



SACOSS

Our Vision:

A Surplus of Opportunity for all South Australians

Submission to the South Australian Government's 2020-21 Budget
from the South Australian Council of Social Service

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Chapter 1: Introduction

The South Australian Council of Social Service (SACOSS) is the peak body for the non-government health and community services sector in this state. It represents 172 members, including peak bodies and some of South Australia's largest charities. A further 150 organisations and individuals are affiliated with SACOSS through our communications and events.

Our vision is clear: justice, opportunity and shared wealth for all South Australians.

This budget submission, *Our Vision: A Surplus of Opportunity for all South Australians*, recommends 24 initiatives to the South Australian government for inclusion in its 2020-21 budget and in subsequent state budgets. The proposals aim to deliver opportunity, equality, justice and safety for all South Australians, both now and in the longer term.

This submission is founded on the view that opportunity is not something for the few, but a right of every South Australian. For some, opportunity is easy come by. For others, opportunity is thin, even fantastical. It is the role of government, working with the health and community services sector, to make sure every South Australian has full access to their rights, to equality, and to the support they need to maximise life outcomes.

Investing in opportunity makes good policy sense. Opportunity provided to an individual not only assists that person but has dividends for the entire community, boosting the economy and building social stability and trust.

This submission reflects the concerns, experiences and needs of our sector and the people we serve. Creating opportunity for all must happen now but it also requires more complex and long-term approaches. In this submission we therefore propose initiatives in three parts:

- *Reducing disadvantage now*: four simple initiatives with limited budget impact that will reduce disadvantage now and can easily be included in the 2020-21 state budget
- *Recommitting to funded programs*: recommitment to funding of four key programs in the 2020-21 budget
- *Committing to sustainable change*: a range of complex or larger initiatives which will build sustainable change and should be funded in the 2020-21 or 2021-22 state budgets.

Initiatives for the South Australian budget

Reducing disadvantage now

SACOSS is proposing four simple, quick initiatives to be implemented as a matter of urgency and that will have immediate impact on the lives of disadvantaged South Australians. These initiatives will have limited budget impact and should be included in the 2020-21 budget.

1. Remove the \$20.50 charge imposed on payment plans for state government fines
2. Fund a service to work with those living with disability to navigate the NDIS and access complete and appropriate plans quickly and easily

3. Expand the eligibility criteria for SA energy concessions to include all families on Health Care Cards who are receiving full Family Tax Benefit Part A payments
4. Raise the subsidies for private vehicle transportation and commercial accommodation under the Patient Assistance Transport Scheme in line with levels of subsidy in other Australian jurisdictions

Recommitting to funded programs

This submission highlights four key areas where the state government should confirm or reinstate funding for programs run by our members or allied organisations. These are vital programs and we urge immediate commitment to these programs in the 2020-21 budget.

1. Continue dedicated funding to DOME for services to increase mature-age employment
2. Continue to fund independent evaluation of South Australia's public health system
3. Restore Community Centres SA's peak funding to pre 2018-19 levels and recommit to full funding for adult community education programs across the state
4. Reinstate full funding for intensive, long-term support and counselling for adults who are the victims of crime and abuse, including domestic, family and sexual violence

Committing to sustainable change

The following proposals are more complex, have greater implications for the government budget, or by their nature require longer term development. Accordingly, we seek funding for these policies and programs in the 2020-21 state budget or the 2021-22 budget. Either way SACOSS will continue to work with government to promote and develop these initiatives.

Looking after our children

1. Establish an Aboriginal youth council to provide input into state government policy and programs affecting Aboriginal children and young people
2. Establish an Aboriginal community-led peak body incorporating local Aboriginal family care committees to provide input into child protection matters involving South Australian Aboriginal children and young people
3. Provide the option of extended care for young people in residential care from 18 to 21 years in line with the Stability in Family-based Care program
4. Introduce free public transport for all South Australian children and young people until the end of their secondary education
5. Develop and implement a systemic plan to ensure free, non-stigmatising access to feminine-hygiene products to young women in school

Ensuring health for all

1. Provide free emergency ambulance services for all South Australians
2. Establish a health consumer advocacy service for individual consumers, their carers and families to assist them to navigate and exercise their rights within South Australia's public health system
3. Fund SACOSS to deliver a Community Sector Health in All Policies program across the state's not-for-profit sector

Making life affordable

1. Invest in public housing stock to return to 2013 numbers (40,000) by 2024 with a further increase to 65,000 dwellings by 2034
2. Expand the eligibility of water bill medical concessions to cover any medical condition or disability that creates the need for significant extra water use
3. Undertake a pilot project with SA Water to provide extra support for targeted customers through a priority needs register that could be extended to other essential services in the future

Extending justice to everyone

1. Remove incarceration as a penalty for the non-payment of fines
2. Establish a regional justice reinvestment pilot program for Aboriginal young people

Backing the community sector

1. Commit to working to fund the Equal Remuneration Order gap
2. Fund the development of a sector-led workforce strategy for the community sector in South Australia, led by SACOSS
3. Establish a statutory advocate for volunteers to promote and protect volunteer rights

The voice of our sector

SACOSS consulted widely with its members and with other organisations in the health and community services sector to prepare this submission for the state government's 2020-21 budget.

In our consultations, we spoke with 100 people representing 75 organisations, including peak bodies representing disability, youth, ageing, health, justice, drugs and alcohol, volunteering and housing. We also spoke with service providers. Among these were large-scale providers of multiple services and those delivering targeted programs in areas such as victim support, youth housing, homelessness, Aboriginal and Torres Strait Islander communities, disability, mental health, and children and families. We also surveyed SACOSS members and associates.

In keeping with our focus on the cost of living, we engaged with the SACOSS Essential Services Group on issues around utilities. Making ends meet is hard not just for recipients of welfare payments but also for those on low incomes. Rising numbers of low-income earners are experiencing financial hardship and resorting to utilities payment plans. Disconnection of energy services is a worrying trend.

Regional issues

A key part of our consultation was meeting with the Mount Gambier Community Services Roundtable and members of the Mt Gambier community. In these meetings we heard about the specific issues facing the southeast of the state, such as transport, access to health, mental health and drug and alcohol services, housing stress, and opportunities for training, and education and employment, including English-language training.

While every region faces its own challenges, it is clear many of these issues are statewide. It is also clear that living in a regional, rural or remote area can exacerbate disadvantage. For example, a

regional resident may not be able to receive drug and alcohol treatment near their home. Transport to treatment sites can be expensive or out of sync with treatment plans, especially where ongoing services are required. Leaving the local community for treatment can have significant impacts on work, family, study and community responsibilities – and it removes the person from their closest supports such as family and friends.

Growing disadvantage

From all of our stakeholders, both metropolitan and regional, we heard about concerning trends in entrenched and growing disadvantage. This is supported by evidence. Those from specific communities, such as Aboriginal or Torres Strait Islander South Australians, people living with disability or chronic illness, those in regional and remote communities, people on low incomes and lower levels of education, continue to experience higher levels of disadvantage. Disturbingly, despite Australia recording some of the best quality of life in the world (OECD 2017), disadvantage for many is entrenched and generational (AIHW 2019, p xv).

We also heard about a decline in accessibility to services, in part due to contraction of funding but also due to the rising number of people with complex care and service needs. Consumers report that services they have previously relied upon are now offering limited support. For those living with disability this is a result of withdrawal of state support to the disability sector with the Commonwealth's establishment of the National Disability Insurance Scheme. For many, especially those with complex needs, services are piecemeal and holistic approaches to care are rare. Consumers say they need to trundle between agencies to receive the support they need.

A sector under stress but ever hopeful

From those working both voluntarily and in a paid capacity in South Australia's health and community services sector, we heard that they are working under increasing stress. Carers and those providing informal support are feeling the strain of care as support is further devolved from formal settings. Carers are isolated. For service providers, turning away people in need because of funding contractions has hit hard. Staff are feeling the strain of unmet demand and doing more on with lower resources. Many are also dealing with vicarious trauma.

At the time of writing, Australia was in the grip of its worst bushfire disaster in history, including the destruction of sections of the Adelaide Hills and a large tract of Kangaroo Island. Our thoughts go out to those who have lost family and friends, property and animals. The disaster highlights the value of volunteers – who have overwhelmingly offered their support – and the vital role of the not-for-profit sector in emergency preparation, response and recovery. With predictions of ongoing and even worsening weather events, the sector will be needed more than ever, including in support of those who are most vulnerable with the least opportunity to protect themselves or recover.

A surplus of opportunity for all South Australians

Despite these challenges, our members and the broader health and community services sector continue to work hard to give every South Australian every opportunity this state offers. We want all

voices to be heard. We want all to have the right support to fully participate in and contribute to the life of this state.

The sector believes that properly funded policy and programs, well executed and delivered in collaboration, can and do make a real difference in people's lives.

A Surplus of Opportunity affirms that opportunity, equality, justice and safety aren't merely future objectives, but must be the experience of every South Australian every day.

Sources

Australian Institute of Health and Welfare (AIHW) 2019, *Australia's Welfare 2019: Data Insights*, Australia's Welfare Series no. 14, Australian Government: Canberra.

Organisation for Economic Co-operation and Development (OECD) 2017, 'Australia', *OECD Better Life Index*, viewed 9 December 2019, <http://www.oecdbetterlifeindex.org/countries/australia/>.

Chapter 2: Reducing disadvantage now

These are simple, quick initiatives that the South Australian government can implement as a matter of urgency and will have immediate impact on the lives of disadvantaged South Australians. They will have limited budget impact. We recommend the state government include these in its 2020-21 budget.

Fine payment-plan fees

Remove the \$20.50 charge imposed on payment plans for state government fines

Estimated cost: Budget savings

The South Australian government currently imposes a \$20.50 fee on people who enter into payment plans to pay fines through the Fines Enforcement and Recovery Unit (FERU 2019a). Payment plan options apply for fines such as expiation notices relating to traffic and court fines (pecuniary sums) (FERU 2019b).

The payment-plan fee acts as a further penalty on those paying fines and, in the case of smaller fines, may form a significant percentage of the final bill.

This fee is inequitable and targets those who are less able to pay fines in full. It unfairly and disproportionately impacts the most vulnerable and disadvantaged South Australians because they are the ones most likely to take up payment plan options.

