Councils of Social Service (COSS)

Submission to the Senate Standing Committee on Community Affairs

Australia's domestic response to the WHO Commission on Social Determinants of Health report "Closing the gap within a generation"

October 2012

Council of Social Service of NSW (NCOSS)
66 Albion Street, Surry Hills 2010
Ph: 02 9211 2599 Fax: 9281 1968 email: solange@ncoss.org.au

TABLE OF CONTENTS

Prepared by the NSW Council of Social Service (NCOSS) on behalf of:

- ACT Council of Social Service (ACTCOSS) :
- Australian Council of Social Service (ACOSS);
- Northern Territory Council of Social Service (NTCOSS)
- Council of Social Service of NSW (NCOSS);
- Queensland Council of Social Service (QCOSS)
- South Australian Council of Social Service (SACOSS);
- Tasmanian Council of Social Service (TasCOSS);
- Victorian Council of Social Service (VCOSS); and
- Western Australia Council of Social Service (WACOSS).

For further information or to discuss this submission, please contact:

Solange Frost, Senior Policy Officer, NSW Council of Social Service (NCOSS) on phone: +61 2 9211 2599 or email: solange@ncoss.org.au

About the Councils of Social Service (COSS)

The Councils of Social Service (COSS) are the peak bodies representing the non-profit social and community service sector and the needs of low-income and disadvantaged people. There is a Council in each state and territory and nationally across Australia.

Our members comprise community sector organisations, professional associations and advocacy organisations. We work with our members, clients, the non-profit sector, governments, departments and other relevant agencies on current and emerging social, systemic and operational issues. Collectively, the Councils form the COSS Network.

COSS Network approach to health policy

The COSS Network has long called for a health system that promotes positive health outcomes for all people in Australia, regardless of their social or economic situation. We advocate against systemic barriers in the health system that lead to people having poorer health, and we work towards equitable access to income, education, secure housing and employment as key social factors that correlate with health outcomes.

As the peak bodies for non-government social and community services, we are also informed by a membership that is engaged in the full spectrum of the health system: from providing primary health services, to focusing on the social determinants of health, to voicing the experience and needs of consumers. The COSS Network brings these diverse perspectives to our uniquely national focus on health policy as we work to ensure that people from disadvantaged backgrounds have access to the best healthcare, and that this is a priority in any reform process.

Executive Summary

The Councils of Social Service (COSS) believe addressing the social determinants of health and reducing inequities will not only improve population health and well-being, but it will also make Australia fairer, more inclusive and sustainable.

We believe that implementing a Health in All Policies (HiAP) approach in-line with the *Adelaide Statement 2010* and *Rio Declaration 2011* would provide a more systematic basis for effective action on the social determinants of health.

National policy and practice must specifically address the needs of people who experience disadvantage so that we can achieve better health, social and economic outcomes across the board. Although there has been progress in key areas, we believe there remains more to be done to reduce inequity in Australia.

We commend the Commonwealth Government for their social policy agenda and reform commitments. Initiatives such as the National Disability Insurance Scheme and investment in oral and mental health provide the foundations to make Australia a fairer society. However, these reforms require a clear 'road-map' with on-going investment so that they are fully implemented and deliver real, sustainable change.

While Australia has fared comparatively well through the global economic downturn, there continues to be people experiencing significant poverty and disadvantage. The *ACOSS Budget Priority Statement 2012-13* outlines the key areas of pressing social need that must be addressed so all individuals and communities can participate in and benefit from social and economic life. This includes affordable housing and adequate income support and employment assistance.

The health system itself is also an important determinant and must be re-orientated to have a greater focus on primary and community health. The COSS approach to health equity and our health policy priorities are outlined in the position statement, *COSS Health Priorities: Equity in access, equity in outcomes*

Finally, we believe that the role of the not for profit community sector in providing assistance to vulnerable Australians and contributing to national policy making needs to be supported and further developed. Together with government, business and the community, we can work to improve the health and well-being of all Australians.

List of recommendations

(a) Government's response to other relevant WHO reports and declarations

We recommend that:

1. The Commonwealth Government formally responds to the 2011 Rio Declaration and identifies how it is or how it plans to implement the actions to address health inequities.
2. There is independent monitoring and reporting on the Government's progress on the Rio Declaration and other relevant WHO reports.
3. The Commonwealth Government leads the establishment of a platform for systemic, sustained inter-sectoral working on the social determinants of health in line with the 2010 Adelaide Statement on Health in All Policies (HiAP).
4. The Commonwealth Government implements health and health equity impact assessments to mainstream health in all policies as per WHO resolution 62.14.

(b) Impacts of the Government's response;

We recommend that:

5. The Commonwealth Government develops long term plans for all major social policy initiatives, identifying the policy goal, milestones, timeframes and resources to deliver on their commitments.

(c) Extent to which the Commonwealth is adopting a social determinants of health approach through:

(c)(i) Relevant Commonwealth programs and services,

We recommend that:

6. Governments at all levels commit to delivering on the Closing the Gap targets, and policies affecting Aboriginal Australians are based on meaningful engagement, cooperation, and self-determination, not 'intervention'.
7. The Commonwealth Government improves employment assistance and establishes paid work experience for long term unemployed people as recommended in the *ACOSS BPS 2012-13.*
8. An independent public inquiry is established to review current employment participation policies for people receiving income support payments and recommend future directions for reform.
9. Allowance payments for single people are increased by $50 per week as recommended by the Henry Review.
10. Indexation of allowances is reformed, so that all payments reflect the real community cost of living based on typical fulltime wage levels (before tax) and the Consumer Price Index.
11. The Commonwealth Government undertakes structural reform of the system of income support payments for people of working age and replace the present three tier system of payments for people of working age with a common 'core' rate of payment together with supplements for additional living costs

12. The Commonwealth Government strengthens fair and equitable action to reduce carbon pollution and transition to a cleaner economy.
13. Governments at all levels strengthen action to address the structural barriers that impede equitable access to universal healthcare.
14. The Commonwealth Government increases proportional investment in primary health care to deliver a national, comprehensive, community-based primary health care program.
15. The Commonwealth Government increases affordable housing in-line with the *ACOSS BPS 2012-13* by:

    - Establishing a long-term Affordable Housing Growth Fund
    - Increasing the funds for the National Rental Affordability Scheme
    - Reviewing Commonwealth Rent Assistance and increase the maximum rate of CRA

16. The Commonwealth Government adequately funds the full cost of delivering community services, including appropriate levels of indexation for continuing funding, in-line with the *ACOSS BPS 2012-13*.
17. Governments coordinate and join-up the planning and funding of transport systems so that it focuses on improving social, environmental and health outcomes
18. COAG clarifies responsibility for health transport services to improve equitable access to health care.

