

New South Wales State Election 2011

VOTE



FAIRNESS
IN NSW



NCOSS

Council of Social Service of NSW



About NCOSS

NCOSS has a vision for a society where there is social and economic equity, based on co-operation, participation, sustainability and respect.

The Council of Social Service of NSW (NCOSS) provides independent and informed policy development, advice and review and plays a key coordination and leadership role for the non government social and community services sector in New South Wales. NCOSS works with our members, the sector, the NSW Government and its departments and other relevant agencies on ongoing, current and emerging social, systemic and operational issues.

NCOSS membership is composed of community organisations and interested individuals.

Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals. Member organisations are diverse, including unfunded self-help groups, children's services, youth services, emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church groups, peak organisations and a range of population-specific consumer advocacy agencies.

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Contents

Introduction	iii
Aboriginal Self Determination	1
<i>The Right to Self-Determination, Autonomy and Representation for Aboriginal and Torres Strait Islander People</i>	<i>1</i>
Improved Child Wellbeing.	3
<i>Improving Child Wellbeing and Child Protection Services</i>	<i>3</i>
<i>Increase Funding for Early Intervention and Prevention Services</i>	<i>3</i>
<i>Better Access to Early Childhood Education.</i>	<i>4</i>
A Fair Go for People with Disability	5
<i>Improved Community Living for People with Disability</i>	<i>5</i>
<i>Equipment to Support People with Disability to live in the Community</i>	<i>7</i>
Active and Connected Older People	8
<i>Supporting Older People at Home</i>	<i>8</i>
<i>Planning for an Ageing Population in NSW.</i>	<i>10</i>
Strong Communities	11
<i>Community Strengthening</i>	<i>11</i>
Improving the Justice System	13
<i>Less Young People held on Remand</i>	<i>13</i>
<i>Preventing and Reducing Violence Against Women and Children</i>	<i>14</i>
<i>Access to Appropriate Legal Assistance, Representation and Information</i>	<i>16</i>
<i>Reducing Crime</i>	<i>18</i>
More Affordable Housing and Less Homelessness	21
<i>Growth in Housing Supply</i>	<i>21</i>
<i>New Programs Linking Housing and Support.</i>	<i>22</i>
<i>Reducing Homelessness</i>	<i>23</i>
<i>Better Protection for Boarders and Lodgers.</i>	<i>24</i>
<i>Improved Aboriginal Housing</i>	<i>26</i>
Better Health and Wellbeing.	27
<i>Giving Women Choice</i>	<i>27</i>
<i>Improving Oral health</i>	<i>29</i>
<i>Recognising the Importance of Community Health</i>	<i>31</i>
<i>Access to Health and Related Services</i>	<i>33</i>
<i>Supporting people to stop smoking</i>	<i>35</i>
Fairer Concessions.	38
<i>Fairer rebates for energy.</i>	<i>38</i>
<i>A Simpler Framework for Transport Concessions.</i>	<i>39</i>
<i>Equitable access to seniors' card benefits for Aboriginal people</i>	<i>41</i>
An Effective Transport System.	42
<i>Integrated Fares and Information</i>	<i>42</i>
<i>Improved Access to Transport for Disadvantaged People and Communities</i>	<i>44</i>
Better Planning and Infrastructure	46
<i>Regenerating Communities</i>	<i>46</i>
<i>Make housing and public facilities more accessible.</i>	<i>48</i>
<i>Improve the planning system</i>	<i>48</i>
Strengthening the Community Sector.	51
<i>A Sensible and Whole of NSW Government Funding Policy</i>	<i>51</i>
<i>An Industry Plan for the Sector</i>	<i>52</i>
<i>An Effective Compact/Relationship between the NSW Government and the Sector</i>	<i>54</i>
Endnotes	56

Introduction

In NSW there are still far too many people who do not enjoy the opportunities that most of us take for granted. An affordable and secure home, quality education, good health, a decent job with a fair income while working and in retirement, and a life free from discrimination and violence are sadly not enjoyed by far too many in our state.

NCOSS believes a fairer society is a better society for us all. It is, therefore, in everyone's interests to care about what happens to the most vulnerable, disadvantaged and marginalised in our communities.

The NCOSS 2011 State Election Platform – **Vote 1 Fairness in NSW** – calls for a range of measures that will make a difference for those people and communities that are doing it tough.

Real, practical ideas that deliver improved outcomes and build a fairer society.

NCOSS has consulted widely through our networks to develop these policies and programs that will address both the symptoms and causes of disadvantage. These measures will improve the wellbeing, resilience and life opportunities for those who are vulnerable, disadvantaged and marginalised and in doing so improve the wellbeing of us all.

Vote 1 Fairness in NSW is a call for all current and aspiring politicians to agree to support measures that will contribute in a real and meaningful way to a fairer, more just and sustainable society. It is a call for us to make sure that when we vote in the State Election we are voting for fairness not just for ourselves but for us all.

Aboriginal Self Determination

The Right to Self Determination, Autonomy and Representation for Aboriginal and Torres Strait Islander People

NCOSS advocates for the right to self determination, autonomy and representation for Aboriginal and Torres Strait Islander peoples.

We believe that this right should underlie all Government and Departmental planning and decision making within NSW. It also underlies all recommendations within this document.

Aboriginal self-determination means that Aboriginal people are in charge of their own decisions and have ownership of their services. It also means that Aboriginal consumers have the right to choose and have a voice in receiving culturally appropriate services. Aboriginal community self-determination must drive and direct the identification and provision of these services. For example service providers should be self-managed Aboriginal community based organisations that are incorporated, independent and are responsible for overall service delivery.

Autonomy for Aboriginal people means that services are owned, controlled and operated by the local community and that local Aboriginal people own and determine the decisions and decision making processes within the services that support them. This requires sufficient resources to be provided to services to ensure cultural appropriateness. It also means that planning, evaluation and reporting of services and programs are conducted in a culturally appropriate manner.

Representation of Aboriginal people means that effective links between the community and government must be established and maintained. And that all Aboriginal representatives on state advisory committees are adequately resourced to attend meetings.

What needs to be done

- Autonomous Aboriginal community services are to be developed over time and through a staged process in line with consulted Aboriginal views on autonomy and control within the local area.
- Government will evaluate and report on implementation of self-determination measures.
- Government will provide resources to ensure that the capacity of Aboriginal communities can be developed to ensure self-determination.

NCOSS is calling for

- The NSW Government, in consultation with Aboriginal and Torres Strait Islander community members, workers and Departments to work together to develop and implement a timetabled and fully funded plan towards autonomous Aboriginal services.

Aboriginal community self-determination must drive and direct the identification and provision of these services.

- NSW Government will ensure that Aboriginal input and participation is built-in at all levels of planning and is appropriately resourced.

Results

- Aboriginal people are in charge of their own decisions and have ownership of their services.
- Aboriginal people are effectively represented at all levels of decision making – community, local government and government.
- Effective links between the Aboriginal community and government are established and maintained.
- All Aboriginal representatives on state advisory committees are adequately resourced to attend meetings.

VOTE

1

FAIRNESS

IN NSW

Improved Child Wellbeing

Improving Child Wellbeing and Child Protection Services

NCOSS believes that it is in the best interest of children and families that the recommendations of the Special Commission of Inquiry into Child Protection Services in NSW are implemented.

Following the release of Report of the Special Commission of Inquiry into Child Protection Services in NSW in 2008, the NSW Government committed to implementing almost all the of the 111 recommendations in a five-year action plan called *Keep Them Safe*. This commenced in March 2009.

NCOSS supports the implementation of the *Keep Them Safe* plan because it provides a commitment, with some additional funding, to implement the recommendations of the Special Commission of Inquiry. While the key elements of the recommendations are now in place there still remains a great deal of work to be done to fully implement the

five-year plan. In 2011 only two years of implementation will have been completed.

What needs to be done

NCOSS is calling on the incoming NSW Government to implement the recommendations of the Report of the Special Commission of Inquiry into Child Protection Services in NSW.

NCOSS is calling for

Implementation of the *Keep Them Safe Action Plan* or an alternative plan that is in line with the recommendations of the Special Commission of Inquiry Report.

Results

- An improved child protection system in NSW.
- Lower rates of placement of children in out-of-home care.

Increase Funding for Early Intervention and Prevention Services

The NSW Government has provided substantial additional resources in the child protection area as part of the *Keep Them Safe Action Plan* especially in Out of Home Care and the Brighter Futures Program. The new reporting framework (where only children at risk of 'significant' harm are reported to Community Services), the establishment of Child Wellbeing Units in various government agencies and the Family Referral Services are all key enhancements to the child protection system.

However, there is a need for additional resources to expand both universal and targeted support services so that children and families not reported to Community Services (i.e. not at risk of 'significant' harm) can receive appropriate services. For the Government to reduce child protection

Family services are essentially preventative services, not crisis services.

reports and address the number of children and young people who enter Out of Home Care, additional preventative and early intervention services are needed. These should form the greatest proportion of the child and family welfare service system in NSW.

For example, Family Support Services provide support for families under stress. Typically services in this sector help families (with dependent children), whose capacity to function is limited by the stresses of life, with either internal issues such as mental health or external issues such as dealing with government agencies. Family services are essentially preventative services, not crisis services. They focus on strengthening and supporting families and building on family members' existing skills so that the effects of a crisis are more easily and appropriately dealt with.

What needs to be done

Increase service provision in prevention and early intervention and for families with children at risk of harm below the significant harm threshold.

NCOSS is calling for

Increase the funding for existing services and provide additional Family Support and Early Intervention Services for families in NSW.

Results

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

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

Better Access to Early Childhood Education

Access to affordable early childhood education and care should be universally available in NSW.

The Council of Australian Governments has established a goal of universal access to 15 hours per week of an Early Childhood Education Program in the year prior to formal schooling by 2013. The NSW and Commonwealth Governments have agreed to a plan to achieve this goal. As well, additional funding has been provided to community-based preschools and subsidies will be provided to preschools and long-day care centres for qualified early childhood teachers from the 2011-12 financial year.

The NSW Department of Education and Training has 100 preschools located in public schools in communities of low socioeconomic status that prioritise the most disadvantaged members of these communities.

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

An estimated 18% of children in NSW missed out on Early Childhood Education

and Care (ECEC) in the year before school in 2008. Around 26% of children in low income families (i.e. Health Care Card holding families) also missed out.

What needs to be done

The incoming NSW Government must provide 15 hours a week of *free* early childhood education for all children from low income and disadvantaged backgrounds in the year prior to school.

NCOSS is calling for

The incoming NSW Government to subsidise early childhood education and care for children from disadvantaged and low income families (in possession of a health care card or pensioner concession card) such that fees for these families can be set to zero for at least 15 hours per week for 40 weeks per year in the year prior to school

Results

Increased access to age appropriate social, developmental and educational settings for children prior to starting school and improved school readiness for children from disadvantaged backgrounds.

A Fair Go for People with Disability

Improved Community Living for People with Disability

The State Government made a significant investment in the first half of the ten-year Stronger Together Disability Plan for NSW, featuring strategies to strengthen families, promote community inclusion and improve services. The second five years of Stronger Together must address the burgeoning shortage of accommodation and supports for people with disability.

By mid-2011, *Stronger Together* will have provided 990 new supported accommodation places in NSW. The Australian Government Disability Assistance Package will provide up to 580 extra supported accommodation places in NSW by 2012. By then, the number of Attendant Care places will have increased by 320 under *Stronger Together*.

In its June 2007 Report on Current and Future Demand for Specialist Disability Services, the Australian Institute of Health and Welfare (AIHW) provided estimates of unmet need in the year 2005 for a range of disability supports including accommodation and respite services. Using these estimates, NSW had a critical unmet need for accommodation and respite services of just under 8,000 places. NCOSS notes that the AIHW advised this was probably a conservative estimate, with demand more likely to be 10,400 places in NSW in the year 2005.

This unmet need for new places is alarming given that planned spending on supported accommodation by the NSW and Australian Governments could provide up to only 1,933 new places by the year 2012.

The AIHW further acknowledges that these estimates are likely to be compounded by other pressures that will intensify unmet need, such as projected increases in the size of the population of people with severe or profound disability, increased levels of need for assistance due to the ageing of the person with disability and their carer, reduced access to housing options, ongoing choice of people with disability towards community living and the falling ratio of carers to people with disability. At current and planned spending levels, if there is no immediate acceleration in the provision of supported accommodation in NSW, the provision of accommodation and supports to people with disability will be in deepening crisis.

NCOSS believes that optimum value can be achieved by creating disability supports around the individual person, rather than trying to slot the person into a sometimes ill-fitting service system. Accordingly, the person-centred and self-directed approaches to disability supports are critical to the ongoing support of people with disability and the contemporary development of the service system.

What needs to be done

- There is a need to accelerate the catch up investment in supports and services for all people with disability through Stronger Together 2, especially focussing on the range, adequacy, availability

NCOSS believes that optimum value can be achieved by creating disability supports around the individual person.

and appropriateness of supported accommodation and self-directed living options for adults.

- Stronger Together 2 needs to be developed with an emphasis on person centred approaches including:
 - ◆ Building the capacity of people with disability and families to direct their own support;
 - ◆ Prevention and early intervention at all life stages;
 - ◆ Increasing participation and active inclusion;
 - ◆ Building the capacity of the service system to deliver contemporary approaches.

NCOSS is calling for

- Self-directed support funding to be increased and implementation accelerated to enable more tailored and responsive supports.
- Self-directed support - people with disability and their families to be given greater control over the resources targeted at their support including:
 - ◆ The extension of self-managed options in all program areas;
 - ◆ Streamlining all individualised funding programs into one system of Individualised Planning and Support with a single set of guidelines and processes (as has happened in Victoria).
- Consider the development of a Supported Living Fund (like the Community Living Fund of WA) that enables men and women with disability to live in their own homes in their local community. This is a proactive strategy that

builds on the initiative of families to enable adults with disability to move out of the family home. The support arrangements will be built on community support and complemented by funding from the Supported Living Fund.

- At least 4,000 new supported accommodation places over the second stage of *Stronger Together* with an emphasis on evidence based approaches and the relocation of people out of large residential centres to live in the community. This must include a deliberate investment in small community living options, reflecting those of the general population.
- Disability friendly environments or liveable and wheelable communities including planning, development and building regimes that are enabling not prohibitive to people with disability.
- Accelerating transport accessibility by increasing railway accessibility upgrades to at least ten stations per year.

Results

- People with disability can plan for and access their chosen or preferred adult living options.
- Fewer people with disability inappropriately enter unplanned supported accommodation through a family crisis.
- Improved participation for people with disability in the community, including independent housing options, and improved access to community facilities i.e. doctors, banks, shops, improved employment options etc.

Equipment to Support People with Disability to live in the Community

The Program of Appliances for Disabled People (PADP) is an integral part of the network of services that allows individuals to leave hospital under earlier discharge strategies and to live in the community rather than inappropriately or prematurely in residential facilities. The timely provision of appropriate equipment helps people to avoid future hospital admission (e.g. walking frames that prevent falls), enables community care services to provide assistance, and reduces avoidable demand on service provision by supporting people in the tasks of daily living.

