CLOSING THE

SociaDivide

Building a sustainable future for the benefit of all Western Australians

wacoss
Western Australian
Council of Social Service Inc
Ways to make a difference

WACOSS Pre Budget Submission
For the WA State Budget 2012–13
Prepared for the WA State Government, November 2011

WACOSS Pre Budget Submission

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Foreword

The Western Australian Council of Social Service presents this Pre-Budget Submission *Closing the Social Divide* to the Western Australian Government detailing priority recommendations for the 2012-13 State Budget.

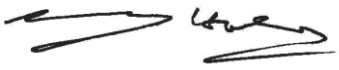
The past year has seen significant advancement in forging a collaborative relationship between the community services sector and the WA State Government. The Premier's establishment of the Partnership Forum heralded a new approach to working together to improve the sustainability of services and deliver better outcomes for the community, and has achieved some great results.

The 2011-12 State Budget was an important milestone for the community services sector in Western Australia. The announcement of the $604m Sustainable Funding and Contracting with the Not-for-Profit Sector package represented a significant step to addressing the funding shortfall for community services. This historic funding, together with the commitment to whole-of-government human services reform through the *Delivering Community Service in Partnership* policy, signals a high level commitment by the Government to a relationship based on partnership, the sustainability of community services, and a clear focus on delivering better outcomes for disadvantaged and vulnerable Western Australians and for the broader Western Australian community.

Eligible not-for-profit community services, struggling to attract and retain staff and keep pace with the rapidly rising cost of delivering services, welcomed a 15% funding increase on existing majority state-funded service contracts. This funding increase, together with a commitment to a more appropriate model of indexation and procurement for human services, have been an important step towards addressing the prevailing 30% funding shortfall for community service organisations.

It remains important to recognise that the reforms delivered so far do not solve all of the challenges faced by community service organisations, nor does the increased funding reach all of the community services relied upon by Western Australians in need. There is still much work to be done to ensure that the community service sector survives and thrives at a time of increasing demand and significant reform. We must not lose sight that our ultimate goal is to improve outcomes for the most disadvantaged and excluded in our community to 'close the social divide.'

The Council presents this submission to highlight the continuing challenges and opportunities for the Western Australian community and to recommend strategies and solutions for addressing the growing inequities being driven by Western Australia's two-speed economy. In the spirit of partnership, we hope that the implementation of these recommendations will be pursued by Government through a collaborative approach with the community sector, as we seek to address our common challenges and priorities to better serve the Western Australian community.



Irina Cattalini
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Introduction

The WACOSS Pre-Budget submission outlines eight priorities for the Western Australian Government to consider in its deliberations in framing the 2012-13 State Budget.

The Pre-Budget Submission is developed with the community services sector through a collaborative process that includes consultations with other community sector peak bodies; regional service consultations and briefings; submissions from WACOSS members and other community service providers; research and analysis of the latest data and reports undertaken by the Social Policy team; and one-on-one follow-up meetings on priority issues. The submission also reflects our liaison, developing and ongoing relationships with key human services personnel within the State Government.

In our role as the peak organisation representing community services in Western Australia, we believe that we have an important responsibility and are in a unique position to consult, reflect and advocate with and on behalf of community services and their clients to the State Government. We hope that our knowledge and expertise in consultation, analysis and policy development means that we are able to provide useful, relevant and trusted information on the state of community services in Western Australia and the needs of our most disadvantaged and vulnerable citizens.

As the relationship between the community services sector and government develops to reflect the kind of partnership envisaged by the *Delivering Community Services in Partnership* policy, we hope and expect that our engagement with government in identifying, analysing and prioritising existing and emerging human service priorities will evolve. In this spirit, we hope that this Pre-Budget Submission may be regarded as a starting point for a series of conversations about how we can best address our common challenges and priorities to better serve the Western Australian community.

This submission does not provide recommendations across the entirety of Government expenditure covered by the State Budget, but focuses on those issues of specific concern to community services and the needs of low income and vulnerable Western Australians. While its recommendations focus specifically on areas of State responsibility, they have been prepared in consideration of the current national policy context. While they focus in particular on State Government investment and policy implementation over the four year period of forward estimates, they have been contextualised by the Council's focus on the need for a longer-term strategic vision for the Western Australian community and the future role of civil society within our evolving democracy.

Shifting the Budget Focus

The need for a more preventative approach to community service investment was the first and most common theme of the community sector consultation in the preparation of this submission. The public health model of primary, secondary and tertiary services provides a useful framework to consider the substantial public investment in community services, in the face of entrenched disadvantage and growing demand in some areas.

Now is an excellent time for the community of Western Australia to be considering investment in prevention and early intervention. As our society enjoys a boom in the resource sector, we should be considering how we invest the benefits derived from our finite natural resources in the future prosperity, health and well-being of our community. The Premier, Colin Barnett, referred to the idea of a 'social dividend' to describe how investing in the sustainability of not-for-profit community services represented a means of sharing the benefits of the good times with the most disadvantaged and excluded in our community. This is a critical step if we are to be successful at turning around the growing 'social divide' in Western Australia resulting from many people being excluded from the benefits of economic growth, but bearing the burden of inflated living costs.

At the heart of this approach is the concern that the treatment of chronic illness or entrenched disadvantage is difficult, expensive and often only delivers limited results. If our health, justice and community services system is focused predominantly on prioritising assistance and resources for those in crisis, it risks leading to an increasing demand for crisis services, as people with emerging problems or who are 'at risk' are increasingly overlooked and their problems left to deteriorate. Conversely, if we can redirect some of our efforts into effective and less costly preventative or early intervention strategies, we may be able to reduce the longer-term demand for tertiary or crisis services. This is sometimes referred to as the 'ambulance at the bottom of the cliff' argument.

The key challenge for budgeting for the health, justice and community service systems (which are currently all overloaded) is how to direct more resources towards primary and secondary services through strategies based on prevention and early intervention to slowly reduce the pressure at the chronic and crisis end. Preventative programs that seek to deliver population health or well-being outcomes have the potential to deliver benefits to a significantly greater proportion of the population than programs focused solely on those with the greatest need. At the same time the benefits of these strategies are often longer-term outcomes, and the connection between actions and outcomes can be less certain and harder to demonstrate. Early intervention programs can deliver more immediate and tangible outcomes where it is possible to clearly identify those who are 'at risk' or are manifesting the early signs of disadvantage and deliver targeted and more intensive interventions. What is needed is a strong evidence base, transparent decision making processes, well-documented interventions based on best practice, and clear and measurable outcomes.

Often the best strategy is not to re-direct existing resources or to reduce support to those in dire need, but to consider how new resources or innovation in service design and programs might be directed to reduce the demand for crisis services in the longer term.

2012-13 Budget Recommendations at a Glance

Children, young people and families	*Coordination and innovation in policy and service delivery for children, young people and their families*	$27m
Housing and homelessness	*Increase the supply of affordable housing, particularly for West Australians on lower incomes*	$368m
Essential services and the cost of living	*Targeted assistance to low income households to manage increasing costs of living and improve the efficiency of their homes*	$49m
Safety and justice	*Increase community based prevention and early intervention programs targeted to high risk individuals and high risk communities*	$10m
Health and well-being	*Appropriate and timely health service delivery for vulnerable Western Australians*	$34m
Mental health	*Increase delivery of outcome-focused mental health services by community-based services*	$9m
Sustainable community services	*Support the implementation of community sector reforms to enhance the sustainability of community services*	$5m
Regional community service networks	*Ensure successful and sustainable regional development by establishing and supporting regional networks to plan and integrate services*	$2m
Total value of recommendations for 2012-13		$504m
Percentage of WA Annual Budget ($21b)		2.4 %

Priority Recommendations in Detail

Children, Young People and Families

Coordination and innovation in policy and service delivery for children, young people and their families

Recommendations:

- Establish a government agency to coordinate Early Years services and to fund innovative new collaborative early years' service delivery strategies.
- Increase funding to build on existing capacity and increase the number of at-risk youth being supported through existing community-based youth programs, and review current programs and pathways to evaluate how effective they are in building resilience and delivering positive outcomes for at-risk youth.

The issues:

Early Years

The time for birth to eight years old are crucial to our future health and well-being, as children undergo substantial physical, cognitive, social and emotional development during these early years. Research and experience clearly indicate that appropriate learning opportunities and positive life experiences during this stage contribute significantly to successful outcomes in later life.

Recent evidence suggests that Western Australian children are lagging behind their counterparts in the other states, with one in four of our children considered developmentally vulnerable in at least one of the five domains measured by the Australian Early Development Index (AEDI), and one in eight are vulnerable in two or more domains.[1]

The Council suggests that a more collaborative and integrated approach to early years is required to improve the wellbeing of Western Australian children. Such an approach is consistent with a greater emphasis on how strategies and services focused on prevention and early intervention can improve longer term outcomes while reducing future costs – an investment in a sound foundation during the future years is an investment in the capability and productivity of the citizens of the future.

The participants of the recent Early Years Collaborative Project called for a coordinating body to provide partnership, collaboration, information sharing and community engagement in policy, planning and local delivery of early childhood development and learning[2]. A central coordinating body is required to ensure innovative, collaborative early years' services are nurtured and implemented. The coordinating body should also provide guidance to community sector organisations in collaborative practices and finalise the development of the Outcomes Framework for Early Childhood Development and Learning in Western Australia. It could play a key role in directing investment to pilot innovative collaborative projects in early years' development and services, and coordinate policy development. The Community Sector has been calling for an Office of Early Childhood as an effective means of coordinating the current activity occurring across the public and community sectors.

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[1] *Australian Early Development Index* (2009) Royal Children's Hospital Melbourne.
[2] *Early Years Collaborative Project Final Report* (2011). Community Services Leadership Group, page 17.

The Council recommends that the best way to achieve this outcome is to establish a specific government agency with responsibility for coordinating early years' programs and policy, with a specific role in funding innovative new collaborative early years' services or service delivery strategies. In particular, we would like to see a focus on developing targeted and innovative service delivery strategies that build resilience in children and families who are at risk of entering the statutory child protection system. Research nationally and internationally has demonstrated the value for vulnerable families who are at risk of entering the statutory child protection system of localised, integrated service delivery.

Middle Years

The middle years between 9-14 are a unique period in adolescent development where changes to the adolescent brain impact on behaviour' psycho-social and cognitive development[3]. This emerging issue requires attention in order to develop sound, foundational strategies for the coming years to ensure that government and the community sector are well-prepared to deal with issues that arise for young adolescents and their families. The Department for Communities, Commissioner for Children and Young People and the Australian Research Alliance for Children and Young People hosted a Middle Years Forum in July 2011.[4] The forum showed clearly that there is a gap in policy and practice within the middle years and the presentations underscored the importance of a coordinated, integrated middle years strategy.

Youth at Risk

There has been growing community concern in recent months about the level of juvenile crime with the WA Police Commissioner announcing a plan to 'sweep the streets' of juvenile offenders during the summer school holidays.[5] The Council is pleased to hear the Commissioner discussing the need to put more resources into prevention and early intervention for youth at risk, but is concerned that his proposed strategy has not been coordinated with other key stakeholders, including key government departments, community service providers and youth programs. Taken in isolation these measures do nothing to address the underlying causes of street presence or offending behaviour.

In 2010-2011 a significant number of young Western Australians (aged 12 to 18) were engaged by the Department for Child Protection – including 3,947 affected by domestic violence, 3,282 requiring family support and 336 who were homeless. The Department was only able to open cases to undertake some longer term support work for a small proportion of these (575 for domestic violence, 1076 family support and 85 homeless). During this same period 53 community service providers provided services to 14,700 young people.[6] There were 861 young people (13 years and above) in the care of the CEO as at 30 June 2011.

There is very clearly a pressing need to increase the level of support provided to at risk youth in Western Australia to address this growing problem. The Council believes that the most effective way to do this is to ensure that we have a consistent and joined-up approach across all services and programs dealing with at risk youth, and an increase in resources to allow existing programs that have proven effective to deal with the current level of unmet and under-met need. There is a need

[3] Professor David Bennet, Middle Years Forum Report, page 4
[4] http://www.aracy.org.au/index.cfm?pageName=Middle_years_strategy
[5] The West Australian newspaper, 17 October 2011, p1.
[6] Department for Child Protection, At Risk Youth Strategy 2011-14,

to both increase resources for universal services (such as alternative activities and diversionary programs that play a preventive and early intervention role) and for increased case management and referral resources to provide intensive programs for a smaller number of priority youth (such as those on the Commissioner's *priority prolific offenders* list).