Fine payments are already regressive, in that, the flat rate impacts those on low incomes more. The imposition of a payment plan fee is, thus, an additional 'poverty premium', (that is an extra cost on those living in poverty that others with higher incomes or more resources can buy their way out of, avoid or minimise (SACOSS 2017)).

In essential services like energy, where payment plans are available to those unable to immediately meet their bill payment, imposing a fee to enter into such an arrangement would not be countenanced by the retailers and would be considered outrageous by customers. The government should hold itself to the same standard, particularly in light of the significant fine increases announced in last year's state budget.

SACOSS urges the immediate removal of this inequitable fee.

Sources

Fines Enforcement Recovery Unit (FERU) 2019a, *Payment Arrangements*, Government of South Australia, viewed 7 November 2019, <https://www.fines.sa.gov.au/ways-to-pay/payment-arrangements>.

Fines Enforcement Recovery Unit (FERU) 2019b, *Understanding my Debt or Fine*, Government of South Australia, viewed 7 November 2019, <https://www.fines.sa.gov.au/understanding-my-fine>.

South Australian Council of Social Service (SACOSS) 2017, 'Being Poor Costs More', media release, 16 October 2017, South Australian Council of Social Service: Unley, SA.

Access to NDIS packages

Fund a service to work with those living with disability to navigate the NDIS and access complete and appropriate plans quickly and easily

Estimated cost: \$600,000 per year – with significant offset from GSP growth from higher levels of NDIS payments into the state

The transition to the National Disability Insurance Scheme (NDIS) continues to be inefficient and sluggish. Our members tell us that many of those living with disability have not been allocated plans or have been only allocated partial plans which do not fully meet their needs, with significant delays in approvals and upgrades. Organisations working with those with disability cannot provide the level of care and support that they would like in the absence of approved and funded plans for clients, their families and carers. Some funded supports, such as transport, are considered inadequate, limiting access to required support but also to engagement within the community more broadly.

The delays in allocating plans have impacted on expenditure on services within the state. In 2017-18, the NDIS value-added \$1.1 billion to the state's gross state product (GSP) and provided some level of employment for 11,400 South Australians (SA Government 2019, p 6). This would have been higher had the Australian government not underspent funding earmarked for the NDIS in the 2018-19 budget to the tune of \$1.6 billion – money that has not been added to the 2019-20 funding allocation (Woodley 2019). This underspend has been attributed to delays in plan approvals and rollouts, the difficulties in negotiating the scheme, the complexity of the scheme, and the subsequent difficulties in accessing services that meet the requirements of approved plans (Woodley 2019).

Helping South Australians to navigate the complex scheme so they receive early, appropriate and fully funded support will contribute to better health, social and economic outcomes for those living with disability and their families. It will also have a positive, long-term impact on the state economy through immediate expenditure on and employment in services and through the longer term benefits of improved inclusion of those living with disability in the social and economic life of the state, including in the workforce.

A state-based service to assist those living with disability, their families and carers to access the NDIS is estimated to cost \$600,000 per year to cover staff costs and administration, including support for those in regional South Australia. This is modest expenditure compared with the potential return on investment. Location and oversight of the service should be decided in consultation with the disability sector.

Sources

Government of South Australia (SA Government) 2019, *Growth State: Our Plan for Prosperity: Health and Medical Industries Discussion Paper*, Government of South Australia: Adelaide.

Woodley, M 2019, 'Difficulty Accessing the NDIS Blamed for Unspent \$1.6 Billion', *newsGP*, Royal Australian College of General Practitioners, 3 April 2019, viewed 26 November 2019, <https://www1.racgp.org.au/newsgp/professional/difficulty-in-accessing-the-ndis-blamed-for-unspen>.

Energy concessions eligibility

Expand the eligibility criteria for SA energy concessions to include all families on Health Care Cards who are receiving full Family Tax Benefit Part A payments

Estimated cost: Cost unknown due to unavailability of data

SACOSS urges the government to expand the eligibility criteria for SA energy concessions to include all Health Care Card holders who are receiving full Family Tax Benefit Part A payments.

This initiative would reduce inconsistency in eligibility criteria of energy concession schemes in the state as well as allow more people who are experiencing payment difficulties to access energy concessions (Law *et al* 2019, pp 33-34).

Eligibility for the energy concession in South Australia requires the receipt of an eligible concession card or an eligible Centrelink payment (DHS 2019, p 2). A current gap, previously identified by Simshauser and Nelson (2012, p 25) and Deloitte (2013, p 33), exists for families in receipt of the Family Tax Benefit (FTB). Families with Low Income Health Care Cards are eligible for the energy concession, while those holding Health Care Cards as a result of receiving FTB Part A payments are not – despite there being little difference in the income thresholds for the two cards.

Essentially, if a working family's income is less than \$29,813 it is entitled to Newstart (as well as FTB) and qualifies for a South Australian energy concession by virtue of being on Newstart. Above that threshold and up to an income threshold of \$54,677, a family would automatically receive an FTB-related Health Care Card. This card, however, does not qualify the family for the state-based energy concession. A separate application must be made for a Low Income Health Care Card, which is not known to many families. At incomes between \$50,000 and \$54,677 the family may not be entitled to the Low Income Health Care Card (depending on the number of children), despite being entitled to an FTB Health Care Card (Centrelink 2020a: Centrelink 2020b).

Anecdotal evidence to SACOSS suggests that Centrelink tends to advise people that they don't need this low-income card because they already have a health care card.

To alleviate this complexity and confusion, we recommend that the South Australian government broaden the criteria for energy concessions to include Health Care Card holders who are receiving full FTB Part A payments. In practice, this would mean the income cap for families to receive an energy concession would increase slightly from \$50,388 for one child to \$54,677.

This initiative would also mean that those under the threshold who are automatically issued the FTB-related Health Care Card would not need to make a separate application for the Low Income Health Care Card in order to qualify for the SA energy concession.

In the absence of published data on energy concession costs and numbers in the state, estimation of the cost of this initiative is not possible.

Sources

Centrelink 2020a, 'Low Income Health Care Card', Department of Human Services: Australian Government, viewed 7 January 2020, <https://www.humanservices.gov.au/individuals/services/centrelink/low-income-health-care-card>.

Centrelink 2020b, 'Make a Claim: Help for Health Care Card/Low Income Card', Department of Human Services: Australian Government, viewed 7 January 2020, https://www.centrelink.gov.au/onlineclaim/help/hcc_help.htm#healthCare.

Deloitte 2013, *Improving Energy Concessions and Hardship Payments Policies: Report for Energy Supply Association of Australia*, February 2013, Deloitte: Melbourne.

Department of Human Services (DHS) 2019, *Are You Eligible for a Concession?*, July 2019, Government of South Australia: Adelaide.

Department of Human Services (DHS) 2017, *South Australian Medical Heating and Cooling Concession Scheme*, July 2017, Government of South Australia: Adelaide.

Law, R, Ogle, G and Foley, K 2019, *Working to Make Ends Meet: Low-income Workers and Energy Bill Stress*, South Australian Council of Social Service: Unley, SA.

Simshauser, P and Nelson, T 2012, *The Energy Market Death Spiral – Rethinking Customer Hardship*, AGL Applied Economic and Policy Research Working Paper No. 31, June 2012, https://www.researchgate.net/publication/266889920_The_Energy_Market_Death_Spiral_-_Rethinking_Customer_Hardship.

Patient transport assistance

Raise the subsidies for private vehicle transportation and commercial accommodation under the Patient Assistance Transport Scheme in line with levels of subsidy in other Australian jurisdictions

Estimated cost: \$1 million per year

Regional South Australians value and rely upon South Australia's Patient Assistance Transport Scheme (PATS). Without it, we heard in our consultations, many South Australians would be unable to receive the specialist medical care that they need.

PATS provides transport and accommodation subsidies to South Australian residents to attend specialist medical services, renal dialysis and oncology treatment where this treatment is more than 100 km from home. Subsidies are provided for the nearest medical specialist only, with limited exceptions on application. No allied health, general practitioner or general dental treatment is covered (SA Health 2019). In 2019-20, the projected number of claimants was 16,300 for a total of 46,500 payments (SA Government 2019, p 41).

Full reimbursement is provided for economy air, rail and coach travel. Travel by private vehicle is reimbursed at a rate of 16 cents per kilometre. Concession card holders receive a subsidy of \$40 per person per night, including for an eligible escort, for the first and subsequent nights of accommodation. Non-card holders do not receive the first night subsidy but may be authorised to receive the subsidy for subsequent nights (SA Health 2019).

South Australia's per kilometre subsidy for private vehicle travel is the lowest in Australia. Its accommodation subsidies are also among the lowest. See the table below for a comparison of private vehicle and accommodation subsidies across Australia's patient transport assistance schemes.

Private vehicle subsidies under patient assistance transport schemes, by jurisdiction, October 2019

<i>Jurisdiction</i>	<i>Scheme</i>	<i>Private vehicle subsidy</i>	<i>Commercial accommodation subsidy*</i>
Australian Capital Territory	Interstate Patient Travel Assistance Scheme (IPTAS)	na	na
New South Wales	Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)	22c/km	\$43/night (first night, then rises to \$65)
Northern Territory	Patient Assistance Travel Scheme (PATS)	20c/km	\$60/night
Queensland	Patient Travel Subsidy Scheme (PTSS)	30c/km	\$60/night
South Australia	Patient Assistance Transport Scheme (PATS)	16c/km	\$40/night (concession card holders only first night)
Tasmania	Patient Travel Assistance Scheme (PTAS)	21c/km	\$66/night
Victoria	Victorian Patient Transport Assistance Scheme (VPTAS)	21c/km	\$45/night

Western Australia	Patient Assisted Travel Scheme (PATS)	25c/km	\$60/night
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* There may be some variation due to inclusion of GST costs in some jurisdictions' listed subsidies.
Sources: compiled from state and territory jurisdiction websites – see sources list.

SACOSS recommends that the private-vehicle travel subsidy be raised in keeping with national rates to 22 cents per kilometre and that accommodation subsidies be increased to \$55 per night. These figures would place the state in the middle range of subsidies provided across the country. It is estimated that this would add around 5% or \$1 million to the total annual PATS budget of \$20.1 million (CHSALHN 2018, Financial Statements 4: Supplies and services).