A 2006 PricewaterhouseCoopers Report on PADP found that demand for PADP would continue to grow with estimated increases in population prevalence of disability.

The administration and resourcing of PADP has been the subject of further review by a Parliamentary Inquiry which reported in January 2009 and delivered 21 recommendations. NCOSS belongs to the PADP Community Alliance which has responded to the Report of the Inquiry with a Position Statement which seeks to emphasise the following critical recommendations from the Inquiry:

- An increase in base funding;
- PADP to be seen as an entitlement program;
- Improved performance indicators;
- Abolishing the co-payment;
- Improved data on current, unmet and future demand;
- Access for people from culturally different backgrounds; and
- Coordination and integration of NSW Health and the Department of Human Services, Ageing Disability and Home Care in the provision of PADP.

What needs to be done

PADP urgently requires a significant increase in funding to cope with both unmet and escalating needs for equipment/assistive technology for people with disability.

NCOSS is calling for

- Increase the funding of PADP to around \$100m per annum on a staged basis.
- Convert PADP to an entitlement based program.¹
- Abolish the prohibitive co-payment, especially for people with a disability reliant on income support from the Commonwealth Government.

Results

- A reduction in unacceptably long waiting times.
- Minimisation of the impact of disability caused by lack of proper aids and equipment.
- Improved suitability of prescribed equipment.
- Enabling children and adults with disability to participate more fully in their communities and all aspects of society.

The timely provision of appropriate equipment helps people to avoid future hospital admission.

Active and Connected Older People

Supporting Older People at Home

The Home and Community Care Program (HACC) provides a range of home support services to frail older people, people with disability and their carers. In NSW, the vast majority of people who use the HACC program are aged 65+ years.

In June 2009, the Australian Bureau of Statistics (ABS) reported: *'The ageing of the NSW population is projected to continue in the future. Increasing our understanding about the extent of population ageing allows NSW to plan and prepare for the future needs of an older population.'*² The ABS projects that from 2006 to 2036, the proportion of the population aged 65+ years will rise from 14% in 2006 to 21% in 2036. During that time, the proportion of adults aged between 15 and 64 years, of working age, will decline from a ratio of 5 to 1 in 2006 to less than 3 to 1 in 2036.

As a result there will be increasing pressures on HACC services in supporting increasing numbers of older people to live at home. For example HACC domestic assistance and personal care services have experienced accelerating demand in recent years, often leading to unreasonable waiting lists. The issue of domestic squalor has become prominent in recent years. Demands for home modifications are also increasing. For an older person or person with disability, access to timely well advised modifications can make the difference between staying at home or unnecessarily entering permanent care.

In addition there are a number of critical longer term priorities for and pressures on the NSW HACC system and providers.

This includes:

Aboriginal People

- The development of accelerated strategies towards equity for Aboriginal HACC clients on a population and needs basis supported by public reporting, especially in the areas of innovative Aboriginal transport projects, development of autonomous Aboriginal non-government organisations and an Aboriginal workforce plan for HACC.
- Provision of advocacy to assist in navigating the complex community care system, particularly for Aboriginal clients and families.

Culturally, Linguistically and Religiously Diverse Communities

- Specific support to address the under-use of HACC services by people of culturally, linguistically and religiously diverse backgrounds, including strategies to reach larger emerging communities; and improved access to translation and interpreting services.
- Provision of advocacy to assist in navigating the complex community care system, particularly for those from culturally and linguistically diverse backgrounds.

People with Disability

- The emerging group of people with disability who are growing older and reaching retirement stage. This can happen at a chronologically earlier age than in the general population and could require tailored support

responses. The issue of what jurisdiction will provide the supports and in what forms must be urgently negotiated.

HACC Service Providers

- Escalating infrastructure costs due to a number of factors including new costs of criminal records checks, future purchase of quality assessments, the impact of rising petrol prices and climate change on organisations and clients.
- Capacity building in rural and remote services.
- Most HACC services require a transport component and transport is an essential enabling service to access other necessary services and supports. This is an essential social inclusion strategy.
- Investment in workforce development and training to achieve a growing, stable and qualified workforce. This also involves volunteer development, in light of escalating expectations upon volunteers, competition for volunteer recruitment and the ageing of HACC volunteers themselves.

What needs to be done

Increase state investment in Home & Community Care to reduce the burgeoning unmet demand for home support services, and enable new service approaches to maintain optimum self-reliance.

NCOSS is calling for

- Accelerated growth in funding to address the significant unmet needs for home support services to older people, people with disability and carers.
- Improved services to Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds as well as people in rural and remote areas.

- Implementation of a person-centred, personal goal oriented, more individualised approach, known in the NSW NGO sector as IMPACT, to tailor supports around the needs of the individual in the HACC program.
- Better integration with other related support systems, i.e. health, residential aged care and disability support systems, especially to avoid cost shifting to HACC due to the inadequacy of other systems.
- Improved integration and responsiveness of NSW Home Care Service in the community care sector.

Results

- The Home and Community Care Program (HACC) in NSW has improved capacity to meet the home support needs of frail older people, people with disability and their carers within reasonable timeframes and before crisis occurs.
- Aboriginal people can more equitably access home support services to a level that maintains their functioning and independence at home.
- People can choose the supports that best meet their needs rather than trying to fit people into an existing and often inflexible service system.
- New services are developed to meet greater and evolving needs and to deliver on more flexible support responses.
- Home support services i.e. Home and Community Care do not inappropriately compensate for the inadequacy of other service systems.



There will be increasing pressures on HACC services in supporting increasing numbers of older people to live at home.

Planning for an Ageing Population in NSW

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

The provision of timely, appropriate and short term access to in-home supports after discharge from hospital can mean the difference between successful recovery or the beginning of an otherwise unnecessary decline and adverse health outcomes. ComPacks provides this immediate supportive post-hospital intervention during convalescence.

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

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

What needs to be done

The NSW Government Plan for an ageing population *Towards 2030* lists a range of strategies to be completed during the first five years of the Plan. Many of these strategies will require identified and designated funding to deliberately achieve outcomes for older people now and over time. *Towards 2030* indicates the significant size of the ageing population. Accordingly, older people must be considered in planning of age-friendly environments (where everyone benefits), in post-discharge supports and in appropriate access to accessible transport.

NCOSS is calling for

- *Towards 2030* must include specified and mandatory targets, with deadlines and designated funding against which agencies are required to report progress and achievement, for each line item. The provision of seed funding for a range of initiatives under *Towards 2030* will ensure the energetic involvement of government agencies such as Transport, Health, Housing, Fair Trading and Police in deliberately responding to the needs of older people.
- Extend ComPacks to all metropolitan and regional/rural hospitals and increase the number of ComPacks where demand exceeds supply.
- Older people are considered in planning processes, possibly through mandatory reporting in Seniors Impact Statements.
- Enhance the Taxi Transport Subsidy Scheme to provide wider access to older people and people with disability for whom other forms of transport are not easily or readily accessible.
- Extend the public and community transport network and improve the safety and suitability of access for older people. In particular, railway accessibility upgrades should be increased to ten stations per year.

Results

Older people are better acknowledged and valued in NSW through:

- Better connectivity and reduction in isolation.
- Older people's right to participate in society is respected, promoted and delivered.
- Fewer avoidable hospital admissions and readmissions and improved separation rates.
- Age-friendly local environments that encourage and facilitate the social inclusion of older people.

Strong Communities

Community Strengthening

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

The following features or attributes characterise a strong community:

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

Neighbourhood Centres and other organisations involved in community strengthening:

- involve community members in identifying local issues and problems;
- provide information and education to community members;
- train workers to work sensitively in disadvantaged communities;
- involve the community in program design, planning and implementation;
- involve community members in community research and evaluation;
- tailor the program to the unique needs and strengths of the community; and
- are sensitive to the ethnic and cultural diversity of the community.

The NSW Government has funded community strengthening organisations, such as Neighbourhood Centres, to resource and support local people become active agents in finding solutions to local problems. The funding has been under the Community Services Grants Program (CSGP) and the Community Builders Program (formerly the Area Assistance Scheme) it has been inadequate for a number of years. The CSGP has also funded a diverse range of direct service providers.

Funding of the CSGP at \$82.3m in 2009-10 is inadequate. This program has received no increase in funding, since a small amount (\$2.5m) in 1995, other than indexation, despite figures that indicate that

The effects of social problems can be reduced or eliminated by working on the causes of problems as well as the symptoms.

poverty and disadvantage are increasing in NSW. Funding has not kept up with the cost of running centres and services.

There are around 950 CSGP funded services across the state. Many of these have cut back on activities, services or hours of operation and some are now at risk of closure because funding has not kept pace with costs.

The proposal by the NSW Government to split the CSGP recognises the importance of the community strengthening element of the program. However, current funding is inadequate and additional funds are needed urgently.

What needs to be done

All parties in the state election need to accept the importance of community strengthening activities. The parties need to commit to increase funding of Community Builders and the community strengthening element of the former CSGP.

NCOSS is calling for

The incoming Government to increase funding of Community Builders and neighbourhood centres and other community strengthening organisations in NSW.

Results

Stronger, more resilient, communities that are able to develop local solutions to community problems.

VOTE

1

FAIRNESS

IN NSW

Improving the Justice System

Less Young People held on Remand

An increasing number of children and young people in New South Wales are being held on remand in the state's Juvenile Justice Centres. This is due to current policies that make it unnecessarily difficult for children and young people to access bail. The result is that children and young people remain in detention on remand when they should be on bail. In 2006 3,623 children and young people were admitted to custody on remand and by 2008 this figure has jumped to 5,081.³

Only one in seven, or 16 per cent of children and young people on remand will go on to receive a custodial penalty at sentencing.⁴ This means that the vast majority of children and young people are spending time unnecessarily in a detention centre.

The high incarceration rate of Aboriginal and Torres Strait Islanders is also damaging Aboriginal communities.⁵ In NSW 38.8% of all children and young people on remand in 2008 were Aboriginal or Torres Strait Islander.⁶

The consequences of a high remand rate include:

- Increases in the challenges that children and young people face, which potentially create social problems.
- Recent allegations of overcrowding and increased assaults in Juvenile Justice Centres throughout New South Wales suggest a serious impact on the safety of both staff and the children and young people.⁷

- Time in a Juvenile Justice Centre is the 'most significant factor in increasing the odds of recidivism'.⁸

Considering only one out of every seven remandees in New South Wales will receive a custodial order at sentencing, thousands of children are being unnecessarily exposed to an environment that can have a detrimental effect on their future life chances, and a higher number of children and young people are at risk of cycling through the prison systems. As a result, these policies are likely to compound rather than alleviate juvenile crime in NSW.

When a child or young person who is homeless or in need of care is charged with a criminal offence they are often given an order as part of their bail conditions to 'reside as directed by the Department of Community Services'.⁹ The Court requests that Community Services find appropriate accommodation for the child or young person. The court is not proposing that the child or young person be remanded in custody.

However, in many cases the 'reside as directed' order effectively turns into an order to remain on remand as Community Services is frequently unable to find acceptable placements for these children and young people.^{10,11} Despite Community Services clear responsibility to these children and young people, the dearth of suitable accommodation options results in a high rate of remand for children and young people. Statistics from Juvenile Justice

The vast majority of children and young people are spending time unnecessarily in a detention centre.

demonstrate that 95 percent of children and young people on remand during a three month period in 2006-07 had a court order to 'reside as directed'.¹²

NCOSS welcomed the NSW Government's announcement in the 2009-10 budget of a 24-hour Bail Hotline. NCOSS has also welcomed the announcement by the Minister for Juvenile Justice for the funding of four one-year trial services (including an Aboriginal specific service) providing accommodation, case support, transport and other related services. These services are targeted at providing services to young people granted police bail and not those granted conditional bail by the courts. These are significant steps to developing services to assist children and young people access bail, meet bail conditions and find appropriate accommodation options.

What needs to be done

The Government should develop a comprehensive residential bail support program for children and young people with services situated in key locations in NSW.

NCOSS is calling for

Children and young people who are granted bail but remain on remand due to a lack of accommodation options should have access to a 'Residential Bail Support Service'.

Results

- Reduction in the number of young people who are refused bail and remanded in custody because they do not have access to suitable housing or other matters to qualify for release.
- Reduction in inappropriate prison stays on remand by those awaiting trial, including young Aboriginal and Torres Strait Islander people.
- Increased opportunity for young people awaiting trial to maintain connections to their community, including maintaining school, training or employment, compared to being on remand.
- Better links with other services to facilitate the provision of treatment, counselling and other remedial programs.

Preventing and Reducing Violence Against Women and Children

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

The impact of family violence, neglect and sexual assault upon children cannot be over-emphasised. Nor can the impact on children experiencing or witnessing domestic violence. In June 2009, there were 26,081 recorded incidents of domestic violence related assaults in NSW.¹³ In 2004, the NSW Police recorded 25,761 domestic assaults.¹⁴ The actual number is likely to be much higher as research indicates that only '36% of women who experienced physical assault by a male perpetrator reported it to the police'.¹⁵ The most common place for physical violence to occur against women is in the home.¹⁶

In general, the incidence of domestic assault recorded by police is higher in areas that have a higher percentage of Aboriginal residents, a higher percentage of sole parents under 25 years of age, a higher percentage of public housing, a higher male unemployment rate and higher rates of residential instability.¹⁷ For example the towns of Bourke and Walgett have the highest recorded rates of domestic assault in NSW.¹⁸ Campbelltown and Blacktown record the highest rates of domestic assault in the Sydney metropolitan region.¹⁹

It is estimated that one in three women experience physical violence at some stage in their lives since the age of 15.75 and one in five have experienced sexual assault.²⁰ In 37% of cases, the assailant is a man they know²¹ and almost half of all victims under 15 are abused by a parent or guardian.²² Aboriginal and Torres Strait Islander people are six times more likely

to be victims of domestic assault than non-Aboriginal people.²³ However, it is also estimated that fewer than one in five sexual assaults are reported to the police, a reporting rate that is lower than any other major crime.²⁴

Criminal justice outcomes for sexual assault prosecutions are extremely poor. Prosecutions for sexual assault offences have the lowest guilty pleas, lowest guilty verdict rate and highest appeal rate of any offence category. Only 15 percent of sex incidents involving a child victim and 19 percent of incidents involving an adult victim result in the initiation of criminal proceedings against a suspect.²⁵ The number of proven sexual assault charges is less than five percent of the total number of sexual assault victims in NSW.²⁶

Many victims report that the trial process brings them further trauma and most victims would not encourage other victims to report sexual assault. Police, lawyers and counsellors have also expressed frustration and disappointment about the way the current system limits their efforts to encourage victims to report sexual assault and thoroughly investigate the offence. For changes to sexual assault prosecutions to have long-term impact, they must be substantial.

The prevalence of domestic and family violence is further compounded by the lack of refuges and social housing available to women and children escaping violence. Safe, secure and affordable housing is recognised as one of the most important factors determining the success of women and children escaping domestic and family violence.²⁷ The NSW government has announced several policy initiatives that have the potential to improve the outcomes of woman and children escaping domestic and family violence and attaining housing such as the 'Safe Start Rental Program'. Although this is a crucial step forward in increasing the amount of housing and options available to women and children, the financial insecurity of women leaving domestic and family violence often means the private rental market is out of the question.