The Council notes recent reports of an 18% drop in criminal charges against juvenile offenders in the Children's Court (from 10,795 in 2009-10 to 8891 in 2010-11),[7] that may reflect police making greater use of discretionary powers under the Young Offenders Act and increased referrals to juvenile justice teams. The Council believes we need to prioritise investment in local community-based programs that provide flexible services located in areas where there is significant youth disadvantage at significant rates of problem behaviour. One model of an intensive, strengths-based family-centred approach to tackling the problems of young people with serious emotional disorders at immediate risk of correctional placement or psychiatric institutionalisation is the Wraparound Milwaukee program discussed in the Safety and Justice section below.

Increased support is needed for services that work with young people at risk who are affected by family conflict, past trauma, drug and alcohol abuse, poor social skills, social isolation and truancy as well as the issues related to young people who are carers for family members with a disability or illness. Parent/adolescent conflict services that provide short-term counselling to resolve conflicts before they escalate into family breakdown and homelessness are also crucial – particularly culturally sensitive ones for Aboriginal youth whose parents have suffered trauma and have few parenting skills as a result of their own removal and institutional upbringing, and youth from humanitarian migrant families dealing with both a background of trauma and significant intergenerational cultural change.

The Council also believes that increased investment for the provision of diversionary programs and services for at risk youth in Western Australia should be accompanied by an independent assessment of the effectiveness of new and existing programs with a particular focus on the pathways through the system for at risk youth, their changing resilience and life outcomes. There are a number of existing strengths and culture-based diversionary programs for Aboriginal youth which have proven particularly promising and should be supported and expanded. Examples include the Yiriman bail intervention program in Fitzroy Crossing;[8] the Halo youth leadership program;[9] the Cultural Corridors program;[10] and the Nowanup farm youth diversion program near Albany.[11]

[7] The West Australian, 29th October 2011, p23.
[8] KALACC, Kimberley Aboriginal Law and Culture Centre
[9] Hopes, Aspirations and Leadership Opportunities, http://haloleadership.com/
[10] A diversionary program for Nyoongar juvenile offenders run by Dr Noel Nannup
[11] Run by Eugene Eades on a property supported by Greening Australia and Gondwanalink.

Housing and Homelessness

Increase the supply of affordable housing, particularly for West Australians on low-incomes. Build investment in the State Affordable Housing Strategy up to a scale capable of meeting the target of 20,000 new units of affordable housing by 2020.

Recommendations:

- Increase funding to support the State Affordable Housing Strategy to meet the target of 20,000 new units of affordable housing by 2020 prioritising social housing for low-income households.
- Funding for a targeted intervention program for problem tenancies in partnership with community service organisations.
- Increase funding for homelessness and crisis accommodation services.
- Build a new night shelter for intoxicated adults integrated with the Noongar Patrol.

The Issues:

Housing Affordability

Western Australia continues to face a housing affordability crisis. The 2010 median house price in Perth was approximately $490,000[12], compared to just $165,000 a decade earlier. Over this same period, private sector rents have also moved out of reach of households on low to moderate incomes. Rents have increased during this time from $149 a week to $400[13]. Median home prices in Australia were between three to four times the average annual incomes between the 1960s and the 1990s[14]. A typical Perth home now costs around 7.2 times the average annual household income[15].

The Council is particularly concerned by the housing affordability problems faced by low-income working families. We are concerned that an increasing number of young families are being forced to seek help from emergency relief or having problems paying their utility bills largely as a result of the disproportionate amount of their incomes dedicated to paying for housing. There is a significant number of low income young families with younger children and both parents working who have moved to the metropolitan fringe or in regional centres and face increased transport costs and diminished access to services as a result.

The lack of affordable housing has resulted in a steady increase in the number of households that experience financial stress and demand for public housing over the last decade. As of June 2011 there were 24,136 applications for the public housing waiting list (representing about 51,000 people waiting for on average 113 weeks) compared to 12,779 in 2004.[16] The cost of housing is a major driver of cost of living pressures that are resulting in increasing numbers of Western Australian households unable to pay their bills and seeking assistance from financial counsellors or emergency relief. Around 45%

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[12] REIWA accessed at http://reiwa.com.au/Research/Pages/Market-indicators.aspx
[13] Affordable Housing Strategy 2010-2020: Opening Doors to Affordable Housing, Government of Western Australia accessed at: http://www.housing.wa.gov.au/aboutus/publications/AnnualReports/Pages/default.aspx
[14] Australia's Broken Housing System, accessed at http://housingstressed.org.au
[15] *The Great Australian Dream – Just a Dream?* Housing affordability trends for Australia and our largest 25 cities.
[16] More recently improved management has reduced the size of the waiting list (from 27,673 in Nov 2010 to 25,241 in Sept 2011) but the level of demand (as seen in new waiting list applications) has remained consistent.

of financial counselling clients are those in the private rental market[17]. As at the end of June 2011, a total of 33,040 referrals for financial assistance had been made by the utilities since the scheme commenced in August 2008. In addition, the most recent community sector survey revealed that over 94% of organisations surveyed identified housing and homelessness services as the most acute area of unmet need[18].

The private rental market plays an important role in the housing continuum. The option of private rental falls between the provision of social housing and home ownership, and absorbs pressure and overflow between these two housing options. In 2006, 62% of low and moderate income renters in WA were in housing stress. This equates to 38,174 households paying more than 30% of their income on rent. A quarter of low and moderate income renters were in extreme housing stress, paying more than 50% of their income on rent[19]. Given the increase in rental costs since the 2006 Census, this figure is likely to be significantly higher when the 2011 Census results become available[20].

State Affordable Housing Strategy

The release of the State Affordable Housing Strategy in May 2011 demonstrated a commitment by the Government of Western Australia to pursue a range of innovative and targeted strategies to address the lack of affordable housing supply[21]. The Strategy builds upon the success of the stimulus measures delivered in partnership with the Federal Government and the community housing sector through the National Rental Affordability Scheme[22]. The significant challenge for the State Affordable Housing Strategy is one of scale as, even with a creative and extensive use of public/private agreements, co-development and transfer of assets to not-for-profit community housing providers, the current level of activity can only expect to meet the target of 20,000 new units of affordable housing by 2020 with significant additional investment.

The State Affordable Housing Strategy includes a number of innovative strategies, such as a minimum quota of 15% affordable housing on all government land and housing developments; an additional 3,500 social housing dwellings by 2013; and the provision of 120 subsidised rental opportunities. The *Non Government Organisation Housing Program* is increasing the provision of affordable housing for key workers in high-cost regions, but there remains a significant gap between the level of need and scale of construction[23]. The Strategy intends to grow the community housing sector to increase the availability of social housing by transfer of public housing stock. Community housing has a number of advantages over public housing including access to Commonwealth Rent Assistance (CRA); and ability to provide housing to a wider range of tenants on low incomes and cross-subsidise tenancies; and the ability to use housing assets to leverage finance for construction of additional social housing.

The Council notes that successful partnerships between the State Government and Community Housing providers have meant that in most cases the State government was able to secure high quality completed dwellings at a cost substantially below what they have been able to achieve

[17] Financial Counsellors Association of WA, Hotline Statistics, 2011.
[18] Australian Community Sector Survey, ACOSS Paper 173, Volume 9 – Western Australia
[19] *Quick guide to WA housing facts and figures, 2010* Shelter WA
[20] *Social Housing Taskforce Report*, p10.
[21] *Affordable Housing Strategy; Opening Doors 2010 - 2020* Department of Housing WA.
[22] *National Rental Affordability Scheme*, Dept. Sustainability, Environment, Water, Population and Communities.
[23] *Non Government Organisation Housing Program*, Department of Housing. There are 58 houses under construction in the Kimberley and Pilbara.

through direct public housing provision, and that there are still opportunities for Government to strategically invest in the expansion of the social housing sector in partnership with the Community Housing sector. The Bethany Peel project, which caters for low income seniors, the Stella Apartments in Success, and an affordable housing trial in East Perth (with the City of Perth as an equity partner), are models of innovative public private partnerships with scope for expansion. These types of initiatives must be underpinned by a greater commitment to invest in new construction if the target of 20,000 by 2020 is to be reached.

Targeted Tenancy Support

The Council acknowledges that disruptive and anti-social behaviour among a subset of the tenants of public housing is an issue of public concern that requires a coordinated response. The key challenge in dealing with problem tenancies is how to produce the behavioural change that is needed to ensure that at risk families with complex problems can remain housed while preventing problems with anti-social behaviour impacting on the wider community. We are concerned that there are a relatively small number of families with poor tenancy histories and complex support needs that require targeted wrap-around support to resolve existing problems to avoid homelessness.

Recent homelessness initiatives have led to strong linkages across government agencies and between community services and clients that provide a good model upon which to build. Solving some of these problems will require greater collaboration between human services agencies including child protection, mental health, disability support, corrective services, housing and police – working in partnership with local community-based services to deliver effective outcomes.

There are innovative models for effective housing support in other portfolios. The State budget included a $50m mental health package to deliver major investment in social housing and individualised support. Early intervention strategies address problems when they occur, rather than waiting until acute symptoms result in hospitalisation and distress[24]. There are also a number of successful initiatives under the Homelessness National Partnership Agreement (NPA), including Street to Home, a Foyer development, and new housing support workers for private and public tenancies.[25]

The Department of Housing piloted the use of anti-social behaviour teams in Cannington and Fremantle in 2009. These trials showed some promising results but were limited by the capacity of the teams to refer at-risk households to wrap-around support services in a timely fashion, and the pilot was cut short by a change of policy. The early success of these trials could be built upon by partnering with community service providers and government agencies to ensure services are resourced to identify problems early and respond rapidly. The Council proposes a model in which a tenancy case worker, who can work intensively with a small number of families at a time, is resourced to broker wrap-around service provision from local community services to implement a targeted and intensive intervention.

[24] *Budget Bulletin 19 May 2011*, Mental Health Commission, accessed at www.mentalhealth.wa.gov.au
[25] *Homelessness National Partnership Agreement: Western Australian Initiatives*, Fact Sheet, Department for Child Protection, Government of Western Australia.

International evidence suggests that a 'tough on tenancy' or 'three strikes' approach that relies on the threat (and practice) of eviction simply shifts and exacerbates the problem – whereas an early intervention approach targeting appropriate social supports can both reduce the incidence of reoccurrence and deliver better outcomes for neighbours, landlords and the families involved.

WACOSS acknowledges the valuable role of housing support workers as part of the Department's Supported Housing Assistance Program (SHAP) in identifying and working with tenants at risk of eviction. The Council notes however that existing State-funded tenancy support services including SHAP currently exclude community housing tenants. With community housing playing an increasing role in the State's housing strategy, and tenants sourced almost exclusively from a joint waitlist, the Council believes that community housing providers should be able to refer relevant at-risk tenants to the proposed targeted tenancy support service.

The Council also considers that there is an emerging opportunity for the State Government to partner with community services to implement an early intervention strategy that identifies 'at risk' tenancies before they escalate, and uses a strengths-based, family-centred approach to identify underlying risks and to help build bridges with neighbours.

Crisis Accommodation and Homelessness Services

The final report of the Perth Metropolitan Homelessness Response Workshop highlights an urgent need for a night shelter in the Cities of Perth and Vincent as part of a broader response to addressing homelessness. A centrally located shelter that provides accommodation for men, women and families should operate alongside assertive outreach, preventative programs, transitional housing and longer-term solutions.[26] The Australia Council of Social Service 2008 Community Sector Survey[27] found that, next to long term accommodation, crisis and supported accommodation were the second most needed assistance reported by community service clients in WA.

The Homelessness National Partnership Agreement has provided WA with $135 million over four years aimed at early intervention, breaking the cycle of homelessness, and improving and expanding existing homelessness services. The NPA provides a wide range of services, including programs for rough sleepers, such as the Street to Home. However, there is still a gap for people who are unable to engage with existing programs and services, and it is inappropriate for intoxicated individuals to be placed in short-term residential services which are being used by vulnerable individuals and families. An inner city night shelter could link in with the Noongar Patrol activities, who often report that they are unable to secure appropriate, crisis accommodation for intoxicated adults.

Homelessness and crisis accommodation services continue to face increasing sustainability pressures. As most of these services are funded through a joint Commonwealth- State agreement they have so far been excluded from the 15% increase from the *Sustainable funding and contracting with the not-for-profit sector* package delivered in the 2011-12 State Budget. While the Council appreciates that the Government of Western Australia has committed to provide equivalent funding once the current Fair Work Australia wage equity case is determined, we remain concerned by the viability of these services. To this end the Council recommends that the State Government provide an immediate funding increase to ensure the continuing effectiveness of these services.