Sources

- Australian Capital Territory Government 2018, 'Interstate Patient Travel Assistance Scheme (IPTAS)', *Health*, viewed 23 October 2019, <https://www.health.act.gov.au/hospitals-and-health-centres/canberra-hospital/your-time-hospital/interstate-patient-travel>.
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- Queensland Government 2019, Patient Travel Subsidy Scheme (PTSS), Queensland Govern, viewed 22 October 2019, <https://www.qld.gov.au/health/services/travel/subsidies>.
- SA Health 2019, Patient Assistance Transport Scheme (PATS), Health Services, Government of South Australia, viewed 18 October 2019, <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+services/country+health+services/patient+assistance+transport+scheme>.
- WA Country Health Service 2011, 'Patient Assisted Travel Scheme (PATS)', Government of Western Australia, viewed 22 October 2019, <http://www.wacountry.health.wa.gov.au/index.php?id=pats>.

Chapter 3: Recommitting to funded programs

These initiatives encourage the state government to confirm or reinstate funding for programs run by our members or allied organisations. The threats to funding for these programs tell a story about the contraction in state government support for the community sector. SACOSS urges immediate commitment to these programs in the government's 2020-21 budget.

Mature-age employment

Continue dedicated funding to DOME for services to increase mature-age employment

Estimated cost: \$600,000 per year over four years

SACOSS seeks commitments from the state government for ongoing, secure funding for DOME's Mature-aged Workforce Development Project (DOME 2019).

Better employment outcomes for older South Australians – as for all age groups – make good economic sense. Higher employment for older people results in increased economy activity as well as in lower demand on government services and concessions.

The ratio of working-age Australians to those aged 65 years and over is contracting. This has important negative implications for government revenue and spending (Frydenberg 2019). This has been partially offset by a growth in employment rates for those aged 65 years and over, increasing from below 6% to 14.6% in the last 20 years (Frydenberg 2019).

Nationally, PricewaterhouseCoopers estimates that if Australia's employment rates for workers aged 55 and over rose from the current rate of around half to approximately three quarters of this age group, GDP could grow by 4.7% or \$69 billion per year (2014 values) (PWC 2016, pp 3, 6). At the state level, DOME – an employment service for older South Australians – estimates that placing 500 mature-age people in jobs generates more than \$31 million in wages and around \$6.1 million in taxation (DOME 2019, p 8). This is in addition to the reduction on demand for government services and support.

While SACOSS welcomes the state government's commitment to more apprenticeships and traineeships, these apply mostly to younger workers. Older workers face barriers such as physical labour, needing to support families, caring responsibilities and employer age discrimination. These barriers may prevent them from pursuing these training options (Goudie 2019).

These barriers apply not only to taking up training opportunities but also to winning jobs. Discrimination against workers aged 45 years and over is reflected in negative employer perceptions regarding the technical skills of older workers, employers' perceived value of investing in older workers, concerns with salary expectations and/or their qualification levels, including over-qualification (AHRI 2018, p 14; Irving 2017). Older unemployed workers take twice as long as other unemployed people to find work (COTA SA 2018, p 5). More than 40% of unemployed workers aged

55 years and over experience long-term unemployment (Gilfillan 2016). And of those workers who need the most support to find and keep work (Stream C in the Jobactive network), more than a quarter (27%) are aged 50 years and over (Anglicare 2019, p 14).

These issues are compounded by the ageing of the state's population and the extension of working life into the older years (SACES 2019; ABS 2017). By 2021, at least one in five South Australians will be aged 65 years or over (SAHA 2018, p 4). An increasing number of South Australians are staying in the job market. An increasing number is also experiencing unemployment. In September 2019, South Australia recorded a seasonally adjusted unemployment rate of 6.5%, the highest in Australia (ABS 2019). Around one in four South Australians on Newstart (more than 15,000 people) is over the age of 55. This is the highest of any 10-year age bracket in the state (DSS 2019).

A dedicated employment service for older South Australian workers continues to be vital. DOME is recognised as the state's leading specialist organisation dedicated to helping mature-age workers find employment.

SACOSS supports continued and expanded funding of DOME's Mature-aged Workforce Development Project over the next four years. In 2017-18, DOME found work for more than 500 South Australians aged 40 years and over through the project. In the same period it recorded around 1,000 registrations of those seeking work (DOME 2018a, p 7). The failure to commit to this program beyond 2019-20 significantly reduces the work opportunities of these mature-age South Australians.

SACOSS therefore urges expansion of the Mature-aged Workforce Development Project by 50% to meet the growing demand within the state. Estimated annual cost is therefore \$600,000 per year.

Sources

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- Australian Bureau of Statistics (ABS) 2019, 'Labour Force Commentary September 2019', ABS cat no 6202.0 – Labour Force, Australia, Sep 2019, Australian Bureau of Statistics, 17 October 2019, viewed 29 October 2019, <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/6202.0Main%20Features2Sep%202019?opendocument&tabname=Summary&prodno=6202.0&issue=Sep%202019&num=&view=>.
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Independent evaluation of the health system

Continue to fund independent evaluation of South Australia's public health system

Estimated cost: \$950,000 per year

Independent evaluation is a critical component in delivering robust, evidence-based measurement and assessment of the health system. It is strongest when engagement with consumers and the broader community is an integral part of the process. Evidence shows that independent evaluation delivers efficiency, transparency and accountability, and quality and safety improvements (PC 2015, pp 4, 11). Disclosure of information promotes reform in the health sector (PC 2015, p 88), resulting not only in more cost-effective service delivery but, critically, better patient outcomes and improved equity in health care. It also provides early warning of trends and emerging issues. At the least, as the Productivity Commission has said, 'taxpayers spend significant amounts of money on health care and have a right to know what they are paying for' (PC 2015, p 89).

The value of independent evaluation of the health care system is recognised across Australia in the establishment and funding of bodies such as the Australian Institute of Health and Welfare, the NSW Bureau of Health Information and the Victorian Agency for Health Information. Within South Australia, the collection of de-identified, population-based data is recognised not only for its benefits for quality improvement but also industry development (SA Government 2019a, p 12).

A funded statutory body, such as the Health Performance Council, delivers cost-effective independent evaluation compared with outsourced private consultancies. In 2017-18, for example, it produced around 14 bodies of evaluative work, including major reports on Aboriginal health, Country Health advisory councils and Transforming Health (HPC 2018, pp 285-286). This output is achieved with an annual budget of under \$1 million (\$982,000), allocated from within the SA Health central office appropriation (LegCo 2019, p 165). This represents 0.025% of the total 2019-20 health budget of \$3.89 billion (SA Government 2019b, p 13). This is more than offset by efficiency gains and safety and quality improvements.

As an independent, statutory ministerial-advisory body it provides direct, evidence-based advice and information to the Minister for Health and Wellbeing. As currently established, HPC has a particular remit to evaluate health-disadvantaged groups such as Aboriginal and regional South Australians. It also delivers extensive reviews of the state's public health system every four years.

Current moves within parliament to abolish the council under the Health Care (Governance) (No 2) Amendment Bill 2019 (SA) (s 20), particularly with no policy to replace it with a similar well-funded, independent evaluation body, should be abandoned and the council continued to be funded into the future.

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Adult community education

Restore full funding for community-based adult community education programs across the state and reinstate Community Centres SA's peak funding to pre 2018-19 levels

Estimated cost: \$1.35 million per year over three years

Community centres strengthen local communities. Their locality within the heart of communities, open-door policies and broad range of accessible programs attract a range of people who may not ordinarily access programs, including education and training in more formalised institutions. As such, they build and strengthen social cohesion.

Adult community education is a vital step in equipping individuals for participation in broader society, including employment, further training and volunteering. They act as bridges to TAFE and other vocational education and training (VET) providers and registered training organisations (RTOs). In 2018-19, around 18% of adult education participants went on to further education, skilling or employment. Importantly, the programs contributed to participation and social inclusion (TASC 2017, p 10).

Workers require growing levels of skill, including in language, literacy and numeracy skills – which are the foundational requirements for learning other skills. In regional areas, where there is often a paucity of skilled labour, ACE programs are an important segment of the training continuum (TASC 2017, p 9). It has similar benefits for unemployed workers, displaced workers and low-skilled workers.

It is clear that participants also value the model of education, noting in a 2017 yourSAy consultation 'the small class sizes, one-on-one support and local, non-threatening learning environment as the unique strengths of ACE, with key benefits of the program being increased confidence and the program's role in providing a pathway to further learning, training, volunteering or work for ACE participants' (yourSAy 2017). Other benefits include lifelong learning, personal growth, and the first step in a pathway of life and employability skills (CCSA and DSD 2017, p 5).

Further, the South Australian Centres for Economic Studies (SACES) has found that ACE provides important economic benefits to the state. SACES estimated that in 2015-16 the average return on investment per student was around \$945 amounting to \$860,000 across the entire program. Over 15 years, 'the return to a student is estimated to be more than \$8,000 or a gross benefit of \$7.8m for the entire accredited ACE program from the 2015-16 year'. The total economic benefit to the state is up to 6.5 times the investment (SACES cited in TASC 2017, p 13).

In 2017, the Training and Skills Commission (TASC) recommended multi-year funding, greater flexibility in local delivery, growth in post-delivery support, and further investment in the development of the ACE workforce (TASC 2017, p 6). In 2018-19, 39 of South Australia's 108 community centres provided ACE programs in adult language, literacy and numeracy, digital literacy, as well as core and foundational work skills in supportive and welcoming environments. These programs were delivered to more than 6,600 people, including young people, mature-aged people, lower skilled workers, displaced workers, those from culturally and linguistically diverse backgrounds, the unemployed, and those living with a disability. In 2015-16, ACE participants came

from around 100 different countries and spoke 80 different languages (SACES cited in TASC 2017, p 200). The courses cater in large part for those experiencing economic and social disadvantage.

In 2019, the state government withdrew \$3 million (\$1 million per year over three years) from adult community education delivery. This represents one third of the annual funding for the programs across the state. For a number of community centres, adult community education programs are a cornerstone of their work and links to the community – withdrawal of funds threatens their existence.

The withdrawal of state government funding is at odds with evidence on the value of ACE programs. ACE has been described as the fourth sector in education (TASC 2017, p 5). Having for many years been run largely in local and trusted community hubs, ACE in community centres offers learning, place-based community development, connection opportunities for marginalised groups with the broader community, and pathways to workforce participation (TASC 2017, p 5). These outcomes can be achieved largely because of the broader wraparound support provided by a community development approach in centres. They are difficult to replicate in more formalised learning environments such as larger RTOs and TAFE.