(c)(ii) Structures and activities of national health agencies

We recommend that:

19. Commonwealth and State health departments take a leadership role in governance for health and build their internal capacity to advocate for and contribute to, the implementation of a Health in All Policies approach.

(c)(iii) Appropriate Commonwealth data gathering and analysis

We recommend that:

20. Disaggregated data collection and reporting on health equity is improved across all key government agencies.
21. The National Health Performance Authority consults with the community services sector to develop additional indicators for the National Health Reform Performance and Accountability Framework

(d) Scope for improving awareness of social determinants of health

We recommend that:

22. Governments at all levels build the capacity of the non-profit social and community sector to support action on the social determinants of health through appropriate resourcing.
23. The Commonwealth Government funds processes within programmatic budget allocations that facilitate better collaboration between Government and the community sector as recommended in the *ACOSS BPS 2012-13*.

Introduction

The COSS Network welcomes the opportunity to make a submission to the Senate Committee's Inquiry into Australia's domestic response to the World Health Organisation's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation.

A healthy population is a key requirement for a fairer, more inclusive and sustainable Australia. The COSS Network's shared approach to health equity and our policy priorities is outlined in the position paper, *COSS Health Priorities: Equity in access, equity in outcomes* (attached).

We believe Australia requires an approach to health that starts where health starts, not just where it ends. Socially, economically and environmentally responsible public policy and action by government, community and private sectors underpins our health and well-being. Reducing poverty and inequality so that all individuals and communities can participate in and benefit from social and economic life improves health and wellbeing for everyone.

Our submission is structured around each of the Inquiry Terms of Reference. Specifically, it addresses the Government's response to other relevant WHO reports and declarations; impacts of the Government's response; extent to which the Commonwealth is adopting a social determinants of health approach; and the scope for improving awareness of social determinants of health.

Comments on Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report, *Closing the gap within a generation*, including the:

(a) Government's response to other relevant WHO reports and declarations;

Rio Declaration 2011

The COSS Network believes the Commonwealth Government must formally respond to the World Health Organisation's *Rio Political Declaration on Social Determinants of Health 2011*[1] to close the health equity gap. We need to move beyond recognition of the social determinants to concerted, systemic action in the key areas that are critical to addressing health inequities.

The Government should formally identify how it currently is or how it will implement the actions pledged in the Rio Declaration to adopt better governance for health and development; promote participation in policy-making and implementation; further reorient the health sector towards reducing health inequities; strengthen global governance and collaboration; and monitor progress and increase accountability.

[1] http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf

We believe that progress on the Government's response to the Rio Declaration and other WHO reports should be independently monitored and publicly reported to increase accountability. This would also provide greater visibility and raise awareness of the social determinants across government, other sectors, and the community.

Recommendation:

The Commonwealth Government formally responds to the 2011 Rio Declaration and identifies how it is or how it plans to implement the actions to address health inequities.

There is independent monitoring and reporting on the Government's progress on the Rio Declaration and other relevant WHO reports.

Adelaide Statement on Health in All Policies 2010

To improve governance for health and development in-line with the Rio Declaration, the COSS Network recommends that the Government implements a Health in All Policies (HiAP) approach. Australian governments at all levels need to move beyond recognition of the social determinants of health to more concerted systemic and sustained action to address them.

HiAP was formally recognised in the *Adelaide Statement on Health in All Policies 2010.*[2] It outlines a systemic approach to achieve joined-up working across government and other sectors to produce coordinated public policy and integrated responses on health determinants. It recognises that the interdependence and intractable nature of contemporary public policy issues requires a different approach to governance. Various models of HiAP have been implemented in over 16 countries and jurisdictions, including South Australia.

Intersectoral action to address the social determinants involves health and community service organisations collaborating more effectively with each other, and with other sectors, as much as with government.

Recommendation:

The Commonwealth Government leads the establishment of a platform for systemic, sustained inter-sectoral working on the social determinants of health in line with the 2010 Adelaide Statement on Health in All Policies (HiAP).

Equity Focused Health Impact Assessments

To mainstream health equity in all policies as part of a HiAP approach, we recommend the introduction of Equity Focused Health Impact Statements in-line with WHO resolution 62.14 (3)(1)[3].

Impact assessments introduce a systematic process to consider the effect of Government policies, legislation, projects or services upon community health and

[2] http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf
[3] http://apps.who.int/gb/ebwha/pdf_files/WHA62-REC1/WHA62_REC1-en-P2.pdf

wellbeing, and to inform and influence decision-making to mitigate the risks of adverse health outcomes.[4] They are an important analytical tool to support a Health in All Policies approach.

Recommendation:

The Commonwealth Government implements health and health equity impact assessments to mainstream health in all policies as per WHO resolution 62.14.

(b) Impacts of the Government's response;

The COSS Network commends the Commonwealth Government on its policy agenda to make Australia a fairer society. We note that the Government has introduced significant measures during its two terms to improve housing affordability and reduce homelessness, close the gap in Aboriginal disadvantage, improve gender equity through Paid Parental Leave, support equal pay for workers in the social and community services (SACS) sector, and reform the health system.

We also welcome the Government's commitment to further social reforms. In particular, the introduction of the National Disability Insurance Scheme, changes to the aged care system, national dental reform, and a new national school funding model. These commitments lay the building blocks towards a more inclusive, equitable society.

We believe that this reformist agenda requires a clear 'road-map' with on-going investment. The COSS Network accepts that fully realising the Governments commitments will take time. However, the long-term nature of these reforms makes clearly articulated plans with timeframes, deliverables and responsibilities critical to support their effective implementation. Good intentions must be translated into real, sustainable actions.

Recommendation:

The Commonwealth Government develops long term plans for all major social policy initiatives, identifying the policy goal, milestones, timeframes and resources to deliver on their commitments.

(c) Extent to which the Commonwealth is adopting a social determinants of health approach through:

(c)(i) Relevant Commonwealth programs and services,

The COSS Network believes that no person should be excluded from the benefits of economic growth and from the opportunity to fully participate in society. We acknowledge that Australia has fared relatively well during the recent global economic downturn largely due to the good economic stewardship of the Commonwealth

[4] http://www.hiaconnect.edu.au/acheia_efhia.htm

Government. However, it is also clear that there continues to be people and communities experiencing poverty, hardship and disadvantage.