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[26] *Perth Metropolitan Homelessness Response Workshop final report,* Shelter WA.

[27] *Australian Community Sector Survey*, ACOSS Paper 173, Volume 9 – Western Australia.

Essential Services and the Cost of Living

Targeted assistance for low income households to manage increasing costs of living and to improve the energy and water efficiency of their homes

Recommendations:

- Expanded funding to targeted energy efficiency programs for low income households.
- Increased funding to the Hardship Utilities Grants program to help low income households meet rising utilities costs.
- Create a single coordination mechanism for concessions policy, evaluate the targeting and adequacy of current concessions, and provide a single portal for consumers.
- Redirect a proportion of the additional revenue raised through tariff increases into new and improved concessions to alleviate the impacts of rising utility costs on low income households.

The issues:

Rising Cost of Utilities

Over the past few years, costs of essential services (electricity, gas and water) have increased significantly placing pressure on the cost of living for West Australian households. Since April 2009, electricity prices have risen by a cumulative 55% and are expected to rise another 30% by 2015. Since July 2010, gas and water prices have also increased by a cumulative 17% and 20% respectively. With these increases, an average household's annual utilities bill in 2011-2012 is approximately $3,500, up by $232 from 2010-2011[28]. These increases have had a dramatic impact on cost of living pressures for many Western Australians. Rapidly increasing utility costs place additional pressure on low-income households and those experiencing financial hardship, ultimately leading to accumulating utility debt and disconnection, or forced under-consumption. With average weekly disposable incomes at a mere $457[29] and the increasing costs of housing compounding the problem, low income households are faced with competing priorities for limited income and are forced to make choices to forgo essential services or delay payment.

In the context of rapidly increasing cost of essential services and significant ongoing reforms in the area of energy and water markets, it is imperative that disadvantaged consumers are adequately compensated. WACOSS urges the Government of Western Australia to focus on improving the accessibility and affordability of essential services, improving access to programs for financial hardship customers, and increasing the capacity of consumer representative organisations working in the area of essential services.

[28] Reference to Cost of Living paper 2011

[29] Equivalised Disposable Household Income of second and third deciles, ABS, Household Income and Income Distribution Survey, Cat. 6523.0, 2009-10

Concessions Framework

Rebates and concessions are a vital component in ensuring all Western Australians maintain access to a non-discretionary level of essential services, required for basic functions such as heating, cooling, lighting, cooking and maintaining hygiene. Concessions are generally designed on the principles of social inclusion, identified need and encouraging desired behaviour. There have been a number of previous reviews regarding State Government concessions[30] which have resulted in incremental improvements to the way concessions operate, but the Council believes it is time for a more consistent and coordinated approach.

No central mechanism currently exists for the administration of State Government concessions, coordinated data management and the development of concessions policy.[31] As concessions are managed and administered across several different government departments, the responsibility for accessing concessions and proving entitlement is placed solely upon the consumer. A lack of coordination of concessions policy and administration results in many consumers not accessing concessions for which they are entitled. There is an underlying principle here of equality of access, as concessions are provided to address a clear community need and should be provided to those who need them most, irrespective of their ability to locate information and navigate administrative systems. On this basis it would be sensible to ensure that clear and consistent information on eligibility is easily available to those who are entitled to concessions through a single portal, and when access to one concession implies an entitlement to another, consumers should be clearly informed.

The Council calls for more work to be done to better target concessions policy in Western Australia. We are concerned that that there are inherent inequities and inconsistencies in the current concessions system. For instance a cost of living rebate is provided to some consumers through the non-means tested WA Seniors Card that benefits both aged pensioners who need it and some wealthy self-funded retirees who don't. A similar concession is not accessible to single parent pensioners or unemployed households living in similar circumstances. Given the projected ageing profile of our population, such poorly targeted concessions may become both increasingly costly to maintain and politically difficult to change.

The Council recommends holistic policy coordination in the administration, planning and management of concessions and rebates. A centralised concessions policy unit would allow consumers to access all relevant entitlements through one streamlined application process. The efficiency of this centralised application process would be greatly enhanced by a complementary online 'e-concessions' information and a well-publicised registration website[32].

[30] These reviews include work by the Auditor General (1992), Office of Seniors Interests (1994/95) and the Department of Premier and Cabinet (1999 and 2007).
[31] See for instance Recommendation 9 of the final report of the Economic Audit Committee, *op cit*.
[32] For an example, see Victorian e-concessions portal at http://www.dhs.vic.gov.au/concessions

Tariff and Concession Framework Review

In an effort to improve affordability of essential levels of electricity, the WA Government set up the Tariff and Concession Framework Review conducted by the Office of Energy in partnership with the Council. The TCF Review explored the potential of an inclining block tariff in ensuring affordable access to non-discretionary uses of electricity to all West Australians. The Review also evaluated the targeting and adequacy of the current energy concessions structure. Public consultations and data analysis revealed that the definition of essential uses of electricity differs widely and is dependent on location, climate, health status, number of children, access to other forms of energy such as gas, dependence on medical equipment and other household characteristics.

The Council is concerned that without dramatically altered and targeted concessions to ameliorate individual impacts, an inclining block tariff would adversely affect a large proportion of customers who have higher consumption needs and limited capacity to alter their consumption. This customer group includes large families with dependent children and families living in old housing stock with inefficient appliances. The Council suggests that increased and targeted assistance is needed regardless of the electricity tariff structure.

Financial Hardship Assistance

WACOSS commends the State Government on its continued dedication to financial hardship assistance aimed at ensuring low-income Western Australians remain connected to services essential to maintaining a decent standard of living. The $6.1 million funding commitment to the Hardship Utility Grants Scheme (HUGS) in the State Budget 2011-12 has a significant impact on keeping households across the state connected to electricity, gas and water services.

Recent reports from Emergency Relief providers suggest that more needs to be in done in relation to access, funding and targeting of current hardship assistance measures. Current hardship schemes, including HUGS, the Synergy and Horizon Power Assist schemes and AlintaCare are all currently operating well below the existing level of demand.

In the context of consistent and significant tariff increases within electricity, gas and water markets, it is crucial that this assistance is provided at a level equivalent to existent need. In order for such assistance to be effective the government must take into consideration the impact of future tariff increases and the level of access to assistance for all categories of consumers.

In low socio-economic homes the potential for fiscal efficiency through energy saving is three-fold, resulting in a reduction in: costs to utilities in unpaid bills; costs to government in ongoing hardship assistance; and reduction in the risk of household utility debt leading to an advanced debt spiral (ultimately damaging the broader economic participation of the household). In this light, the Council supports expanding the role of the Hardship Efficiency Program (HEP) as one of the key elements of the State Government's hardship policy. HEP recognises that many consumers vulnerable to disconnection from essential services live in homes with poor thermal efficiency, and use older, more inefficient appliances due to their lower up-front cost. There have been concerns about the implementation of the Hardship Efficiency Program, both in its failure to properly target services specific to households that experience energy disadvantage and in the scale and efficiency of its delivery. The Council supports the recent transfer to a community-based provider and welcomes reports of improved service delivery, noting the opportunity to combine effective communications with efficiency measures to produce behaviour change in low income consumers.

Safety and Justice

Increase community based prevention and early intervention programs targeted to high risk individuals and high risk communities

Recommendations:

- Fund four pilot community-based programs providing wrap-around services to high risk individuals and their families in areas with high offending rates.
- Funding for strengths-based cultural diversion programs for Aboriginal juvenile offenders, including alternatives to sentencing especially for minor offenses.

The issues:

The theme of a shift towards a balanced use of prevention and early intervention strategies is of particular relevance to the issues of safety and justice.

Western Australia has the highest per-capita imprisonment rate and per-capita rates of juvenile detention of any State in Australia.[33] Western Australia also has the highest rate of Indigenous incarceration in Australia. As of June 2011 38% of the adult prison population and 66% of juveniles in custody were Indigenous.[34] Notably, Western Australia also has significantly higher re-offending rates – approximately 70% of Aboriginal men incarcerated in Western Australian prisons are recidivists, compared to 40% for non-Indigenous men.[35]

Indigenous Australians are 14 times more likely to be imprisoned that their non-Indigenous counterparts – while Indigenous juveniles are 28 times more likely to be incarcerated than non-Indigenous juveniles in Australia[36]. The rate of Indigenous juvenile incarceration rose in WA 32% between 2001 and 2008, while the rate for non-Indigenous Australians dropped by 37%. The recent House of Representative Report *"Doing Time: Time for Doing"* described the interaction of Indigenous youth and the Australian justice system as "a national crisis"[37]

In recent years justice policy in Western Australia has focused on a 'tough on crime' approach with the introduction of laws including mandatory sentencing for assaulting a public officer; stop and search laws; three strikes eviction laws for public housing; three strikes laws for restraining orders; Prohibited Behaviour Orders; and doubling fines for fare evasion. We have in place severe penalties for driving offences with a lack of alternative penalties for those who can't pay fines – resulting in significant numbers of disadvantaged offenders doing time for traffic offences. At the same time there is an absence of diversionary programs, a chronic lack of rehabilitative programs, and little post-release support – all of which contribute to high recidivism rates. International evidence suggests that a well-targeted, evidence-based approach to prevention and early intervention can have a significant impact over time on offending and recidivism rates.

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[33] Epidemic Incarceration and Justice Reinvestment, (2011), T. Solonec, Law Journal of Australia, in press.
[34] Department of Corrective Services, weekly offender statistics June 2011. TS link
Note that this is despite only representing around 3% of the adult and 5% of the juvenile populations.
[35] P Papalia MLA, Justice Reinvestment brief 2010, p20.
[36] Australian Institute of Criminology, *Deaths in custody in Australia,* 2008.
[37] House of Representatives Standing Committee of Aboriginal and Torres Strait Islander Affairs, June 2011.

A community safety strategy that attempts to treat juvenile crime as a 'justice' issue rather than a 'social' one has proven to be both expensive and ineffective. On average it costs $187 per day (or nearly $70,000 per year) to incarcerate a person in Australia – corresponding to a cost to support the current prison population per taxpayer of $126 dollars per year.[38] In Western Australia, as of 2010 law and justice cost us $822 per person per annum.[39] The Western Australian Government is currently spending $232 million on a new prison in the Eastern Goldfields and $150 million on a new prison near Derby.

A response to community safety concerns based on imprisonment alone is both ineffective and expensive. It does not represent good economic policy and does not deliver value for money. As Social Justice Commissioner Tom Calma pointed out "…it is about time we got smart with our money and reinvested in community-wide early intervention and support for Indigenous communities, rather than throwing it away on imprisonment."[40] The same logic applies equally to local communities with high non-Indigenous offending rates, while some of the solutions may differ.

Australian[41]and Western Australian[42] evidence indicates that a significant proportion of offenders (and particularly juvenile offenders) originate in a very small number of postcodes or communities – and that these 'hotspots' of crime are also areas with high concentrations of entrenched and complex disadvantage. Entrenched poverty creates high risk factors for engagement with the criminal justice system, poor life choices and outcomes – including poor health and mental health, inadequate housing, education and employment opportunities and outcomes, family dysfunction and intergenerational trauma.[43]

A targeted and strategic approach is to correlate the type of locational disadvantage (as evidenced through specific indicators of social problems or social exclusion) with the circumstances of offenders and the types of offences being committed in high risk communities … and then prioritise funding for community services that address the underlying causes of poor outcomes and problem behaviour. Where such a strategy is funded by the redirection of a small proportion of the justice budget into community service provision, this approach is sometimes referred to as 'justice reinvestment' – although there is some popular misunderstandings of the use of the term.

Consideration of a 'justice reinvestment' approach has been recommended by a series of recent reports including: the Senate Select Committee on Regional and Remote Indigenous Communities report (2009); the Senate Legal and Constitutional Affairs Committee *Access to Justice* report (2009); the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, *Doing time: Time for Doing* report (2010); Australian Human Rights Commission, *Social Justice Report 2009*; the *Making our Prisons Work* report (2010) of the Legislative Assembly Community Development and Justice Standing Committee.

[38] Productivity Commission, *Government Services 2009.*
[39] Government of Western Australia, 2011-12 Budget Paper no 2.
[40] Australian Human Rights Commission. Social Justice report 2009. [Also Ref Mick Gooda's Perth talk 2011]
[41] Vinson, Tony, *Dropping Off the Edge: The distribution of disadvantage in Australia*, Catholic Social Services Australia, 2007
[42] Answer to Question on Notice from Giz Watson MLC [ref]
[43] Vinson, Tony. Op cit.

