhaven, service hours have had to be cut in order to meet award wages. Funding cuts have led to service reductions in Port Macquarie at the same time demand is increasing due to population increases.

It was reported that often community development functions are sacrificed to deal with emergency needs. Or the first service to go will be outreach to outlying areas. For example, oversubscription of services in Port Stephens has limited the capacity to undertake crucial outreach activity.

In isolated towns Family Support or Refuge Workers often must develop a broad ranging, 'whole of government' response capacity despite limited resources. These services are the point of support and practical help for all people in need as other services simply don't exist. For example in Goulburn there are 1.5 workers to support 60 families in crisis with a variety of different needs.

Gambling counselling services are an example of where short term project funding is often provided instead a long term investment in service provision by government. For example, in the Shoalhaven area a specialist service for women with gambling problems finished after the one year funding expired. Two other services reported the closure of gambling counselling services due to the expiration of funding, despite a perceived need to develop long term responses to gambling issues in the community.

Insights from PBS consultations

Even with the focus on early intervention and the input of significant additional resources into the Department of Community Services, alongside whole of government strategies such as Families First, there is still ongoing concern about family and children's services.

Some communities (ie Lightning Ridge, Wee Waa, Gunnedah) simply do not have a DOCS worker and are therefore completely reliant on

the DoCS Help-line. Many communities reported problems with using the help line and noted that it was not appropriate for some communities, Narrabri for example reported long delays in getting DoCS response and felt the Help-line was disengaged from the community.

In towns and regional centres where the Families First program is being implemented, there was often a "wait and see" approach to outcomes. In Narrabri however, dissatisfaction was expressed for the Families First Implementation Group's activities in the area. It was reported that Families First case management areas were large and lacked a consistent approach to funding for needs, eg between Moree/Narrabri and Tamworth/Gunnedah.

The Family Support Services in the Illawarra produced a detailed case for additional funding. This estimates that an additional investment of at least \$100,000 per service (a total of \$500,000 recurrent) is needed to ensure services can meet both their existing service commitments and the additional demands created by government policy and service initiatives such as Families First.

"Families First integration strategies and additional DoCS caseworkers generate both additional referrals and a re-orientation of service delivery methods. Without additional resources this risks service deficits in areas Family Support Services currently operate in." ¹³

Rural NGOs face particular challenges in accessing interpreters. There are not enough qualified interpreters available in all the languages in many towns. This means that services are largely reliant upon telephone interpreters, in an environment where charge free NGO access is steadily being withdrawn. Even where interpreters are supposed to be provided, for example through the NSW Multicultural Health Communication Service there are reports of some rural hospitals not using interpreters and relying on family or friends to interpret private health information.

4.4 Education (including public education (both school and TAFE), services for Aboriginal students and Aboriginal education)

Survey results

- 23% of respondents reported a decline in provision of public education including TAFE, 27% reported increasing demand;
- 17% reported increasing demand for services for Aboriginal students;
- 13% reported delay, decrease or withdrawal of infrastructure/capital for either schools or TAFE.

Much of the reported decline in provision related to the impact of changes to TAFE fee structures, and to a much lesser extent school closures. Bowral, Broken Hill, Casino, Central Coast, Illawarra and Port Macquarie all reported reductions in courses at TAFE or impacts of fees upon particular groups such as women on low, but not benefit level, incomes.

Lack of secure permanent facilities was also reported. The survey revealed that in the Illawarra area two primary schools and one high school were grossly overpopulated with transportables on all sites.

Insights from PBS consultations

Lightning Ridge reported inadequate resources for screening of hearing, sight and speech difficulties of school children. For some of the children coming from camp settlements without basic utilities there were also hygiene and nutrition issues. Bullying was also identified as a significant issue. Similar reports of bullying, particularly inter-racial bullying were made in Wee Waa, Narrabri and Broken Hill.

Education is regarded as a basic right of all NSW children, however significant barriers to completing education, particularly for Aboriginal students were identified by the consultations.

Concerns were raised in Narrabri where the local school has two Aboriginal Education Assistants to service 107 students. Bega High School only

has an Aboriginal Education Assistance for 13 weeks this year – the community considers that this needs to be an ongoing program.

An Aboriginal group in Walgett highlighted the need for improved teacher training to ensure programs are culturally appropriate. They suggested homework centres and computer centres could help create a non threatening environment outside of school.

Poor literacy and numeracy levels are barriers to young Aboriginal people acquiring their drivers' licences. Lack of a driver's licence is in turn a barrier to accessing employment or education, such as TAFE and associated apprenticeships/ vocational pathways.