In 2018-19, ACE funding to Community Centres SA was cut by 34%. ACE funding previously represented 63% of CCSA's core funding.

CCSA has undertaken ongoing evaluation to ensure quality improvement for ACE across the state. A 2017 consultation indicated that adult community education was meeting its aims, but could be enhanced through better links with other training, further streamlining of program management, ACE workforce development, more resources for communications and marketing, and funding certainty (CCSA and DSD 2017, p 3). With the decommissioning of the regional and metropolitan State Government Pathway Coordinators positions in 2019, and the substantial funding cuts to CCSA, these improvements will become difficult to achieve.

SACOSS recognises the value of adult community education (ACE) delivered through community-based organisations and calls on the government to reinstate all funding for ACE across the state. SACOSS also supports CCSA in its bid for the South Australian government to return the organisation's peak body funding to pre-2018-19 levels.

SACOSS also urges the government to enter into transparent consultation with CCSA on issues of funding and strategic, long-term support for adult community education.

Sources

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Victim support

Reinstate full funding for intensive, long-term support and counselling for adults who are the victims of crime and abuse, including domestic, family and sexual violence

Estimated cost: \$1.2 million per year over four years

SACOSS welcomes the government's commitment to programs to reduce domestic, family and sexual violence (DFSV) and commends the increase in funding to the Domestic Violence Disclosure Scheme. However, the government's budget of \$11.9 million over four years – with \$5 million of this allocated to loans to the not-for-profit sector for housing upgrades – is woefully inadequate to address DFSV in the state.

According to the Australian Institute of Health and Welfare (AIHW), 'Family, domestic and sexual violence is a major health and welfare issue' (AIHW 2018, p ix). Women are at significantly greater risk of experiencing this violence than men (AIHW 2018, p ix). Women from vulnerable groups are at the most risk: Aboriginal and Torres Strait Islander women, young women, pregnant women, women with disabilities, women experiencing financial distress, and women who experience abuse as children (AIHW 2018, p x).

Across Australia, one in five women aged 15 years and over has been sexually assaulted or threatened (AIHW 2018, p ix) – translating to around 145,800 South Australian women (ABS 2018). One in four women nationally has experienced at least one incident of violence committed by their intimate partner (Cox 2015, p 3). In South Australia, this translates to more than 182,000 women (based on ABS 2018). However, the extent of DFSV is significantly higher, with violence also perpetrated by non-intimate partners, such as parents, siblings, extended family, in-laws and strangers. More than 2 million Australians have experienced sexual and/or physical abuse before the age of 15 years (AIHW 2018, p 24).

In its 2019-20 budget the state government stripped \$1.2 million from intensive, long-term counselling and support for victims of crime and abuse, including women experiencing violence and assault, in the main domestic and family violence, halving the funding from \$2.3 million in the previous year (Chapman 2019; Novak 2019, p 5). Delivered by the Victim Support Service, this program received 56,711 client contacts in Adelaide and seven regional offices in 2018-2019, with 4,022 of these reported as new counselling clients (VSS 2019, p 3). Of those, there were 2,161 new contacts in the context of domestic and family violence. It is understood that the announced cuts have been incredibly concerning for clients and key stakeholders of the Victim Support Service, with increased uncertainty for victims about where they will be able to access the required specialist support.

Along with the Commissioner for Victims' Rights, SACOSS views the cut in funding as 'frustrating' and 'extremely disappointing for victims' (Killmier, cited in Novak 2019, p 5). The cut fails to recognise the long-term impacts of DFSV – and other violence and assault – on victims. DFSV is not a one-off crisis event. Trauma may be lifelong. Victims are more likely to face prolonged or permanent illness and disability, poor ongoing mental health, stress related to court and justice processes, financial strain and loss, disruption to employment and income, and homelessness or inadequate housing (Ayre *et al* 2016, p 7; AIHW 2018, pp x-xi). Impacts are also felt by the families of victims, especially

children, whose long-term health, behaviour and life outcomes can be severely compromised (OWH 2019; AIHW 2018, p x).

The economic impact of DFSV is also significant. Nationally, in 2015-16 a lower estimate of the cost of violence against women and their children was \$22 billion. With Aboriginal and Torres Strait Islander women, pregnant women, women living with disability, and women experiencing homelessness fully taken into account, the cost was around \$26 billion (KPMG 2016, n.p.). The cost to South Australia in that year is estimated at \$1.64 billion (KPMG 2016, p 6) and yet the investment to reduce this cost continues to fall short of what is required.

The continuation of intensive, long-term counselling and support for women experiencing violence and assault, in the main domestic, family and sexual violence, must continue at 2017-18 or higher levels (with CPI increases). High-intensity services with a therapeutic focus are required not only to navigate systems – such as justice, courts, housing, social security and employment – but to improve and support long-term health and mental wellbeing. System-improvement services, such as training of professionals in SAPOL, the courts and ambulance workers, should form a key part of any program aimed at minimising trauma, including complex trauma, and assisting long-term wellbeing. The cost to reinstate services is estimated at \$1.2 million per year.

Sources

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Chapter 4: Committing to sustainable change

These initiatives offer the state government policies and programs for 2020-21 or for consideration in the medium and longer term. They are variously more complex, have greater implications for the government budget, or seek to enhance the skills and effectiveness of the health and community services sector. They aim to have a significant impact on delivering justice, opportunity and shared wealth to all South Australians.

Looking after our children

Aboriginal youth council

Establish an Aboriginal youth council to provide input into state government policy and programs affecting Aboriginal children and young people

Estimated cost: \$360,000 per year over four years

Aboriginal youth are among the most disadvantaged groups across metropolitan and regional South Australia. The rates of incarceration, engagement with the justice system, involvement in the child protection system, unemployment, and substance abuse are above those of the general population, while education outcomes, health and financial security rates are lower (OGCYP 2017, pp 3-4).

The principles of engagement, co-design and Aboriginal leadership in matters affecting Aboriginal people have long been established (ALRC 2017, p 10). Within South Australia, these principles should be applied to Aboriginal young people in relation to policies and programs that directly impact upon them. The Commissioner for Aboriginal Children and Young People has reiterated the imperative of including young people in decisions that affect them. Inclusion delivers more representative governance structures, inclusive workplaces, cutting-edge thinking, better transition to adult life, strong identity, and hope and optimism (CCYP 2018). It builds skills in leadership, cooperation, decision-making, project management, policy development and stakeholder engagement. Young people also gain knowledge of their rights and responsibilities (CCYP 2018).

Plans to include the voices of Aboriginal children and young people in the new Aboriginal engagement body expected to be established in July 2020 are welcome and should be implemented (ACE 2019a). However, no formal, dedicated voice for Aboriginal children and youth exists within the state.

A government-funded council, as supported by the Commissioner for Aboriginal Children and Young People, would give Aboriginal young people this voice. The council would be an important component of the government's Aboriginal Engagement Reform initiative which more broadly aims to (CAE 2019b):

- improve government engagement with Aboriginal people

- ensure the views of Aboriginal people are represented in government decision-making
- make recommendations to improve partnerships between government and the Aboriginal community.

Representation on the proposed youth council, the council's means of engagement with young people across state, particularly in remote communities, the body's structure and scope, and the feed-in mechanisms to government should be determined through a process led by Aboriginal children and young people. In short, the model should be decided by Aboriginal young people themselves.

Initial design and establishment of the council would be achieved under the auspices of the Commissioner for Aboriginal Children and Young People. A proposed 2020 summit for South Australian Aboriginal children and young people offers an ideal opportunity to explore the idea of an ongoing platform for the voices of Aboriginal youth.

While the form of the council is a matter for Aboriginal design and leadership, funding for the council should encompass two fulltime staff, meeting and sitting fees, travel and accommodation across the state, support for regional and remote consultative structures, virtual infrastructure, and communication and engagement. This is estimated at \$360,000 per year.

To ensure the program's success and to provide the opportunity for proper evaluation, the program should be funded for four years in the first instance. Long-term funding is vital for developing and supporting leadership among Aboriginal children and young people.

Sources

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Aboriginal community voice in child protection

Establish an Aboriginal community-led peak body incorporating local Aboriginal family care committees to provide input into child protection matters involving South Australian Aboriginal children and young people

Estimated cost: \$350,000 in the first year with expansion in following years

Aboriginal children continue to be over-represented in the child protection system. This is arguably the most concerning issue of social justice facing South Australia.

Over the last decade there has been an alarming rise in the percentage of Aboriginal and Torres Strait Islander children and young people living in out-of-home care (AIFS 2018). It is estimated that this number will more than double over the next ten years (Family Matters 2019, p 10).

Nationally, Aboriginal and Torres Strait Islander children and young people are five times more likely to be the subject of child protection reports, six times more likely to be investigated by child protection services, and ten times more likely to be placed in out-of-home care (Family Matters, cited in AIFS 2018).

In South Australia, Aboriginal children and young people are 12 times more likely to be in out-of-home care than non-Indigenous children and young people (AIHW 2019, p 53). At 30 June 2018, Aboriginal children and young people made up 33% of those in out-of-home care (1216 of 3695). In 2017-18, they comprised 34% of those in residential care (172 of a total of 501) (OGCYP 2019, p 5).

Out-of-home care accounted for 77% (\$425 million) of the state government's 2017-18 child protection budget of \$554.6 million (OGCYP 2019, pp 5, 14). This compares with an expenditure of only \$51 million (9%) of the child protection budget on family support services (OGCYP 2019, p 14).

Aboriginal children's and young people's engagement with child protection and youth justice reflect Aboriginal people's experience of historical, social and economic disadvantage and its associated stressors such as housing stress, inadequate income, domestic violence, alcohol and drug abuse, poor health and mental health, and poor school attendance (Parliament of Australia 2019).

SACOSS supports the Aboriginal community's calls to reduce the number of Aboriginal children in out-of-home care.

Together with the Aboriginal community, SACOSS supports the Family Matters Statement of Commitment which seeks collaboration with Aboriginal and Torres Strait Islander people to support their children and young to grow up safe and cared for by family, community and culture. It also aims to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care within a generation by 2040 (Family Matters 2019, p 5). The South Australian government is a signatory to this statement.