It is important to note that investment in high-risk communities to deliver prevention and early intervention programs seeks to ensure supports and services reach families and at risk young people prior to their involvement in the criminal justice system - that should not be confused with diversionary or non-custodial programs for offenders, or softer sentencing options.

The Council believes that the most effective approach is to: (1) give unrestricted access to all relevant data across the whole of the Western Australian Government to an independent authority (such as a research institute or university) to undertake analysis of offending patterns to identify high risk populations and communities and report publicly; (2) correlate analysis of offending patterns with data on relevant measures of disadvantage and social exclusion for those localities to identify correlative factors and underlying causes of offending behaviour; (3) use this analysis as a basis to develop pilot programs in four high risk communities involving collaboration between relevant government departments and community services to provide targeted intervention and support programs – with a specific service acting as program coordinator and individual care coordinators developing individual plans and then brokering services; and (4) ensure that the program outcomes are evaluated to document the savings of deferred costs within the justice system, with a proportion of savings reinvested into community development programs within these high-risk localities.

Wraparound Milwaukee

The Council wishes to draw attention to Wraparound Milwaukee as a promising model of a cost-effective community based alternative to institutionalised residential care and treatment, linking child welfare, education, juvenile justice and mental health. The program is targeted specifically to children and adolescents who have serious emotional disorders and are identified by authorities as at immediate risk of residential or correctional placement or psychiatric hospitalisation. Wraparound Milwaukee seeks to "help build healthy and strong communities by enhancing children's and families' ability to meet life's challenges and to foster resilience and hope for a better future."[44]

The program uses a strengths-based, individualised, wrap-around approach, with the family at the core of the system ('one family - one plan of care'). A Care Coordinator is chosen to work with the family to identify families strengths and needs, help fill out forms, monitor and report on progress to the family, and to help pull together the 'child and family team' and facilitate the family putting together a plan of care. The Care Coordinator then buys in services from providers or helps access voluntary or free support services. Most services are provided in the community and the home.

Wraparound Milwaukee contracts care services from 9 community agencies via 72 care coordinators (for 570 youth and their families) with links to 204 service providers that can provide over 80 services to families. Importantly, the program includes a mobile urgent treatment team for family crisis intervention services. Parents and caregivers are encouraged to join different groups, meetings and activities, including a partnership council, a review and intake team, quality assurance and care coordinator training. Youth are also encouraged to become part of the youth council, plan activities and events. Wraparound Milwaukee's overall recidivism rate is 11.9% compared to US averages of 45-50%, with re-offending rates dropping significantly the longer youth participate in the program (1-3 months 7% vs. 7-9 months 4%).[45]

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[44] *Wraparound Milwaukee Family Handbook*, p2. http://county.milwaukee.gov/WraparoundMilwaukee.htm

[45] *Understanding Wraparound: A Study in Recidivism* (2010), Wisconsin Council on Children and Families. wccf.org

Health and Well-being

Appropriate and timely health service delivery for vulnerable Western Australians

Recommendations:

- An Oral Health State Strategic Plan and Oral health programs targeted to low income individuals and families.
- Increase funding for child health nurses, with a particular focus on supporting vulnerable children and their families.
- Transfer responsibility for prisoner health services to the Department of Health and increase funding to deliver appropriate services.
- An Aboriginal specific alcohol and other drugs residential service in the South West (Bunbury) and one in Perth metropolitan area.

The issues:

Research has demonstrated the negative impacts on individuals and communities of poor health, including economic, social isolation and poor relationships. The Council believes that all Western Australians have a right to quality, timely and appropriate health care.

Oral Health

Western Australia is one of the few states[46] that does not yet have an oral health strategic plan. The lack of a plan means that there is little specific public accountability for the provision of adequate dental health services. It also means that public oral health services receive less attention in relation to reducing waiting lists and improving access to services for low-income and vulnerable people. This potentially sends a message to Western Australians that their oral health is not a high priority.

The link between poor oral health and the development of chronic illness in later life is well documented, with clear evidence of a relationship to poor general health and increased risk of cardiovascular disease and stroke.[47] 26% of Australian adults have untreated dental decay, 23% have moderate to severe gum disease and 11% experience frequent toothache.[48] It is estimated that between seven and 10 per cent of GP visits are for dental problems costing Medicare around $350million per year nationally, and to account for around one million lost work days at an estimated cost of around $2 billion in lost productivity.[49] Dental disease leads general practitioners to prescribe millions of dollars of antibiotics and painkillers a year, while the failure to treat the underlying cause contributes to the emergence of antibiotic resistance.

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[46] *Noting that while the Constitution empowers the Commonwealth to make laws with respect to the provision of dental services under Section 51(xx111A), it imposes no responsibility. When the Howard Government abolished the Commonwealth Dental Health Program in 1996 the States assumed full responsibility for public dentistry. The Commonwealth currently only funds chronic dental services and some training.* For more information see *Destined to Fail: Report of the Education and Heath Standing Committee of the Legislative Assembly, 2010 Vol. 2 p379.*

[47] *Australian Health Ministers Advisory Council Steering Committee for National Planning of Oral Health report* 2001.

[48] *National Survey of Adult Oral Health* (2008). AIHW.

[49] The Menzies Centre for Health Policy

The barriers to good oral health are varied and the impacts wide-ranging. Vulnerable people and those on low incomes are most likely to rely on the public dental system – that is currently struggling to cope with demand. The effects of poor oral health also impact on a range of life domains including physical health, poor emotional wellbeing, social isolation, reduced capacity to gain and maintain employment resulting from lack of self-esteem and confidence brought on by poor oral health. Western Australia does not currently provide public dental services for the 0-4 years population and the ability of public dental services to keep up with service provision to over 65 year olds is inadequate.[50]

A state oral health plan could ensure that vulnerable and low income people and marginalised sub-populations (such as Aboriginal people, children and young people, prisoners, people living with disabilities, and humanitarian refugees) receive the oral health services to which they are entitled. State oral health plans and strategies in other jurisdictions (such as South Australia[51] and New South Wales[52]) provide models which Western Australia could build on.

Child health

In 2010-11 the State government announced $49.7 million for the state over 2010-11 to 2013-14 to improve child development services. This has resulted in a decrease in waiting times for services and an additional 60.6 FTE positions. However, the shortfall in the number of child health nurses in Western Australia has not been fully addressed. It is estimated that an additional $11 million is needed over the next 4 years to begin to address the existing shortfall of 105 child health nurses. Child health nurses provide crucial support in maternal, infant and family health in the early years, and early assessment of health and development can identify emerging issues and significantly reduce the risk of poor future health. The Council believes that the greatest community benefits through improved child health outcomes will be secured if low income and disadvantaged areas are prioritised in this investment.

Prisoner health

The Council recognises that the provision of health services in a custodial environment is challenging. Correctional facilities are physically and socially restrictive, resulting in elevated risk of communicable diseases. Further, the prison population is more likely to come from a disadvantaged background, has a high prevalence of health risk factors and a higher burden of disease.[53] The prevalence of mental health issues and behavioural problems also make assessment and treatment difficult – as do the security priorities and the dominant culture of Corrective Services.

The Council is extremely concerned by the state of prisoner health in Western Australia and by the adequacy and outcomes of health services provided within our correctional facilities. We note that there has been a uniform movement across Australia to relocate prison health services from a custodial to a health environment, and believe that there is much that Western Australia can learn from the transfer of responsibility for prisoner health care in other jurisdictions. Such action is consistent with the recommendations of the World Health Organisation that health services for

[50] 2009-10 Department of Health Metropolitan Health Service Annual Report.
[51] *South Australia's Oral Health Plan 2010-17*, SA Dental Service.
[52] *NSW Oral Health Strategic Directions 2011-20*, Centre for Oral Health Strategy NSW.
[53] Dr Margaret Stevens 2010. *Assessment of Clinical Service Provision of Health Services of the Western Australian Department of Corrective Services*.

prisoners are best provided by dedicated independent health organisations[54] and also with the recommendations of the Inspector of Custodial Services[55] and the 2008 review *Prison Health Services, Final Report* by the Department of Health.[56]

While the Council notes that subsequent efforts have been made to improve the provision of health services for prisoners and that some progress has been made in a few areas, we remain concerned that there are significant structural and functional constraints of the existing organisational arrangements[57] that effectively mean prisoner health services continue to be problematic, despite the best attempts to fix them. Significant challenges remain to bring prisoner health in Western Australia up to acceptable standards that are beyond the capability of a Health Services unit that is isolated from the mainstream of health services to deliver. This led Dr Stevens to conclude in 2010 that …*"while Health Services is situated within a custodial organisation, the provision of safe and cost-effective health care may be unduly influenced by the needs of the custodial environment."*[58] The Council recommends that responsibility for prison health services be transferred to the Department of Health and that additional recurrent funding be provided to address the existing gap in services.

Alcohol and Other Drugs

Alcohol and Other Drugs (AOD) are facing increased demand for treatment and support, and report that clients are presenting with increasing complexity of need. This includes co-morbidity problems, such as the co-occurrence of drug and alcohol problems and mental health problems. There is a need for greater collaboration across sectors to more effectively address complex needs.

The needs of Aboriginal Western Australians for community-based programs and rehabilitation services tackling alcohol and other drug problems remain a priority. While the majority of Aboriginal Western Australians are located within the Perth metropolitan area and Southwest region, there is currently not an appropriate AOD service that provides support to this population. The Council welcomes the recent development of a residential service in the Pilbara and recommends two similar services be developed in the Southwest and metropolitan regions.

Another priority area is AOD services for Western Australian youth. Currently these services are only available within the metropolitan area, and there is a growing need for similar youth services in the regions. We note that a number of youth mental health services have recently been established, and believe that there is a need to develop a dedicated AOD youth service to work with and support AOD referral from these services.

The Council is concerned that while there are currently successful diversion initiatives for illicit drugs the majority of AOD related offences are seen as a result of alcohol, but there is currently no provision for alcohol-based diversion. We note the importance of AOD services within prisons but remain concerned that one of the most problematic transitions for people with AOD problems is when they re-enter the community. We believe there is a need for consistent post-release continuity of care services to support those at risk and prevent both relapses and reoffending.

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[54] World Health Organisation, *Health in Prisons: a WHO guide to the essentials of prison health*, 2007.
[55] The Office of the Inspector of Custodial Services. 2006. *Thematic Review of Offender Health Services.* Perth, Western Australia: Government of Western Australia.
[56] Department of Health, *Prison Health Services, Final Report, 2008.*
[57] Dr Margaret Stevens 2010. *Assessment of Clinical Service Provision of Health Services of the Western Australian Department of Corrective Services*.
[58] Dr Margaret Stevens, *op. cit.* p26

Mental Health

Increase delivery of outcome-focused mental health services by community-based services

Recommendations:

- Increased funding for community managed mental health services.
- Greater support for collaboration between mental health and alcohol and other drugs services to address complex needs.
- Review the provision of mental health services and programs in Western Australian prisons.

The Issues:

The Western Australian Government has given mental health a high priority in recent years in recognition of the serious mental health challenges faced by our community. The Council welcomes the range of initiatives the government has undertaken to reform the mental health sector including establishing a ministerial portfolio for Mental Health, Australia's first Mental Health Commission, and the Mental Health Advisory Council together with establishing and providing recurrent funding for the Western Australian Association of Mental Health Consumers to give mental health consumers a greater role in decision making about mental health.[59] The recent release of *Mental Health 2020: Making it personal and everybody's business*[60] sets the reform direction of mental health over the coming 10 years.

The Council also acknowledges the important role the Western Australian Association for Mental Health (WAAMH) plays as the peak organisation for the community managed mental health sector in advocating for people with a lived experience of mental illness and for providing sector development and support for community managed mental health services.

Greater Coordination and Collaboration in Service Provision

The Mental Health Commission will need to encourage and resource greater collaboration and service integration between the public health system and the community managed sector. There also needs to be greater collaboration between the mental health system and the broader human services sector, to provide effective services to people with a lived experience of mental illness.

Often individuals who present to services with mental health conditions also present with multiple and complex needs such as with drug and alcohol addictions.[61] Community mental health services are seeing more people presenting to services with severe mental health issues induced by substance abuse. [62]To provide effective services that are tailored to the needs of individuals will require greater collaboration between specialist services. The Drug and Alcohol Office, the Mental Health Commission, WANADA and WAAMH are working to encouraging greater collaboration between the alcohol and other drug and mental health sectors, but more needs to be done to encourage and resource greater collaboration.