There is continuing concern over the relatively high school drop-out rate for Aboriginal young people. In Narrabri there was a suggestion that some emphasis should be placed on developing vocational pathways for young people in addition to academic pathways. In Gunnedah, there has been some success with school-based traineeships in local businesses that encourage vocational pathways.

On the south coast, TAFE was seen as a less effective option for Aboriginal students. The change in culture in TAFE (less emphasis on support or giving students a second chance) has impacted on participation by Aboriginal students and on their confidence. Although vocational courses are offered they don't always match the employment market. For example, forestry, fishing and agriculture are the biggest industries but these are not always taught.

The way to facilitate learning for children excluded from school was highlighted in both Broken Hill and Goulburn.

Broken Hill has a "Getting it Together" alternative school program run by Thankakali Aboriginal Corporation which is funded until 2007. It has 98 students who are targeted as "at risk" or who have been excluded from school. Goulburn consultations argued for a similar program in their town, however the closest specialist school is located in Bowral, which is a significant distance. Lack of access to transport necessarily creates a barrier to participation.

4.5 Emergency services (including ambulance services, fire and emergency services and police)

Survey results

- One in five (21%) reporting fewer police services in their area. Increasing demand was reported in 27% of surveys
- Ambulance, fire and emergency services ranked lowest as regards decreasing provision at 3% and 2% respectively. They also ranked lowest for increasing demand at 7% and 4%.

The Illawarra noted a lack of paramedics in the area that limits emergency response capacity especially for industrial accidents. A Bowral respondent explained how the community is “reliant on wonderful volunteers who need to fundraise for equipment”.

Concerns about policing featured more heavily, particularly in regards to closing of local stations at night and weekends in towns such as Lightning Ride and Scone. Other towns are reliant on regional centres, for example Merriwa police operate out of Muswellbrook and Gundagai are more reliant on the Wagga response team. Some tourist hubs such as Port Stephens reported the need for additional police during the summer season.

4.6 Employment and training services (including specialist programs such as the Mature Workers Program)

Survey results

- One in four (26%) reported a decrease in employment and training services
- One in three (33%) of respondents reported increasing demand for employment and training services

Bowral, Broken Hill, Central Coast, Cootamundra, Glenn Innes, Hunter, Lightning Ridge, Nambucca, Northern Rivers, Taree, Forster, Gloucester and Trangie highlighted this issue and specific losses in their areas. For example the Mature Workers Program faces closure in the Illawarra. The closure of the Northern Rivers Business Enterprise Centre and the research station in Trangie were also reported. In places like Eland there are no services at all despite a very high local unemployment rate.

Where employment and training schemes do exist, there are often barriers to participation. For example, in Wallaga Lake the Centrelink branch is only open two days a week. If you have CDEP forms that are to be handed in on other days you have to travel to Narooma, which is located approximately 27 kms away. Because of poor public transport, this is not an option for people who do not have access to a private motor vehicle.

Insights from PBS consultations

In towns where main industries have closed down and no major economic activity has replaced the jobs lost, the lack of counselling and support services is leading to entrenched substance addiction, violence, suicide and homelessness patterns in communities. This is particularly the case for older men who have been impacted by economic restructure and unemployment, within Aboriginal communities, and amongst young people.

It is reported that up to 90% of year 12 school leavers have to leave the Bega region for education, employment and training reasons; this represents a severe loss to any country community for social, emotional and financial reasons; and in addition, could lead to skills shortages and lower rates of economic growth in the future”.¹⁴

Economic participation and rural economic development is being held back through educational disadvantage and lack of vocational learning opportunities.

Where job opportunities exist they may well be temporary, casual or contracted out, leaving the local workforce, and in particular Aboriginal people, frozen out of the jobs market. For example, technological changes in cotton farming have removed the need for labour intensive employment such as the ‘chipper’ – hence there has been a reduction in seasonal employment usually available in Wee Waa.

Local infrastructure projects, such as construction of a gas line between Wee Waa and Narrabri, often source labour from out of town, and therefore do not alleviate unemployment outcomes in local areas.

In Eden, Bega and Broken Hill there were reports of there being very few Aboriginal people employed in retail outlets.

At the same time that there are high unemployment rates, youth population drift and economic restructuring taking place in regions like the Far West, there are also critical labour force shortages in the human services.

For example in Narrabri there are currently two important positions vacant: Aboriginal Mental Health Liaison Officer (vacant for two years) and Mental Health Counsellor position. In Gunnedah Community Health, two critical positions remain unfilled since January this year: a psychologist position and one half-time sexual assault worker/half-time social worker position.