The Aboriginal community believes that nothing should get in the way of keeping Aboriginal children and young people safe and making sure they have a strong sense of family, belonging and cultural connection (Lawrie 2019). This community is best placed to achieve the best outcomes for its children by providing expert cultural knowledge at the local level and contributing the Aboriginal community voice to child and family policy and programs.

The current system does not allow for Aboriginal community leadership. The Aboriginal community reports that decisions about the protection of Aboriginal children are frequently made without consultation with the community, including kinship networks. Complaints by Aboriginal people tell of racism and xenophobia inherent within the South Australian child protection system, resulting in marginalisation of the Aboriginal family and alienation of the Aboriginal voice from the very system that requires the Aboriginal community intelligence (Lawrie 2019).

The establishment of an Aboriginal community-led peak body and local Aboriginal family care committees will provide the mechanism for Aboriginal community expert knowledge in the child protection system.

As proposed, the peak body will serve as an advocate for system change, contribute to policy development, and monitor the performance of the child protection system (including the Department for Child Protection Aboriginal Action Plan 2019-20) in relation to safety, care and wellbeing outcomes of Aboriginal children and compliance with the Aboriginal and Torres Strait Islander Child Placement Principles. It will provide advice to the Minister for Child Protection, the child protection system and to the Commissioner for Aboriginal Children and Young People. Core principles will be achievement of the Aboriginal and Torres Strait Islander Child Placement Principles and keeping Aboriginal children safe in culturally appropriate ways. It will be independent, unbiased, and non-government, managed by a board with membership drawn from the local Aboriginal family care committees and supported by a secretariat.

Aboriginal family care committees will play a crucial role in bringing the voices of Aboriginal families and communities together to address local child protection cases and decisions. Mechanisms to ensure the local Aboriginal voice in urgent cases will need to be developed and put in place.

This initiative supports the administration, operation and enforcement of the South Australia *Children and Young People (Safety) Act 2017* relating to Aboriginal children being placed under the Act. It will also assist in the execution of powers afforded to the Minister and Chief Executive under the Act, mitigating risks and breaches and supporting statutory obligations in their decision-making, in particular under Part 3, Section 12, Aboriginal and Torres Strait Islander Child Placement Principles.

While SACOSS welcomes the state government's plans to reduce the number of Aboriginal children in out-of-home care, announced by the Minister for Child Protection earlier this year (Skujins 2019), it is aware that further investment will be required to put this initiative in place. Money to support the initiative should be additional to current commitment in child protection.

It is estimated that funding of \$350,000 will be required in the first year to establish the Aboriginal community-led peak body and Aboriginal family care committees in 2020-21, comprising the costs of secretariat support, consultation, set-up, transport and accommodation, and board and committee membership fees (paid at the appropriate rates). The initial cost is based on the immediate establishment of three committees in local areas deemed by the peak body to require the most urgent support.

Expansion of the number of committees to other areas will require greater outlays in 2021-22 and out years.

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Extended care for young people

Provide the option of extended care for young people in residential care from 18 to 21 years in line with the Stability in Family-based Care program

Estimated cost: \$11 million in year, rising to \$33 million in year 3 and the following years

Children and youth in out-of-home care are some of the most vulnerable and traumatised in the community (Fitzsimmons n.d.). Their vulnerability does not end at the age of 18 when formal care is discontinued. Rather, their vulnerability continues at high levels. Those in residential care are particularly vulnerable.

Victorian data suggests that half of young people exiting out-of-home care at the age of 18 years will within one year be unemployed, in jail, homeless or a young parent (HomeStretch 2019). Opportunities for training and education, in the absence of family support, are also low, with only 25% of young people in Beyond 18, a 2018 Victorian survey of young people departing from care, completing year 12 (Muir and Hand 2018, p vi). Development of independent living skills, such as managing finances, cooking and running a household, and of emotional and interpersonal skills is often compromised (Muir and Hand 2018, pp vi, 12-13). Those emerging from care may also record higher levels of substance abuse, relational instability, poor mental health and wellbeing, vulnerability to abuse and violence, and premature death (AIHW 2017, p 2).

The HomeStretch campaign calls for the extension of out-of-home care beyond 18 years to 21 years of age, for those young people who choose it (HomeStretch 2019). HomeStretch is supported by leading state and national community organisations such as Foster and Kinship Carers SA, YWCA Australia, CentreCare, Brotherhood of St Laurence, WhiteLion, Relationships Australia and the Australian Childhood Foundation (HomeStretch 2019).

Young people about to leave care need to be involved in formal, structured planning about their future, but this is frequently not the case, including for planning for the transition from care (Muir and Hand 2018). But planning, however important, does not fully equip youth for the transition to adulthood. Young people need ongoing financial, emotional and practical support and residential security – as are available to most other young adults – as they enter higher education and training, seek and retain work, hunt for housing, and develop life skills.

The importance of extended care has been recognised by the South Australian government in its Stability in Family-based Care program. SACOSS welcomes this program as a valuable and important initiative. The program extends carer payments for family-based carers, including foster, kinship and specific child-only carers, who continue to care for young people until the age of 21, after court orders or formal agreements expire at 18 years (Sanderson 2019). This further three years of stable support is vital for young people's transition to adulthood. It is gratifying to see that as of July this year, 17 young people have accessed this extended care option. More than 100 young people will be eligible over the next three years (Sanderson 2019).

This same option should be extended to young people in residential care. This group of young people is arguably the most vulnerable.

In South Australia, there were 4,003 children and youth in out-of-home care on 31 July 2019, up from 2,631 five years previously (DCP 2019). The vast majority (3,444 or 85%) were in foster care, comprising family-based care (39%) and kinship care (46%), with 413 young people (10%) in residential care (DPC 2019). The proportion of Aboriginal children in out-of-home care is significantly and disturbingly high, comprising around one third of those in care (PC 2019, Table 16A.2). This mirrors figures across Australia (AIFS 2018). In South Australia in 2018, around two thirds of Aboriginal children in care (67.1%) were placed with family or kin, Indigenous carers or in Indigenous residential facilities (PC 2019, p 16.21, Table 16A.21).

It is unknown how many young people in residential care would take up the extended care option. However, it is estimated that the cost would be significantly lower than what the Australian Institute of Health and Welfare (AIHW) describes as the ‘substantial’ social and economic costs associated with the long-term poorer outcomes for those emerging from care (AIHW 2017, p 1).

In 2017-18, the South Australian government spent \$425 million on out-of-home care (PC 2019, Table 16A.34). Expenditure on each child per year was \$115,025, with home-based care significantly more cost-effective than residential care, recorded at \$48,985 and \$540,639 respectively (PC 2019, Table 16A.34). Residential care accounts for around half of all expenditure on out-of-home care.

With 20 young people taking up the extended residential care option each year, using 2017-18 costs it is estimated that in the first year extended care would require a budget of around \$11 million rising to \$33 million in the third year and there on. The cost in out years represents an 8% increase to the annual out-of-home care budget. Consideration could also be given to offering family-based care to young people aged 18 to 21 years who are leaving residential care.

As part of the extended care option, young people should continue to receive all available state-based concessions. In addition, national agreement should be confirmed for young people in extended care remain eligible for any Commonwealth support, even if they are living ‘at home’. This would enhance their opportunities to stay in carer households, which are often struggling financially – especially kinship carers, and assist them in pursuing a range of work, training and education options

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Free public transport for school children

Introduce free public transport for all South Australian children and young people until the end of their secondary education

Estimated cost: Data for estimation not available

SACOSS recommends that the South Australian government introduce free public transport for all South Australian children until the end of their secondary education. This should apply to all times of the day and all days of the week.

Under the current system, children under five years of age travel free. Those in primary or secondary education – aged five years and over – must pay the student fare, with those aged 15 years and over required to travel with an approved photo ID card (Adelaide Metro 2019).

The Commissioner for Children and Young People has recommended that young people in low income families travel free on public transport, enabling them to attend school, sporting and community events (CCYP 2019b, p 9). Currently, students who receive the school card pay for public transport. This can cost between \$1.26 per trip (peak period), if the student is in possession of a MetroCard, or up to \$2.80 per trip if a student single ticket is purchased (Adelaide Metro 2019). For a week's attendance at school the cost is therefore between \$12.60 and \$28 per child, a significant cost for families on Centrelink payments and especially for those with more than one child.

Flat-rate public transport fares are regressive – they impact more on those on low incomes (SACOSS 2017) – and may result in diversion of income from essentials such as rent, food, energy and water. The regressive impact is exacerbated for those on low incomes where fines are imposed for not tendering the correct fare (SACOSS 2017).

Children from low-income families are already doing it tough at school and among friends. Young people consulted by the Commissioner for Children and Young People have said how being poor affects how they feel about attending school, how they approach learning, and how they are treated by peers, peers' parents and teachers (CCYP 2019a, p 19). Not having 'enough lunch' or 'no clean clothes' are common issues faced by children living in poverty. Young people talk about being 'hungry' and 'smelly' and wearing 'shit shoes' - the sorts of things they may get bullied about. This can result in children avoiding school and becoming disengaged from the system (CCYP 2019a, p 19).

SACOSS supports the proposal by the Commissioner for Children and Young People for free public transport for students on low incomes. However, SACOSS goes further. We strongly recommend that the government introduce free public transport for all South Australian children and young people until the end of their secondary education. Introducing a universal scheme will have important social, environmental and infrastructure benefits.

A universal scheme will decrease the level of scrutiny and regulation required by public transport staff. It will have the additional advantage of removing fines for those aged under 16 years, which works as a disincentive to public transport use, especially for those experiencing financial difficulty.

The proposed scheme is expected to make public transport the norm for young people as they move into adulthood. This will reduce the long-term demand on broader transport infrastructure while

having important environmental benefits for the state. Greater demand on public transport will increase government return in this sector in the longer term.

The SACOSS proposal – and the commissioner’s proposal – is in keeping with the United Nations’ *Convention on the Rights of the Child*: education for children is a right and governments should make primary and secondary education accessible to all (Article 28) (OHCHR 2020).

In its initial phase, a universal scheme will see budget losses to the government through removal of paid student transport. In the longer term, budget gains are expected from savings in transport infrastructure costs and revenue from a growth in public transport demand. In the absence of easily accessible public data on concession fare revenue, budget estimates are not possible.