Violence and abuse against people with a disability, including intellectual disability, same sex domestic violence, homophobic violence and elder abuse are starting to be identified as issues, however the true extent remains masked as very few people report such abuse. Violence may be also used as a tool of social exclusion against women from culturally and linguistically diverse backgrounds in NSW.

What needs to be done

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

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

Women must be offered the best opportunity to escape domestic and family violence. This includes the opportunity to stay in their own home, to leave their home, to access a refuge, to receive social housing in an area of choice and to be supported in entering the private rental market. Currently, women escaping domestic and family violence are turned away from over-full refuges and are not always awarded priority from Housing NSW. Police and other services have often commented they regularly have to refer women to refuges because public housing is not being made available within the immediate or necessary timeframe.²⁸ Whilst refuges present an opportunity of escape, without long term stable housing, they are a trap to poverty and homelessness and make women and children more vulnerable to violence and abuse.²⁹

Women must be offered the best opportunity to escape domestic and family violence.

NCOSS is calling for

- A service audit to be conducted, in consultation with service providers, across both the Government and non government sector. This should map existing resources to identify gaps in service delivery, models of care and gaps along the continuum of care.
- An increase in the level of priority given to women escaping domestic and family violence when applying for public housing. Increased amount of social housing, coupled with a percentage of public housing quarantined for women and children and ongoing social, emotional and financial support is crucial to increasing their chances of a safe and secure escape. Improved resources for the “Staying Home Leaving Violence” program is also needed.
- Improved capacity to respond to the needs of people experiencing domestic violence and sexual assault through:
 - ◆ Providing targeted capacity building for existing domestic violence and sexual assault services to address ongoing long-term under-resourcing;

- ◆ Improved resourcing for new services where projects are evaluated as being successful or where service gaps are identified;
- ◆ Improved research on ‘what has reduced violence’ in the community.

Results

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

Access to Appropriate Legal Assistance, Representation and Information

The justice system is the cornerstone of a safe, cohesive and caring community. The ability to access and participate in this system should not be impeded by a person’s limited economic resources, illiteracy, physical or cognitive disability, geographical isolation, mental illness, age, cultural background, Aboriginal or Torres Strait Islander heritage, race, ethnicity, sexuality or gender.

However, the reality is that these attributes do often disadvantage people and create a number of barriers to accessing law and justice in NSW including:

- Direct exclusion from access to law and justice on matters of importance;
- Direct and indirect discrimination;

- In some cases, the absence of legal rights equivalent to those that may be enjoyed by others in society;
- The inability to take effective action to enforce legal rights, for example, because of disability or confinement;
- Ignorance of the processes and avenues for seeking a remedy, often enhanced by confusing eligibility criteria for Legal Aid and complicated application and form filling processes;
- Lack of adequate communication skills; and
- Lack of access to appropriate advocacy, information and support services, both legal and non-legal (both within the correctives system and in the community).³⁰

Government-run legal supports that are potentially available to people, such as Legal Aid, provide an important safety net for marginalised and disadvantaged individuals who would otherwise have little or no access to legal assistance. However, because they are under-funded, under-resourced and inundated with overwhelming workloads, they simply cannot provide a standard and consistent level of assistance and representation across the full spectrum of legal matters to all people in need. For example there is a large disparity between those who meet the Legal Aid means test and those who are able to afford private representation. Research conducted by Griffith University for the National Legal Aid Commission found that those eligible for Legal Aid earned less than \$25,000 per annum after tax, yet people only became able to afford private representation once they earned over \$45,000 per annum after tax.³¹

The over-representation of people with mental illness and intellectual disability in NSW prisons is a result of a variety of factors, including the individual and systemic barriers people with mental illness and intellectual disability confront when trying to access appropriate legal assistance. There is extensive evidence that people with mental illness and intellectual disability are more likely to be convicted of more serious offences than people without mental illness or intellectual disability and tend to be incarcerated for longer. The resource constraints on Legal Aid, Community Legal Centres' and Aboriginal Legal Services often result in these services being unable to adequately support and represent people with mental illness and intellectual disability.

People living outside the Sydney metropolitan area lack access to institutions, such as courts and tribunals, as well as legal assistance and information services.³² Free legal services such as Legal Aid are often unavailable in rural and remote areas of NSW due to an insufficient number of lawyers to meet the demand.

Finally compared to criminal law, civil law is disproportionately significantly

underfunded, comprising only 9.7% of the NSW Legal Aid Commission's 2007-08 funding, and faces much more extensive means and merits testing.³³ This is despite evidence from both Law Access and the NSW Legal Aid Commission that a high proportion of enquiries received are civil in nature. In 2002, Law Access reported that 61% of the most frequently occurring enquiries were civil law matters.³⁴

The end result is that those who are unable to afford private legal assistance do not commence legal proceedings or, if they do, represent themselves, further entrenching disadvantage and straining the resources of courts and tribunals and resulting in a starkly inefficient administration of justice.

What needs to be done

Funding for legal services that provide assistance to those unable to afford private lawyers must be increased. Social and economic factors are currently playing a large role in determining who receives legal assistance and who is left to fend for themselves. Funding must be based on unmet legal need, this is crucial to ensuring people are able to access quality and timely legal services and services in all areas of law reform.

Community Legal Centres target their services to the most disadvantaged communities and those most in need, such as women facing domestic violence, prisoners and ex-prisoners, people with mental illness, young people, older persons, refugees and immigrants, people with disability, Aboriginal and Torres Strait Islander people, and homeless people. The 2007 Review of the NSW Community Legal Services funding program found that CLCs provide an effective and efficient form of legal service delivery in response to the legal needs of disadvantaged members of the communities they serve. Despite the innovative and crucial work that CLCs are engaged in, many are desperately underfunded and face ever-increasing demand. Funding for CLCs must be increased.

There is a large disparity between those who meet the Legal Aid means test and those who are able to afford private representation.

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

NCOSS is calling for

- Increase in the funding for Community Legal Centres so that they are able to provide timely and quality legal services to relevant geographic areas and population groups.
- Introduction of alternative court processes, based on the Western Australia Disability Diversionary Court Model, for people with specific needs.
- Strategies to improve the expertise of Legal Aid Lawyers and Community Legal Centre lawyers in areas such as intellectual disability and mental illness (in the same way that children's Legal Aid lawyers operate).

- Programs that increase the skills of inmates to access legal information and programs that provide legal information tailored to the individual capacities of the person.
- Increased funding to Community Legal Centres, Prisoner Legal Services, Aboriginal Legal Services and Legal Aid to match current and future demand.

Results

- A reduction in the number of people who are forced to represent themselves, as they have secured affordable, well resourced and timely legal assistance.
- An increase in the amount of legal services that cater for specific population groups in all areas of law reform, such as people with mental illness.
- A decrease in the amount of people who fall between the gap of being able to afford private legal assistance and those eligible for Legal Aid.
- Improved access to justice services by socioeconomically disadvantaged individuals and families in NSW.
- Increased confidence in the ability of the NSW Government to ensure that disadvantaged people have the same equity of access to legal services that the wealthy have.



Reducing Crime

Sentencing, as a mechanism to reduce the likelihood of crime, should not be synonymous with incarceration. There is little evidence to support a causal relationship between higher incarceration levels and reduced crime - in other words more prisoners do not mean less crime. In addition to this, a number of studies indicate that prisons do not work in terms of their stated objectives, evident in the high rates of recidivism in NSW, 43 percent within two years of release and 68 percent at some time after release.³⁵

Imprisonment should be scaled down and used only as a measure of last resort.

Despite this, NSW relies heavily on the prison system as a mechanism for justice:

- The NSW prison population has increased by 34% over the last ten years³⁶ currently representing over a third of Australia's prison population.³⁷
- NSW budget allocates money for a forecasted increase in the number of people to be incarcerated.³⁸

- Most often people are incarcerated for minor offences in the Local Court.
- A disproportionate amount of money is spent on keeping people in prison compared to minimal funding for community based orders and rehabilitation programs.

What needs to be done

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

The strong correlation between disadvantage and crime means that poverty, poor education, negative parenting, drugs and alcohol, mental illness, lack of adequate human services and support in the community and locational disadvantage will continue to affect crime rates. Prison, as a mechanism to reduce crime, will not solve the social and economic determinants that cause many crimes to be committed in the first place. The negative consequences of imprisonment is more likely to increase the occurrence of inter-generational crime, escalate the risk of homelessness and unemployment, perpetuate the poverty cycle, separate and fragment families, expose people to institutional violence that can have damaging physical and psychological effects and exacerbate mental illness, which will increase the likelihood that crime will exist well into the future.

The justice system must work in partnership with the health, education, disability, community and welfare and housing systems to establish an approach to criminal justice that holistically addresses the causes of crime. Social crime prevention allows the courts to dispense justice while also using the human services system to address the underlying causes of offending behaviour.

We need to modify the justice system so that incarceration is used as a last resort and not as a default penalty.

The justice system needs to find more meaningful ways of addressing the sources and causes of offending behaviour rather than simply locking people up.

Such ways not only improve community safety but they also cost less in the end for government and the taxpayer. Non custodial, community based and reintegrative sentences should be utilised more and include an expansion of a range of alternative options to prison. Non custodial sentences avert the damaging influences that prisons can have on a person (including exposure to drugs, 'harder' and 'hardened' offenders and a culture of brutality), are significantly cheaper than prison and can be more effective at reducing re-offending.

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

There is a paucity of post release human services for offenders generally and the situation is particularly bad for Aboriginal people and for people with dual or multiple diagnoses. Many people go straight from prison to homeless services. Therefore if there have been any programs which have proved useful in prison, then these need to be reinforced in a supportive manner, post release if they are to have any prolonged impact.

Each prisoner should also take part in a needs analysis prior to release which identifies major issues that may place the person at risk of recidivism such as housing and health needs. Based on the needs analysis, contact should be made with post-release services prior to release, to conduct planning around what services the prisoner will require to live in the community and to ensure that the support is available.

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

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

coordinated response from mainstream agencies, specialist disability services and Aboriginal services.

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

NCOSS is calling for

- Increased investment into social crime prevention such as problem solving courts and diversionary schemes including the Drug Court, MERIT scheme, section 32 and 33 applications under the *Mental Health (Forensic Provisions) Act 1990 (NSW)* and youth justice conferencing.
- Better utilisation and expansion of alternative options to prison such as community service orders, circle sentencing and forum sentencing.
- Increased funding for post release services under the Community Funding Program.
- Culturally appropriate programs and a variety of programs aimed at the different needs of men and women.
- A range of programs available across regional, rural and remote NSW.
- Increased funding for inmate rehabilitation programs to reverse recent falling participation rates.

- Regular evaluations of programs to ensure that they are meeting prisoner needs and are assisting prisoners with integration and participation back into the general community.

Results

- The burden on the prison system and the pressure to build more prisons and increase funding is reduced.
- Rates of recidivism are reduced as more offenders are treated in the community in a manner that holistically addresses the social causes of their offending behaviour, rather than locking them away in prison and socially isolating them.
- Prisoners are assisted when leaving prison to successfully adapt to life in the community and avoid reoffending.
- A reduction in the over-representation of Aboriginal people, people with intellectual disability, people who are homeless and people with a mental illness in the prison system.

More Affordable Housing and Less Homelessness

Growth in Housing Supply

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

After a long period of no growth, in the last 18 months the Commonwealth Government has provided a once in a generation boost in funding for new social housing supply. The biggest investment has come from the Stimulus Package agreed by COAG in response to the global financial crisis.³⁹ Under the social housing element of the Stimulus Package NSW has received Commonwealth funding of \$1.763 billion over four years for new construction and a further \$130.4m over two years for repairs and maintenance. This is expected to add 6,300 dwellings to the stock of community and public housing in NSW. Funding under this agreement ceases in June 2012.

Lesser injections in community and Aboriginal housing have also resulted from the COAG National Partnership Agreement on Social Housing⁴⁰ and the COAG National Partnership Agreement on Remote Indigenous Housing.⁴¹

Further growth has occurred, albeit at a slower pace, as a result of the Commonwealth's National Rental Affordability Scheme (NRAS). The objectives of NRAS are to stimulate the supply of 50,000 new affordable rental dwellings by June 2012, to reduce rental costs for low and moderate income

households by making those dwellings available for rent at 20% less than the market value, and to encourage large scale investment in, and innovative delivery of, affordable housing.⁴² With access to community and public housing restricted to low income households, NRAS provides access to housing assistance to a broader range of low to moderate income households, including low paid workers.⁴³ At the time of writing approval has been given for just over 2,400 new NRAS dwellings to be built in NSW.

The State Government has also contributed to the growth of intermediate/affordable housing through its Affordable Housing Innovations Fund⁴⁴ and its Affordable Rental Housing State Environmental Planning Policy (SEPP).⁴⁵

What needs to be done

- A new social housing growth program needs to be in place by 2011-12, when the current Commonwealth funding for new social housing construction under the Stimulus Package comes to an end.
- In addition a range of state measures need to be in place to ensure that NSW receives its fair share of additional subsidies under the National Rental Affordability Scheme (NRAS).

The lack of secure, appropriate and affordable rental housing is one of the major challenges facing low to moderate income households.

NCOSS is calling for

- Construction of all 6,300 new community and public housing dwellings in NSW under the Commonwealth's Stimulus Package is completed by June 2011.
- 3,000 extra community and public housing dwellings to be built by the NSW Government, in conjunction with the Commonwealth and community housing providers, over the four year period 2011-12 to 2014-15.
- Sufficient state subsidies and in kind assistance such as land to ensure that NSW receives its fair share of additional subsidies under NRAS.⁴⁶
- pensioners, people with a disability, sole parents, the unemployed and the working poor.
- Growth in the community housing sector in line with the 30,000 dwelling target outlined in *Planning for the Future*.⁴⁷
- Contribute to the reduction in homelessness promised in the NSW Homelessness Action Plan. That Plan includes three separate targets for 2013: a reduction of 7% in the overall level of homelessness, a reduction of 25% in the number of people sleeping rough, and a reduction of one third in the number of Aboriginal people that are homeless.⁴⁸

Results

- More affordable rental housing options for low to moderate income households, including aged

New Programs Linking Housing and Support

Housing NSW has partnered with a range of other state government justice and human service agencies to develop the NSW Housing and Human Services Accord. The objective is to assist social housing tenants with complex needs receive the support services they need to live independently in the community and sustain their tenancies, and to assist clients of human service agencies to gain access to social housing.

Under the Accord target client groups include people who are homeless or at risk of homelessness, the frail and/or elderly, people with a disability, young people under 20 years of age without family supports, families with children and people on very low incomes, such as aged pensioners, the unemployed and very low paid workers.

Government agencies involved in the Accord have commissioned a series of trials to pilot joined up arrangements under which mutually agreed clients are provided with public or community housing while also receiving support from one or more human service agencies. Fifteen such shared access trials are currently being evaluated.