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[59] See http://www.mentalhealth.wa.gov.au/mentalhealth_changes/Consumer_carer.aspx

[60] See http://www.mentalhealth.wa.gov.au/about_mentalhealthcommission/Mental_Health2020_strategic_policy.aspx

[61] See PECN Evaluation Report available on the Mental Health Commission website: http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/PECN_Evaluation_Report_2010.sflb.ashx

[62] WAAMH Consultation.

The introduction of a centralised records system would help facilitate greater collaboration and coordination of services. A central records system would facilitate greater continuity of service by allowing organisations providing services to see the kinds of other supports a person is accessing or has previously accessed, but would need to include clear and effective safeguards to protect client confidentiality. Synthesis, the IT system used in Wraparound Milwaukee provides an example of how a records system can be used to connect services and coordinate service delivery. The records system links around 200 agencies that work with Wraparound Milwaukee. All demographic information, care plans, progress notes, service authorisations, payments, invoicing and report writing is done via Synthesis, leading to the creation of a single electronic health record.[63]

Investing in Community Managed Mental Health Services

The community managed mental health sector has for many years provided services in the community that have a strong focus on recovery and social inclusion. Approximately 10% (or $50m per annum) of the overall mental health budget is currently directed to the community services sector, and there is already strong support for growing the proportion of services provided by community-based organisations over time. The Council believes that as a transition, this proportion should increase to 15%, (or $76m per annum) over the next five years. The community sector's peak mental health body recommends a target of moving towards New Zealand's current rate of 25-30% by 2020.

The community services sector must be adequately resourced to take on a greater role in service delivery. There must be a significant investment in workforce development and sector capacity building. The challenge is to build and demonstrate the capacity for the community services sector to play a greater role, particularly regarding early intervention and preventative services.

Individualised Support

In line with state government reforms and the national health reform agenda, the Mental Health Commission is moving toward arrangements that provide greater choice for consumers of mental health services. The Council welcomes the approach taken in *Mental Health 2020: Making it personal and everybody's business* that sets out the three key reform directions for mental health in WA. These reforms include person-centred support services to provide more consumer choice; connected approaches between all public, private and community-based services; and a balanced investment across the mental health system – from prevention and early intervention to acute services, treatment and recovery. [64]

There are a number of recognised benefits to the shift to individualised planning, supports and services. These include providing people with a lived experience of mental illness greater choice and control over the supports and services they receive. Individuals, their families, friends and carers are often best placed to know and manage their own conditions.[65] However, there is also a risk of inequity depending on the capacity of people living with mental health, their family or carers to understand and engage with the complexity of the system, something that may particularly affect those from disadvantaged backgrounds.

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[63] Kamradt, B. Treating Children with Serious Mental Health & Behavioral Needs through Systems of Care – An Introduction to the Wraparound Milwaukee Model. Presentation prepared for the Mental Health Commission – Western Australia, Wednesday, February 9, 2011.
[64] Mental Health Commission (2011). Mental Health 2020: Making it personal and everybody's business, pp.6-11
[65] See My Life: My Way DVD (Clive Marks story).

The shift also poses some significant challenges to community services providers. It is likely to lead to increased insecurity of funding and services will require more information about what individualised supports means for their service and a better understanding of how to factor in the cost of individualised care planning or individualised funding into their service design. The Council recommends that research is commissioned to establish the true cost to community managed services and the community of implementing individualised support services.

Mental Health Courts

Mental Health Courts are currently operating in South Australia, Tasmania, Queensland with trials beginning in Victoria last year.[66] The aim of Mental Health Courts is to improve public safety by reducing criminal recidivism; to improve the quality of life of people with mental illnesses and increase their participation in effective treatment; and to reduce court- and corrections-related costs through administrative efficiencies and often by providing an alternative to incarceration.[67]

In 2006 the Senate Select Committee on Mental Health recommended that there should be *"… a significant expansion of mental health courts and diversion programs, focussed on keeping people with mental illness out of prison and supporting them with health, housing and employment services that will reduce offending behaviour and assist with recovery."* The Minster for Mental Health has indicated that the State Government is investigating options of diversionary courts and court programs that are designed to divert people with mental illness away from incarceration, indicating that the Department of the Attorney General is currently considering different models.[68]

Mandatory Sentencing

Mandatory sentencing laws have the potential to adversely impact on people living with a mental illness, and threaten to undermine the positive reforms that have occurred in Mental Health in recent years. The mandatory sentence for assaulting a public officer does not allow a court to consider the varied circumstances of offenders as mitigating factors. A person whose judgement or behaviour is impaired by mental illness at the time of committing an offence should have this taken into account by a court.[69] WAAMH has also raised concern about the unintended consequences of this law for the families and carers of people with a mental illness, indicating that people living with a family member or partner with a mental illness are unlikely to call police when in a volatile situation out of a fear that their family member may assault the attending officer and be automatically jailed if they are charged and found guilty.'[70] The Council supports the calls of WAAMH, the Law Society of WA and others for the WA Government to abandon mandatory sentencing.

Mental Health Service in the WA Prison System

[66] Richardson, E. (2008). *Mental Health courts and diversion programs for mentally ill offenders: the Australian context.* Paper presented at the 8th Annual IAFMHS Conference, Vienna, Austria 14-16 July 2008.
[67] Almquist L, & Dodd, E. (2009). Mental Health Courts: A guide to research-informed policy and practice. Council of State governments Justice Center, New York, p.v.
[68] See article: Special Court planned for mentally ill, page 17, The West Australian 12 April 2011
[69] See The Law Society of Western Australia 2011, *Abandon Mandatory Sentencing for the Mentally ill*.
[70] *Mandatory sentencing and assault of 'public officers' - unintended consequences*, WAAMH 2011

A recent report entitled 'Assessment of Clinical Service Provision of Health Services of the Western Australian Department of Corrective Services'[71] outlines a fundamental lack of specialist mental health services in the WA correctional system. A recent report on Bandyup Women's Prison states:

> *"Bandyup Unit One is a particularly 'hard' place in terms of its impoverished infrastructure, the obvious levels of mental illness and the palpable anxiety and despair. It is difficult to avoid the conclusion that to some extent it doubles as a de-facto secure unit for people with a mental illness as well as a prison. But it is the antithesis of a therapeutic environment and is not staffed by professional mental health experts. Consequently, the pressures on staff as well as prisoners are high. There are also significant deficits in terms of training for custodial staff."* [72]

These are major concerns that warrant further close attention in the WA Governments commitment to reforming mental health systems. The Council together with WAAMH calls for a thorough investigation of mental health services and programs in the Department of as a matter of priority for both the Mental Health Commission and Department of Corrective Services.

Disruptive Behaviour Management Strategy in Public Housing

The Government's Disruptive Behaviour Management Strategy, or the 'three strikes' rule that's been introduced for public housing tenants, is likely to negatively impact on the community managed mental health sector in the provision of accommodation for people living with a mental illness. People with a mental illness living in public housing are at greater risk of eviction and therefore homelessness because of behaviours stemming from their illness. This, in turn, is increasing the burden on the already-stretched sector in terms of the provision of housing and other support services.

It is important to note that the introduction of the Government's Disruptive Behaviour Management Strategy occurs alongside funding in the 2011-12 State Budget for a pilot of individual support packages. The pilot seeks to help people with a mental illness move from hospital settings into the community through providing support services and public housing. The Council is concerned that the co-incidence of these two policies may have the unintended consequence that people moved out of psychiatric hospitals into public housing may soon fall foul of the 'three strikes' policy and find themselves at increased risk of homelessness. To this end, the Council recommends and expanded tenancy support program that partners with community services to support at risk tenants (See the Housing and Homelessness section for more detail).

[71] http://www.correctiveservices.wa.gov.au/_files/about-us/statistics-publications/students-researchers/hs-assessment-report.pdf

[72] See: Report of an Announced Inspection of Bandyup Women's Prison, AUGUST 2011, Report 73

Sustainable Community Services

Support the implementation of community sector reforms to enhance the sustainability of services

Recommendations:

- Provide dedicated support for Partnership Forum initiatives by providing an ongoing structure to facilitate partnership, coordinate policy co-development and service co-design.
- Invest directly in community sector capacity building to support the sustainability of community services (particularly small and regional organisations) through a diverse range of community sector peaks representing service providers.

The issues:

The WA State Budget of 2010-2011 injected additional funds of $604m payable over four years to State funded community services contracts, representing a significant contribution towards the sustainability of the community services sector[73]. The two components of the price adjustment, a 15% up-front increase on existing state funded contracts, and a second component of 10% to be rolled-out between 2013 and 2014, were welcomed by the community sector as an historic step towards addressing a perennial shortfall of 30% in social services funding[74].

Central to the 2011-12 State Budget was a commitment to procurement reform aimed at ensuring a better return on government investment in services for the WA community. For the not-for-profit sector, these reforms are a big leap from grant-based funding to a new system of outcomes focused contracting that is delivered in partnership with government under the *Delivering Community Services in Partnership* (DCSP) policy.

The DCSP policy presents a significant opportunity for government and community services to work in genuine partnership in the development and provision of services that deliver value and quality, and for services users to be more involved in service design. Significant challenges exist in supporting community services to engage in the DCSP reforms, particularly in building the capacity of service providers to engage in outcomes-based service design, pricing and evaluation.

Moving towards a partnership model under DCSP policy will require active and collaborative engagement in program evaluation and service co-design from government agencies and community service providers across all programs and services. Engagement will need to conform to clear and consistent processes, requiring robust and transparent mechanisms to monitor and evaluate service delivery, community benefit outcomes and social return on investment.

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[73] Budget Papers 2011-12, *Sustainable funding and contracting with the not-for-profit sector package*

[74] *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes* (2009), Economic Audit Committee. Department of Premier & Cabinet.

We should not underestimate the scope and complexity of these reforms. A significant challenge lies ahead. We need to ensure that the ultimate products of the reform process reflect community aspirations for better and more cost effective services and tangible community benefits. This means ensuring that the benefits of the existing diversity of community organisations is recognised and that services with strong local engagement and a history of delivering quality outcomes continue to survive and thrive under these reforms – not merely those with the greatest capacity to engage with government procurement.

A particular challenge for both state government funding agencies and community sector peaks is how we can best support organisations that deliver services of great value to the community, but have mixed levels of skills and knowledge in service design, pricing and evaluation. This presents a distinct challenge given differing levels of capacity to respond to procurement reform across a diverse sector. Moreover, a significant number of small to medium sized service providers report little or no experience of open tendering, as they have relied for many years on grants-based funding and an annual rollover of service agreements. They simply do not yet have the necessary experience or expertise to participate in an outcomes-focused tendering environment. Without adequate capacity building measures in place, there is a substantial risk of the smaller service providers folding over and service users losing access to expert care and support.

A strategy of capacity building in the community sector should be twofold: a whole-of-sector approach to ensure that the distribution of support is consistent and equitable across government and the community services sector; and targeted support that focuses on the complexities of distinct service types. To be effective at all levels, government central and line agencies need to work in tandem with Peak bodies to ensure that capacity building strategies are appropriate and effective, and contribute to a sustainable community services sector.

The 15% price adjustment delivered in the 2011-12 State Budget has produced an unintended consequence of inequity in the distribution of the funding increase within organisations. Many service providers have an assortment of state, federal, private and philanthropic funding or a mix of grants-based projects and fee-for-service contracts, and typically employ staff performing similar roles under a common industrial instrument, while deriving their wages from different funding sources. They report difficulty with distributing the 15% increase across their organisations due to these funding and contracting anomalies.

Furthermore, there are a number of services assisting disadvantaged Western Australians who are ineligible for the 15% increase because they provide services which are funded through grants rather than service contracts, are provided by local government authorities or derive most of their funding from Commonwealth programs. This includes services involved in the care and support of homeless people, which are discussed in more detail in the next section. There are increasing accounts of these services losing staff to other services that benefited from the 15% increase and are able to pay more competitive wages.

The Council calls on the Government to deliver its commitment to ensure homeless services receive a funding increase commensurate with the 15% Component I increase.

It also remains unclear which agencies will receive a further increase through the promised 10% price adjustment under Component II. While it was clearly intended that this additional funding be used to address priority areas of inequitable funding, there is no clear process for how additional funding from the 10% allocation will be costed into new or renegotiated service agreements.