Better conditions for workers could enhance attractiveness of positions. Participants in Narrabri suggested that this could include initiatives to:

- Reduce the time spent travelling/reduce areas covered to realistic boundaries;
- Include overnight accommodation costs in budgets for positions;
- Create realistic assessments of what positions aim to perform;
- Increased age rates as an incentive to remain in the town.

TAFE could also have the potential to tackle some of the workforce issues in the non government and human services industries in rural NSW. It provides an option for young people to gain qualifications in service areas where there is high local need. Illawarra is good example of where TAFE and the non government sectors have worked closely for a number of years to build an effective, local human service workforce.

Barriers to that approach exist in many other parts of rural NSW. For example the lack of childcare for women going to TAFE limits ability of young women to participate. Or the approach is patchy, for example the TAFE certificate in Non Clinical Mental Health could potentially be rolled out across the state. In places like Broken Hill, TAFE teaches some welfare courses but at the moment there are no disability courses so students have to leave town and go to Orange to access those courses.

4.7 Utilities, financial and communication services *(including banks and post offices)*

Survey results

- 49% of respondents reported service reductions and closures of banks
- 9% reported service reductions and closures of post office
- Other services closures reported included chemists, Medicare offices, Department of Housing offices, Road Transport Authority, Local Council and mobile library services.

Bank closures, downsizing of agencies, or service cuts were reported in Bangalow, Central Coast, Cobar, Cootamundra, Gilgandra, Grafton outlying villages, Gundagai, Guyra, Jamberoo, Inverell, Merriwa, Nambucca, Northern Rivers, Ulladulla, Warren, Wellington and Young.

Other infrastructure based services were also examined in the survey, including telecommunications, phone, internet, water and sewerage, electricity and gas. In some areas the lack of basic services is of a very serious nature. For example, some communities do not have access to water, electricity or other basic infrastructure.

Two thirds of Lightning Ridge's population lives outside of the main town centre on residential mining claims and western lands leases. Many live in temporary accommodation (tents or sheds) and most cannot access mains electricity, running water or sewerage.

Lack of access to mains electricity significantly adds to the cost of living for people who are affected. Using generators to produce energy is estimated to cost around twice as much as electricity through the mains grid. This adversely affects many people on lower incomes who live on residential claims.

4.8 Health services *(including Aboriginal health services, general health services, drug and alcohol services, mental health services, oral health services and Women's health services)*

Survey results

- One in four (42%) reported a decrease in general health service provision
- 38% reported a decrease in mental health service provision

- Almost one in six (58% reported) increasing demand for mental health services
- 17% reported a decrease in women’s health services, 23% reported increasing demand
- 15% reported a decrease in Aboriginal health services, with 23% reporting increasing demand
- 12% reported a decrease in drug and alcohol services, whilst 40% reported an increase in demand
- one in three respondents (33%) reported delay, withdrawal or reduction in health capital or infrastructure such as clinics and hospitals

Lack of access to bulk billing doctors was reported via the surveys as were reductions in key health services, bed closures, weekend ward closures, erosion of community health services, closure of baby health clinics, long waiting lists for elective surgery, no provision of specialists and so the need for travel to access, closure of maternity wards etc.

In the Illawarra one service recorded up to 75 women per month who could not access a GP of any kind as only two doctors in the Shoalhaven continue to bulk bill. This in turn places pressure on accident and emergency as this is the only access point available for people who cannot afford to pay \$35-\$55 up front to see a doctor.

Increased demand for drug and alcohol services was reported from 40 rural towns including Batemans Bay, Bega, Bellingen, Bowral, Broken Hill, Byron Bay, Central Coast, Dungog, Gilgandra, Glen Innes, Guyra, Grafton, Illawarra, Inverell, Lismore, Macksville, Mullumbimby, Nambucca, Nowra, Port Macquarie, Stuarts Point, Taree/Forster/ Gloucester, Tweed Heads, Ulladulla, Warren and Woolgoolga.

About drug and alcohol services:

- “It is impossible to get an appointment.” *Bega*
- “Community health is the only service available and help on demand is non-existent.” *Glen Innes*
- “One local worker, some outreach and professional support from 140 kms away.” *Illawarra*
- “People go to Sydney for methadone scripts.” *Bowral*

Insights from PBS consultations

Aboriginal health

Aboriginal people continue to have the poorest health outcomes in NSW. This includes women’s health, mental health, drug and alcohol issues and men’s health. Aboriginal health has not significantly improved over the last decade in line with mainstream health.

There were a number of key issues identified in the PBS consultations and surveys.

There is a need for more dialysis machines throughout rural NSW. At present renal patients have long distances to travel or must re-locate. For example, the Dialysis centre had moved from Wee Waa to Narrabri - which has presented problems for people who need to go to dialysis frequently. Some people had moved out of Wee Waa to minimise travel costs.