The implementation of the Accord has faced a range of challenges, and has required the development of a range of tools and policies. Above all, however, it has been constrained by the Government's decision to implement the Accord using existing resources. While this might work for small trials in defined geographical areas, once successful models of joined up service delivery are developed extra resources will be needed to translate these into substantial system-wide and state-wide programs.

The Housing and Accommodation Support Initiative (HASI), which predates the Accord, is a good example of a successful and properly funded program to provide housing, treatment and support to people with a mental illness. The sector's experience of another program, the Joint Guarantee of Service (JGOS) for People with Mental Health Problems and Disorders Living in Aboriginal, Community and Public Housing, has not been so positive. The NSW Ombudsman recently completed a major review of JGOS and recommended that it is terminated and a replacement program developed under the framework of the Accord.⁴⁹

What needs to be done

The incoming Government needs to build on the outcomes of the trials under the Housing and Human Services Accord by developing new models and programs linking housing and support for designated client groups, and by expanding the number of places available under existing programs.

NCOSS is calling for

- Build on the outcomes of the trials under the Housing and Human Services Accord to improve access to housing by clients with complex needs and to put in place the support they need to sustain their tenancies.
- Allocation of \$80m over four years for joined up service delivery projects linking housing and support, with a particular focus on more integrated service delivery by the component parts of the new Department of Human Services.
- Termination of the Joint Guarantee of Service (JGOS) and to develop instead, in close consultation with

the NGO sector, a new agreement under the Accord to coordinate and deliver effective assistance to clients with mental health issues who need support to access and sustain tenancy in social housing.

Results

- Social housing tenants with identified support needs are assisted to sustain their tenancies and improve their quality of life.
- Clients of human services agencies and homeless people with complex needs are assisted to secure access to social housing that is appropriate to their needs.
- Reduction in the level of evictions and consequent homelessness by social housing tenants who need support to sustain their tenancy.
- Provision of integrated assistance to households with complex needs who are in touch with multiple human service agencies.

Reducing Homelessness

In 2006 NCOSS, in partnership with the three peaks for homelessness services,⁵⁰ commenced a campaign for the development of a comprehensive ten-year NSW Homelessness Strategy. That campaign was one of our key demands in our 2007 State Election Policy.⁵¹

NCOSS warmly welcomed the release of *A Way Home*, the NSW Government's Homelessness Action Plan, in August 2009. The NSW Homelessness Community Alliance, convened by NCOSS, was consulted in the developmental stages of the Plan which sets out 80 strategies and actions to prevent homelessness, to ensure that people who are homeless do not become entrenched in the system and that they do not become homeless again.

Importantly the Homelessness Action Plan was accompanied by a substantial injection of new funding under the COAG National Partnership Agreement on Homelessness totalling \$283m over four years. The initial allocation of funding, from both the Commonwealth and NSW budgets, is detailed in the NSW Implementation Plan⁵² which was released shortly after the Homelessness Action Plan. Further projects will be funded under the Commonwealth component of the National Partnership Agreement from the beginning of 2010-11 based on the outcomes of the current process for developing nine Regional Homelessness Action Plans across the state.⁵³

The Accord has been constrained by the Government's decision to implement it using existing resources.

After a long period of no growth funding, and disconnected initiatives by individual state agencies, these developments are very positive. It is important to note, however, that the finalisation of the Homelessness Action Plan marks the beginning, not the end, of a complex process of long overdue change.

What needs to be done

Reduce repeat homelessness by delivering coordinated housing, health, legal and other assistance to clients with complex needs. Ensure that people assisted by specialist homelessness services have improved access to social and intermediate/affordable housing.

NCOSS is calling for

- The development of a comprehensive strategy to ensure that men and women leaving prison are not discharged into homelessness. As part of this strategy, substantially expand the provision of both transitional and long term housing, linked to support where necessary, and managed by NGOs.

- Develop clear pathways into long term housing, with support where necessary, for young people leaving out of home care and juvenile detention centres.
- Expand the provision of assertive street outreach and street to home programs for rough sleepers in priority locations outside inner Sydney and Newcastle.

Results

- Contribute to the reduction in homelessness promised in the NSW Homelessness Action Plan. That Plan includes three separate targets for 2013: a reduction of 7% in the overall level of homelessness, a reduction of 25% in the number of people sleeping rough, and a reduction of one third in the number of Aboriginal people that are homeless.

Better Protection for Boarders and Lodgers

Boarding houses and other forms of insecure accommodation disproportionately house some of the most disadvantaged members of society. Despite this, boarders and lodgers in NSW have few rights and little economic protection. They are not covered by the *Residential Tenancies Act 1987* and have few rights against eviction, rent increases or poor conditions and little means of enforcing the few rights they do have.

The sector in NSW has supported the principle of 'occupancy agreements' as the preferred way forward to protect the tenancy rights of boarders and lodgers. Based on the system that operates in the ACT, this model should include:

- Broad application;
- Some basic non-prescriptive legislated rights, such as being informed in advance of the rules

of the premises, reasonable notice of termination, premises to be in a reasonable state of repair;

- Provision for the creation of standard terms; and
- Access to the Consumer Trader and Tenancy Tribunal for dispute resolution.

At present a range of NSW Government agencies play a role in regulating the provision of boarding houses and in providing financial assistance to operators.

The Department of Planning has recently revised the planning rules for boarding houses as part of its Affordable Rental Housing State Environmental Planning Policy (SEPP). These changes make it possible for boarding houses to be developed in a wider range of locations, provide a floor space bonus to encourage investment in new boarding houses and

clarify arrangements for the calculation and use of financial contributions from developers to offset the loss of affordable housing.

Ageing, Disability and Home Care (ADHC) is responsible for licensed residential centres, i.e. boarding houses with two or more residents with disability. ADHC has a monitoring role on the management of residents and also provides funding to the Active Linking Initiative (ALI) which seeks to engage otherwise isolated residents in activities within their local communities. ADHC also administers the Home & Community Care Program which can provide a range of complementary home support services to residents. The NSW Ombudsman Community Visitors Scheme has the power to visit licensed residential centres to check on the wellbeing and support of residents, similar to their role in the monitoring of funded community services. NCOSS is concerned at reports of some boarding houses that do not identify their residents with disability in order to avoid licensing requirements.

Under its Boarding House Financial Assistance Program, Housing NSW can provide financial assistance to boarding house operators for essential fire safety works, the construction of additional bedrooms or the construction of a new boarding house. Such assistance is restricted to boarding houses that provide long term and low cost accommodation. The amount of funds available has been modest but may increase as a result of the Government's decision to transfer to the program financial contributions from developers to offset the loss of affordable housing.

NSW Treasury also provides an exemption from land tax for land used primarily as a boarding house that is occupied by long term residents who pay no more than a specified low cost weekly tariff.

What needs to be done

There is an urgent need to improve protection for residents of boarding houses and other forms of insecure accommodation by the development of a 'whole of government strategy'.

Housing NSW, Fair Trading, Ageing Disability and Home Care, the Department of Planning and NSW Treasury should be involved in development of such a strategy, in consultation with the non-government sector.

NCOSS is calling for

- The introduction of a system of occupancy agreements for residents of boarding houses along the lines of the ACT legislation.
- Better regulation of licensed boarding houses through necessary amendments to existing legislation providing identified minimum standards and powers to enforce findings of monitoring visits. This will include the enforcement of mandatory licensing for unlicensed boarding houses now accommodating more than two people with disability.
- Targeted financial assistance to be provided by Housing NSW to boarding house operators to deliver essential fire safety works and to NGO providers to expand the supply of appropriate boarding house beds.
- Expansion of support services and individual advocacy assistance for boarding house residents to be provided by suitable NGOs.

Results

- Better protection of vulnerable people living in boarding houses and other forms of insecure accommodation.
- Retention of long term and low cost boarding house places.
- Increased housing options through the provision of additional boarding house beds managed by non-profit housing providers.

There is an urgent need to improve protection for residents of boarding houses and other forms of insecure accommodation.

Improved Aboriginal Housing

Aboriginal households are disproportionately exposed to homelessness, housing (affordability) stress and discrimination in the private rental market. Improving their access to secure, appropriate and affordable housing is an essential part of any serious agenda to close the gap between the Aboriginal and non-Aboriginal population.

The Aboriginal Housing Office (AHO) was established in 1998 to support the development of a sustainable Aboriginal housing sector in NSW. The AHO owns a portfolio of around 4,500 dwellings, managed by Housing NSW under a service level agreement, and supports some 230 Aboriginal community housing providers who own a further 4,600 dwellings.⁵⁴ It is assisted by an all Aboriginal advisory board.

While welcome growth is currently occurring in both mainstream social housing under the Stimulus Package, and in affordable/intermediate housing under NRAS, little growth has been occurring in the Aboriginal housing sector. While COAG agreed in November 2008 to a \$1.94 billion ten year National Partnership Agreement on Remote Indigenous Housing,⁵⁵ NSW's allocation of \$397m can only be spent in the far West of the state and not where the majority of our Aboriginal population resides.

What needs to be done

Ensure that the supply of community and public housing for Aboriginal people grows in line with the broader growth of both social and affordable/intermediate housing (as outlined in the recommendations on Growth in Housing Supply).

NCOSS is calling for

- The maintenance of the Aboriginal Housing Office as an autonomous planning and funding body that is accountable to an all Aboriginal board.
- Ensure that Aboriginal housing programs, including Aboriginal community housing, obtain a fair share of programs to expand the supply of community, public and affordable/intermediate housing.

Results

- Improved access to community, public and intermediate/affordable housing by Aboriginal households.

Better Health and Wellbeing

Giving Women Choice

Removing Abortion from the Crimes Act

At the moment, some women in NSW can legally access abortion. The 1971 Levine Ruling in NSW allows women to access abortion if their doctor believes on reasonable grounds that the abortion is necessary to prevent a risk of serious harm to the mother's physical or mental wellbeing. However abortion remains a crime under the Crimes Act NSW and therefore women undergoing abortions and their doctors are potentially at risk of prosecution.⁵⁶

Ambiguity is created by allowing abortion through established legal precedence, at the same time denying abortion by listing it as a crime. This is unreasonable and acts against the public interest. It also undermines the underlying tenants of public health – to improve the health and wellbeing of people.

Currently in NSW each abortion performed could be deemed at a later date to be lawful or unlawful, depending on the circumstances. For example, the concept of "serious danger" is open to a range of interpretations. This means that those providing or undergoing abortion services face enormous legal uncertainty and remain potentially at risk of criminal prosecution.

The legal risks have been clearly demonstrated by the criminal charges recently brought in Queensland against a young woman for undergoing a self-administered abortion using RU486.

Abortion is a medical procedure and should be regulated in the same way as all other medical procedures. The moral issues associated with abortion, in a plural society, are best left to the woman and her partner to manage in line with their own needs, medical advice and values.

Some argue that by making abortion legal the number of abortions conducted will increase. There is no evidence to support this. Indeed good evidence exists in the case of medical abortion that safe and lawful access does not alter the overall number of abortions. For the six months prior to and after the removal of abortion from the Victorian Crimes Act (10/10/2008) the number of abortions claimed under Medicare (item 35643) in Victoria and Tasmania increased by under 1% (9,193 prior and 9,282 after).⁵⁷

The 2003 Australian Survey of Social Attitudes which canvassed the views of a random sample of 4,219 Australian voters (discussed in Betts 2004) found that 81% of those surveyed believed a woman should have the right to choose whether or not she has an abortion. This finding has been replicated in other recent studies.

A significant number of Australian women have an abortion at some stage during their lives and abortion is a commonly performed gynaecological procedure. Before the 1971 Levine ruling, when abortions were often carried out under unregulated and unsafe conditions, abortion was a major cause of pregnancy-related deaths in Australia.

Abortion is a medical procedure and should be regulated in the same way as all other medical procedures.

It is time for NSW to follow the lead of the ACT and Victoria, both of which have removed abortion from their Crime Acts.⁵⁸

NCOSS is calling for

Removal of abortion from the Crimes Act: Abortion is a medical service and should be regulated under health care legislation and not criminal statutes.

For the NSW Government to recognise that the health status of women is enhanced when safe and reliable methods of fertility regulation including access to contraception, emergency contraception, and early and evidenced based sexual education are readily available.

Improving Access to Abortion Services

Since 2001 several factors have combined to restrict access to pregnancy termination services in NSW. These changes have included a decrease in the number of bulk-billing abortion providers, which in turn has led to an increase in the cost of termination of pregnancy. The overall outcome has been an increase in the up-front costs for a termination and an increase in the overall out-of-pocket expense of up to \$130.

In addition to this, since the mid-90s the proportion of pregnancy terminations conducted in NSW public hospitals has almost halved. In 2003-04, 4.8% of terminations were carried out in New South Wales public hospitals, compared to 96% of terminations in South Australia.⁵⁹ There has been some suggestion that the number of NSW public hospitals providing terminations is as little as three. This results in significantly fewer options for low-income women seeking to terminate a pregnancy.

Increasing upfront costs and difficulties obtaining a termination from public hospitals has a disproportionate affect

on women who are socio-economically disadvantaged, particularly young women and women in rural and regional areas who often face additional transport and accommodation costs to access termination services. It has been recommended that local information about services for pregnancy termination be improved.⁶⁰

NCOSS is calling for

- NSW Government to fund a state-wide Pregnancy Options Counselling and Support Service to provide counselling, advocacy and brokerage services, and to develop and maintain a state-wide referral database and network of health care providers who can provide a full range of services including abortions.
- Unequivocal provision of abortion services through public sector facilities.

Results

- Abortion is removed from the Crimes Act and abortions are regulated in the same manner as any other medical procedure.
- Increased proportions of abortions carried out through public sector facilities.
- Improved access to accurate information about abortion and abortion services for women and health and community service providers.
- Reductions in emotional and mental stress related to accessing abortion services.
- Improvement in timely access to abortion services for women with unintended pregnancies, especially young women and women from low socio-economic and low income backgrounds.

Improving Oral Health

The enjoyment of the highest standards of health is a basic human right.⁶¹ However, there is a strong social gradient of oral health. Low income and disadvantaged groups, such as people in rural and remote areas, Aboriginal and Torres Strait Islander people, refugees, and dependent older people, experience significantly worse oral health outcomes than the general population and have the greatest difficulty in accessing dental health services, despite having the most need for care.^{62,63}

Poor oral health has significant health, social, and economic impacts for individuals and the community. Common health consequences of oral disease include pain, infection, tooth loss, and in severe cases, death.⁶⁴ It can also cause difficulties with chewing, swallowing, speaking, and sleeping, which in turn affects diet, nutrition, and general physical health and wellbeing.⁶⁵ The effect of dental disease or tooth loss on physical appearance can lead to a loss of self-esteem, restrictions on social and community participation, and impede a person's ability to gain employment⁶⁶ further entrenching the cycle of disadvantage and social exclusion.