There is evidence pointing to growing inequality in Australia. The proportion of people living in low-income households generally increased between 2003–04 (10.8%) and 2009–10 (12.2%).[5] In the past five years, the wealthiest households in Australia increased their average net worth by 15% compared to just 4% by the poorest households. The bottom 20% had an average net worth of just 1% of total household wealth, where as the richest 20% accounted for 62% of the whole country's wealth.[6]

National policy and practice must address the needs of people who experience disadvantage so that we can achieve better health, social and economic outcomes across the board. The COSS Network refers the Committee to the measures in the *ACOSS Budget Priority Statement (BPS) 2012-13* (attached) to address the most pressing areas of social need, including affordable housing and adequate income support and employment assistance.

The State and Territory COSS's also prepare budget submissions or policy priority statements on the areas of greatest social need in their specific jurisdictions. We would be happy to provide you with copies on request.

Aboriginality

The COSS Network believes that all levels of governments must make a greater effort to close the enormous gap that still exists between Aboriginal people and other Australians. The COAG National Indigenous Reform Agreement is an important commitment to and framework for closing the gap in indigenous disadvantage. While progress has been slow, we urge governments to maintain a concerted and sustained effort to achieving the targets. It will be important for the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes be reviewed and extended beyond June 2013.

We believe that there needs to be a new direction in policies affecting Aboriginal people and communities based on real engagement and cooperation, not 'intervention'. Some aspects of the Commonwealth Governments' Compulsory Income Management and SEAM policies have provided much needed investment in many Indigenous communities. However, top-down approaches to social problems and policies, such as withdrawing income support payments from parents whose children aren't attending school, are punitive and counterproductive.

The COSS Network supports the right to self determination, autonomy and representation for Aboriginal and Torres Strait Islander peoples. Self-determination means that Aboriginal people are in charge of their own decisions and have ownership of their services. We believe that this right should underlie all Government policy, planning and service delivery. The continuation of compulsory income management in

[5] Australian Institue of Health and Welfare (AIHW), Australias Health 2012, p76
[6] http://www.acoss.org.au/media/release/its_time_to_raise_newstart_to_tackle_growing_inequality_in_australia

the Northern Territory and its extension to designated communities have significantly undermined these principles for Aboriginal and non-Aboriginal people alike.

Recommendation:

Governments at all levels commit to delivering on the Closing the Gap targets.

Policies affecting Aboriginal Australians are based on meaningful engagement, cooperation, and self-determination, not 'intervention'.

Early Childhood, Education and Training

The COSS Network affirms the central, foundational importance of education to improving individual outcomes and creating more inclusive, equitable and prosperous communities. We acknowledge that Australia has a good overall education system by world standards.

We applaud the Commonwealth Government's commitment to provide universal access to quality early childhood education through the establishment of the National Partnership Agreement and the Early Years Learning Framework and National Quality Standards. Similarly, the Government's intentions to reform school funding models to more equitably allocate education resources are also welcome.

However, the current system of child care payments is complex and inequitable. There are different payment types for low and higher income families and, by international standards, low levels of spending on child care overall. The Child Care Rebate (CCR) is inherently regressive as it covers part of the gap fee between income-tested Child Care Benefit (CCB) and fees charged. In addition, the level of subsidy available for low income families is generally not sufficient to finance quality care.

We note that reducing inequities in access to learning opportunities and improving long-term educational outcomes can be further supported by:

- Abolishing the Child Care Rebate and increase the maximum rate of Child Care Benefit as recommended in the ACOSS BPS 2012-13
- Enhancing prevention and early intervention support services for families with children at risk of harm
- Ensuring universal access to quality education for all Australians
- Improving support to students with a disability, including those in mainstream schools so that they are fully included with the supports necessary to meet their individual needs.

Employment and social security

- Unemployment

Reducing long-term unemployment is one of the most important things that government can do to prevent social exclusion and poverty. While Australia's unemployment levels are low by OECD standards, a majority of recipients of unemployment payments are

long-term unemployed (over 12 months). Prolonged joblessness is socially corrosive, leading to severe health problems, family breakdown and the entrenchment of social exclusion in the worst affected communities.

In their Budget Priority Statement 2012, ACOSS calls for a substantial investment by the Government in a paid work experience program for long term unemployed people to give them experience and training in regular employment and thereby improve their future job prospects.

Recommendation:

Improve employment assistance and establishes paid work experience for long term unemployed people as recommended in the ACOSS BPS 2012.

Establish an independent public inquiry to review current employment participation policies for people receiving income support payments and recommend future directions for reform

- Income support payments

The COSSes have serious concerns about the inadequacy and inequity of unemployment and income support payments. We believe that it is everyone's right to have access to paid work, and when looking for paid work, to have income support to live with dignity. Yet our social security system is failing to provide people with this basic guarantee, plunging people into poverty.

Payments for Newstart Allowance and unemployed young people living independently of their parents are inadequate. The allowances are not enough to meet the most basic essential costs such as housing, food, and clothing. Consequently, unemployed people on the Newstart Allowance experience deeper financial hardship, with 40% unable to afford to pay a utility bill on time compared with 12% of all households.[7]

There is also significant inequity in the levels of allowance payments and pensions for people with similar living costs. The 'poverty gap' between pensions and Newstart is $140 per week.[8] This gap is primarily the result of different indexation arrangements for pensions and allowances.

We refer the Senate Committee to the ACOSS 2012 Submission on the adequacy of 'allowance' payments[9] that provides detailed evidence and recommendations to improve income support and Australia's social security system.

Recommendation:

[7] ACOSS (2012) *Submission to Senate Employment Committee on the adequacy of 'allowance' payments*, ACOSS, August 2012, Sydney.
[8] http://www.acoss.org.au/media/release/mind_the_gap_people_on_newstart_falling_further_behind
[9] http://acoss.org.au/images/uploads/Allowance_adequacy_submission_FINAL_120817.docx

Increase allowance payments for single people by $50 per week as recommended by the Henry Review.

Reform indexation of allowances, so that all payments reflect the real community cost of living based on typical fulltime wage levels (before tax) and the Consumer Price Index

Undertake structural reform of the system of income support payments for people of working age and replace the present three tier system of payments for people of working age with a common 'core' rate of payment together with supplements for additional living costs

Environment and climate change

Climate change disproportionately impacts on people on lower incomes and people experiencing disadvantage because of geography, poorer infrastructure and lower capacity to adapt and adjustments their living circumstances.

For instance, increases in power and water costs have a greater impact on low income earners as on average they spend a greater proportion of their total weekly household budget on utilities than wealthier households. Fewer low income households are able to afford significant energy efficiency measures such as insulation, new hot water systems or rainwater tanks.

The WHO has noted that climate change is a health equity issue (Resolution WHA61.19). Due to their higher risk and vulnerability and lower responsive capacity, these groups will need a greater level of support as part of Australia's response to climate change.