In Bega there is no indigenous Mental Health or Drug and Alcohol worker.

There is an Aboriginal Mental Health Worker located in Lightning Ridge (an hour away) but distance limits the responsiveness of that position for people in Walgett.

In Broken Hill there are two Aboriginal mental health workers but there is a need for more counselling, etc. There is a proposal to establish an outreach mental health team through Maara Ma to undertake whole of family work in outlying towns. At the moment people in Wilcannia need to come to Broken Hill to access face to face mental health services.

Support for mental health is also an issue for Aboriginal people in Narrabri. There is a psychiatrist available half a day every eight weeks. When workers are on annual leave there is no relief service available. Phone counselling for Aboriginal people is not as successful.

In Narrabri it was reported that the Aboriginal Health Education Officer has an area much too big covering all of the Armidale region. This worker should only cover Wee Waa, Pilliga and Narrabri to be effective. It was noted that centres at Wobegarr and Pilliga are remote and inaccessible when it rains.

In Wee Waa NSW Health does have a position teaching living skills to local Aboriginal families to help with budgeting, care for newborns, care for children with disabilities etc. It would be useful to have an ongoing local based position employing a local person.

In Moree PBS participants reported that some local health services were discriminatory. This could be addressed with an employment strategy from NSW delivering more culturally appropriate care initiatives by employing more Aboriginal people within Health services.

They noted that Aboriginal people were more likely to use outpatient style services – this limited the accessibility of some services.

General health services

Cross border issues in health create challenges for both Queanbeyan and Cooma with the ACT. Jindabyne has no medical services after 5pm or on weekends. Local people in Cooma/Monaro raised the need for more facilities at local hospitals rather than travelling over 200km to access services.

The Southern area is losing services as specialists are moving to Canberra. Specialists do not take into consideration distance and transport issues and associated costs. Service gaps were identified in terms of radiotherapy and dialysis as there is an assumption people can travel into Canberra. Similarly for Broken Hill many specialist treatments have to be accessed in Adelaide.

In isolated towns access to basic services can be restricted. For example in Moree there can be a wait of days or weeks for an appointment with a GP.

In Lightning Ridge, a mobile surgical van was conducting day surgery successfully in area – in particular this model worked better for people on residential mining leases out of town.

In Narrabri it was reported that there are two bulk billing doctors. Gunnedah and Moree have no bulk billing doctors at all. For these areas the effect generated is that people put off medical concerns until they become more acute. However local health services are not equipped for quick responses to crisis.

Drug and alcohol services

During the PBS visits a service pattern of lack of access to early intervention, detoxification, rehabilitation and ongoing counselling was noted across all the consultations.

For example, in Bega there is a detoxification facility at Bega Hospital but no rehabilitation. In Eden, there is one drug and alcohol worker who covers the district as far as Narooma. There is a reported waiting time of three to four weeks.

The nearest rehabilitation services are Nowra, Cowra or Canberra.

Cross border issues play out in the areas surrounding Canberra because the methadone program is strictly NSW or ACT . Lack of cross border flexibility can cause difficulties. For example, a Queanbeyan person who ends up in Canberra Hospital will have to travel back to ACT daily for their methadone.

The inter-relationships between systems failures in drug and alcohol, and mental health impacting on domestic violence and sexual assault were repeatedly mentioned in the consultations. Particularly in the Far West where there are no safe houses for young people, no dedicated perpetrator services for men and restricted access to detoxification services due to distance. Currently for anything beyond immediate detoxification people have to travel to Orange . The only youth rehabilitation facility is now PALM at Dubbo

Mental health services

The mental health system is failing in rural NSW on a number of levels including:

- Long waiting lists for assessments, particularly in adolescent mental health;
- Lack of acute beds;
- Lack of residential, non acute facilities for young people with mental health disabilities;
- Difficulties in accessing crisis support;
- Lack of counselling and support to sustain people outside acute episodes or to ensure prevention or early intervention;
- Lack of services that reflect the needs of certain population groups such as men suffering depression, people with dual diagnosis, survivors of domestic and family violence or sexual assault;
- Workforce development and filling vacancies in rural settings.

There are two child and adolescent mental health positions unfilled in the Narrabri area. One Child Adolescent Worker has dropped from ten to five appointments per day.

Mental health is a significant issue for Walgett SAAP services. Alcohol and other drugs are a related issue – there is some evidence that people are self medicating with alcohol and other drugs as a strategy to manage mental health issues.