Access to dental services

The majority of oral health problems are preventable. Access to preventative or timely dental services is a necessity in order to reduce oral health inequalities. For many people on low-to-medium incomes, accessing private dental services is not an option due to the significant cost of services. However, they may also experience difficulty accessing the public system due to eligibility requirements and long waiting lists for treatment.⁶⁷ A study by the NSW Oral Health Alliance found that of those people on the waiting list for public dental services, 60% had been waiting at least six months for dental treatment.⁶⁸

Despite the significant demand for public services, NSW has the lowest per capita

expenditure on public dental services of all states and territories.⁶⁹ The lack of investment in the public dental system has forced the rationalisation of services with a focus on emergency, acute or episodic treatment, rather than long term care or prevention. As a result, people on low incomes who are dependent on public services are more likely to develop long term oral health problems, and when they do, those problems will be more severe due to long waiting times for treatment.

The lack of affordable or timely public services exacerbates the financial hardship and disadvantage for those least able to afford it.

Public Dental Workforce and Infrastructure

Inadequate investment in the public health system has impacted on the ability of the system to attract and retain an adequate oral health workforce. Recent data highlights the need for significant enhancement of the oral health workforce in NSW, particularly the public health workforce. Only 13% of all dentists in NSW work in the public sector,⁷⁰ and yet 57% of the population are eligible for public oral health services.⁷¹

Shortages in the public dental workforce reduces the provision of dental services, increases the numbers of people waiting for service, increases the waiting times for treatment, and limits the provision of preventative care.⁷² These barriers to accessing services are disproportionately borne by low income and disadvantaged people who are more likely to rely on the public health system.

Public dental infrastructure is also inadequate and is unable to service those people who require oral health care in NSW.

Lack of affordable or timely public services exacerbates the financial hardship and disadvantage for those least able to afford it.

There are only two major public dental hospitals in NSW, one at Westmead and the other at Sydney Central. However, eligibility for free dental treatment is restricted to those people residing within the Area Health Service boundary or those presenting for emergency treatment.⁷³

The two dental hospitals are also the predominant providers of specialist dentistry services. This means that people living outside of the Sydney metropolitan area who require specialist care must travel long distances and incur associated costs. While efforts have been made to rotate specialist practitioners across the State, there are insufficient numbers of specialist dentists across all specialist disciplines to provide these services on a regular basis.

While there are approximately 173 public sector clinics (of which 85 are in the four rural Area Health Services and 88 clinics in the four metropolitan Area Health Services)⁷⁴ not all of the clinics operate on a full-time basis. The availability of services is dependent on the availability of sufficient oral health staff to service the clinic. In some rural areas, clinics are serviced by rotating dental teams using a fly-in/fly-out model.

The lack of public dental workforce and infrastructure is a significant issue in rural and remote areas.⁷⁵ There are nearly three times as many practising dentists in major cities than there are in remote areas. This inequity is compounded by the remote geographical location of public oral health services in some rural areas that means people have to travel extensive distances to receive treatment.

Any investment in dental services and infrastructure must be based on comprehensive, robust evidence of community needs. However, there are inconsistent levels of data collection on oral health needs in NSW, particularly for vulnerable and disadvantaged groups such as Aboriginal people.⁷⁶

What needs to be done

Ultimately, NSW must move towards an oral health care system of promotion, prevention, and early intervention in order to minimise the incidence of dental disease, reduce long term oral health care costs, and improve overall health outcomes.

However, the persistent and significant oral health inequalities for low income and disadvantaged people require urgent attention.

The NSW Government must take responsibility for improving access to oral health care services for the people of NSW. Immediate priority must be given to reform of the public oral health workforce and investment in public dental infrastructure, particularly in rural and remote areas. A flexible, multi-skilled oral health workforce, combined with more appropriate and adequate infrastructure, is essential to reduce oral health inequalities for low income and disadvantaged people in NSW.⁷⁷

NCOSS is calling for

- Funding for a five-year strategy for comprehensive workforce initiatives.
- Training for General Practitioners in the basics of oral health care as part of their undergraduate studies.
- Education and training for health and community sector workers in government agencies and non government organisations in oral health promotion.
- Create better incentives for dentists to practice in rural and remote areas, similar to the Enhanced Rural and Remote Australian Medical Undergraduate Scholarships.
- Develop flexible approaches towards the delivery of oral healthcare that is appropriate to diverse community needs. This includes outreach services, such as mobile dental clinics, for people who may not be able to access public clinics due to disability, geographic location, lack of transport, or other barriers.
- Establish dental units consisting of a dental therapist and support staff within each public hospital, or at a minimum base hospitals, to provide emergency dental treatment and referral to the public dental system for ongoing treatment.
- Improve data collection on current and projected oral health need by the Centre for Oral Health Strategy and the Australian Dental Association to ensure the most appropriate

investment in dental infrastructure. Specific attention must be given to establishing comprehensive, reliable data for disadvantaged and marginalised groups, such as Aboriginal people, where the quality of data collection in existing health administrative datasets varies across the state.

Results

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

Recognising the Importance of Community Health

Community health services are an integral part of the NSW health system and are the key to developing a more effective and sustainable system built around health promotion, prevention and early intervention.

Community health encompasses a broad spectrum of services, including prevention, early intervention, assessment, treatment, health maintenance and continuing care services.⁷⁸ In NSW, services are provided by the Commonwealth Government, NSW Health, and non-government organisations (NGOs). Community health services, particularly those operated by NGOs, predominately operate from a social model of health that views good health as more than the absence of disease to include a state of complete physical, mental and social wellbeing.⁷⁹

By contrast, the majority of health care services in NSW are based on a traditional biomedical model of health that focuses on identifying and treating the symptoms of disease, rather than promoting good health and wellbeing. As a result, the NSW health care system is highly medicalised and is dominated by acute clinical services, such as hospitals.

In recent years, the prevailing medical approach to health is being significantly

challenged by the growing demand for acute services due to an ageing population, increasing chronic conditions, and rapidly rising health care costs. In 2009-10, the NSW Health recurrent expenditure budget increased more than 10% on the previous year's Budget, to \$14.5 billion.⁸⁰ Of the total budget expenses, more than two-thirds (68%) were attributed to outpatient, emergency, and acute services, compared to just under 8% for primary and community based services.⁸¹ At current growth rates, the level of health expenditure in NSW is unsustainable in the long term.

There is a substantial and growing policy and evidence-base within NSW,⁸² Australia,⁸³ and internationally⁸⁴ that health care systems orientated around wellness through health promotion, prevention, and early intervention are more efficient and effective than crisis-driven systems. Potential benefits of this approach include a reduced demand for acute health care services, the containment of rising health care costs,⁸⁵ a reduced inequity of health outcomes experienced by disadvantaged

At current growth rates, the level of health expenditure in NSW is unsustainable in the long term.

groups, and improved overall health and wellbeing of the general community.

In this context, the focus of community health service on promoting good health and wellbeing and the nature of the services they provided means that they should be at the front and centre of the NSW health system. The NSW Community Health Review found that community health services are well placed to provide health promotion, interventions and programs:

‘Community health services not only provide community based clinical care but have also traditionally provided health education, have had strong links with community support programs and may reach disadvantaged individuals and other segments of the population who have poor contact with general practitioners’.⁸⁶

However, the functions, benefits and importance of community health based on a social model of health are poorly understood and inadequately supported across the state. The importance of community based health care, particularly early intervention, prevention, and health promotion activities, are subsumed by the perception of major crisis and dysfunction within the public hospital system. The result is that financial and political health priorities continue to be dominated by the ‘crisis’ end of the health service spectrum, community health services continue to be underfunded and little attention is given to addressing health inequalities.

What needs to be done

Creating a more efficient, effective, and sustainable health care system in NSW requires promotion, prevention, and early intervention to be embedded within all aspects of health policy, planning, funding and services. As the main providers of these types of services, community and primary health should be prioritised for investment.

A comprehensive, integrated, and holistic approach across the health system is needed to identify the appropriate balance between prevention/early intervention and emergency/crisis care. Importantly, action to promote wellness must not be limited to the formal health care sector. A social model of health extends responsibility for improving general health and wellbeing across all areas of social and economic policy.

In order to initiate effective action on the social determinants of health and reduce health inequalities, policy coherence and service integration must be achieved across all levels and branches of government. This includes planning, transport, housing, environment, and health.⁸⁷ It also requires service integration and effective community partnerships involving government agencies, non-government organisations, businesses, and the local community.

NCOSS is calling for

- A substantial reframing of the NSW health system to position community health services at the centre of the health care system, consistent with option four of the NSW Community Health Review report, *Community health at the crossroads: Which way now?*⁸⁸
- Increased investment in community health services that provide health promotion, prevention, and early intervention, particularly those provided by NGOs.
- The introduction and implementation of Equity Focused Health Impact Statements to ensure that all branches and levels of government (including local government and Area Health Services) consider the impact of policies, legislation, projects or services upon community health and wellbeing, and that they take appropriate action to mitigate the risks of adverse health outcomes.

Results

- More equitable health outcomes for low income and disadvantaged people.
- Improved health and wellbeing of the general community.
- A more effective, efficient, and sustainable health care system in NSW.
- Reduced numbers of hospital admissions, earlier hospital discharges, and a reduced rate of hospital readmissions.
- Containment of rising health care costs.

Access to Health and Related Services

People on low incomes experience a comparatively more difficult time in accessing health services.⁸⁹ Transport is arguably a significant contributing factor. This means that some:

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

Transport for health is also a significant issue for people with physical and other disabilities who may need treatment to prevent or reduce the worsening of their disability.

Older people also require increasing assistance to access health services, which has been exacerbated by centralisation of services and a reduction in the number of General Practitioners that are making home visits.⁹⁰

Many people located in rural and regional areas who do not own a motor vehicle can face significant difficulties when travelling to specialist services, some of which can be located 200-300 kms away from their home. This creates a significant barrier to seeking treatment.

It can also be a problem in metropolitan areas. For example, consolidation of health services has increased the distance required for specialised treatment. Poor planning for public transport to health destinations, inaccessible transport services, associated financial costs, such as parking and accommodation, and limited resources for community transport all create barriers to accessing health services.

Many Aboriginal communities appear to be the most disadvantaged in terms of access to suitable transport to health services. This is exacerbated by the low number of people in some Aboriginal communities with driving licences or cars; issues of distance and a lack of public transport; low socio-economic status and a reduced ability to purchase transport services; poor health of many Aboriginal people and culturally inappropriate transport services. This means that it is not uncommon for Aboriginal people in isolated communities to walk or hitchhike long distances to attend medical appointments, or routinely miss health appointments because of the poor availability of transport.

Early discharge policies, the increasing use of day-only surgery, and the centralisation of some specialist medical services, such as radiotherapy, have also increased demand for transport for health. Many patients need more assistance upon discharge and while travelling, making public transport or driving themselves unviable.⁹¹ For example, people who receive chemotherapy or radiology treatments are often very ill following treatment and require specialised care and support

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

Public transport is not always available to some locations, particularly in rural and regional NSW. Services in some regions can be inaccessible to people with mobility difficulties. Costs can be high – rural and regional bus services are expensive, and do not offer the same range of concessions as metropolitan services. As noted above early discharge, same-day treatment and some types of treatment (such as dialysis and chemotherapy) means that people are unable to use public transport.

Low income people routinely miss health appointments because of transport problems.

Community Transport (funded through Home and Community Care and Community Transport Program) has limited resources to address the health transport needs of individuals. Community Transport providers face a high and increasing demand for health related transport. This reduces the capacity of providers to meet the other essential transport needs of people such as social and recreational needs.

Non emergency health transport, funded under the Transport for Health Program, has a very limited state-wide budget, and has inconsistent availability and eligibility.

Another aspect of the Transport for Health Program is the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). This program is designed to assist with access to specialist medical treatment and oral surgical care, for people living in isolated and rural communities. It provides a partial reimbursement of actual accommodation and travel costs. To be eligible people need to live more than 100km (one way) from where the specialist medical treatment that they need is provided.

There are a number of problems relating to IPTAAS, including: the high upfront costs of the scheme, relatively high non-refundable personal contribution levels, low levels of reimbursement for accommodation costs (\$46 per night for a double and \$33 per night for a single) and fuel (15c per km), the lack of ability to elect a carer and the intensive paperwork required for each claim. In addition IPTAAS reimbursement can take up to three months. These barriers especially the upfront costs and complex paperwork means that many low income and Aboriginal people will not use the scheme.

The stress caused by a lack of appropriate transport options and the financial burden of travel and associated costs only adds to what can be a time of significant emotional distress and hardship for people who need specialist medical services.⁹²

There have been ongoing reforms of the health system in NSW but there has been little attention paid to the needs of patients to access health-related services such as transport.

What needs to be done

No one who has a health need should have to worry about how they are going to access a service and get treatment. Nor should people routinely miss health appointments because they cannot access affordable transport.

Specialised health services, such as radiotherapy, should be provided within reasonable proximity and cost for patients.

People should be provided with financial assistance for the costs associated with travelling to specialist medical services that are not locally available to ensure that people do not miss essential health care appointments.

Each NSW Area Health Service should be adequately resourced for health-related transport so that people, including those in regional and remote areas, can access health services. This can be done by spending \$3 on transport for every \$1,000 spent on health in NSW (rather than the current amount of less than \$1 per \$1,000).⁹³

Barriers to health related transport for Aboriginal people must be removed.

NCOSS is calling for

Access to specialised health services

- Planning for health services which includes access issues, particularly for people in regional and remote areas and Aboriginal communities.
- Transport to be considered a key priority in planning any health service. This includes adequate discharge planning procedures that consider transport issues, such as ensuring that patients have transport home.
- Where services are centralised or relocated, adequate funding is to be made available for health related travel and associated expenses.
- Private services to be purchased on behalf of public patients in those areas where the only available service is a private service.

Transport for Health

- Transport to be removed as a barrier to obtaining good health and wellbeing. Funding for the Transport

for Health Program to be increased from the current amount of less than \$3m to \$10.65m per annum.

- Equitable distribution of Transport for Health funds to community transport groups, which takes into account population profiles, health indicators, location of health facilities and relevant costs of providing services.
- Creation of health transport options for Aboriginal people by providing dedicated and flexible services to Aboriginal communities that are planned with those communities and adequately resourced.
- Data collection on health transport need to be improved and made publicly available. This includes data on unmet need and the amount of funding available and services delivered.

Isolated Patients Transport and Accommodation Assistance Program (IPTAAS)

- Travel and accommodation expenses for IPTAAS to be reimbursed to the equivalent of the public service rate. The reimbursements should be adjusted by CPI each year and take into account the different costs associated with staying in large rural and metropolitan centres.
- Payment processes (application and reimbursement) to be reformed and stream-lined so that travel

and accommodation costs can be estimated and paid in advance or bulk-billed to make the process more equitable and efficient.

- Data collection on IPTAAS to be improved and made publicly available. This includes data on unmet need, the amount of funding available and reimbursements made across areas.
- Information about IPTAAS to be promoted amongst GPs, social workers and patients to increase awareness of the Scheme.
- Additional funding to be made available in the Transport for Health program and IPTAAS for associated travel costs, including accommodation, carers costs, and out-of-pocket expenses.

Results

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

Supporting people to stop smoking

Smoking and tobacco related harm is a significant social justice issue in NSW.