The COSSes support improving energy efficiency and pricing carbon through an emissions trading scheme to protect low income Australians from the long-term costs of climate change. We note the policy platform of the Southern Cross Climate Coalition[10] to drive a fair and inclusive transition to a low pollution economy by reducing our economy's dependence on pollution; fair and inclusive action on climate change; unlocking new clean energy jobs and industries; and strengthening global action.

Recommendation:

Strengthen fair and equitable action to reduce carbon pollution and transition to a cleaner economy.

Food security

All Australians should have access to healthy, affordable and acceptable food. Food stress, the situation where households need to spend a disproportionate amount of their household income to eat healthy and nutritious food, is both a financial and health issue for low-income households. Poor dietary intake increases the risk of developing chronic diseases, including heart disease and diabetes.

[10] Southern Cross Climate Coalition (2011) **A Policy Platform for a Low Pollution Economy**, April 2011.

While Australia produces a net surplus of food, this does not translate into food security across all households and communities. The higher cost of healthy food means that remote Indigenous communities and low-income households are at particular risk of experiencing food stress and nutritional poverty.

A South Australian study in 2010 found that low-income households must spend 30% or more of their household budget to be able to eat a healthy diet compared to 9% of the budget of wealthy households.[11] In regional and remote areas of Western Australia, the mean cost of fruit is nearly one-third higher (32.2%) and dairy is 40% higher compared with major cities.[12]

Adequate income is the key to improving food security. WACOSS submission on the National Food Plan Green Paper[13] argues that the main barrier for low income and vulnerable households to accessing healthy food is financial hardship. Improving food security requires all Australian to have an adequate income.

We believe that food and nutrition policies and food legislation should be developed with the aim of promoting and supporting good health. Specific measures to improve food security and access to nutritious food include:

- Enhance food transport systems to strengthen food security outcomes
- Restrict the development of fast food outlets and encourage the development of healthy outlets
- Ban junk food advertising and marketing strategies aimed at children
- Improve food labelling systems
- Support sustainable local food production
- Act on climate change and manage land use planning to enhance food security outcomes.

Health

- Improving access and equity

The health care system is a key determinant of health. The COSSes believe it is a right of all Australians to have the same opportunities to maintain good health and well-being through equitable access to quality healthcare according to their needs not their ability to pay.

While Australia's overall level of health and wellbeing is relatively high, not all Australians experience the same health outcomes. Disadvantaged Australians live shorter lives and have higher rates of illness, disability and death than the most socioeconomically advantaged.[14]

[11] Dr John Coveney, *Low earners suffering 'food stress'* (28 September 2010), ABC Adelaide, cited in WACOSS (2012), *Food security, food stress and nutritional poverty in Western Australia*, September 2012, Perth.
[12] WA Department of Health (2010), *Food Access and Cost Survey (FACS)*, cited in WACOSS (2012), *Food security, food stress and nutritional poverty in Western Australia*, September 2012, Perth.
[13] www.wacoss.org.au/Libraries/P_A_Children_Vun_Consumer_Issues/WACOSS_Submission_to_the_National_Food_Plan_Green_Paper_September_2012.sflb.ashx
[14] AIHW (2012), Australia's Health 2012, p15

The most recent COAG Reform Council healthcare report found that Australians living outside major cities, in socio-economically disadvantaged areas, and Indigenous Australians continue to have poorer health outcomes and poorer access to healthcare overall, despite some small equity gains.[15]

Structural barriers in Australia's health system inhibit equitable access to health care and cause or compound health inequities. These include health care costs and user fees, unavailability of timely, quality services, and low health literacy. For instance, more than a quarter of people (26.4%) report financial barriers to seeing a dentist, and nearly one in ten people (8.7%) delayed or did not see a GP due to cost. Australians in the most disadvantaged areas have lower rates of dental services, optometry services, and ambulatory mental health services.[16]

The COSS Network welcomes the Commonwealth Government's commitment to address core areas of health inequity, including closing the gap in Aboriginal health, investments in rural and remote health, national mental health reform and the recent dental health package. However, more needs to be done to achieve a comprehensive, equitable universal coverage health system recommended by the WHO Commission.

The national oral health reforms are illustrative of the additional work required to address on-going structural inequities. While the 2012 package is a significant improvement to the dental policy framework, funding is unlikely to be sufficient to meet the comprehensive needs of eligible adults given demand for public dental services. It does not address people on low incomes without health care cards who are unable to afford either private insurance or basic dental care. For those with insurance, co-payments will continue to drive health inequalities.

We believe health funding needs to be redirected towards a more equitable set of national priorities with a long-term view to address the ongoing and structural inequities in Australia's health system in line with the WHO Commission report.

Recommendation:

Governments at all levels strengthen action to address the structural barriers that impede equitable access to universal healthcare.

- Prioritising primary and community health

We believe that there needs to be a greater proportional investment in evidence-based comprehensive primary health care, particularly health promotion, prevention and early intervention as recommended by the WHO Commission.[17] Health systems contribute

[15] COAG Reform Council (2012), Healthcare 2010–11: Comparing performance across Australia http://www.coagreformcouncil.gov.au/reports/docs/healthcare_10-11/Healthcare_2010-11-Overview.doc
[16] COAG Reform Council (2012), Healthcare 2010-11: Comparing outcomes by socio-economic status, p7, http://www.coagreformcouncil.gov.au/reports/docs/healthcare_10-11/Healthcare_2010-11_by_SES.pdf
[17] Recommendation 9.1, Commission on the Social Determinants of Health (2008), Closing the Gap Report, World Health Organisation, p96

most to improving health and health equity where the system as a whole is organised around Primary Health Care.

Local[18] and international[19] evidence indicates that health care systems orientated around wellness are more efficient and effective than crisis-driven systems orientated to treating illness. Yet primary and community health care in Australia continues to be poorly funded in comparison to the acute sector.

The Public Health Association of Australia has identified systemic structural barriers to effective primary health care in Australia. These include administrative fragmentation between the jurisdictions, short-term project funding; lack of agreed definitions, hospital avoidance and post-acute care pressures; dominance of primary medical services; and insufficient support for research and evaluation.[20]

We are hopeful the National Strategic Primary Health Care Framework and bilateral state plans (in development) may address some of these systemic issues. It is essential that the Framework clearly defines primary health care, articulates the roles and responsibilities of the key actors in the system, supports collaborative models of care and integrated service delivery, and strengthens consumer and community engagement.

We support the *ACOSS BPS 2012-13* recommendation that primary health care funding streams are used as a way to improve dynamic efficiency by pooling funds and allocating them to support multidisciplinary teams, linking clinical services with allied health and associated community services. Funding should be needs-based, distributing funds according to population health needs with enhanced investment in outer years.

Recommendation:

Increase proportional investment in primary health care to deliver a national, comprehensive, community-based primary health care program.