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Feminine-hygiene products in schools

Develop and implement a systemic plan to ensure free, non-stigmatising access to feminine-hygiene products to young women in school

Estimated cost: \$35,000 for initial plan development

The South Australian government does not have a systemic, non-stigmatised approach to providing sanitary products for young women in schools.

The Commissioner for Children and Young People has recommended that the government, the feminine hygiene industry and community partners work together to provide a free, accessible and non-stigmatising supply of hygiene and sanitary products for young women (CCYP 2019, p 9).

SACOSS supports this proposal for young women in schools.

‘Period poverty’ is a real issue for female students from low-income families. In extensive consultations with young people, the Commissioner for Children and Young People has heard from girls who are missing school – some for significant time – because they cannot afford sanitary products. While products may be available at school, they are often only available in times of ‘emergency’. The process of accessing them is frequently embarrassing and may require uncomfortable self-disclosure (CCYP 2019, p 17).

The issue has been raised in the South Australian parliament:

Just imagine the indignity of a teenage girl going to the school office when she is menstruating to ask for a pad or tampon because they are only made available for emergencies, according to the minister, and having to disclose such personal information about yourself—that you are bleeding and in need of a tampon—to whoever it is that you are confronted with at the front office.

Connie Bonaros, Legislative Council, 13 November 2019

In addition to the educational and social costs relating to restricted access to hygiene products, there are health impacts. For example, if a young woman is unable to replace hygiene products regularly she incurs a higher risk of urinary tract infections, vaginal infections and other rashes (Tomorrow Makers n.d.).

The high cost of feminine hygiene products is, in any case and for all women, regressive (SACOSS 2017). The flat rate impacts more on women on low incomes, forcing budget choices between hygiene products and other necessities.

Development of a plan for provision of free, non-stigmatising access to feminine-hygiene products in South Australia’s schools is long overdue. The approach cannot be ad hoc from school to school and it must not limit free supply to those in need. It must ensure that young women are sensitively supported at all times. The plan should consider the best health, educational, emotional and social outcomes for young women. The development stage is estimated to cost \$35,000.

The final cost of implementation will be determined during development of a statewide plan.

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Ensuring health for all

Free ambulance services

Provide free emergency ambulance services for all South Australians

Estimated cost: Up to \$101 million per year

South Australian ambulance services are highly regarded by residents (PC 2019b, Table 11A.6). However, South Australia lags behind other jurisdictions in the subsidies it provides for access to ambulance services through the SA Ambulance Service (SAAS).

For those most disadvantaged financially, the cost of annual ambulance cover may either be beyond their means or be a cost that deters them from calling on ambulance services, even in the case of emergency. For those without cover, the fees may be a deterrent for calling for paramedic services so that treatment is delayed, resulting in delayed recovery, health complications, and even permanent disability or death. It can also lead to increased acute care costs as the vital link of paramedic care in the continuum of care is broken (Gaston 2007). These outcomes particularly impact vulnerable groups for whom ambulance cover may not be possible. Ambulance services are not covered by Medicare (ABC 2018).

The specialisation of public hospital services under Transforming Health, with patients potentially passing the nearest hospital, makes a free system more imperative.

Tasmania and Queensland provide free ambulance services for all residents. The Australian Capital Territory, New South Wales, Victoria and Western Australia provide free or discounted services to pensioners and other concession card holders. South Australia and the Northern Territory do not provide concessions or free services (South Australia only on enquiry). See a comparison of jurisdictions' ambulance concessions in the table below.

Comparison of ambulance service payment subsidies between Australian jurisdictions, October 2019

Australian Capital Territory	Free service for pensioners and concession card holders, school students, residents injured in motor vehicle accidents and those injured while assisting others
New South Wales	Free service for pensioners and concession card holders All other people pay 51% of the service fee
Northern Territory	No free services (St John Ambulance)
Queensland	Free emergency services for residents Interstate coverage applies
South Australia	No free services Some concession may be available upon enquiry
Tasmania	Free ambulance services for residents Some interstate coverage may apply (not in SA and Qld)
Victoria	Free service for valid pensioners and healthcare card holders, with some exemptions on transport to private facilities
Western Australia	Free service or 50% subsidy for concession card holders (St John Ambulance)

Sources: Compiled from HIC 2019, ABC 2018 and SAAS 2019c

SAAS does provide 50% discounts on annual ambulance cover rates for pensioners, as outlined below.

SA Ambulance Service ambulance cover rates, 2019		
	<i>Standard Cover (Annual)</i>	<i>Standard plus interstate (Annual)</i>
Family	\$173	\$204.50
Single	\$87	\$102.80
Pensioner Family	\$104	\$135.50
Pensioner Single	\$52.50	\$68.30

Source: Table 'Ambulance cover rates', SAAS 2019a

For those without cover, services fees are as follows:

SA Ambulance Service gazetted fees, 1 July 2019	
<i>Categories</i>	<i>Fees</i>
Emergency call out	\$1025
Non-emergency call out	\$229
Treat no transport (flat rate)	\$229
Plus kilometres charges	\$5.90

Source: Table 'Ambulance fees, SAAS 2019b

Providing free emergency ambulance services for all South Australians will bring South Australia in line with Tasmania and Queensland.

The total revenue of South Australian ambulance services in 2017-18 was \$305.4 million (PC 2019a, Table 11.1, p 11.2). Just over half of this (\$165 million) was provided through government grants and contributions (recurrent expenditure \$137.3 million and capital expenditure \$27.7 million) (DHW 2018, p 159). Transport fees comprised one third of revenue (\$101.7 million) with subscriptions and other income accounting for the remainder (\$38.7 million) (PC 2019b, Table 11A.1). Real recurrent expenditure on ambulance services in South Australia in 2017-18 was \$181 per person (PC 2019b, Table 11A.10).

In 2017-18, SAAS provided services to 279,427 people, with the vast majority transported elsewhere for medical treatment (255,922 or 91.5%). A further 23,505 patients (8.4%) were treated but not transported (PC 2019b, Table 11A.2). It responded to 141,198 emergency incidents (PC 2019b, Table 11A.2).

The estimated cost of free SAAS emergency services for all South Australians is estimated at up to \$101 million per year – the current value of transport fees.

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Health consumer advocacy service

Establish a health consumer advocacy service for individual consumers, their carers and families to assist them to navigate and exercise their rights within South Australia's public health system

Estimated cost: \$750,000 per year

Navigating the health system can be difficult for consumers, especially for those with debilitating disease, living with disability, from other language or culture groups, from vulnerable groups, or from socioeconomically disadvantaged groups. Consumers do not always receive the best care – or any care – due to lack of understanding of health care and little agency within the health system.

A 2018 survey by Health Consumers Alliance of SA (HCASA) found that more than three-quarters of South Australian health consumers felt that their health care could have been improved with the support of a health advocate (HCASA 2018, p 3). The complexity of the health system, perceived lack of agency as consumers and carers, membership of a vulnerable or disadvantaged group, and health literacy were identified as issues impeding best outcomes in health care (HCASA 2018, pp 13, 18).

A gap exists in the state's infrastructure to assist individuals navigate the health system, be part of the decision-making on their own care, and exercise their rights. Initiatives such as the Southern Adelaide Local Health Network's Consumer Network are an example of genuine consumer engagement and support. However, consumer advocacy programs are uneven across SA Health. The Health and Community Services Complaints Commissioner is an important avenue when health care has already gone wrong. An advocacy service, on the other hand, assists patients during the process of care either before things go wrong or to raise issues as they occur.

While there are numerous advocacy services in South Australia, these services are specialised to groups of consumers (i.e. consumers with a disability, aged persons, consumers from culturally and linguistically diverse backgrounds, asthma support services and other services supporting specific health conditions), this leaves a large cohort of consumers with nowhere to go if they fall outside one of these groups. Of the organisations that are more generalised, none provide an individual advocacy service.

Advocacy for individual consumers is standing beside someone and supporting them to understand and exercise their rights and to have their voice heard on the issues that are important to them. Health advocacy achieves better health outcomes for consumers and communities through:

- promotion and achievement of health consumer needs and rights
- improved health consumer confidence and empowerment
- improved accountability and transparency in health care
- inclusion of the consumer experience in policy, decision-making and program design (HCO 2010, pp 8-9).

The Australian Charter for Healthcare Rights promotes respect, partnership and information as key consumer rights. It specifies that patients can include people they choose in the planning and decision-making associated with their treatment (ACSQHC 2019).

The Health Consumers Council (WA) provides an individual advocacy service to health consumers, carers and families. In South Australia, the Aged Rights Advocacy Service (ARAS) plays a similar role for older people (ARAS 2018).

SACOSS supports the proposal of Health Consumers Alliance SA to establish a health advocacy service in South Australia, modelled on the Western Australian model. This would offer individual advice and representation on cases, an advisory phone service, web and social media access, education sessions across the state, training of consumer advocates (including carers, families and friends), and systemic policy development based on the evidence drawn from case work.

The annual cost of this service is estimated at \$750,000 per year to provide for six FTEs delivering individual advocacy and representation, regional support and engagement, advocate support and training, information and communication, and policy development. It is proposed that the program be established for a three-year period in the first instance.

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Community sector Health in All Policies

Fund SACOSS to deliver a Community Sector Health in All Policies program across the state's not-for-profit sector

Estimated cost: \$550,000 per year, initially for three years

The South Australian government's Health in All Policies (HiAP) approach works across government to achieve better health outcomes for all South Australians. It recognises that health and wellbeing are influenced by a range of determinants outside the formal health system, such as economic, social, political, environmental and behavioural factors. HiAP is founded on the principle that government policies and programs across all portfolios, such as transport, planning, law and education, can impact on the health of South Australians. All government agencies must therefore consider public health in the policies and programs they deliver.

Wellbeing SA's launch of the World Health Organisation Collaborating Centre for Advancing Health in All Policies Implementation (WHO CC) is an important and welcome milestone in advancing HiAP within South Australia.

Evidence on the impact of the social, economic, environmental and behavioural impacts on health – or the social determinants of health – is universally accepted. The World Health Organisation describes the social determinants of health as 'the conditions in which people are born, grow, live, work and age' (WHO 2019). The variation in these conditions can be 'responsible for health inequities - the unfair and avoidable differences in health status' (WHO 2019). Those with poorer social or economic backgrounds are more likely to experience poor health (AIHW 2019b). In both South Australia and the nation, some of the poorest health outcomes are experienced by Indigenous Australians, frequently linked with disadvantaged socioeconomic circumstances (AIHW 2019; HPC 2017, p 11).