Impact of economic restructure and unemployment upon older men such as suicide rate, depression, family violence and breakdown were repeatedly raised in the Broken Hill PBS consultations as was the lack of specialist counselling services. For the outlying Wentworth area access to specialist mental health services is reliant upon a referral to Mildura hospital.

Throughout far western NSW there is a reliance on the 1800 mental health number but some people reported waiting a month for a reply.

Queanbeyan reported that people can only access mental health services in extreme circumstances (with referrals needing to indicate an immediate risk of self harm and method likely to be used). They also reported a lack of staff dealing with dual diagnosis and a lack of proactive work.

Mental Health was seen as a priority in Cooma, with the nearest specialist mental health services being in Canberra or Goulburn (there is a reported lack of capacity in the local hospital to treat people with mental illness). When people are recovering and need rehabilitation they have to go to either Sydney or Canberra, and then return to Monaro with no support in place.

For the South Coast, the closest crisis team is Goulburn, which has a 1800 number, however there is nothing available on weekends or after 10pm during weekdays. Currently the mental health service has 360 people permanently on the books and do 80 assessments a month. There is one 20 bed unit for the area from Bega to Young.

Oral health

Long waiting lists and limited access to emergency dental treatment typified the comments in the PBS consultations, with particular concern around Aboriginal oral health.

Lightning Ridge participants estimated that one in three people in the town have serious dental issues. They argued that that the three \$130 Oral Health Treatment Vouchers per year for dental work does not cover the dental work that needs to be performed.

Narrabri hospital has a dentist every Tuesday for Health Care Card holders. Due to the long waiting list some people travel to Moree. There are also two month waiting lists to see private dentists. Participants noted that employed people cannot afford to have their teeth treated or even afford medicines. CDEP employees are not entitled to Health Care Cards and so cannot access free oral health services.

Area Health Restructure

There was concern of the amalgamation of the Area Health Services and possible reduced access to services for Moree and outlying areas.

Maara Ma Aboriginal Health Service (Broken Hill) has developed close working relationships with Sydney University Department of Rural Health and the (now abolished) Far West Area Health Service, The Flying Doctor Service etc. They are extremely concerned that the flexibility that has typified their relationship with the Far West Area Health Service could be jeopardised by the new health structure.

There is a legitimate concern that new structures and advisory committees will focus on clinicians that may limit Aboriginal people in having a voice. They felt that FWAHS saw Aboriginal health as core business and this was not at risk. They were also concerned about workforce development for Aboriginal health. Eight years ago there were five Aboriginal people training at Broken Hill, currently there are 55. There is a fear that this progress is put at risk by the health system changes.

Narrabri PBS participants were also very concerned about the merger of New England and Hunter Area Health Services. There was a fear that local people would need to travel to Newcastle for specialist appointments and a fear that that the new combined area would be "Hunter-centric", ignoring their needs.

State agency re-structures are felt keenly on the ground by rural communities. Both as regards a sense of losing local control over services but also in terms of losing a critical mass of human services policy expertise at a local level. This has both an economic and social impact upon the towns affected.

4.9 Legal and violence prevention services

(including support services for people escaping domestic violence, services for sexual assault victims, community legal centres and legal aid)

Survey findings

- 16% of survey respondents reported decreased service provision to people escaping domestic violence, 35% reported increasing demand;
- 15% reported decreases in services for sexual assault victims, 24% reported increasing demand;
- 18% of survey respondents reported decrease in legal aid provision, a further 16% reported decreased community legal centre provision;
- 24% reported increasing demand for legal aid, and the same proportion reporting increasing demand for community legal centres.

Insights from PBS consultations

The issue of children and young people needing a safe space away from family and domestic violence was raised repeatedly. Boys over 14 whose mothers are subjected to domestic violence face a particular need as they cannot be accommodated in the safe house model.

The need for specialist counselling and support for homeless children in the SAAP system was raised as a practical means of breaking the cycle of harm and intergenerational family violence. There are no specific support services for children affected by domestic violence in the Far West even though the region has the highest rate of domestic violence in the state.

Nor are there any child focused workers funded by SAAP in Bourke, Walgett, Brewarrina, Wilcannia, Lake Cargellio and Lightning Ridge.¹⁵

In Lightning Ridge there are few resources to support children who experience sexual assault as there is no sexual assault worker currently employed in the town. At present children are sent to Dubbo, and then may be sent to Sydney after an incident. Often forensic evidence is not available by the time children get to Sydney, increasing the trauma for victims. There are few counselling services available for victims.

In Wee Waa child sexual assault was identified as the biggest issue facing the community yet there is no sexual assault counsellor (even for

adults) in the area. There is a similar need for a Family Counselling Centre in Moree, especially to deal with sexual assault using culturally appropriate services.