Housing and infrastructure

The COSS Networks strongly advocates for measures to improve the availability of affordable housing and reduce homelessness in Australia. Australia has amongst the most expensive housing in the world. Rents and mortgages are the biggest source of financial stress in many households. More than a million people on low incomes

[18] See for example Owen A et al, Community health: the evidence base: A report for the NSW Community Health Review. Centre for Health Service Development, University of Wollongong, 2008; and National Health and Hospitals Reform Commission, A Health Future for All Australians: Final Report, Canberra, 2009

[19] The Marmot Review, Strategic review of health inequalities in England post-2010, Fair Society, Healthy Lives - The Marmot Review Final Report, London, 2010

[20] Public Health Association of Australia (PHAA), Primary Health Care Policy (Revised 2011), http://www.phaa.net.au/documents/111204_Primary%20Health%20Care%20Policy%20FINAL-with%20cover%20sheet.pdf

continue to experience housing stress, with housing costs exceeding 30% of household income.[21]

The Commonwealth Government has acknowledged the anticipated increase in public and community housing from the stimulus package was only about half of what is needed to meet the 2020 homelessness targets.

The *ACOSS BPS 2012-13* calls for a long term commitment to affordable housing stock growth and further development of the community housing sector to meet the high level of housing need in Australia.[22]

The WHO Commission also recommended the greater availability of affordable housing to support healthy places, healthy people and reduce inequity.

Recommendation:

Increase affordable housing in-line with the ACOSS BPS 2012-13 by:

- *Establishing a long-term Affordable Housing Growth Fund*
- *Increasing the funds for the National Rental Affordability Scheme*
- *Reviewing Commonwealth Rent Assistance and increase the maximum rate of CRA*

Social and community services

The COSS Network believes that Commonwealth and State Governments must adequately fund the not for profit community sector to continue providing vital services to the community. The health and social sectors continue to show economic growth, even in periods of downturn such as the GFC, in part due to the projected increase in demand that shows no sign of slowing over coming decades. Yet the community sector has been continually run down through inadequate funding for the cost of delivering services and failure to fund capacity and innovation within existing and new funding sources.

The sector provides a wide range of services that support the health and welfare of all Australians. In addition to mainstream services, community sector organisations provide specialised responses to targeted population groups and alternative services for marginalised people who may not otherwise access mainstream services. Their flexible, innovative structures and client-focused ethic and equities base make them well suited to respond to the needs of vulnerable groups.

Community sector organisations contribute to community well-being through direct services and also through the processes and the framework they work within. The way that organisations are organised, engage people, make decisions, and go about delivering services reflect and contribute to social capital. This is critical to social inclusion and developing a fairer society.

[21] Ryanti Miarant and Binod Nepal, Housing Stress in Australia 2007, National Centre for Social and Economic Modelling, University of Canberra, 2008, cited in ACOSS BPS 2012-13.
[22] Prime Minister, House of Representatives Hansard, Tuesday 3 February, pg 11-12, cited in ACOSS BPS 2012-13.

The COSS Network applauds the decision by Fair Work Australia to award equal pay for workers in the social and community services (SACS) sector and the Commonwealth Government's commitment to fund its share of the costs. This is a crucial step towards ensuring viable, effective social services by requiring appropriate levels of pay for the staff we depend upon to deliver those services.

We also welcome the creation of the Australian Charities and Not-for-profit Commission to improve the regulatory environment for our sector. Effective regulation and good evaluation provide opportunities to improve the structure and outcomes of the not for profit community service sector.

However, many community service organisations continue to face a major challenge to their effectiveness due to routine underfunding. The Productivity Commission found that governments tend to fund only 70% of the costs of the services that they contract community sector organisations to provide.[23] Government contracts have grossly undervalued inflation and so have driven a decline in funding in real terms, even as demand for services in many areas has increased.[24]

Inadequate resourcing of community sector organisations is being exacerbated by rising demand for services. The annual Australian Community Sector Survey 2011reported more people are turning to community groups for help, leaving organisation unable to meet demand. The survey showed a 12% increase in assistance provided by agencies. It revealed that 1 in 20 people were being turned away, a 19% increase on the previous year.[25]

The ACOSS BPS 2012-13 strongly recommends funding processes within programmatic budget allocations that facilitate better collaboration between Government and the community sector and that support the sector to continue providing services to reduce disadvantage and improve community health and well-being.

Recommendation

Adequately fund the full cost of delivering community services, including appropriate levels of indexation for continuing funding, in-line with the ACOSS BPS 2012-13.

Transport

Transport is a critical factor to social inclusion and well-being. Transport should be affordable, available, accessible and appropriate – enabling everyone to be able to get to where they need to go within an acceptable amount of time, cost and ease.

People who have ready access to transport are more able to access essential services, undertake education and employment, and participate in social activities. Yet many people are prevented from accessing these opportunities and services due to transport disadvantage. People most likely to experience transport disadvantage are those who

[23] Australian Productivity Commission (2010) *Research Report into the contribution of the Not-for-profit sector*, Productivity Commission, http://www.pc.gov.au/projects/study/not-for-profit/report
[24] ACOSS BPS 2012-13
[25] ACOSS (2011), Australian Community Sector Survey 2011, Sydney. http://acoss.org.au/images/uploads/ACSS_2011_Report_Volume_1_National.pdf

are already experiencing socio-economic disadvantage and who live in isolated or rural communities.

We note that Governments at the national, state and local levels can support a fairer transport system that contributes to improved social, environmental and health outcomes through:

- Incentives to reduce car dependency and encourage active transport
- Land use planning and development that encourages walking, cycling, and public transport use
- Provision of affordable, accessible, safe, and convenient public transport
- Whole-of-government approaches to transport planning and funding.
- Ensure adequate resourcing for coordinated local transport services, including community transport

A lack of transport as a barrier to accessing health services is a concern frequently raised by the social and community services sector. Transport difficulties can reduce the likelihood that people will access preventative treatment, receive effective care, or be diagnosed early. The lack of clear policy responsibility for transport to health services following the 2010 and 2011 health reform agreements has contributed to a system in which there are significant policy and service gaps. Responsibility for transport infrastructure and public transport services sits outside health yet supplementary transport services are required for equitable access to health care.

Of particular concern is the impact of increased demand for health transport on community transport. Community transport's provision of social inclusion transport services, predominantly funded through the Home and Community Care Program, is being constrained by increasing demand for health transport. Long-term, this will further exacerbate the social isolation of older people and people with disability who rely on community transport.

To address the significant policy and service gaps around health-related transport, Governments at the national and state levels should:

- Factor transport considerations into health service planning and delivery
- Ensure adequate resourcing for health transport services

Recommendation:

Coordinated, joined-up planning and funding of transport systems that focuses on improving social, environmental and health outcomes

Clarify responsibility for health transport services through the COAG process to improve equitable access to health care.