SACOSS's proposed Community Sector Health in All Policies program is a timely addition to the WHO CC. It aims to extend HiAP to the not-for-profit health and community sectors. These sectors provide a range of services from housing to justice through to disability and training. In many cases they deal with the most vulnerable South Australians. The SACOSS program will assist sectoral organisations to contribute to better health outcomes across the state, in particular targeting those who are most vulnerable, such as those in regional South Australia.

As proposed, the Community Sector HiAP would be managed by SACOSS under the oversight of the Public Health Consortium, comprising SACOSS, the Public Health Association (SA) and the Australian Health Promotion Association (SA). The oversight of the Public Health Consortium would ensure the highest standard of evidence-based practice and would in return ensure on-the-ground feedback to public health policy. It would be affiliated with and supported by the WHO CC.

Working with a liaison and resourcing officer from within the WHO CC, a three-person team would build the capacity of the NFP sector in HiAP, working with individual organisations to build staff and policy capacity, undertaking training, and partnering with local government and health organisations to develop and evaluate programs and knowledge. Funding for the program would be for an initial three years. Evaluation of the program would be a key part of the work and evidence arising from the program would contribute to the evidence base within WHO CC and Wellbeing SA.

The Community Sector HiAP would require funding for four FTEs, three located within SACOSS and 0.5 FTEs within the WHO CC, at a cost of \$425,000 per year. An additional \$125,000 per year would be allocated to program delivery costs such as resource development, travel, accommodation, venue hire, and communication and marketing.

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Making life affordable

Public housing investment

Invest in public housing stock to return to 2013 numbers (40,000) by 2024 with a further increase to 65,000 dwellings by 2034

Estimated cost: \$462 million per year over 15 years

South Australia's public housing stock has been cut by almost 20% in the last five years.

In 2018, the state's social housing stock totalled 46,624 dwellings, falling 4.5% from 48,817 dwellings in the five years from 2013:

Social housing dwellings in South Australia, 30 June 2013 and 30 June 2018

	Number		Percentage		% Change
	2013	2018	2013	2018	
Public housing	40,018	32,686	82.0	70.1	-18.3
State-owned and managed Indigenous housing	1,803	1,449	3.7	1.7	-19.6
Community housing	5,896	11,561	12.1	24.8	96.5
Indigenous community housing	1,100	928	2.2	2.0	-15.6
TOTAL	48,817	46,624	100.00	100.0	-4.5

Source: Drawn from AIHW 2019; AIHW 2014, Table 3.1, p 29

South Australia's public housing stock has seen a significant decline, with public housing falling 18% from 2013 to 2018 (SAHA 2018b, p15: AIHW 2019; AIHW 2014, p 29). This has been partially offset by a doubling in community housing over the period (AIHW 2019; AIHW 2014, p 29), but the net effect is negative. This negative outcome was worsened by a fall in the number of state-owned and managed Indigenous housing and Indigenous community housing between 2013 and 2018, with no appreciable offsets (AIHW 2019; AIHW 2014, p 29).

This fall in public and social housing coincides with the \$283.9 million waiver of South Australia's housing debt granted to the state by the Australian Government in 2012-13 for housing assistance stimulus (Thomas 2019). The payment was for 'the forgiveness of South Australian Government housing debt' (Australian Government 2012b, p 11) aimed at stimulating growth in public and affordable housing in the state. Factoring in repayment costs, the South Australia government estimated the total package at \$320 million (SA Government 2013, p18).

The overall decline in social housing and the steep decline in public housing in the last five years suggest that this money has not been allocated for public or other social housing (Thomas 2019; Burgess 2019). Budgeted social housing expenditure declined from \$558 million in 2012-13 to \$441 million in 2013-14 and has continued to fall (Ogle cited in Burgess 2019).

SACOSS welcomes the state government's recent announcement to build 1,000 affordable homes on government land (Richardson 2019). However, to assist the most vulnerable and disadvantaged, the

commitment must be to the provision of public housing, a view shared by the state's peak housing body, Shelter (Shelter 2019, p1).

Adelaide is now the second-most unaffordable capital city for renters according to the Rental Affordability Index (Frost 2019). Housing stress encompasses those who are paying 30% or more of their household income on housing payments, either rent or mortgage (SAHA 2018a; ABS 2017). Across the state, around 107,000 households are experiencing housing stress, 60% of these renters (SACOSS 2017). Housing stress is rising, up 86% in the five years from 2011 to 2016 (SAHA 2018b, p 1).

Rental stress for low-income households almost doubled between 2007 and 2016, from 22.4% to 39.4%, with 47,648 households in this category in 2015-16 (Shelter 2019, p 1). Insufficient levels of public housing have forced a high proportion of those on low and very low incomes into the costly private rental market. In 2016 there were 121,006 low-income households renting in the private market (Shelter 2019, p 1).

Purchasing a dwelling is almost impossible for many South Australians, with affordability worsening from 2011 to 2016 by 8.8% for those on low and very low incomes (SAHA 2018b, p 1). The more affordable dwellings for sale are located outside of the metropolitan area, so further away from employment, education and services (SAHA 2018b, p 11).

To meet some of this demand, SACOSS urges the state government to immediately invest in public housing, in the first instance reinvesting the \$284 million public housing debt relief from the Commonwealth. The request is that public housing stock to 2013 levels by 2024, ie 40,000 dwellings, with a view to raising the total public housing stock to 65,000 by 2034, doubling current numbers.

Again, the government's last budget and the recently announced housing package have some welcome expenditure on public housing and maintenance, but the funding of new expenditure from reserves and from sales leaves us unclear as to what the final number of additional public houses (if any) will be. And in any case, a much greater investment is needed to meet the targets we are calling for.

Estimated construction costs for new social housing dwellings in South Australia, with variations in land cost and dwelling type, range from \$146,000 to \$261,000 per dwelling (AHURI 2018, p 5). It is estimated that constructing 33,000 new dwellings by 2034 (at \$210,000 per dwelling) will require expenditure of \$462 million per year or \$6.93 billion over 15 years.

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Water rebate for high water needs

Expand the eligibility of water bill medical concessions to cover any medical condition or disability that creates the need for significant extra water use

Estimated cost: \$750,000 per year

Almost one in five South Australians lives with some form of disability, with 142,800 experiencing limitations on core activities such as communication, mobility, self-care, schooling or employment (ABS 2019). As a result of reduced earning capacity from either disability or caring responsibilities households, in which people living with disability reside, are more likely to have lower levels of income compared to those without a disability (ABS 2019). Those living with disability or chronic illness are therefore at risk of experiencing financial disadvantage and difficulties in managing the costs of essential services (ACCC 2018, p 310).

Many households in which people living with disability reside have a higher demand for water, relating to specific needs around therapy, pain relief, hygiene and comfort (McCallum *et al* 2017, p 11). They therefore face higher water costs. For example, extra (and longer) hot showers and hydrotherapy are required for pain relief by those with arthritis. Those with neuromuscular conditions such as centronuclear myopathy, muscular dystrophy, familial spastic paralysis and multiple sclerosis have a similar hot water need, in this case to warm the muscles and allow daily function. Hygiene needs may also be greater in relation to incontinence, temperature control, or therapy. Out of 30 people surveyed in JFA Purple Orange research in 2019, 22 identified laundry as a major contributor to high water use. As observed by one participant, 'people with disability don't have any other options, we need it [water] for health and sanitary reasons which a lot of other people can go without' (Mills *et al* 2019, p 11).

Extra demand on water services can also arise from the need to accommodate carers and support workers. Pamela Kirkham, who spoke at SACOSS' Essential Services and Disability Conference in 2018, has reported that her family of three used 1600 litres of water a day to care for her daughter living with an acquired brain injury. By way of comparison, SA Water suggests that an 'average' household of five might use up to 900 litres of water a day (Richards 2018). The Kirkham family's additional water use was attributed to showering two to three times a day to manage bladder infections, high daily loads of laundry, and having support workers frequent the house to assist in providing 24-hour care.

The structure of residential water prices, where usage is charged on a three-tier consumption basis with charges increasing with usage, means that high water consumption households are particularly vulnerable to water affordability issues. Previous research from SACOSS has found that water affordability impacts different customer groups according to consumption levels, metering arrangements, concession eligibility, home ownership and whether the supply charge is paid by tenant or home owner (SACOSS 2017, p 30).

The current water bill medical concessions do not go far enough in supporting those living with disability. Lack of awareness about what is available further reduces their efficacy. Of the 30 participants in JFA Purple Orange's 2019 research, only nine (30%) received any water concession or

rebate (Mills *et al* 2019, p 19). Education and promotion are critical to increase uptake of concessions and rebates by those living with disability.

The South Australian Water and Sewerage Concession Scheme is available to eligible owner-occupiers and renters who pay for water supply or water usage and hold an eligible card, receive an eligible Centrelink payment or meet low income provisions. The concession is valued at 30% of the total water bill for the financial year, subject to minimum and maximum amounts (DHS 2017b, pp 10-12). A separate sewerage concession of up to \$115.90 per year is available for owner-occupiers only (DHS 2017b, p 16), calculated on indexed amount.

The arrangements are different for Housing SA rental properties, whereby Housing SA pays water supply and sewerage charges for its rental properties and passes on charges for usage unless an exemption applies. These exemption categories include households in which someone living in the household 'has special needs that contribute to exceptionally high water use, such as a medical condition that requires frequent bathing or frequent washing of bed linen and clothes' (DHS 2020). Under the special water allowance, Housing SA may pay part of a tenant's entire water use invoice. It is unclear how this special water allowance is administered or applied, the specific conditions that qualify for the allowance, or factors that determine whether part or all of the water use is covered.

SA Water offers a special dispensation for home dialysis patients, providing 180 kilolitres of water per year without charge (Home Network 2017). This allowance does not appear to be widely publicised. It is also clear from the JFA Purple Orange research that there are medical conditions beyond chronic kidney disease that may necessitate support for high water use.

It is also not clear whether similar schemes are available to non-SA Water customers, i.e. those customers who receive their water services from minor and intermediate retailers with 50,000 or fewer connections, such as local councils. Given only 4,000 customers received their drinking water services from minor and intermediate retailers in 2017-18 (ESCOSA 2019, p 1), it is likely that administering such a scheme would be onerous and costly for small-scale providers of water.