The community sector is a richly diverse array of services, with different levels of capacity and ability to absorb procurement reform. Many of the smaller service providers continue to struggle under the weight of rising costs and lack the financial facility to attract or retain skilled staff. The 15% increase to existing service contracts has only partially addressed the historic funding shortfall for these organisations, and is not sufficient to provide the extra capacity they need to develop expertise in outcomes-focused service design and engage in complex procurement reform. With significant changes to contracting already being rolled out, their need for the 10% funding increase is immediate.

The Council calls on the State government to bring forward the implementation of the Component II price adjustment to 2012-13 in line with the rollout of new and renegotiated service agreements.

The ability of Western Australian community services to deliver cost-effective services that deliver clear community outcomes is further complicated by the divergence in service design and contracting policy between the State and Federal Governments. This is particularly true for those Western Australian services that have been ineligible for the 15% increase.

The Western Australian Government has set a strong precedent in the area of community service contracting reform and should be commended for their efforts. The Council encourages the State to work with other state and territory governments and the Commonwealth to pursue complementary reforms and is keen to work in partnership with them to encourage further administrative reform at the Federal level.

Regional Community Service Networks

Ensure successful and sustainable regional development by establishing and supporting regional networks to plan and integrate services

Recommendation:

- Enhance the operations of regional community service networks and strengthen the capacity of not-for-profit services in rural WA to meet the needs of their communities and better inform decision makers in the Peel, Midwest, Pilbara, Kimberley and Southwest.

The issues:

The need to build the capacity and sustainability of regional not-for-profit community services by enhancing regional networks to support greater collaboration and information sharing at the regional level emerged as a clear and consistent priority in all of the Council's regional consultations. There is a pressing need to address the inequity in access to services and community outcomes in regional and remote areas, underlining the importance of developing and supporting innovative models of regional service delivery to overcome the significant challenges of distance and resources.

The Council suggests that the most effective way to deliver better regional outcomes is to improve the two-way flow of information between regional community services and government agencies and to facilitate greater community input into regional decision making. Given the tyranny of distance and the unique challenges and community resources possessed by our regions, devolution and support for more strategic decision making at the regional level to develop of a whole of service sector regional perspective presents a real opportunity. Regional collaboration to deliver regional community outcomes can be supported and strengthened in time through the development of regional community hubs to provide common facilities for regional services and to provide housing and accommodation for community workers.

Community services in regional Western Australia face significant and growing capacity constraints that profoundly impact on their ability to deliver the kinds of social services that most other West Australians take for granted. Given the projected growth of our regions, the role they play in supporting the State's economy, and the significant social challenges they face (including some of the most marginalised and disadvantaged communities in our nation) responding to these capacity constraints so that we can provide efficient and effective regional community services must be a priority for the Western Australian Government. Conversely, some regions and towns are experiencing economic downturn and population loss, including issues related to farmers 'leaving the land' as a result of continuing drought and an ageing population. This de-population is also having significant impacts on mental health in these communities.

Community service providers also experience significant challenges due to the unaffordable cost of accommodation for premises, as well as the significant barriers housing costs present for the attraction and retention of staff. This is particularly evident in remote and regional areas where staff often cannot be located in the region due to high rental costs or a lack of available accommodation, particularly in the Pilbara and Kimberley. Services often end up located in substandard buildings in poor condition that are not designed or suited to the provision of community services, and still face high rental costs. There may be potential opportunities to create innovative service delivery models

based within sustainable buildings, while combining service delivery hub concepts with housing and accommodation for workers with tenancies managed by the community housing sector.

There is significant development activity being planned and taking place in some of our regions, much of which is underpinned by the expansion of the resource industries and the Royalties for Regions Program. This includes The Regional Centres Development Plan (or 'SuperTowns' program), The Pilbara Cities initiative and the Gascoyne Revitalisation. During our regional consultations many community service providers in these regions expressed concern that the primary focus of current regional development programs was on infrastructure, that little consideration was being given to social factors in planning to meet the community service needs of proposed and expanded communities, and that there was little engagement of local community service providers in planning. The Council is currently working with the Department of Regional Development and Lands to address these concerns.

A number of regional towns have experienced significant growth and change in population demographics in recent years, with centres like Rockingham and Mandurah in Peel, Geraldton in the Midwest and Collie in the Southwest experiencing a major increase of the number of young families on low incomes moving into town in seeking more affordable housing. Investment in community services in these areas has not kept pace with the growth and changing nature of demand for services, and timely intervention is needed to address the emergence of significant social problems and pockets of disadvantage.

The Council has been working with and supporting existing regional representative bodies, including the Peel Community Development Group, Midwest Community Services Network, Pilbara Association of Non-Government Organisations, the Broome Community Development Group, and the Southwest Volunteers Network. A pilot capacity building project in the Peel development region has proven successful, and we recommend building on the learning of this experience and progressively expanding it across the 9 development regions of the state (Gascoyne, Goldfields, Great Southern, Kimberley, Midwest, Peel, Pilbara, Southwest and the Wheatbelt).

The Council recommends that the best approach to building the effectiveness and sustainability of regional services is to strengthen and build on existing services, encourage innovative best practice through social enterprise, support partnerships and consortia involving local services to develop and deliver new services. We also need to address longer-term regional development issues by building policy and planning capability at the regional level and by ensuring direct representation of regional services in state and federal decision making.

2012-13 List of Budget Recommendations in Detail

Children, young people and families *Coordination and innovation in policy and service delivery for children, young people and their families*	Establish a government agency to coordinate Early Years services and to fund innovative new collaborative early years' service delivery strategies.	**$13m *per annum*** **($52m over 4 years)**
	Increase funding to build on existing capacity and increase the number of at-risk youth being supported through existing community-based youth programs, especially in regional areas.	**$14m *per annum*** **($56m over 4 years)**
Housing and homelessness *Increase the supply of affordable housing, particularly for West Australians on lower incomes*	Increase funding to support the State Affordable Housing Strategy to meet the target of 20,000 new units of affordable housing by 2020, prioritising social housing for low-income households.	**$350m *per annum*** **($1.4b over 4 years)**
	Fund a targeted intervention program for problem tenancies in partnership with community service organisations.	**$14m *per annum*** ($7m + $5m brokerage) **($48m over 4 years)**
	Increase funding for homelessness services.	**$11m *per annum*** **(44m over 4 years)**
	Build a new night shelter for intoxicated adults integrated with the Noongar Patrol.	**$5m build + $2m *p.a.*** **($13m over 4 years)**
Essential services and the cost of living *Targeted assistance to low income households to manage increasing costs of living and improve the efficiency of their homes*	Expand funding to targeted energy efficiency programs for low income households.	**$4m *per annum*** **($16m over 4 years)**
	Increase funding to the Hardship Utilities Grants program to help low income households meet rising utilities costs.	**$6.1m *per annum*** **($27 m over 4 years)**
	Create a single coordination mechanism for concessions policy, evaluate the targeting and adequacy of current concessions, and provide a single portal for consumers.	**$500k *per annum*** **($2m over 4 years)**
	Redirect a proportion of the additional revenue raised through tariff increases into concessions to alleviate the impacts of rising utility costs.	**$37m *per annum*** **($150m over 4 years)**
Safety and justice *Increase community based prevention and early intervention programs targeted to high risk individuals and communities*	Fund four pilot community-based programs providing wrap-around services to high risk individuals and their families in areas with high offending rates.	**$6m *per annum*** **($24m over 4 years)**
	Funding for proven strengths-based cultural diversion programs for Aboriginal juvenile offenders, including alternatives to sentencing especially for minor offenses.	**$4m *per annum*** **($16m over 4 years)**

Health and well-being *Appropriate and timely health service delivery for vulnerable Western Australians*	An Oral Health State Strategic Plan and Oral health programs targeted to low income individuals.	**$5m *per annum* ($20m over 4 years)**
	Increase funding for child health nurses, with a particular focus on supporting vulnerable children and their families.	**$11m *per annum* ($44m over 4 years)**
	Transfer responsibility for prison health services to the Department of Health and provide additional recurrent funding to address the existing gap in services.	**$20m *per annum* ($80m over 4 years)**
	Create an Aboriginal-specific alcohol and other drug residential service in the South West (Bunbury) and one in Perth metropolitan area.	**$2.4m to build + $1.2m *per annum* ($8.4m over 4 years)**
Mental health *Increased delivery of outcome-focused mental health services by community-based services*	Increase funding for community-based mental health services to grow the proportion to 15% and to fill existing geographical service gaps.	**Scale up from $7m to $25m *per annum* ($64m over 4 years)**
	Support greater collaboration between mental health and alcohol and other drugs services to address complex needs.	**Scale up from $4m to $14m *per annum* ($37m over 4 years)**
Sustainable community services *Support the implementation of community sector reforms to enhance the sustainability of community services*	Provide dedicated support for Partnership Forum initiatives by creating an ongoing structure to facilitate partnership, coordinate policy co-development and service co-design.	**$3.2m *per annum* ($12.8m over 4 years)**
	Invest directly in community sector capacity building to support the sustainability of community services (particularly small and regional ones) through a diverse range of community sector peaks representing service providers.	**$2.4m *per annum* ($9.6m over 4 years)**
Regional community service networks *Establish and support regional networks to plan and integrate services*	Enhance the operations of regional community service networks and strengthen the capacity of not-for-profit services in rural WA to meet the needs of their communities and better inform decison makers in the Peel, Midwest, Pilbara, Kimberley and Southwest.	**Scale up from $1.7m to $5.2m *per annum* ($16m over 4 years)**

Consultation Themes

The WACOSS 2012-13 Pre-Budget Submission, *Closing the Social Divide*, has been developed around three key themes which emerged in the Council's consultations with the community sector over the past year. This consultation process included specific pre-budget consultations with community sector peak bodies, regional service providers and individual WACOSS members, as well as the priorities raised across a number of policy forums and briefing sessions on emerging issues. The Council also seeks submissions from WACOSS members and other community service providers. This information is combined with research and analysis of the latest data and reports undertaken by the Social Policy team, who follow this up with one-on-one meetings with individual service providers, academics and researchers, and key human services personnel within the State Government.

Early Intervention and Prevention

The first theme that emerged from the community sector consultation is the need to strategically focus resources on prevention and early intervention, pursuing evidence-based strategies that address some of the underlying causative factors of disadvantage and exclusion as a means of reducing the growing demand for more complex and expensive services in the future.

Supporting Capacity Building

A second emerging theme is the need to grow the capacity of networks of community service providers, particularly in regional Western Australia, to enable them to provide more integrated and effective locally-specific services, and to play a greater role in regional planning and development in our growing state.

Collaboration and Partnership

The third emerging theme is a continued focus on more effective partnership and collaboration. This includes greater involvement of service users in the design and evaluation of services together with a shift to self-directed services and more individualised care planning across a number of sectors; more effective collaboration between service providers to allow them to deliver 'wrap-around' or holistic services that better address the care and support of individuals with complex needs; and more effective and meaningful partnerships between service providers and funding agencies to provide a basis for a shift towards outcomes-based contracting and service co-design.

Regional Issues

WACOSS conducted consultations in the Peel, Pilbara, Kimberley, Southwest and Midwest regions during August 2011. The Council acknowledges the support of regional groups and participants in the regional consultation process. These consultations highlighted the range of issues faced by regional communities and services, and emphasised that each area has unique issues that require targeted local solutions. The strongest consistent issue across these consultations was the opportunities for regional communities delivered through enhanced networks to support collaboration and integrated service delivery, addressed by priority three of this submission.

Peel

Participants at the Peel regional consultation raised a range of different issues, some of which reflect longstanding concerns[75] and others that indicate emerging and evolving problems. The top two priorities ranked by participants in Peel was the need for integrated service models and the expansion of existing effective local services. Much of the focus at the Peel consultation was around enhancing the responsiveness of community services to clients needs through information sharing and collaboration.

The population of the Peel region has grown and the demographics have changed dramatically, but investment in services has not kept pace. Service providers were also concerned about affordable housing, an increase in homelessness and the need for more crisis accommodation, together with a lack of appropriate and affordable transport, the over-extension of existing services and difficulties in providing and sustaining outreach services.

Midwest

The sustainability of services in the Midwest region and the challenges faced in improving staff retention and working conditions were key priorities. Service providers were concerned about how to support isolated workers in smaller communities, who are often under pressure to provide support outside their remit. Outreach services were also a concern and it was felt that the cost effectiveness of existing outreach services could be greatly improved if they were not delivered in isolation but as part of a coordinated approach across different services working within the same community. Improved networking and stronger links between the community and private sectors was another focus of discussion, and the Council is watching with interest the development of an innovative network and hub by the local Pollinators group.[76]

The affordability and appropriateness of housing, including suitably designed social housing that caters for extended families, sustainable housing design and its proximity to amenities and services were key concerns. Youth were a particular concern and there was an identified need for youth services and crisis accommodation, reflecting the fast growth and changing demographics of the region. Participants were also concerned about finding effective ways to re-engage Aboriginal families in education, training and work, developing life skills and ensuring service delivery is culturally appropriate. Mentoring services was also identified by participants as a need for the area.