(c)(ii) Structures and activities of national health agencies

Health Departments

We believe that national and state Health Departments must take a leadership and outreach role on the social determinants of health. The new approach to governance for health outlined by the WHO Commission implies a new role for the health sector. Health Departments must engage systematically across government and with other sectors to raise awareness of the social determinants of health and lead coordinated action to address the health and well-being dimensions of their activities.

To promote action on the social determinants, Health Departments can:

- Re-frame health and well-being as integral to a successful society, and not just a service sector.
- Build the knowledge and evidence base of policy options and assess the comparative health consequences of options within the policy development process
- Build capacity for cross-agency and intersectoral action through regular platforms for dialogue and problem solving, resources, staff, and evaluation
- Facilitate consumer participation and building health literacy

The WHO Commission states this role requires skills to prioritise and strategically think through the key health concerns in relation to other sectors and the ability to understand their agendas and priorities. It requires abilities in reaching out to other sectors to facilitate intersectoral dialogue and in contributing to intersectoral activities led by other sectors

Recommendation:

Commonwealth and State health departments take a leadership role in governance for health and build their internal capacity to advocate for and contribute to, the implementation of a Health in All Policies approach.

Medicare Locals

Medicare Locals have the potential to improve coordination, integration and continuity of care in the community, and reduce population health inequities. However, Medicare Locals will only be effective if they fully engage with the communities they serve.

Medicare Locals must have an informed understanding of the population health needs and the scope of services that are available in their communities in order to improve health outcomes, especially for the most vulnerable. To do this, they must be open and transparent, engage with multidisciplinary health teams, and work in collaboration with local stakeholders, including non-government health and community services and consumer organisations.

They must also have adequate funding to facilitate local service coordination and integration. Financial incentives are needed to support organisations along the health care continuum and from across the spectrum of community support to work together around the needs of the person.

Australian National Preventive Health Agency (ANPHA)

The ANPHA is a key mechanism through which improved health can be achieved for people on low incomes. It is vital that ANPHA take a broader approach to prevention than a narrow focus on lifestyle risk factors. This includes targeting those areas of greatest inequity, such as mental health and oral health. A comprehensive, holistic approach based on the social model of health includes the promotion of good health and well-being, not just the prevention of chronic disease.

We also recommend the ANPHA engage with a wide range of interests in health beyond traditional medicine, including allied health, mental health and oral health professionals, and with the non-profit community services that are already working with some of the most disadvantaged individuals and communities in Australia.

National Health Performance Authority (NHPA)

The COSSes welcome the establishment of the NHPA and the new Performance and Accountability Framework. The Healthy Communities Reports and Hospitals Reports will provide an important accountability mechanism to drive improvements in health equity. We believe that common indicators between Medicare Locals and Local Health Networks/Districts are essential to drive collaboration and integration at the local levels.

We note the NHPA has agreed to consult with stakeholders to further develop appropriate indicators, and we recommend this includes the community sector.

(c)(iii) Appropriate Commonwealth data gathering and analysis

The COSS Network argues that there needs to be more comprehensive social measures that reflect levels of disadvantage at the national, state and local levels. Without appropriate measurement and indicators of systematic differences in health determinants, it is impossible to measure progress towards reducing health inequities across the Australian community.

While there is some national data collection and reporting on inequities, it is not comprehensive. For example, the Australian Bureau of Statistic report, *Measures of Australia's Progress*, only identifies the health outcomes for men and women, Aboriginal and Torres Strait Islander peoples, older Australians and socioeconomic status for a limited number of indicators.

Data collection and reporting on inequities must be built in to the monitoring and performance frameworks of all agencies. Reports by the Social Inclusion Board are a

good compilation of data and provide useful benchmarks. However, this siloed approach to reporting fails to embed accountability for addressing disadvantage and improving equity across all government agencies.

There is also an issue with nationally consistent, accurate quality data. The COAG Reform Council (CRC) previously identified concerns with the conceptual adequacy and data quality of the National Health Agreement performance framework and related indicators.[26] The Australian Institute of Health and Welfare notes there are important gaps and data quality issues, particularly relating to the primary care.

> "Despite its critical importance, the Australian primary care setting has not experienced the same national focus on data collection, collation and reporting as other areas of the health system, such as hospitals. As a result, in some cases there are little data or only poor quality data collected about a particular service type at any level of government.
>
> Alternatively, in some cases there are many 'bits' of data collected at a variety of different levels of government that are often overlapping, non-standardised and not centrally collated. And in other cases there are significant volumes of data collected and stored within the private sector that the government has historically not accessed...." [27]

We note COAG has agreed a new revised National Healthcare Agreement (NHA) performance framework to improve data quality and overall conceptual adequacy. We welcome the disaggregation of all performance indicators by Indigenous status, disability status, remoteness and socioeconomic status to improve monitoring of health inequities.

The new National Health Reform Performance and Accountability Framework also provide an opportunity to improve data collection and analysis on health and health inequities at the local, state and national levels. We note that many of the initial indicators will be refined over time, including the equity domain for Medicare Locals. We recommend that the NHPA consults with the community sector to further develop appropriate, meaningful indicators of health equity.

Recommendation:

Improve disaggregated data collection and reporting on health equity across all key agencies.

Consult with the community services sector to develop additional indicators for the National Health Reform Performance and Accountability Framework

[26] CRC report NHA: Baseline performance report for 2008-09, reported in National Healthcare Agreement Review Working Group (2012), National Healthcare Agreement Review Report July 2012

[27] AIHW, Australia Health 2012, p20

(d) Scope for improving awareness of social determinants of health

The WHO Commission has recognised that good health is dependent on the dialogue with and involvement of other sector and actors. The non-profit community sector plays a vital role in improving awareness and coordinating action on the social determinants of health. In addition to direct provision of community services, the community sector contributes through policy, advocacy, education, information, and coordination.

The Productivity Commission recognised the additional contribution of non profit organisations beyond service delivery through: exerting influence and promoting change on economic, social, cultural and environmental issues; connecting the community and expanding the social networks available to individuals; and enhancing the community endowment by investing in skills, knowledge and physical, social, cultural and environmental assets for the benefit of future generations. [28]

The Social Determinants of Health Advocacy Network operated under the umbrella of TasCOSS, is an example of the coordination, information, advocacy and leadership role that community sector organisations, in particular peak bodies, can provide to advance action on the social determinants. Fact sheets and information developed by the Network is attached.

Further examples of the various roles that non-profit community sector organisations undertake that improve awareness and facilitate action on the social determinants of health are at Appendix 1.