There is a strong social gradient of smoking, with a much higher prevalence of smoking in adults from low socio-economic backgrounds compared to those from high socio-economic backgrounds.⁹⁴ In NSW, over one-fifth (22.6%) of men in the most disadvantaged areas are smokers compared to 15.4% of men in the least

disadvantaged areas. The gap is even greater among women, with over one quarter (26%) of the most disadvantaged women smoking, compared to just over 10% of the least disadvantaged.⁹⁵

Whilst smoking rates across the community have declined in the last decade, smoking rates for low income and

Smoking and tobacco related harm is a significant social justice issue in NSW.

disadvantaged population groups have increased. For males, smoking rates in the highest socioeconomic areas fell by 3.9%, while they increased by 4.8% for those in the lowest socioeconomic areas. Similar inequities exist for women, with smoking rates decreasing by 3.3% in the most advantaged areas, compared to a 2.8% increase in the most disadvantaged areas.

Smoking rates are even higher amongst other vulnerable or disadvantaged groups, including:

- Over one third (34%) of Aboriginal people smoke compared to just 19% of other Australians,⁹⁶ and over half (51%) of Aboriginal women report smoking during pregnancy.⁹⁷
- Nearly one-third of adults with a reported mental health behaviour or problem smoke (32%).⁹⁸ Smoking rates of 73% (males) and 56% (females) have been found among people with psychotic illness in Australia.⁹⁹
- Just under half (46%) of single parents smoke, with higher rates for low-income single parents.¹⁰⁰
- Up to two-thirds (65%) of vulnerable young people have been found to smoke.¹⁰¹
- People in drug treatment have smoking rates between 74% - 100%.

Impacts of smoking

The higher prevalence of smoking among low income and disadvantaged people means they experience the greatest health and financial impact of smoking and tobacco-related harm.

Tobacco smoking is the greatest single cause of premature death and is the single most preventable cause of ill health and death in New South Wales.¹⁰² In 2006, smoking caused an estimated 5,000 deaths, representing 14% of all male and 8% of all female deaths, and in 2006-07 was responsible for 42,350 hospitalisations in NSW.¹⁰³ It is a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and a variety of other diseases and conditions.¹⁰⁴

As well as the negative health impacts, smoking has significant financial impacts. Cigarettes are expensive, and smoking a

pack a day can cost over \$3,600 over the course of a year.¹⁰⁵ Tobacco-related illness also contributes to reduced employment opportunities and income and increased medical costs.

The financial impacts of smoking are greater for low income and disadvantaged people because spending on cigarettes consumes a larger proportion of income than other smokers. The NSW Cancer Council notes that 42% of low income smokers reported spending money on cigarettes rather than on essentials like food and the poorest smoking households in NSW spend nearly 20% of their income on tobacco.¹⁰⁶

The stigma associated with smoking may also contribute to poor self esteem, poor mental health, and social isolation.

Barriers to quitting

Many low income and disadvantaged people express a desire to quit smoking, in spite of the high smoking rates.^{107,108,109} However, in addition to the highly addictive nature of nicotine, disadvantaged smokers face further barriers to quitting. They are more likely to have friends or family that smoke which makes resisting or quitting harder, smoking may provide an outlet or comfort for people experiencing considerable stress with few other alternatives, and more disadvantaged groups have generally less access to and/or are more wary of supports and resources to help them quit.¹¹⁰

Community organisations report that clients cite the cost of quit smoking medications, such as Nicotine Replacement Therapy (NRT), as a major barrier to quitting smoking.¹¹¹ This is a significant problem for smoking cessation efforts among disadvantaged groups, as NRT almost doubles the chances of a quit attempt being successful.¹¹² A combination of NRT and supportive cessation counselling has been shown to be even more effective in supporting people to quit smoking. Without assistance, around 95% of people who attempt to quit smoking will fail on any single attempt and most people make several attempts before they are successful.¹¹³

What needs to be done

- Effective, accessible smoking interventions must be provided to low income and disadvantaged people in NSW in recognition of the strong social gradient in smoking.
- Implementing effective smoking interventions for low income and disadvantaged groups requires interventions to be tailored to meet particular individual needs and circumstances.
- With appropriate support and training, non-government health and community organisations (NGOs) are well-placed to deliver effective smoking interventions to low-income and disadvantaged people given that they have established supportive relationships, frequent contact, and already assist their clients across a range of life issues.
- Smoking cessation can have immediate and significant health benefits. People who have quit smoking have improved life expectancy and reduced risk of smoking-related disease, compared to continuing smokers.¹¹⁴

NCOSS is calling for

- The NSW Government to work with its Federal counterparts to establish a sustainable system for the delivery of affordable nicotine replacement therapy to low income and disadvantaged groups in

NSW. All persons eligible for a Commonwealth health care card should be able to access free or low cost NRT. Funding for this measure can be provided by an increase in Commonwealth excise on tobacco products.

- Funding is provided for an additional, full-time smoking cessation trainer to work with staff of government and non-government services that primarily provide services to low income and disadvantaged people.

Results

- Reduced tobacco related morbidity and mortality among low income and disadvantaged groups in NSW.
- Decreased smoking prevalence rates and an increase in the numbers of quit attempts among low income and disadvantaged people.
- Increased capacity and support for staff in government and non-government services to provide smoking care to low income and disadvantaged people.
- Improved access for low income and disadvantaged people to smoking cessation advice and support.

Without assistance, around 95% of people who attempt to quit smoking will fail on any single attempt.

Fairer Concessions

Fairer rebates for energy

Australia is faced with a relatively new form of social disadvantage; an increasing number of 'working poor', people whose main source of income is wages.

The working poor phenomenon is the result of significant changes in the workforce including an increasing number of part-time and/or casual employees. The proportion of part-time employees increased from 24.7% to 29.2% of employed persons between 1992 and 2009.¹¹⁵ Further, as a result of the global financial crisis, underemployment has grown. In NSW in August 2009, there were 284,500 part-time employees who wanted more hours, making an underemployment rate of 7.9%.¹¹⁶ Casual employment, defined as employees without leave entitlements, is now around 20% of employed people.¹¹⁷

A study in 2004, by the Australian Bureau of Statistics, measured financial stress of working people. The data showed in one year:

- 59,000 people went without meals;
- 95,000 people were forced to pawn or sell something because they needed cash;
- 36,000 were unable to heat their homes;
- 89,000 sought help from charities and welfare organisations;
- 537,000 were unable to pay their electricity, gas or phone bills on time; and
- 810,000 working families experienced a cash flow problem in the past year.¹¹⁸

There is some evidence that the number of households in financial stress rose in 2008

and 2009 as the global financial crisis hit home.¹¹⁹

NCOSS believes concessions and rebates have the capacity to deliver much needed help to low wage earners to meet their day to day living expenses. Energy rebates ensure a higher standard of living, greater standard of health and cleanliness and a greater degree of comfort for recipients.

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

Pensioners and some other Centrelink beneficiaries receive rebates for energy, water and some other services. The current system of concessions and rebates does not cover all allowance recipients and no working poor households.

What needs to be done

Working poor people and Centrelink beneficiaries should be entitled to an energy rebate. This is the case in Victoria. In rural areas the energy rebates will have the most impact, particularly in areas of extreme temperatures.

NCOSS is calling for

The extension of energy rebates to low income households in addition to pensioners. This can be achieved by extending the energy rebates (currently \$130 per annum) to households with low income including all households reliant on Centrelink allowances and the 145,000 to 150,000 people entitled to low income

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

Results

A fair and rational rebates system should see a sizeable reduction in the number of people being disconnected or seeking assistance with their energy bills.

A Simpler Framework for Transport Concessions

Concession fares are an important mechanism to reduce transport costs for people on low incomes. In principle a concession should reflect capacity to pay, and offer a cost reduction. Unfortunately in NSW many concession fares are poorly targeted and not available across the State.

There have been a number of improvements to the concession system for public transport users in NSW since the last election. This includes some harmonisation between government provided and privately provided public transport services and some concessions being made available and improved for secondary and tertiary students and apprentices. These improvements are very welcome.

However, concessions are inconsistently targeted to low-income people. Some concessions in NSW have an income component (for example concessions available to Commonwealth income support beneficiaries) while other concessions have no strict income or means testing associated with them (e.g. NSW Seniors Card).

These differences have a harmful impact on people with low incomes who do not receive Centrelink income support or who do not fall into other concession target groups. This includes low income working people, who either work part time, or work full time for low wages, and people who work a limited number of hours to supplement a low fixed income. As well, people in receipt of an allowance or benefit (such as unemployed people and people on sickness benefits) are not able to access a Pensioner Excursion Ticket.

Given that people who receive benefits and allowances receive typically lower incomes than pensioners, this represents an anomaly in the equity of current concession targeting. In NSW, this inequity is exacerbated by reduced concession entitlements in other key service areas (for example pensioners receive concessions on all utilities bills and on car registration while other beneficiaries do not).

Job seekers in particular have high transport costs in order to meet compulsory obligations to look for work, often requiring frequent travel over large distances from home to attend interviews and training.

Despite improvements in other fares and concessions in Sydney the situation described above remains largely unchanged.

Centrelink beneficiaries are currently able to get a 'half-fare' concession however they are unable to access the 'excursion ticket'. There is, however, an anomaly whereby Centrelink beneficiaries (particularly Newstart recipients) are denied access to public transport concessions if they earn any money at all. This applies even if it is below the income threshold for their level of benefit. This is an unnecessarily harsh regime that can harm the chances of a person finding more work. Jobseekers, in particular, should be able to access the excursion tickets and they should continue to be eligible for these until they reach the income threshold for eligibility for benefits.

Concession fares are an important mechanism to reduce transport costs for people on low incomes.

What needs to be done

The *Review of Bus Services in New South Wales* (the Unsworth Report 2004), suggested that:

‘...the Transport Services portfolio is not best placed to identify and target those in most need of transport assistance. A range of agencies including the Department of Ageing, Disability and Home Care, the Department of Education and Training, the Commonwealth Department of Family and Community Services and the Department of Veterans Affairs need to play a central role in identifying and targeting concessions at those most in need’.

NCOSS has previously advocated for this course of action and remains committed to this recommendation.

The other innovative suggestion provided here is the creation of the Access Card. The Access Card will be the same as the current Pensioner Excursion Ticket, but designed to support the travel of other categories of low-income people who need a concession. NCOSS is particularly interested in the positive effects that allowing access to this fare would have on job seekers and under 16s (e.g. the reduction in travel related fines, increased capacity to find work and access study and improved social connections).

NCOSS is calling for

- The establishment of a Government Concessions working to create a simpler framework for concessions. This will enable the introduction of integrated ticketing and can be measured for performance against the Government’s social policy objectives.

- A simplified two-type concession structure:
 - ◆ **Access fare** – one concession fare, equal to the Pensioner Excursion Ticket, for all pensioners, under 16s and eligible job seekers including Newstart and Youth Allowance recipients.
 - ◆ **Half-fare Concession** - for over 16s students, trainees, apprentices and Health Care Card holders (below an income threshold).

Note: There are a number of categories of people who already travel free and these concessions should be maintained (e.g. Veterans, Carers and people with a visual impairment).

- All Centrelink eligible transport concessions to have the same income threshold cut-offs that the benefit itself has.
- Parity between rural, regional and urban areas for all concessions.

Results

- Transport concessions are better targeted and contribute to the social inclusion policy objectives of the Government.
- People living in similar circumstances and with similar incomes receive similar transport concessions which improve their ability to access the goods and services they need.
- A significant decrease in transport disadvantage.

Equitable access to Seniors' Card benefits for Aboriginal people

The NSW Government's Seniors Card provides an increasing range of discounts and concessions to people over 60 years who work less than 20 paid hours per week. However, due to the reduced life expectancy of Aboriginal and Torres Strait Islander people, an average of 17 (or more) years less than other Australians, many Aboriginal people can never access Seniors Card benefits.

The joint Federal/State Home & Community Care (HACC) Program acknowledges the gap in life expectancy of Aboriginal and Torres Strait Islander people by varying its regular eligibility criteria for older people aged 65+ years accessing home supports. Accordingly, the HACC program provides access to Aboriginal people at 45+ years.

Using as yet unpublished data from the Australian Bureau of Statistics, NSW Aboriginal Affairs indicates there are only 5,000 Aboriginal people aged 65 and over but there are another 20,900 people aged 45+ years residing in NSW. NCOSS estimates that only around 8,200 of these people would be eligible for the Seniors Card, i.e. working less than 20 hours per week. This is a comparatively small

proportion of the overall NSW population eligible to access Seniors Card benefits.

What needs to be done

Enable equitable access to Seniors Card benefits for Aboriginal and Torres Strait Islander people by reducing the eligible age for Aboriginal people to 45+ years.

NCOSS is calling for

The eligible age for the Seniors Card to be lowered to 45 years for Aboriginal and Torres Strait Islander people (at an estimated cost of less than \$1.7m per annum). Potentially the card should also be renamed for Aboriginal people.

Results

- Removal of the current inequities in the Seniors Card concession program for Aboriginal people.
- Social disadvantage is addressed by reducing transport and other costs for older Aboriginal and Torres Strait Islander people.

Due to the reduced life expectancy of Aboriginal and Torres Strait Islander people, many can never access Seniors Card benefits.

An Effective Transport System

Integrated Fares and Information

The current fragmented ticketing, fares and information system creates a barrier for people using the public transport system by making the fares for multiple-mode and multiple-stop trips higher and making reliable information difficult to find for transport users.

Integrated Fare Ticketing

Cost is a major barrier in using public transport across NSW. Public transport fares can be expensive, not only because the cost of a single journey may be high, but because fares for multi-trip journeys are not integrated. This means that different fares apply to different services, and passengers are forced to buy a new ticket each time they use a different mode of transport (bus, train or ferry) along any one journey. Consequently public transport can be discouragingly costly if you need to use a number of different services to get to a destination. Integrated fare products do exist within the public transport system but they are not available or useable by everyone and they are not valid on all services.

Integrated ticketing refers to the idea that a passenger can use one ticket to travel from their origin to their destination even if they have to change modes of transport during the trip. Integrated fares refer to the idea that a single fare applies regardless of what mode of transport you are using. An integrated fare system is one in which there is only one 'flag-fall' for the journey taken and the price of the journey is not broken into the costs of the component parts.

NCOSS is arguing for integrated fares plus integrated ticketing, which will attract

higher patronage to public transport and help achieve social goals because a person will get additional discounts for each additional trip that he or she takes on his or her integrated fare. Overseas studies indicate that there is a surge in the take-up of public transport of between 1 - 53% when integrated fares and ticketing are introduced.¹²⁰

NCOSS believes that the lack of an integrated ticket and integrated fare products, as well as other ticketing products such as multi-trip tickets for all public transport users, is a disincentive and limits the take-up of public transport. NCOSS also believes that this lack of integration is likely to have some of the strongest effects on low-income people as they are the most likely to be reliant on public transport, including multi-modal trips which currently charge a flag-fall for each leg of the journey.