In Broken Hill there is one domestic violence and sexual assault worker based at the hospital in a town of 21,000 people. They also cover the area from Broken Hill to Walgett in the face of overwhelming demand. There are few resources to deal with specific areas such as Wilcannia and other regional centres.

Pressures on safe houses are immense, particularly since there is no effective move on accommodation available. It has been reported that safe houses in the Far West are funded at one third of comparable services in other areas.

In Cooma there is a DV committee that established a safe room at the local Court House, which is staffed by an NGO. There is no funded court support scheme.

There is nowhere for parents to do a safe handover of children. Family Support provided premises for DoCS to do this but they could not continue, as they were not registered. As a result parents are leaving their children at places like McDonalds restaurants. People are also ringing their local church Ministers and asking them to supervise the hand over.

4.10 Services for people with disability, older people and carers *(including accommodation and support for people with disability, services for older people, aged services and community care)*

Survey findings

- Almost one in four NGOs (39%) reported a reduction in accommodation and support services for people with disability;
- More than half the respondents (52%) reporting increased demand over the last five years;
- 15% of respondents reported decreases in services for older people, however nearly half reported increasing demand (48%);
- 16% of respondents reported decreasing supply of Community Care, 38% reported increasing demand.

Both Wellington, Casino and Nambucca reported growing waiting lists and demand for accommodation and support for people with disabilities. Lightning Ridge reported no accommodation available at all as did Scone.

Community care demand and supply issues were particularly noted in the Illawarra area where referrals for even urgent clients to the Home Care services are rarely accepted. Lismore reported similar problems. Bowral reported that Home Care had closed its books, as did Hunter. Bathurst, Warren and Wellington all reported increased demand for home care services.

Insights from PBS consultations

Moree noted a lack of services for children with disability aged 0-6 years. Access to the Physical Aids for the Disabled Program (PADP) is a significant issue in the area. It was reported that there is a three and a half year waiting list for nappies through the program. People are reported to be commonly waiting eight months for specialised equipment.

In Goulburn young people with disabilities are being left in nursing homes due to limited services. There is a five year waiting list for supported accommodation. The nearest residential facilities are in Wollongong, Nowra, Merimubula and Canberra.

The Queanbeyan PBS consultation meeting was concerned that disability is slipping off the social agenda and that the new focus on home care is disguising the need for ongoing centre based services. Issues identified included:

- Lack of research into needs (other than HACC);
- Impact of Adult Training Learning and Support (ATLAS) program changes on families;
- Lack of trained and skilled staff;
- Lack of support for people with a mild disability;
- Lack of services to support parents with mild intellectual disability in their parenting.

Respite care was identified as the top priority as it is an issue for people with disabilities, their carers and family members. The impact of not having respite includes:

- Family breakdown/stress/mental health issues;
- Increased pressure on institutional care models;

- Reactive rather than proactive outcomes;
- Forced relocation to other areas with better services;
- Isolated families;
- Increased pressure on other support services – counselling, health, nursing homes etc.

Illawarra reported that the impact of proposed changes to disability services particular ATLAS will mean that individuals current placements are likely to be reduced to reflect significantly reduced funding levels. This in turn impacts on carers when people are living with family and on group homes as people will not be at other locations. This has flow back costs on accommodation services.

The situation regarding the needs of older people in rural NSW is also of significant concern. Bega reported that the closest nursing home beds are in Nowra. The next nearest facility is in Bairnsdale in Victoria.

Palliative Care has to be in the home which puts a strain on the family and on services. Many of the carers are frail themselves. Retirement villages were regarded as not an option for the Aboriginal community.

In Cooma the need for more preventative strategies to keep people out of aged care facilities and to reduce the inappropriate use of hospital beds for aged care was discussed. Similarly in the area around Eden older people are often kept in hospitals in inappropriate facilities

Goulburn reported limited in home support for people who are frail aged with a need for increased beds, community support and residential services.

The aging population in many coastal areas was noted as an issue for human services planning. In Shoalhaven it was reported that there will be an increase of 15,000 people over 75 years by 2010.

There is a range of health issues for Aboriginal elders in Lightning Ridge. Many elders are living in camps and temporary accommodation due to the poor availability of public housing. Health issues such as diabetes and asthma are common. There is only one respite bed in Lightning Ridge.

4.11 Transport (including bus and railway services, community transport and health related transport)

- Cuts to bus and rail services ranked highest for decreased services with 53% of respondents reporting the issue;
- 50% reported increasing demand (fourth highest ranking);
- 41% reported increased demand for community transport;
- 36% reported increased demand for health related transport.