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[75] See the *Peel Away the Mask* report, Peel Community Development Group 2001.
An updated version of the report is nearing completion and is recommended as an excellent source.
[76] http://wildpollinators.org/. 'CityHive' is co-located at the WA Museum in Geraldton.

Southwest

The top priorities in the Southwest consultation were early intervention and the capacity of the sector to deal with increasing complexity of client needs. There was a particular focus on securing better outcomes in the early years and the need for child health nurses. Participants felt that there was increased need for case management and additional training for staff to deal with increasing complexity, but were concerned that limited funding is available for these aspects of service delivery.

Family support services were seen as critical in addressing issues emerging from the changing demographics of the Southwest – to provide support to separated families and to address the impact of fly in fly out work. While attention has focused on the impacts of workers flying into the northwest, little attention has been paid on the impacts of the families and communities they leave behind, and the consequences of these work patterns for partners and children. Other priorities included the need for crisis accommodation, transport for vulnerable people, and preventive health programs to address obesity and other lifestyle issues. The need for outreach services was also raised, and participants were concerned about the impacts of Super Towns and the need for consideration to be given to social impacts and services in planning. Relevant, affordable, local professional development for staff and volunteers was also required to build capacity in the region.

The Kimberley

The Kimberley consultation raised concerns about the need for community services to work in collaboration to avoid duplication of services and secure better outcomes. Participants felt that financial counselling, financial literacy and community banking were important in the community, and need to be delivered in collaboration. Services were concerned about the impact of low wages on the recruitment and retention of quality staff. Participants welcomed the NGO housing initiative,[77] but identified a need for diversified housing to cater to a range of individual and family circumstances.

Outreach was considered a crucial issue for the Kimberley, particularly coordinating the delivery of outreach services from Broome into Aboriginal communities. Participants also felt that purpose-built co-located outreach services were needed in remote communities, and identified a need for more community spaces for groups to meet. There was concern about the Federal income management program and a desire to see an independent study of its social impacts.

The Pilbara

Participants expressed concern about the lack of resources to deliver outreach services to geographically dispersed communities, and the problems caused by new service providers contracting to deliver services without sufficient local knowledge or contacts and the 'Perth-centric' focus of government policy. Services in the Pilbara face significant demands on their services and complained of a series of uncoordinated and overlapping consultations. They were particularly concerned by the problems faced by service staff due the lack of access to affordable housing in the Pilbara and the significant challenges they faced in attracting and retaining quality staff given poor conditions and competition from high wages in the resource industry.

[77] *Non Government Organisation Housing Program*, Department of Housing.

Targeting Services to People who are Vulnerable

Aboriginal Western Australians

The Council believes that the best way to improve outcomes for Aboriginal Western Australians and address their longstanding disadvantage is to support proven community-based programs that build upon their strengths and aspirations. Our priorities are safe, healthy and supportive families in strong communities that are empowered by a positive sense of cultural identify. To achieve longer term sustainable outcomes we need to invest in improved economic participation and wealth creation, particularly where it builds upon existing knowledge and opportunities in land and culture. Taking a longer term approach to deliver more sustained life outcomes requires a strong focus on positive child development, a strengths-based approach to achieving better education outcomes, together with an increased effort to prevent violence, crime and self-harm. Fundamental to addressing health and life disadvantage is tackling environmental health, particularly poor, inappropriate and overcrowded housing and the provision of essential services such as clean water functional sewerage and power, and access to primary health care.

The knowledge and experience of community-based organisations provides a good basis on which to identify the common success factors involved in positive and effective programs. What we know from experience works is community involvement in and ownership of program design and decision making together with co-operative approaches based on genuine partnerships between Aboriginal communities, community-based organisations, and government. These need to be backed up by a commitment to support good governance (at both the community and service levels) and to ensure the continuity and sustainability of both financial and human resources. This requires a sustained effort to build knowledge and expertise together with governance and leadership capability within Aboriginal communities, services and organisations.

Unfortunately the latest statistics on Indigenous disadvantage indicate that little progress has been made on the most significant indicators of disadvantage in our state and across our nation. While some important gains have been made in one or two areas, in some other crucial respects things have in fact continued to deteriorate. The infant mortality rate of Indigenous Australians is two to three times as high as that for our general population, and the mortality rate for young people is three to four times as high. The death rate from external causes and preventable diseases under the age of five is up to five times as high and the rate of hospitalisation for preventable diseases is twice as high.[78]

The teenage birth rate for Indigenous Australians is five times as high (79 births per 1000 compared to the national average of 14 per 1000), the prevalence of low birth weight is two and a half times as high, and Indigenous mothers are three times more likely to smoke (with around half smoking during pregnancy).

The rates of *otitis media* (middle ear infection, often leading to significant hearing loss) in remote Aboriginal communities in Australia is the highest in the world, with a recent Senate report linking high rates of childhood hearing loss to restricted cognitive and language development, poor educational and employment outcomes.[79] Evidence also suggests a strong link between hearing loss

[78] *Overcoming Indigenous Disadvantage Report* (2011), Steering committee for the review of government service provision, Productivity Commission.
[79] *Hear Us: Inquiry into hearing health in Australia* (2011). Senate Community Affairs References Committee.

and involvement with the criminal justice system.[80] The health disadvantage shown in early life continues throughout the lifespan to result in significantly higher rates of chronic disease (particularly circulatory disease, diabetes and kidney disease) and reduced life expectancy. Rates of profound or severe core activity restriction associated with disability or chronic disease remain twice as high for Indigenous Australians and hospitalisation rates for all chronic diseases (except cancer) remain significantly higher. [81]

Nationally, educational outcomes for Indigenous students still remain an area of significant concern. 52% of Indigenous 5 year olds are classified as at risk or vulnerable in language or cognitive skills (as compared to 21% overall). While reading outcomes improved for Indigenous students in years 3 & 7 in recent years, there has also been a significant decrease in reading performance for year 9s. Writing and numeracy standards remain unchanged in recent years, and a significantly lower proportion of Indigenous students achieve NAPLAN minimum standards. Year 12 completion rates remain around half that of non-Indigenous students (26% vs. 56%).[82]

There has been no significant change in the gap in national employment outcomes, with only 54% of Indigenous Australians employed in 2008, compared to 76% for the general population. Around 40% of Indigenous youth aged 18 to 24 are neither working nor studying (compared to 10% Australia-wide). The gap in household income of around ($300 per week) has also not changed in recent years, with median gross weekly household income at $455 per week in 2008 compared to $755 per week for non-Indigenous households).[83] There has also been no appreciable change in the proportion living in overcrowded housing, and little change in the accompanying hospitalisation rates for diseases associated with poor environmental health.

Nearly ten times as many Indigenous children are on care or protection orders across Australia - with 48 per 1000 Indigenous children aged 0-17 on care or protection orders in 2010 as compared to 5 per 1000 for non-Indigenous children. At the same time rates of substantiated child abuse and neglect have increased significantly - going from 15 to 37 per 1000 between 2000 and 2010, compared to 4 to 5 per 1000 for non-Indigenous children (i.e. seven times higher). These increased rates at least partially reflect increased reporting, but still represent a significant cause for concern.[84]

Indigenous Australians also have higher treatment rates for mental health problems in hospitals, residential facilities and community clinics. Rates of family and community violence are also alarming. Hospitalisation rates for serious assault were 31 times as high for Indigenous women and 7 times as high for Indigenous men, and the proportion of Indigenous people who have been victims of threatened or physical violence remains twice as high (20% vs. 11%).[85]

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[80] *Submission to the Senate inquiry into hearing health*, NAAJA.
[81] *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2010*, ABS 4704.0.
Aboriginal and Torres Strait Islander health services report 2009-10. AIHW 2011. Cat. 56.
[82] *The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview 2011.* AIHW Cat. 42.
[83] *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2010*, ABS 4704.0.
[84] *Overcoming Indigenous Disadvantage Report* (2011). Op. cit.
[85] *The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview 2011.* AIHW Cat. 42.

Culturally and Linguistically Diverse Communities (including Humanitarian Migrants)

"…the overwhelming picture when one takes the longer term perspective of changes over the working lifetime of settlers and also considering their children is one of considerable achievement and contribution.[86]"

Western Australia is one of the most diverse states in Australia, home to people from more than 200 countries who speak more than 270 languages and identify with 100 religious faiths[87]. Our cultural and linguistic diversity has created remarkable opportunities for our community as a whole. Some deeply entrenched barriers still exist to participation that limits the contribution of new migrants to Australia, particularly in new and emerging communities. These barriers relate to: language and literacy; education and employment; transport and housing; health and medical services; and more broadly, social isolation and exclusion.

Recent evidence highlights the significant social and economic contribution of refugees to Australia. While many refugees encounter difficulties in the early years of their settlement, the results of longitudinal research show that refugees make a significant and important contribution to Australia in areas that include business ownership, workforce participation and social engagement. As a State with a wealth of natural resources facing increasing problems with our skilled workforce, it is likely that migration will continue to present challenges. The Council supports a more just and humane approach to the treatment of humanitarian refuges seeking asylum within Western Australia.

One of the critical issues raised in the community sector relates to increased support for language and literacy services. English language tuition is critical for newly arrived migrants, particularly non-English speaking people from the refugee, humanitarian and family reunion streams. English language acquisition is increasingly important for workforce participation and citizenship[88]. Migrant workers, refugees and their families are at risk of social isolation due to their limited knowledge of English, especially in regional communities which rely on migrant workers. Community service providers in the metropolitan area report that their clients are particularly vulnerable, especially when people maybe illiterate in their home language, or when children are relied upon to act as translators or interpreters for their parents. Women with young children are often isolated and lacking in support and may need advice about family planning, sexual and preventative health.

The community sector has also expressed deep concern for the support and educational needs of young people who come to Western Australia as humanitarian entrants of refugees and often experience great difficulties when transitioning from Intensive English Centres (IEC) to a mainstream High School. One sensitive issue relates to refugee and migrant children and young people who are survivors of torture and trauma, and community service providers report that young refugees are increasingly demonstrating more complex needs. These can be the result of a combination of little or no prior schooling together with traumatic experiences. Inadequate resources are available to support these students during and after the transition from IEC to mainstream education.

Housing remains a chronic issue for refugees. The lack of accessible affordable housing for low income and vulnerable Western Australians is further exacerbated by a number of other barriers.

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[86] Hugo, G, *A Significant Contribution: The Economic, Social and Civic Contributions of First and Second Generation Humanitarian Entrants*, Department of Immigration and Citizenship, Australian Government, 2011, p46.
[87] Office of Multicultural Interests, WA State Government, accessed online at: http://www.omi.wa.gov.au/
[88] The Federation of Ethnic Communities Council, accessed online at www.fecca.gov.au

Migrant support workers are unable to provide outreach services, restricting their ability to provide support to help clients secure sustainable tenancies by accompanying them to view rental properties and negotiate with real estate agents. Families are also often at risk of eviction due to overcrowding, are vulnerable to unscrupulous practices of real estate agents; and may sometimes go without food in order service rental payments.

People with Disabilities

People with a disability want to live in a society where they are treated with respect, dignity and importantly with equality, and not as 'poor things' nor merely as recipients of services. Additionally they do not want to be segregated as 'people with disabilities'. [89].

Many of us in our community struggle each day to be part of everyday experiences that most of us take for granted. This could include using a computer, getting out of bed, making a phone call or going to work, or a movie. In 2009, around 382,300 West Australians, or almost 1 in 5 of the State's population, in our community are united by the experience of living with a disability[90]. Of these people, around 106,600 had a profound or severe core limitation and required assistance with basic life tasks. People with disabilities may be present in the community but most do not enjoy full participation in it. Discrimination and exclusion are frustrating features of daily life. Impairment is the ground which is cited most often in complaints of alleged discrimination which are received by the Equal Opportunity Commission[91]. Many people with a disability are unable to access health and education services, participate in the workforce or be actively involved in the community. As a result, people with disabilities are likely to face an increased risk of poverty and social isolation.[92] In addition, the experiences of people living in rural and remote areas of the disability service system differ greatly from the experiences of people living in metropolitan areas, especially in terms of access to facilities and equipment, and choice of services.