Adoption of zone/time based ticketing

Most other capitals in Australia, and many other cities internationally, have adopted a zone/time ticketing structure for an integrated public transport system. The zone/time ticketing products allow passengers the flexibility to use the system for a set amount of time in a set zone (area).

This type of flexibility allows public transport to compete more effectively with the private car. This also allows low-income people to use the system intensively for a particular period and will assist them to budget their resources more effectively.

MyZone

NCOSS welcomes the creation of the MyZone Fare structure, which is a positive step towards an integrated ticketing system. MyZone will apply across the entire CityRail, State Transit, Sydney Ferries and private bus networks in the greater Sydney region, including the Blue Mountains, Southern Highlands, Illawarra, Central Coast and the Hunter.

MyZone has resulted in a reduction in fare bands on all modes of transport and the creation of three new MyMulti tickets that enable unlimited travel on all Sydney ferries, public and private bus services and within particular CityRail zones. It has also introduced a cap on MyMulti tickets for long-distance commuters.

However, there are still a number of steps to go before the MyZone fare structure can be considered a fully integrated ticketing system. This includes:

- The inclusion of the monorail, light rail and private ferries
- A more cost-friendly 'all zones ticket' for one-day travel (replacing the current \$18.20 DayTripper)
- Integrated ticketing for travel that is not into the city. Currently MyZone MyMulti tickets presume travel to and from the city, however many commuters travel between other centres, such as Penrith to Parramatta.
- The roll-out of MyZone across regional and rural NSW.

Rural parity for fares

It is acknowledged that there is a significant lack of public transport options in rural and regional areas. However, the cost of accessing transport and an inability to find information about public transport services in rural and regional areas is considered to be a key issue.

It is essential that all fares and concessions have parity for non-metropolitan and rural areas. It is unreasonable that rural people,

already with lower levels of service, are unable to access the same ticketing and information services that urban people can.

It is important that the fare structure for metropolitan services be extended to cover rural NSW so that non-metropolitan passengers do not pay more for their public transport services.

Single Information Provider

NSW Transport and Infrastructure has done a good job with the development of the 131500 system. It has been difficult to encourage its use during the Bus Network Review, however the 131500 system needs to be better publicised for bus users, particularly users of the private bus system. Currently there are many facilities that are available to bus users which most people are unaware of - such as the mobile phone internet service and the automated 'next bus' service. With a small allocation of resources (for example, to number all the bus stops), this service could be made much more effective.

It is important that the 131500 information service be extended to cover rural NSW.

NCOSS is calling for

- An integrated ticketing system is created which works for all public transport users in NSW.
This integrated ticketing system will provide:
 - ◆ A variety of ticket products including zone/time based integrated-fare ticket products as well as multi-trip tickets.
 - ◆ Non-metropolitan passengers with the same fare structure and tickets available to them as metropolitan passengers.
- A passenger information system such as the 131500 information service is extended and made available to rural passengers.

It is essential that all fares and concessions have parity for non-metropolitan and rural areas.

Results

- An increase in the use of public transport
- A decrease in the proportion of income that low income and disadvantaged people use on public transport fares. It is expected that low-income people are able to use less of their income on public transport to achieve the same travel outcomes.
- A more effective public transport system
- Integrated fares, ticketing and information means that multiple stop and multiple mode trips are facilitated, making the public transport system able to compete more effectively with the private car and be more effective for people not using a car.

Improved Access to Transport for Disadvantaged People and Communities

Transport disadvantage is defined by a number of factors including mobility, isolation and age. It is associated with both transport disadvantaged areas and transport disadvantaged groups of people. Social exclusion occurs, and is exacerbated by, transport disadvantage – especially where transport disadvantaged groups of people live in transport disadvantaged areas. The Community Transport Program (CTP) aims to address transport disadvantage and the transport needs of these people.

There are 134 Community Transport providers receiving Home and Community Care (HACC) funding via the Ministry of Transport. However, not all of these programs are funded under the CTP. Over 45% of these programs do not receive CTP funding and the existing funding is inequitably distributed. This means that in many areas of NSW there is no access to community transport for people who are not eligible for HACC funded transport services. As CTP has a relatively broad focus, the program has the capacity to assist those who most need the services but are not eligible for, or are unable to use, other forms of transport.

The need to address transport disadvantage experienced by Aboriginal people and young people has been consistently identified as a priority by rural and regional communities. It should also be noted that where CTP services are funded, the funding is so low that operators have to reduce services.

Despite receiving indexation, Community Transport Program funding has remained stagnant in real terms, at \$2.95m. The last significant allocation of growth funds for the CTP program was in 1998-99. This low level of funding is now being exacerbated by increasing fuel costs. This has a high impact on service provision in rural and remote areas where there can be extensive distances between the individual and where they need to go. In 2008 the impact of rising fuel costs was recognised by the NSW Government with an additional \$6.7m being given to HACC funded organisations to subsidise volunteers for the rising costs of petrol. It was also reflected in recent increases in taxi fares to allow for rising fuel costs. However, the needs of community transport programs facing similar issues have not been addressed.

Enhancement of this program would assist NGO community transport providers to meet the increasing needs of the community and to expand the range of services that they offer. It will also enable them to respond to the diverse community needs outside of traditional program areas such as HACC.

What needs to be done

Greater investment in Community Transport in recognition of the essential role it plays in addressing transport disadvantage and ensuring an effective transport system that meets the needs of all people.

Ensure equitable access to community transport for people who are transport disadvantaged and live in rural and remote areas and for those that are unable to use other modes of transport.

NCOSS is calling for

- For the incoming Government to match the 2009 Opposition Coalition announcement of increasing Community Transport Program funding via the Ministry of Transport, over four years, to \$12m.
- For CTP funding to be extended to all NSW Community Transport providers to enable transport services to support people with transport disadvantage who are not eligible for HACC services.

Results

- Improved capacity of community transport operators to provide services to a range of people experiencing transport disadvantage across the whole of NSW.
- Improved connectivity of people accessing and using transport services in the community, especially transport disadvantaged.

Social exclusion occurs, and is exacerbated by, transport disadvantage.

Better Planning and Infrastructure

Regenerating Communities

Regeneration of Public Housing Estates

Historically a significant proportion of NSW's public housing has been located in large scale housing estates. While these estates have provided many low to moderate income households with access to secure and affordable rental housing, they have equally contained much poor quality housing in poorly planned communities that were frequently isolated from mainstream education, employment and other opportunities, poorly served by public transport and other necessary services.

When combined with the highly targeted eligibility criteria, the 'estate' model of social housing has resulted in large concentrations of disadvantaged households in particular communities. An analysis of major estates using the 2001 Census data showed disproportionate numbers of low income earners, sole parents, unemployed people and people with below average educational attainment levels.¹²¹

There have been a number of Government responses to the challenges facing estates. In January 2007 the then Premier announced a \$66m program to provide 18 estates with upgraded housing stock, improved public spaces, community centres and local employment opportunities.¹²² This funding is about to come to an end.

Another response has been to commence major long-term redevelopment projects to generate greater social mix on selected estates. Generally the aim of these projects is to produce an eventual population of around 70% private and 30% social housing. In Minto¹²³ this is being achieved by dispersing public housing numbers

across the region and building new private housing, whereas in Bonnyrigg¹²⁴ social mix is being achieved by higher density. Major redevelopment plans are currently underway for Airs/Bradbury and Redfern/Waterloo.

While NCOSS has been supportive of these approaches, we note that improved social mix can be achieved by a variety of means, not just a strict 70:30 formula. We believe that redevelopment projects should be accompanied by a state-backed shared equity scheme¹²⁵ to assist social housing tenants into home ownership, with the means to sustain a modest mortgage, and by enhanced employment and training measures to assist social housing tenants and their families.

More recently the Commonwealth Government has signalled that it would like to see increased efforts to reduce concentrations of disadvantage. The COAG National Affordable Housing Agreement (NAHA) commits the Commonwealth and State/Territory Governments to:

"creating mixed communities that promote social and economic opportunities by reducing concentrations of disadvantage that exist in some social housing estates'.¹²⁶ Similarly the Stimulus Plan includes the aims of 'better social and economic participation for social housing tenants by locating housing closer to transport, services and employment opportunities ...(and) reducing concentrations of disadvantage through appropriate redevelopment to create mixed communities that improve social inclusion."¹²⁷

What needs to be done

Develop a long term plan to reduce the concentration of public housing dwellings in large estates by developing mixed tenure communities.

Ensure that regeneration activities are accompanied by active measures to improve access to education, training and employment opportunities for social housing tenants.

NCOSS is calling for

- Testing a range of models, not limited to an arbitrary 70:30 private/public mix, to develop more mixed tenure mixed income communities in specified large scale public housing estates.
- Developing a formal protocol, based on the Bonnyrigg experience to outline an agreed process of engagement by Housing NSW with tenants, NGOs and councils in the process of redeveloping social housing areas.
- Develop a shared equity scheme to assist into home ownership social housing tenants who have the means to sustain a modest mortgage.
- Partner with relevant Commonwealth and State education and training authorities to deliver measurable improvements in training and employment opportunities for households living in social housing, including those relocated off estates as part of redevelopment projects.

Results

- Application of the Living Communities model of deep community engagement to all social housing redevelopment projects.
- A reduction over time in the proportion of social housing that is located in large estates.
- Improved social mix in public housing estates and a reduction in entrenched locational disadvantage.
- More active measures to assist social housing tenants to access education, training and employment opportunities.

□ Regeneration of other areas of disadvantage

While the challenges involving public housing estates are well known and have been the subject of extensive media interest, research has uncovered areas of private rental housing also characterised by substantial concentrations of disadvantaged groups. This trend is particularly pronounced in, but not restricted to, the Central West region of Sydney¹²⁸ which is earmarked for substantial population growth by the Department of Planning.¹²⁹

There is an as yet unsolved policy challenge of developing an economically viable model of renewal for these areas that does not simply displace current residents to more outlying areas that are further removed from employment, educational and other opportunities. There is equally no agreed model of a public sector renewal body that would assume the role in these private housing areas that Housing NSW plays in public housing redevelopments.

What needs to be done

Apply the Living Communities regeneration approach to designated areas with large concentrations of disadvantaged private tenants, including low paid workers and migrant and refugee households.

NCOSS is calling for

- The conduct of a scoping exercise, jointly with local government and NGO peaks, to identify a number of communities with large concentrations of disadvantaged private tenants suitable for possible regeneration.
- Such a study to consider whether the regeneration process should be lead by Housing NSW, the relevant council or a special purpose entity.

Results

- Development of a framework to deal with entrenched locational disadvantage in areas of private housing.

Improved social mix can be achieved by a variety of means, not just a strict 70:30 formula.

Make housing and public facilities more accessible

The availability of housing stock in the general community that is accessible for people with mobility problems is not growing as fast as the ageing of the population or the incidence of disability or mobility impairment. While retirement villages are subject to mandatory design requirements, the introduction of policies and targets for accessible housing in the general community is inconsistent and ad hoc. This is because the State Government has not provided councils with clear policy guidance on the matter.

It is estimated that only a third of the state's councils have formal planning policies to promote the provision of accessible or adaptable housing.¹³⁰ It has been estimated that only 4% of Victoria's homes are currently accessible,¹³¹ and there is no reason to believe the situation in NSW is any better. The Victorian Government has announced its intention to introduce mandatory measures to incorporate certain accessible features into that state's building regulations.¹³²

There is also a long way to go before all key public facilities, such as train stations, community centres and libraries are accessible for people with restricted mobility.

What needs to be done

Develop and implement a consistent state-wide approach to the planning rules for accessible housing and for access to public facilities.

Improve the planning system

There are a variety of issues relating to the land use planning system that are subject to debate and advocacy. NCOSS seeks to confine its contribution to these debates to issues that are of direct concern to our sector.

Many low income households are transport disadvantaged either because of the absence of suitable forms of public transport in

NCOSS is calling for

- A mandatory requirement that at least 10% of all new multi-unit residential developments is *adaptable*, meaning that it is designed to be easily modified to be accessible to both residents and visitors with disability or progressive frailties.
- A mandatory requirement that all new multi-unit housing be visitable, meaning it has at least one wheelchair accessible entry with accessible paths of travel to the living area and to a suitable toilet.
- A formal plan of action to improve access to public facilities such as train stations, community centres and libraries.

Results

- An increase in the proportion of housing stock that is accessible and visitable as new multi-unit housing is developed.
- The opportunity to demonstrate innovative and cost effective approaches to housing design.
- Improved access to essential community facilities.

particular locations, or because what public transport is available is not suitable to their needs or within their capacity to pay.

A key systems failure at present is the lack of alignment between strategic land use plans,¹³³ developed by the Department of Planning, that detail the location of future residential and employment growth and

plans for the expansion of public transport infrastructure in these growth areas. This has been recognised by the Council of Australian Governments (COAG) which has recently directed all States to submit for its consideration capital city strategic plans that are integrated across functions (for example, land use, infrastructure and transport) and are coordinated between all three levels of government.¹³⁴

There is a separate but related failure to align strategic land use plans and the planning and funding for the human services that growing populations need. While the State Infrastructure Strategy attempts to provide a forward plan for the provision of major capital projects,¹³⁵ and councils can levy developers for the capital cost of new community facilities,¹³⁶ there is currently no mechanism to align projected population growth with growth in recurrent funding for necessary community services, aged and disability services, health programs, homelessness services, legal services and so on.

The whole question of healthy urban design is another concern of our sector. While a plethora of guides and guidelines have been produced,¹³⁷ it is difficult to gauge whether these have resulted in improved dialogue between the planning and health sectors or in improved planning outcomes.¹³⁸

Food security is another key planning issue and relates to the ability to grow and provide food in sufficient quantities so that everyone within a society has access to good food.

Sydney's urban fringe agricultural lands provide Sydney with much of its fresh food and are important to the viability of regional and national food markets and to the prosperity of the family farmers who operate the city fringe market gardens. It is estimated that agriculture in the Sydney region is worth \$1 billion a year to the farmers, with a multiplier effect on related industries.¹³⁹ Its economic value to the industry as a whole is over \$.5 billion annually.¹⁴⁰ It also provides essential

fresh vegetables such as 90% of Sydney's perishable vegetables and almost 100% of the state's Asian vegetables and thus plays an important role in ensuring food security.¹⁴¹

Therefore it is essential that any planning process seriously considers the impact of development on agricultural lands and access to healthy fresh food. For example, the NSW Government's Metropolitan Strategy proposes to develop, as housing or employment, large areas of land in north west and south west Sydney, resulting in the loss of some of the most fertile and productive agricultural land in NSW.

Locally produced food assists in keeping food costs down as it does not have to be transported long distances. The affordability of food is a significant factor for socio-economically disadvantaged and low income people and families.

The reality of climate change also throws up a range of planning challenges from sea level rise to building design and patterns of energy consumption and transport. While the potential of market mechanisms have a major role to play in reducing emissions, we must ensure that low to moderate income households are not left languishing in poorly designed housing, with outdated appliances and paying ever growing user charges for electricity and water.