However, the community sector's capacity to advocate on the social determinants of health is limited by the lack of government priority for non-profit community organisations, and increasingly prescriptive contract based funding.

A lack of appropriate recognition and priority afforded to the community sector by government means that it is routinely sidelined from major national processes. Recent examples include the omission of community sector involvement in the Commonwealth Government's Queensland Flood Taskforce and the failure to fund community sector peak bodies to support organisations and their clients under the Climate Change Grant Program.

Inadequate resourcing and increasingly prescriptive funding contracts limited to direct service delivery impact the capacity of organisations to participate in government processes and initiatives, advocate on behalf of low income and disadvantaged people, build community networks and improve service coordination.

The Government must strengthen the sector's contribution by adopting measures to enable their effective participation for the public interest in decision-making and building the sector's capacities to address social determinants of health.

Recommendation:

Build the capacity of the non-profit social and community sector to support action on the social determinants of health through appropriate resourcing.

[28] Australian Productivity Commission (2010), Report on the Contribution of the Not for Profit Sector, p32

Fund processes within programmatic budget allocations that facilitate better collaboration between Government and the community sector as recommended in the ACOSS BPS 2012-13.

Conclusion

The COSS Network would like to thank the Senate for the opportunity to provide this submission.

For inquiries or further information in relation to this submission, please contact Solange Frost, Senior Policy Officer (Health) NCOSS on 02 9211 2599 ext. 130 or solange@ncoss.org.au

Attachments:

1. Joint COSS statement on Health Priorities: Equity in access, equity in outcomes
2. ACOSS 2012-13 Budget Priority Statement: Recommendations for the Federal Budget
3. Tasmania Social Determinants of Health Advocacy Network Fact Sheets

APPENDIX ONE

Australians for Native Title and Reconciliation (ANTaR)

"ANTaR listens to and supports the aspirations of First Peoples and works to educate the wider community, shape public opinion, speak up against injustice and influence public policy to advance our vision."

ANTaR has been working with Aboriginal and Torres Strait Islander organisations and leaders on rights and reconciliation issues since 1997. ANTaR is an independent, national network of organisations and individuals working in support of Justice, Rights and Respect for Aboriginal and Torres Strait Islander peoples in Australia. ANTaR is an independent non-government organisation and is non-party-political.

ANTaR's purpose has always been to support Aboriginal and Torres Strait Islander people speaking for themselves, rather than to speak for them. ANTaR works closely with national Aboriginal and Torres Strait Islander organisations and leaders and has an Aboriginal and Torres Strait Islander Reference Group which provides ANTaR with direction and feedback.

Central to ANTaR's activities has been the Sea of Hands. Over 300,000 Australians have put their signatures on a hand in the Sea of Hands and helped in its installation in locations around Australia.

ANTaR works on many levels to achieve its goals. This includes maintaining close liaison with Aboriginal and Torres Strait Islander national organisations and leaders and communities, supporting them to communicate their aspirations and concerns to the wider community and conducting national education and awareness campaigns on Aboriginal and Torres Strait Islander social justice issues.

Much of ANTaR's work is carried out by state and territory ANTaRs and by numerous local groups. This includes activities focused at a grass-roots level - local reconciliation initiatives which are carried out in conjunction with local Aboriginal and Torres Strait Islander groups and other members of the local community.

ANTaR's advocacy includes:

- constitutional recognition for Australia's First Peoples,
- justice,
- UN Declaration of the Rights of Indigenous People,
- Native Title legislation,
- self-determination for communities in the Northern Territory,
- health equality,
- reconciliation, and
- Stolen Generations.

Climate and Health Alliance (CAHA)

The Climate and Health Alliance (CAHA) is a national coalition of organisations and individuals from a broad cross section of the sector, including health care professionals, health care service providers, institutions, academics, researchers, and health care consumers. Australian Council of Social Service (ACOSS) is a current member.

The Alliance aims to protect and promote health by acting, encouraging and empowering organisations and individuals in the health care sector and the wider community to contribute to developing effective political, sectoral and community responses to climate change.

The Climate and Health Alliance (CAHA) was formed in August 2010. It works to raise awareness of the links between the biosphere and human health (the environmental determinants for health) and encourages the development of policy that recognises the impact on human health from a degraded natural environment and climate change.

CAHA produces Briefing Papers and Position Statements and Reports on particular topics to share with parliamentarians, policymakers, the media, health care stakeholders and the community, position statements and other resources. It recently made a submission to the Productivity Commission Inquiry into barriers to climate change adaptation, to which not a single health agency made a submission.

The Alliance recently made a submission in response to National Food Plan Green Paper in relation to the importance of recognising climate change impacts on the availability of natural resources and the profoundly important considerations for health and wellbeing and equity associated with access to fresh, affordable and quality food.

CAHA's submission to the Australian Parliament House Environment Committee examining climate impacts on Australia's biodiversity highlighted that climate change is having severe adverse impacts on biodiversity, on which humans depend as a life support system (including for food, clean air and medicines), and sought for that the value of biodiversity and ecosystem services be recognised in public policy decision making to prevent further destruction of natural ecosystems on which hundreds of species, including humans, depend.

The Alliance recently launched the Global Green and Health Hospitals Network in Australia, as part of a new global network of hospitals and healthcare organisations working together to reduce the environmental footprint of the healthcare sector. The launch was part of a joint think tank on greening the healthcare sector with the Australian Healthcare and Hospitals Association.

The Climate and Health Alliance and The Climate Institute have released a joint report "Our Uncashed Dividend" on the health benefits of climate action. The report draws together a large and growing body of evidence from health and medical research showing substantial health benefits linked to measures to cut emissions.

Mt Druitt AVO Project

Background: The Shed

The Shed, which is an Aboriginal male targeted suicide prevention project, is auspiced by the Men's Health Information Resource Centre at the University of Western Sydney. The Shed is funded by the Department of Health Ageing. The Shed is a small service with two fulltime Aboriginal male staff. The Shed is also welcoming of males, females Aboriginal and Non Aboriginal people.

The holistic/social determinants of health approach adopted by the Shed is inclusive of but not limited to: Legal matters (Family, Civil and Criminal), Health (Mental and Physical), Housing/Homelessness, Financial, Other services as required by clients.