Locations where a **decline or no provision** of bus, rail, health related or community transport were reported in the survey included: Bathurst, Bega, Bowral, Broken Hill, Casino, Central Coast, Cootamundra, Forster, Gilgandra, Glen Innes, Gloucester, Grafton, Gundagai, Hunter, Illawarra, Inverell, Lismore Northern Rivers, Port Macquarie, Rocky Hill, Scone, Shoalhaven, Taree, Trangie, Tweed Heads, Warren, Wellington and Wollongong.

Locations where **increased demand for transport**, including bus, rail, health related or community transport were reported in the survey included: Abermain, Bathurst, Bega, Bellingen, Bowral, Broken Hill, Byron Bay, Casino, Central Coast Cootamundra, Dungog, Eden, Elands, Gilgandra, Gundagai, Guyra, Grafton, Illawarra, Inverell, Lake Macquarie, Lismore, Lightning Ridge, Macksville, Merriwa, Mullumbimby, Nambucca Heads, Narromine, Nowra, Port Macquarie, Taree/Forster/Gloucester, Trangie, Ulladulla, Warren, Woolgoolga, Yamba and Young.

Insights from PBS consultations

Whole of government approaches have the capacity to address some aspects of rural poverty however too often, policy works at cross purposes to integrated servicing. The most obvious example of this phenomenon is the impact of poor transport upon rural people's ability to access health care, education and safety. There is a significant service/transport mismatch which impacts on rural service patterns across almost all human services.

The link between transport policy and truancy was highlighted by family services workers. For some children the lack of access to free school transport provides children with a good excuse for not attending, particularly on very hot days when the two and a half kilometre walk seems too much.

Many people in rural NSW simply do not get health care as there is no transport to get there, or the journey is too difficult. For example the journey from Wee Waa to Tamworth involves two coach journeys, a four hour interchange wait and a train journey. The one way trip takes 8 hours by public transport, where a car journey to Tamworth takes 2 ½ hours.

Health related transport is particularly difficult in rural areas, even allowing for the IPTAAS and innovative solutions such as the Maara Ma \$5 bus.

Lack of coordination of health appointments in some areas means that patients must meet not only meet transport costs but accommodation costs as well.

The replacement of train services with buses creates accessibility problems. Bus services can be difficult for people with a disability, particularly when there are numerous transfers from one service to the other. People with a disability and older people had difficulties with moving luggage into buses without assistance, this again proved a problem when required to transfer luggage from one service to the other. These were also problems for parents who were travelling with children.

There is a lack of supply of wheelchair accessible vehicles, for example there is only one wheelchair accessible taxi in Moree. It was reported that some private taxi operators will not carry older people or people with a disability because they are not immediately paid – they are paid at the month's end via taxi voucher claims.

Inadequate transport hinders access to key human services for outlying communities. The southern consultation revealed how the closure of local facilities means more people from outlying small towns have to travel to centres when there is no or little public transport to make these journeys. Many people in outlying towns only have school buses for transport.

In Goulburn for example, there are no taxis or disabled taxis for surrounding towns. Without transport these communities are cut off from human services systems and can only rely on phone based assistance/help line type services. Thus communities on the periphery of major centres or towns experience particular

disadvantage both in regards to conditions and to access to human services.

Systems failures in transport, typified by lack of provision of affordable transport contributes to denial of service and undercuts the capacity of existing human services programs to meet needs. For example, the only public bus between Wentworth and Broken Hill costs \$48 each way which impacts on people making their court appearances leaving them open to arrest and detention for failure to appear. Students rely on school buses to get to TAFE which constrains them in taking classes between 9 and 3pm . Because transport is failing, non transport service systems are picking up the costs.

4.12 Other issues raised in the PBS consultations

Population groups experienced specific disadvantage, and require well resourced, community controlled solutions.

In particular, participants in the Aboriginal consultations emphasized the importance of working with local communities to develop strategies to address local problems. The Moree Aboriginal participants issued a challenge to government departments to change the way they deliver services to Aboriginal people, as their

present approach prevents people from accessing services, especially in small centres. Participants resented the lack of feedback from consultations and input into government agencies on their reports and implementation strategies.

New patterns of consultation and community engagement are needed

Narrabri participants raised a number of concerns around consultation processes that they had been involved with Government. Often consultation was really information provision – particularly when Government uses consultative exercises to inform people of a change in policy that they cannot do anything about. Participants felt that government came with solutions' rather than to ask local communities to find solutions to existing problems. The Area Assistance Scheme consultative process was applauded as a decent approach.