What needs to be done

- Better link strategic land use plans and public transport expansion strategies.
- Better link strategic land use plans and human services planning and growth.
- Strengthen the application of healthy urban design principles.
- Address the growing issue of food insecurity within NSW.
- Reduce the impact of climate change through mitigation strategies for low income households.

There is also a long way to go before all key public facilities are accessible for people with restricted mobility.

NCOSS is calling for

Land use planning and public transport

- Review and update the 2005 Metropolitan Strategy and draft Sub-regional strategies after firm decisions on rail expansion plans¹⁴² for Sydney are taken by the NSW and Commonwealth Governments.
- Defer further development, beyond those precincts already released for housing, in Sydney's Growth Centres where there are no firm timetables for the provision of new rail services.
- Ensure that any rail expansion plans outside the designated Growth Centres are accompanied by plans to incorporate higher density residential development near new railway stations, including provision for affordable/intermediate housing.

Land use planning and human services

- Maintain the capacity of councils to require developers to meet the capital cost of agreed community facilities in new development or redevelopment areas.
- Require relevant State and Federal human services agencies to work with the Department of Planning to develop forward plans for the expansion of services in line with agreed population growth targets as set out in relevant Regional Strategies (for areas outside Sydney) and Sub-Regional Plans (under the Metropolitan Strategy for Sydney).

Healthy urban design

- Require that a formal, and public, health impact assessment based on healthy urban design principles is incorporated into the concept planning process for new suburbs and for major redevelopment proposals.

Food security

- Develop a comprehensive whole-of-government food policy to guide decision-making on all aspects of the food system, from farm to plate and beyond.

Climate change mitigation

- Improve the energy and water efficiency of all social housing dwellings, and private housing occupied by low income households, through an expanded retrofit program.
- Fund an expansion of the no interest loan scheme (NILS) to include solar hot water, solar panels and rainwater tanks.

Results

- Improved capacity of the planning system to address current and future challenges.
- Better linkages between the planning system and infrastructure and human services planning.

Strengthening the Community Sector

A Sensible and ‘Whole of NSW Government’ Funding Policy

Government funding to the community service non government sector (the sector) is critical to the delivery of human services in NSW. It is a sizable proportion of government expenditure, and is administered through multiple agencies.¹⁴³ A sensible and ‘whole of government’ approach to funding and regulatory procedures will advantage both government funding agencies and the recipients¹⁴⁴ by enhancing communication, reducing the administrative burden, and streamlining time and risk management.¹⁴⁵

Adequate and well managed funding is essential to support workforce stability,¹⁴⁶ and to build the capacity of the sector,¹⁴⁷ whilst ensuring continuing innovation and specialised service delivery.¹⁴⁸

Documentation and research at state, national and international levels supports the principle towards harmonisation of funding policy and practice. Recommendations for best practice are detailed in the *Auditor-General’s Report Performance Audit Grants Administration*, May 2009,¹⁴⁹ *Good Funding Policy and Practice Paper*, NCOSS, July 2006,¹⁵⁰ and the *Productivity Commission Contribution of the Not-For Profit Sector Research Report*, Feb 2010.¹⁵¹

The 2009 report Labour Dynamics and the non-government community services workforce in NSW also highlights the centrality of funding policy to workforce management and development and the need to ‘address the wider policy structures and funding arrangements that shape workforce characteristics and dynamics’.¹⁵²

The Productivity Commission makes recommendations for smarter regulation of the not-for-profit sector, improving the effectiveness of direct government funding, and removing impediments to better value government funded services, including harmonising regulation and reducing compliance costs.¹⁵³ There are specific recommendations for State and Territory Governments to “review the full range of support for sector development” in order to reduce duplication and enhance productivity (Rec 9.2)¹⁵⁴ and to develop a public strategy for implementing government-sector reforms (Rec 14.3).¹⁵⁵

The need for a sensible and whole of NSW Government funding policy has been recognised, the evidence base consistently reiterated and the recommendations consistently made. What is required now is the will to act.

What needs to be done

- Whole of Government harmonisation across funding and regulatory definitions, requirements.
- Red tape reduction via IT enabled common reporting requirements/ systems.
- Guaranteed, consistent indexation and award increases.
- Minimum 3-5 years funding cycles.

The need for a sensible and ‘whole of NSW Government’ funding policy has been recognised; what is required now is the will to act.

NCOSS is calling for

A common funding policy and practice, negotiated with and informed by the Sector, across all NSW Government human service funding agencies.

Results

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

- Greater efficiencies derived from standardised government funding policies and procedures that reduce NGO and Government compliance costs and duplication.
- Increased commonality between government funding agencies and funded NGOs that facilitates improved capacity to deliver on whole of government and community policies and programs.

An Industry Plan for the Sector

The non-government human services sector receives over \$1.5 billion each year in funding, is comprised of over 7,000 organisations and delivers an extraordinary range of essential services to the people of NSW. The 2010 Australian Community Sector Survey¹⁵⁶ found an increase in demand for services in the year 2008-09 with over 2.1 million services provided and a further 119,000 people turned away through lack of capacity.

While NCOSS acknowledges and values some of the agency and 'program specific' workforce initiatives that are currently funded, these are not a substitute for a whole of sector, comprehensive, state-wide plan. Like any other vital and growing industry, it needs a long term strategic plan to ensure its sustainability and capacity to meet the demands of the future. NCOSS and the sector have been advocating for the need for a state-wide industry plan for the human services NGO sector in NSW for the past four years.

Despite the evidence of a rapidly increasing need for services, there is not the commensurate capacity in the workforce to meet demand. A recent national survey of workers in the industry by the Australian Service Union (ASU)¹⁵⁷ reveals the critical and growing retention and recruitment issues facing the sector. Nationally 52% of workers are not committed to staying in the industry beyond five years. The report demonstrates that comparatively

poor wages and conditions, lack of career opportunities and the difficulties and risks associated with the work, are major reasons why people leave the sector and inhibit our ability to recruit quality staff.

The 2010 Australian Community Sector Survey¹⁵⁸ indicated that staff turnover was high and that salaries and conditions made attraction and retention of suitable staff difficult.

These findings were further confirmed in recent research conducted by the University of NSW Social Policy Research Centre, 'NGO workers perceived government organisations to provide better conditions of employment in the way of pay, job security and career paths. As these factors relate to workers' material rewards and conditions, these beliefs are likely to act as powerful incentives for workers to move out of the NGO sector'.¹⁵⁹

A number of reports across various sub-sectors of the industry have produced similar and additional findings; for example the Working in Community Aged Care: Growth or Crisis report identified the sector's image, attracting younger workers and competitive wages as some of the key issues facing the future workforce in aged care.¹⁶⁰ While the sector is experiencing substantial growth (22.6% between 1999-2004, ABS Labour Force Survey),¹⁶¹ it is also ageing relatively more quickly than other sectors and experiencing increasing demand for its services.

There is some data available for sections and sub-programs within the industry but a serious lack of information about the whole NSW sector and its current and projected workforce needs; a finding reinforced in the recent research by the University of NSW Social Policy Research Centre. While the Labour dynamics and the non-government community services sector report is a valuable document, the research was limited by the lack of sector-wide data in NSW noting that ‘there is a critical gap in community service workforce data, and this limits workforce planning, development and research’.¹⁶²

At both the national and state levels, there is growing concern about the viability and capacity of the human sector NGO workforce. Recent research, commissioned by the Department of Premier and Cabinet and the Department of Community Services, highlights many of the critical workforce issues previously identified by the sector.¹⁶³ It also highlights the need for the sector industry plan proposed by NCOSS.

There is a priority need for research that:

- maps the composition and structure of the NSW NGO human services workforce;
- identifies the current and emerging trends and needs within the workforce; and
- assesses the position of the sector workforce within the context of the current labour market, including factors impacting on retention and recruitment. This research should be pursued in conjunction with universities, and labour market analysts.

What needs to be done

Over a three year period, commencing 2010, provide funding to NCOSS to develop a state wide industry plan for the non-government community sector that includes:

- The development of a comprehensive workforce profile, including current demographics, trends, projected growth/gaps and recruitment capacity within the broader labour market.

- An industry-wide needs assessment and development of collaborative cross-sector strategies to address emerging industry skills gaps and projected client needs.
- A marketing/communications strategy to enhance and improve the visibility and profile of the sector with prospective employees and the general public.
- The establishment of a state-wide non-government community services industry Task Force comprised of key stakeholders across higher education and vocational training providers, Government human services agencies, NCOSS, unions and other industry peaks.
- The development of a standard funding agreement that minimises current high transaction costs, barriers to growth/investment and enables longer term planning.

NCOSS is calling for

The funding to develop and implement a state wide industry plan for the sector.

Results

- A state-wide coordinated approach to the sector’s development, based on a comprehensive workforce profile that informs better planning to meet the current and projected needs of the industry and its clients.
- A highly skilled workforce with the capacity to deliver quality services that meet the current and future needs of the people of NSW.
- An actively enabling funding, policy and regulatory framework that supports the growth of the sector.
- Enhanced capacity for the NGO sector to deliver quality services to the community in partnership with government.
- Improved capacity to attract and retain a quality workforce and effectively compete with other industries in the labour market.

There is growing concern about the viability and capacity of the human sector NGO workforce.

An Effective Compact/Relationship between the NSW Government and the Sector

Compacts between government and community sector organisations include clear statements of representation and the principles underlying respective roles and functions. They succeed best when they outline not only the areas of cooperation but also the instruments of cooperation.¹⁶⁴ If the compact includes measurable implementation objectives and clear provisions for review and revision¹⁶⁵ it can be a genuine and productive vehicle for improving the respectful relationships and informed policy initiatives that are necessary to achieve its stated purpose.¹⁶⁶

The sector and the NSW Government confirmed their interdependent relationship in 2006. Their common commitment to ‘achieve better outcomes for individuals, families and communities’ was formalised in *Working Together for NSW - An agreement between the NSW Government and non-government human services organisations*.¹⁶⁷ Signed by the Premier of NSW and the Chairperson of the Forum of Non-Government Agencies (FONGA), it offers the initial framework for consultation and negotiation, which will only be effective when well resourced, actively implemented and regularly reviewed.

The *Joint COSS Submission on a Compact Between the Australian Government and the not-for-profit Sector* detailed some of the current deficiencies with the existing Compact in NSW.

“Lessons from the NSW agreement point to the need for Government structures that not only support but actively enable the implementation of the Compact at Cabinet level. It is important to ensure responsibility lies with a ministerial portfolio that is not attached to any agency, to ensure the agreement’s success at both whole-of-government and whole-of-sector levels. It is also essential that Ministers attend implementation meetings directly.

Even then, effective implementation and strong outcomes require time and specified resources attached to them to ensure the Compact is successful. The Compact will not be successful without adequate, specified resources attached to it. More broadly, practical issues should be as central to the agreement as principles.

These include funding policy, indexation and regulatory frameworks. In terms of the principled framework, the NSW lessons underline the importance of clear language. This will ensure clarity about expectations and requirements; and will give the necessary mandate to deliver on outcomes that address practical issues.”¹⁶⁸

What needs to be done

- A review of the existing Compact between the NSW Government and the sector.
- The collaborative development of a revised Compact that includes:
 - ◆ An operational focus on practical issues;
 - ◆ Clear measurable outcomes;
 - ◆ Resources to enable implementation;
 - ◆ Review mechanisms; and
 - ◆ The direct engagement of relevant Ministers.
- Greater collaboration between the NSW Government and the NGO sector in the development and implementation of social policy solutions in NSW.
- Improved recognition and utilisation of the networks, intelligence and experience of the NGO sector in NSW.

NCOSS is calling for

A mature, documented and resourced working relationship/partnership between the NSW Government and the Sector, resulting in better outcomes across social policy, service implementation and social impact.

Results

- Greater collaboration between the NSW Government and the sector in the development and implementation of social policy solutions in NSW.
- Improved recognition and utilisation of the networks, intelligence and experience of the NGO sector in NSW.
- Effective mobilisation of all available resources to tackle entrenched disadvantaged and social exclusion.

The Compact will not be successful without adequate, specified resources attached to it.

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¹⁴⁷ Supportive evidence for capacity building is available in the following sources: Productivity Commission, *Contribution of the Not-For Profit Sector*, *Op.Cit.* The Productivity Commission was tasked by the Australian Government with "assessing the contribution of the Not-for-Profit sector and impediments to its Development" (Forward pIII). Of particular interest are Chapter 6: Regulation of the not-for-profit sector (pp. 113-154), the recommendations arising from Chapter 9 on building sector capabilities to improve governance and enhance productivity (Recommendations 9.1-9.2, pps XLVII), and Chapter 10: The not-for-profit workforce (pp. 249- 273), viewed 17 February 2010, www.pc.gov.au/projects/study/not-for-profit/report

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- ¹⁴⁹ Auditor-General's Report, *Op. Cit.*, Chapter 3.4, pps 32-38 and Recommendations dealing with red-tape reduction and consistent grant terminology , pp. 34, 35, 37, 38.
- ¹⁵⁰ Working Together for NSW. Good Funding Policy and Practice, *Op. Cit.* This paper relates the funding principles of Working Together for NSW to the practical realities of issues such as competitive tendering (p 2), integrated planning and reciprocity (p 3), eligibility and unintended barriers for smaller NGOs, standard charts of account (p 4) , monitoring and evaluation (pp. 5-6). The paper also compares funding models (pp. 6-11), and cites supportive research from Canada and UK, pp. 3, 4, 6.
- ¹⁵¹ Productivity Commission, Contribution of the Not-For Profit Sector, *Op. Cit.* Of particular interest are Recommendations 11.1, 11.2 regarding clarity over funding obligations, 12.1 -12.4 regarding models of engagement, 12.5- 12.8 regarding improving procurement and management processes such as appropriate length of service agreements, risk management frameworks, streamlining tendering, contracting, reporting and acquittal requirements (pp. XLIX – LIII), viewed 17 February 2010, www.pc.gov.au/__data/assets/pdf_file/0006/94551/03-recommendations.pdf
- ¹⁵² Cortis, et al, *Op.Cit.*
- ¹⁵³ Productivity Commission, Contribution of the Not-For Profit Sector, *Op. Cit.*, Recommendation 6.2, p. XLIV.
- ¹⁵⁴ *Ibid*, Recommendation 7.2, p. XLVII.
- ¹⁵⁵ *Ibid*, Recommendation 14.3, p. LIII.
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- ¹⁶⁶ Australian Council of Social Service, *Joint COSS Submission: A Compact between the Australian Government and the not-for-profit sector*, Sept 2009, pp. 3, 11, viewed 17 February 2010, www.ncoss.org.au/hot/20091103-Joint-COSS-submission-on-Compact.pdf
- ¹⁶⁷ NSW Department of Community Services and the Forum of Non-Government Agencies, *Working Together for NSW: An agreement between the NSW Government and non-government human services organisations*, June 2006, www.ncoss.org.au/hot/compact/working-Together-pdf-final-June06.pdf ; Council of Social Service of NSW (NCOSS) maintains a website for access to current communiqués from the joint reference group that was set up to monitor the implementation of the NSW compact and to provide assistance in its application, www.ncoss.org.au/content/view/982/111/
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