The Shed delivers its services by building strong collaborations with other government and non-government services to address the social determinants of health. The Mt Druitt AVO Project is led by The Shed

Purpose of the Project (Mt Druitt AVO Pilot Project):

Assist defendants of Apprehended Violence Orders (Domestic and Personal) with:

- Legal support for both criminal and family law matters
- Links to support services to assist clients to address causation that lead to them coming into contact with the justice system
- Access for both defendants and PINOP to The Shed and other services
- To support both males and female defendants
- To run a Project carried at Mt Druitt Local Court on AVO Hearing Day

Project Impact:

Before Project	*During Project*
▸ No legal representation for Defendants unless criminal charges attached ▸ No Family Law parenting plans for continued contact with children ▸ No on the spot support for social, health, financial counselling and housing	▸ Legal Representation for defendants ▸ Family law representation and parenting plans ▸ On the spot support for mental health, substance abuse, housing, financial and other as defined case by case

Stakeholders:

Agency	**Role**	**Position that attends project**
The Shed	Lead service	The Shed workers
Legal Aid NSW	Criminal Law& Family Law	Criminal Law Solicitor & Family law Solicitor
Mt Druitt local Court	Venue	Allow project to be done at local court
Western Sydney Area Health Service	Mental Health and Addictions	Aboriginal Mental Health Clinical Lead & Addiction Counsellor Drug, Alcohol and other
MA Housing	Housing	Housing Officer
Muru Mittigar AC	Financial Counselling	Indigenous Money Mentor
Probation and Parole	Client Support	Aboriginal Client Support Officer

Outcomes:

Increase of clients making and maintaining contact with therapeutic service to address personal/family issues, better understanding of court orders for clients, increase in parenting plans for contact between parents and children, 1 in 4 clients are female.

National Oral Health Alliance

The National Oral Health Alliance (NOHA) represents community, dental and health organisations seeking solutions to the poor access to services and oral health outcomes experienced by many Australians. It has come together at various points over the past decade, to show the broad support for a national, equitable approach to oral health.

As an example, the following text is taken from the Alliance's statement during the Federal Election 2010, seeking commitments from all parties on an improved future for oral health in Australia.

National Oral Health Alliance Election Statement, 2010

We seek commitments from all Parties in this year's Federal election campaign to undertake clear, direct and effective action to address key priorities in oral health. An improved oral health system will be part of a more equitable and more effective health system. More than one in three Australians delay or avoid dental treatment because they can't afford it and increasing numbers of people are sitting on long waiting lists for public dental care.

- Public dental patients are more likely than other Australians to have dental decay.
- Nearly half of 6-year-old children have decay in their 'baby' teeth.
- Aboriginal and Torres Strait Islander children aged between 4-15 years are more likely than other children to experience dental disease.

People with particularly poor oral health least likely to be able to access proper care and treatment are those on lower than average incomes, people living in rural and remote areas, Indigenous people, aged care facility residents, people with disabilities, young adults on income support payments and sole parents.

The health and social impact of poor oral health is immense. Among people with serious oral health problems:

- 9 out of 10 experience pain or discomfort;
- 9 out of 10 have experienced embarrassment due to their teeth, contributing to poor self image, reducing their social interactions and limiting employment prospects; and
- Common dental diseases cause extensive tissue infection, resulting in an estimated 32,000 preventable hospitalisations per year.

It is vital to improve accessibility so that all Australians have equitable access to oral health care. National community, dental and health organisations have formed the National Oral Health Alliance to seek solutions to the poor access to services and oral health outcomes experienced by many Australians.

The Alliance is seeking a commitment from all political parties in the federal election for direct and effective action to address the following priorities in dental and oral health:

1. Timely access to oral health care
2. Planning for the future
3. Prevention and education

NSW Oral Health Alliance (NSWOHA)

The structure of the national alliance has also been replicated at the state level, with the NSW Oral Health Alliance (NSWOHA). The NSWOHA is convened by the Council of Social Service of NSW (NCOSS). It comprises around 15 organisations from the community sector and dental profession.

The NSWOHA provides a forum the discussion of oral health issues and undertake coordinated activities to improve access to dental service for low income and disadvantaged people in NSW.

Earlier this year, the NSW Oral Health Alliance issued a call to action to NSW State Parliamentarians to get behind dental reform by lobbying their federal counterparts for a national oral health plan and advocating the NSW Government for increased public dental funding in line with the NCOSS Pre-Budget Submission 2012-13. The Alliance is compiling responses and publishing them on the NCOSS website.

The Alliance previously developed An Advocacy Kit for Community & Welfare Non-Government Organisations (NGOs). It aimed to raise awareness of oral health issues for low income and disadvantaged people and encourage advocacy with politicians, media and in the wider community.

Currently, the Alliance is developing an Information and Referral Guide to Dental services for Community Workers. The Guide is to meet a need identified by the Alliance in their previous research report on access to dental services for clients of non government human service organisations.

Queensland Centre for Excellence

In its *Fairer Queensland Plan,* the Queensland Council of Social Service (QCOSS) recommends the establishment of a Queensland Centre for Excellence to improve outcomes for families and children.

Evidence based best practice should be the cornerstone of any effective prevention and early intervention strategy aimed at improving outcomes for families and children and reducing reliance on costly crises interventions. There is a significant gap in the translation of evidence into practice in Queensland. There also needs to be a more systemic evaluation culture that enables good practice to be accessed and the elements of success embedded more widely.

To ensure that programs and services are best practice and cost effective requires access to information about the types of interventions that work and the ability to apply research into every day practice. A sector led centre for excellence, similar to the Centre for Excellence in Outcomes for Families and Children (C4EO) model in the United Kingdom (C4EO 2012), will facilitate the application of best practice to policy makers, program managers and front-line services and staff.

C4EO fulfilled a demand from the early childhood development sector for an organisation to facilitate the translation of research evidence into practice i.e. acting as an "intermediary knowledge broker". There are the beginnings of a similar movement in

the health industry in Australia through the establishment of "translational" units. Such organisations "act as a bridge between research and user communities. For example, they translate research accounts for practitioners, and can ensure that research findings are targeted at the right people, at the right time." (Nutley 2010).

The aim of establishing a Queensland sector-led centre for excellence is to improve practice and strengthen prevention and early intervention service delivery channels to improve the lives and well-being of children and their families, particularly those who are the most vulnerable. It would do this by facilitating a culture of improvement through evaluation and a focus on applying "what really works". It would deliver:

- Improved outcomes for children and families;
- Improved collaboration between service providers and government and non-government agencies; and
- Cost efficiencies

A centre for excellence led by the sector would translate validated research evidence into useable formats for practitioners; provide focused and tailored support to organisations and their practitioners to apply the evidence; fill a major gap in investment in practice improvement for child and family services in Queensland; and provide tools for evaluation of outcomes.

It would not undertake its own research. Instead it would focus on collecting, translating and disseminating the findings of validated relevant research in useable and practical formats to practitioners. It would incorporate elements of the C4EO model including the sector-led tailored "peer to peer" support service. This service utilises experts from the sector to work with organisations to strengthen their programs and service delivery models based on best practice.