Australian governments make a significant investment in disability support, including the Federal Government investing $200 million to support school students with disability[93] and the State delivered $41 million over four years to meet the expected growth for disability services in the 2011-12 Budget. They also provided an additional $44 million to house 167 people with disabilities, and $45 million was allocated over four years for the delivery of accommodation support services in the areas of disability, mental health and drug and alcohol[94].

In addition to access to information and services, people with disabilities need to be involved in the decision-making structures that impact on the services they receive. A consistent theme raised in the sector relates to issues of eligibility, which devalues people with disabilities as service recipients. The Productivity Commission released its *Final Report into Inquiry Report into Disability Care and Support* in August 2011. The public inquiry process into a long-term disability care and support scheme

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[89] *Shut Out: The Experience of People with Disabilities and their Families in Australia,* National Disabilities Services, Australian Government, 2009

[90] *Disability, Ageing and Carers, Australia: Summary of Findings, 2009*, Australian Bureau of Statistics

[91] *Equal Opportunity Commission Annual Report 2010-11*, p24, accessed at: http://www.eoc.wa.gov.au/Publications/AnnualReports.aspx

[92] Australian Social Inclusion Board Annual Report 2010. www.socialinclusion.gov.au/resources

[93] *2011-12 Budget at a Glance* (2011) Commonwealth Government of Australia, accessed online at: http://www.budget.gov.au/2011-12/content/at_a_glance/html/at_a_glance.htm

[94] Our State Budget 2011-12 (2011) WA Government, accessed online at http://www.ourstatebudget.wa.gov.au/

highlighted the great challenges and barriers that people with disabilities, their families and carers face under the current Commonwealth and State systems of service delivery. The report stated that the current disability support system is underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports. It notes that the stresses on the system are growing, with rising costs for all governments[95]. Meanwhile it is expected that the Council of Australian Governments (COAG) will develop high level principles for the implementation of a National Disability Insurance by the end of 2011[96] in response to the recommendations of the Productivity Commission report.[97]

In Western Australia, Disability Services is leading the human services sector in moving towards a more self-directed approach, where people with a disability will have more flexibility and control of the supports they choose[98]. Individual support packages are recognised as having a range of benefits that include providing individuals greater empowerment to make decisions about matters that affect their lives. However, the change in direction will need to be supported by an increased investment in independent advice and advocacy for people who use services as well as support for community service providers to make the transition to a new service delivery environment. The National Disability Strategy sets out that the views of people with disability are central to the design, funding, delivery and evaluation of policies, programs and services that impact on them, with appropriate support and adjustment for participation[99].

Demographic change and the anticipated decline in the availability of informal care are expected to place further pressure on the existing system over the coming decades. Due to population growth and ageing, the number of people in WA living with a disability is forecast to increase significantly over the next 20 years[100], it is imperative that all levels of government continue to work together to enhance the choice and quality of life of people with disabilities so they can fully participate as valued members of the community.

[95] Overview booklet: Disability Care and Support, Productivity Commission, Australian Government, accessed at http://www.pc.gov.au/projects/inquiry/disability-support/report

[96] *Council of Australian Governments – Communique*, 19 August 2011, accessed at: http://everyaustraliancounts.com.au/council_of_australian_governments_meeting_communique_canberra/

[97] Productivity Commission, *Disability Care and Support Inquiry report*, 2011.

[98] Ministerial Advisory Council on Disability Self Directed Services Information Paper: http://www.macd.wa.gov.au/

[99] National Disability Strategy accessed at: http://www.facs.gov.au/sa/disability/progserv/govtint/nds_2010_2020/Pages/default.aspx

[100] *Trends and projections in disability in WA*, Disability Services Commission, Government of Western Australia, Accessed at: http://www.disability.wa.gov.au/aboutdisability/disabilityprofile.html

Older West Australians

Western Australia faces significant challenges in responding to what the Council of the Aged (COTA) describes as "the demographic imperative" of significant population ageing.[101] The proportion of the population aged 65 years and over is projected to double over the next 40 years (rising from around 12% today to 25% by the year 2050) while the proportion over the age of 85 is set to quadruple – resulting in a significant decline in workforce participation rates and a significant increase in the growth of spending on health, aged care and age-related pensions.[102] Record rates of increase in the population aged 65 years and over are likely between 2011 and 2021 as the peak of the baby boom generation (post World War 2) reaches retirement age.

At the same time that population ageing presents significant challenges, it also presents important opportunities for an approach that focuses on positive measures that seek to maximise the gains of and older and more experienced population while addressing the key barriers to their ongoing participation in the workforce and community. Such an approach needs to be grounded in a preventive approach to health that seeks to proactively encourage and support mobility, engagement and quality of life. To this end the Council supports the call from COTA(WA) for the development of an evidence-based whole-of-government Action Plan for Older Western Australians that incorporates accommodation, health, transport, employment and ageing with a disability.[103]

The Council believes we should seek to maximise the economic, social and civic participation of older Western Australians by promoting positive views of ageing, protecting and extending services used and valued by our senior citizens, and addressing discrimination and disadvantage. A focus on keeping people well and supporting them to lead productive and meaningful lives can also deliver significant community-wide benefits as we capitalise on their breadth of knowledge and experience and life-long networks – and encourage mentoring and community leadership programs, volunteering and part-time, seasonal or intermittent work.[104] Increasing workforce participation requires increased workplace flexibility, improved transport and accessibility, together with complementary legislative changes at the Federal level to workplace laws, superannuation and pensions. Maintaining some level of workforce or community participation delivers social inclusion, health and well-being benefits as well as economic outcomes, which should be important considerations in evaluating the costs and benefits of support initiatives.

The health and well-being of older people is intrinsically linked to housing and can be influenced by many factors including tenure, the location of the home in relation to access to services and maintaining community connection, the design of the home, the ability to maintain it and the level of financial resources[105]. People from low income and vulnerable groups are especially at risk and experience poverty and multiple disadvantages in relation to housing. There is a range of issues facing older people that put their housing at risk, such as the undersupply of appropriately designed and accessible housing. Older people without savings and with little or no superannuation earnings

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[101] *Submission to the Government of Western Australia State Budget 2012-13,* Council of the Aged WA.
[102] *Intergenerational Report 2010*, Department of Treasury. Data sourced from ABS cat. no. 3105.0.65.001 (2008)
[103] *Submission to the Government of Western Australia State Budget 2012-13,* Council of the Aged WA.
[104] Evidence presented by WACOSS to the Advisory Panel on the Economic Potential of Senior Australians inquiry 2011.
[105] *Affordable Housing for Older Australians: A Literature Review* (2004) Aged Care and Community Services Australia, accessed at: http://www.agedcare.org.au/what-we-do/housing-retirement-living/affordable_housing_a_literature_review_final.pdf/view

have minimal capacity to cover any increase in housing and living costs that may arise from a move to more age-appropriate housing, particularly if they are not homeowners.[106] The Council is concerned by the potential risks of older Western Australians making ill-informed and inadvisable decisions about retirement housing options, and welcomes the recent Seniors Housing Centre initiative by the Department of Commerce. The Council believes there is a need for further research and greater consumer information regarding lifestyle villages and caravan parks, and the provision of financial advice concerning aged care costs and options.[107]

Research suggests that: *"…one of the most disadvantaged demographic profiles for a person to have is to be old, single, poor, female and in private rental accommodation…"*[108]A recent study found that being over the age of 45 and single increases a woman's risk of becoming homeless. Most of the women interviewed in the report had worked, raised children, and been in abusive relationships. They often became homeless because of poor health or unemployment, and the report cited age discrimination at work as one factor that puts women's housing at risk.[109] Addressing physical accessibility and usability is also critical for people to remain in their own home. This can include age-friendly design features (such as hob-free showers) or addressing issues of that exacerbate energy poverty (where those on a low income under-consumer energy in order to managing rising utility costs). Increasing numbers of older and elderly people may be adversely affected by the increased prevalence of extreme weather and temperature events as a result of climate change.[110]

As people get older, health concerns can become more prominent. Declining health and mobility and increased frailty combined with the lack of support networks contribute significantly to loneliness and isolation. The inadequacy of funding for aged care, and the pressure being put on the aged care service system, drive an increasing number of older people into the hospital system if they cannot access any aged care beds with appropriate levels of care. The Council notes the continuing role of the Western Australian Government in funding Home and Community Care services and encourages consideration of greater investment in these services, as part of a preventive strategy to reduce unsustainable growth in demand for state health services. The Council notes predictions of a significant increase in the prevalence of Alzheimer's disease and dementia[111] and the associated need for increased research into preventive health measures. There is also a pressing need to develop evidence-based policies in areas such as the impact of the connection between disability and ageing, and the needs of family carers. The provision of universally available and accessible medical and dental services is essential to reduce the prevalence and cost of chronic disease and to ensure older Western Australians remain healthy and active.

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[106] Bridge, C. et al. (2011) *Age-specific housing and care for low to moderate income older people,* AHURI Final Report No.174. Melbourne: Australian Housing and Urban Research Institute.
[107] Aged Care Admissions Briefing, Thursday 11 August 2011, Aged Care Association of Australia (WA).
[108] H Kimberley & B Simons 2009, *The Brotherhood's social barometer: living the second fifty years*, Brotherhood of St Laurence, Fitzroy, Vic.
[109] *No home at the end of the road?* 2011 Dr Andrea Sharam, Swinburne University of Technology. Survey and report commissioned by The Salvation Army
[110] COTA(WA) Submission to Advisory Panel on the Economic Potential of Senior Australians 2011.
[111] *Towards a National Dementia Preventative Health Strategy*, Alzheimer's Australia, Paper 21, August 2010. *Caring places: planning for aged care and dementia 2010-2050*, Access Economics, 2010.

Conclusion

The Western Australian community is changing rapidly, and with it the community services sector. The pace of economic growth, an increasing and aging population and the scale of our vast state present significant challenges and opportunities. While our two-speed economy continues to boost our gross revenue, it is also driving a growing social divide for Western Australians on low and fixed incomes.

Now is an excellent time for the community of Western Australia to be focusing on prevention and early intervention, and thinking about how to invest the benefits of our finite natural resources in the future prosperity, health and well-being of our community. If we are to successfully reduce the growing social divide – between those who are benefiting from economic growth and those whose income has not increased to match the burden of growing living costs –then we need to think carefully about how best to invest the social dividend from the economic good times. If we redirect some of our efforts into effective prevention and early intervention strategies, we may be able to reduce the longer-term demand for costly tertiary or crisis services – but we need to ensure we have a strong evidence base to make our case, and that our efforts are transparent and accountable.

Not-for-profit community services continue to struggle to attract and retain staff and keep pace with the rapidly rising cost of delivering services. The 15% funding increase delivered in the 2011-12 State Budget delivered a significant boost to the services that received it, but it is important to realise that this increased funding has not reached all of the community services relied upon by Western Australians in need, nor does it close the existing 30% wage gap. We must also recognise that the reforms delivered so far do not solve all of the challenges faced by service providers. There is still much work to be done to ensure that the not-for-profit sector survives and thrives at a time of increasing demand and significant reform.

As the peak organisation representing community services in Western Australia, we are in a unique position to consult with frontline services and advocate on behalf of the vulnerable, disadvantaged and excluded. The recommendations outlined in this submission contribute the knowledge, experience and expertise of the community services sector of how to best address our shared concern to deliver better outcomes for all in our community. The Council as a trusted source of useful and relevant information seeks to engage in a spirit of partnership in a conversation that seeks to identify our common priorities and to resolve our common challenges by working collaboratively to implement these recommendations.

The Council presents this submission to highlight the continuing challenges and opportunities for the Western Australian community and to recommend strategies and solutions for addressing the growing inequities being driven by Western Australia's two-speed economy.

About WACOSS

The Western Australian Council of Social Service (WACOSS) is the leading peak organisation for the community services sector, and represents 300 member organisations and individuals and over 800 organisations involved in the provision of services to individuals, families and children in the community.

WACOSS is part of a national network consisting of the State and Territory Councils of Social Service and the Australian Council of Social Service (ACOSS). Our national coverage strengthens our capacity to represent the interests of people in Western Australia across the breadth of state and national agendas.

Each year WACOSS member organisations deliver services to hundreds of thousands of Western Australians. The services we provide include health, community services and development, disability. Employment and training, aged and community care, family support, children and youth services, mental health and drug and alcohol treatment, indigenous affairs, support for culturally and linguistically diverse people, victims of violence and abuse, housing and advocacy.

We speak with and for Western Australians who use community services, to bring their voices and interests to the attention of government, decision makers, media and the wider community.

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