5. Appendix – survey form and numerical summary

Research Survey

“Counting the cost: the decline of rural and regional social infrastructure”

1. Please tell us if there has been a decrease in the provision of the following services in your area over the last five years. Next to each item please give us some details and/or X first column:

bus and railway services	53
general health services	42
public and community housing	40
accommodation and support for people with disability	39
mental health services	38
accommodation services for people who are homeless	32
oral health services	30
employment and training services	26
public education (both school and TAFE)	23
police services	21
community and neighbourhood centres	20
legal aid	18
Women’s health services	17
community care services	16
community legal centres	16
domestic violence services	16
Aboriginal health services	15
aged services	15
interpreter services	15
services for people surviving sexual assault	15
community transport	14
health related transport	13
drug and alcohol services	12
gambling counselling services	12

other child care services	12
outside school hours care	10
sport and recreation	10
youth services	9
family support services	7
Any others (please specify)	6
services for Aboriginal students/Aboriginal education	6
preschools	5
ambulance services	3
fire and emergency services	2

2. Please tell us if there has been an increased demand for the provision of the following services in your area over the last five years. Next to each item please give us some details:

accommodation services for people who are homeless	65
mental health services	58
accommodation and support for people with disability	52
bus and railway services	50
public and community housing	49
aged services	48
community transport	41
drug and alcohol services	40
general health services	39
community care services	38
health related transport	36
youth services	36
domestic violence services	35
employment and training services	33
oral health services	32

community and neighbourhood centres	29
family support services	29
police services	27
public education (both school and TAFE)	27
gambling counselling services	25
community legal centres	24
legal aid	24
services for people surviving sexual assault	24
Aboriginal health services	23
Women's health services	23
outside school hours care	22
other child care services	17
services for Aboriginal students/Aboriginal education	17
sport and recreation	16
preschools	14
interpreter services	8
ambulance services	7
fire and emergency services	4
Any others (please specify)	2

major employers/ industries	23
railways and rail services	20
youth facilities	16
community facilities / meeting spaces	13
school buildings, TAFE	13
preschool and child care facilities	11
telecommunications, phone and internet	11
roads	10
water and sewerage	10
electricity and gas	9
sporting and recreational facilities	9
Any others (please specify)	3

4. In the last five years, has your community lost (or seen reductions in hours) of services such as:

Banks	49
Post Office/s	9
Any others (please specify)	6

3. Please tell us if there has been a decrease, a delay or withdrawal of key infrastructure or capital in your area over the last five years. Next to each item please tell us the impacts this has had:

affordable housing to rent	57
health facilities ie. hospitals, clinics	33
public and community housing	31

End notes

1 NCOSS and Shelter NSW (2003) *Submission to Productivity Commission Inquiry into First Home Ownership*, p5

2 The Barwon Darling Alliance was formed in 1996 and is made up of Murdi Paaki Regional ATSIC Council and the shires of Coonamble, Walgett, Brewarrina, Bourke and Central Darling

3 In 2003, 11 out of 26 NSW rural statistical subdivisions saw annual increases of more than ten percent in three bedroom property rents. Similarly for one bedroom accommodation, the *March 2004 Rent and Sales Report* indicates annual rent increases in all rural statistical subdivisions except Illawarra. In some cases these were as high as 18% compared to 2% CPI rate.

4 As at December 2003, the Richmond Tweed area saw a 29.2% annual increase in median house sale prices, with Lismore showing a 61.9% price increase in 12 months. *December 2003 Rent and Sales Report*.

5 The Greater London Authority requires that local Unitary Development Plans contain minimum targets for affordable housing. At present most London Boroughs seek around 25 per cent affordable housing through planning.

6 Vinson T. (2004) *Community Adversity and Resilience 2004 Report*. Jesuit Social Services p 77

7 N6 at 63

8 As in the case of the UK Government support for neighbourhood renewal and the investments in Canada and the US of location focused community development corporations.

9 NCOSS (2003) *Social and economic priorities for a fair and sustainable community: 2004-05 NSW State Budget* p 97

10 NCOSS (2004) *Fairer Taxes and Better Services – NCOSS Pre Budget Submission 2004.05*, p 56

11 Productivity Commission (2004) *Review of Government Service Provision*, p 19

12 It is estimated that one third of Walgett's population is under 25 years, 22% is under 15 years of age

13 Illawarra Forum et al (2004) *Case for Additional Funding Assistance*. P2

14 Working Paper on issues relating to youth in the Bega Valley Shire <http://www.mumbulla.org/documents/5.pdf>, (last accessed 24.09.2004)

15 NSW Women's Refuge Movement (2004) *Orana Far West Region Refuges and Safe Houses* p4