SACOSS believes that protections should be available to all South Australians, and not just those serviced by SA Water or those living in Housing SA properties.

The South Australian government's Medical Heating and Cooling Concession Scheme, which covers electricity use, has a much broader remit. The concession 'provides financial assistance to low or fixed income South Australians who have a qualifying medical condition requiring the frequent use of heating or cooling in the home to prevent the severe exacerbation of their condition resulting in the symptomatic deterioration of their condition' (DHS 2017a, p 5).

SACOSS recommends that the South Australian Government expand the eligibility of water bill medical concessions to cover any medical condition or disability that creates the need for significant extra water use, regardless of the purpose of that use.

This concession could be in addition to any existing concessions, in the same way that the medical heating and cooling concession operates, or comprise a change in the concessions threshold for those whose disability or medical conditions mean they have limited options to control water usage.

The state government could also consider funding a dialysis concession for non-SA Water customers, equivalent to SA Water's special dispensation for home dialysis patients. This would ensure that there is consistent support for relevant households across the state.

An estimated cost of \$750,000 per year is based on the 2017-18 budget allocation for the Medical Heating and Cooling Concession Scheme, totalling \$727,000 (in addition to the energy concession) (DHS 2018, p 9).

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Priority needs register

Undertake a pilot project with SA Water to provide extra support for targeted customers through a priority needs register that could be extended to other essential services in the future

Estimated cost: \$300,000 over two years

SACOSS is aware that essential service providers within South Australia operate a range of programs to assist targeted customer groups to access their services. These programs vary across service providers and across customers.

SA Water, as the state's leading supplier of water and sewerage services, has a number of programs in place to support vulnerable customers. It keeps a register of customers who require life-support equipment, for whom water supply cannot be disconnected or restricted. Identification of SA Water customers living with disability and or other chronic health needs is less simple, in part due to SA Water's property-based billing system. However, SA Water is actively working to improve customer experience and services for those living with disability (Richards 2018). SA Water has been working closely with government departments across a range of initiatives, including a pilot program to identify customers in need of additional support during times of service disruption.

Disruptions to essential services such as energy, water and telecommunications can disproportionately impact vulnerable customers with special health, disability or other needs – such as age, personal safety or vulnerability to extreme weather events including fire, drought or heatwaves.

For those living with disability, for example, uninterrupted provision of essential services or early warning of disruptions may be vital (Mills *et al* 2019, p 15). A water customer living with muscular dystrophy told his story in JFA Purple Orange's 2019 research:

About a month ago I had one day that they turned the water off overnight without letting me know. I think it was a water leakage in an adjoining street so they closed the water off overnight and for half a day and that impacted my shower and going to the toilet and so there was a hygiene issue as well. If the disconnection had gone on longer I would have had to leave the house (Mills *et al* 2019, p 15).

Participants in the research identified a priority needs register as an important tool to manage such situations.

A priority services register operates in the United Kingdom for utilities including water, energy, and the telecommunications sector (see for example Ofwat 2013). The register allows utilities service providers to identify and support customers in vulnerable situations who may require specific services relating to health, safety, access and communication. The opt-in system allows people in need to get advanced notice of service disruptions, priority support in an emergency, and dedicated communication help. It applies to a range of customers, including pensioners, those living with disability or chronic illness, those with communication or hearing difficulties, or people in vulnerable situations (Ofgem 2020).

SACOSS calls on the state government to work with SA Water, building on SA Water's current efforts, to develop and implement a priority needs register for its customers, potentially modelled on the UK register. In the first instance, given the complexity of the task, the project would be undertaken as a pilot.

Following completion of the pilot, the register could be fully implemented within SA Water and, with the state government's assistance, extended to other essential services and service providers.

In piloting a register, consideration could be given to customer opt-in mechanisms, procedures for early warning for service disruption, communication in accessible formats, mechanisms for maintaining services or providing alternative services where possible, identification of dedicated staff who are available to vulnerable customers, provisions for privacy and confidentiality, mechanisms for data sharing, and training for staff in working with vulnerable customers.

Working with SA Water, the estimated cost to government for a pilot register is estimated at \$300,000 over two years, comprising IT development, data sharing, communication and marketing, and staffing.

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Extending justice to everyone

Incarceration for non-payment of fines

Remove incarceration as a penalty for the non-payment of fines

Estimated cost: Significant budget savings from reduction in incarceration

SACOSS supports the proposal of the Australian Law Reform Commission to remove incarceration as a penalty for non-payment of fines: 'Fine default should not result in the imprisonment of the defaulter' (ALRC 2017, p 26 - Rec 12-1). It is recognised that incarceration for non-payment of fines disproportionately affects Aboriginal people. While the proposal will impact significantly on imprisonment rates for Aboriginal South Australians, it should be applied to all fine defaulters in the state.

Incarceration is a disproportionate and inappropriate response to the non-payment of fines (ALRC 2017, p 18). Its impacts on the vulnerable and disadvantaged far exceed other population groups.

Alternative solutions for non-payment of fines, and for incarceration in general, should be developed in co-design processes with the community – and in particular developed and led by the Aboriginal community in relation to Aboriginal people, as proposed by the ALRC (ALRC 2017, p 10). Among other solutions, new policy could consider a reduction in the primary imposition of fines and infringement notices, a reduction in penalty amounts and alternative methods of fine payment (ALRC 2017, pp 11, 26-27 – Rec 12-2).

Programs in place of incarceration will cost money. However, imprisonment is significantly more expensive. It costs \$109,500 (2015 figures) per year to place a person in prison – excluding all other costs such as police, courts, and social and economic impacts (Bushnell 2017, p 4).

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Justice reinvestment

Establish a regional justice reinvestment pilot program for Aboriginal young people

Estimated cost: \$525,000 per year over five years, offset by significant savings to the justice system

SACOSS supports the work led by the Aboriginal community leadership group Tiraapendi Wodli, in partnership with Justice Reinvestment SA (JRSA) and the Australian Red Cross, to deliver justice reinvestment services in the state. Continuation and expansion of these services is vital.

The representation of Aboriginal young people within the criminal justice system is alarmingly and disproportionately high. Aboriginal young people are 23 times more likely to be placed in detention than non-Aboriginal young people (OGCYP 2017, p 4; JRSA 2019). Of South Australia's 220 daily average number of youth aged 10 to 17 in detention or under community supervision, 114 or 52% were Aboriginal (2017-17 figures; PC 2019b, Tables 17A.5 and 17A.6). In 2017-18, of the daily average of 35 young people in detention in the state, 23 or 66% were Aboriginal (PC 2019b, Table 17A.5). Disturbingly, children as young as 10 years of age are being placed in detention (OGCYP 2017, p 11). Of note is the more even proportion of Aboriginal and non-Indigenous youth in community supervision – a daily average of 91 and 94 respectively (PC 2019b, Table 17A.6). The data suggests that Aboriginal youth are more likely to come into contact with the justice system and when they do they are more likely to be placed in detention.

The number of Aboriginal young people in the justice system is in stark contrast to the percentage of Aboriginal young people in the state, comprising only 4.9% of all South Australians aged 0 to 19 years (2016 figures; ABS 2018). The data supports views held by the Aboriginal community and research indicating embedded racism in the justice and legal system (Davey 2016).

Justice reinvestment seeks to redirect resources from incarceration to the causes of offending, many of these external to the justice system (ALRC 2017, p 13). It 'uses place-based, community-led initiatives to address offending and incarceration, applying a distinct data-driven methodology to inform strategies for reform' (ALRC 2017, p 12).

It aims to reduce the number of people in prison by reallocating money from corrective services to programs in those communities that register higher numbers of prisoners and people engaged with the justice system (JRNA n.d.). It recognises that punitive measures are, in any case, expensive and of limited benefit. For example, punitive measures applied to young people in relation to substance abuse issues rarely work, whereas 70-86% of first-time offenders diverted to a health intervention do not reoffend (CCYPSA 2018; Hughes *et al* 2019, p 12).

Justice reinvestment in relation to Aboriginal and Torres Strait Islander people, as recognised by the Australian Law Reform Commission (ALRC) and Justice Reinvestment SA (JRSA), requires Indigenous design, development and leadership (ALRC 2017, p 10). The principles of self-determination, representation, and community control and agency underpin program management and delivery. Local approaches must be developed and led by local Aboriginal communities.

The cost of justice reinvestment cannot be estimated in the absence of specific initiatives, which – as proposed – should be developed in a co-design process. However, imprisonment is expensive. It costs around \$83,500 (2017-18 figures) per year to place an adult in prison and \$761,000 to place a

person aged 10 to 17 years in youth detention – excluding all other costs such as police, courts, community corrections, and social and economic impacts (PC 2019a, Table 8A.18; PC 2019b, Table 17A.21). Community supervision costs are considerably lower, but remain significant. For young people, the average yearly cost of community supervision is \$45,600 – again excluding other justice sector or social costs (PC 2019b, Table 17A.20).

There are additional social costs associated with emphasising criminality and punishment over addressing the causes of offending (ALRC 2017, p 11). International experience provides evidence of cost savings and reduced criminality. In Texas, USA, for example, programs run over 10 years have recorded significant savings in the justice budget, falls in crime rates and slowing growth in the prison population (JRSA 2019b).

The justice reinvestment project in Port Adelaide, led by Tiraapendi Wodli and in partnership with Justice Reinvestment SA and the Australian Red Cross, is an important and welcome first step in introducing justice reinvestment into South Australia. The project's action plan identifies primary school-aged children and young people as two of its four target populations (JRNA 2019). Independent evaluation will be undertaken by the University of South Australia (JRSA 2019b). SACOSS welcomes the state government's \$810,000 funding of the project over the two-year period 2019-21 (SACOSS 2019, p 12).

SACOSS supports Tiraapendi Wodli, in association with Justice Reinvestment SA and the Red Cross, in its call for an expansion of trial programs, funded for a minimum of five years, across metropolitan, regional and remote South Australia. Justice reinvestment opportunities should be offered to every Aboriginal community with design and implementation developed through collaboration at the local level. New programs must be led by local Aboriginal communities, driven and monitored by representative Aboriginal community leadership and governance, and based on the priorities and opportunities identified by each community (JRSA 2019c). In the first instance, a regional trial should be implemented within the 2020-21 budget.

An estimated annual cost of \$525,000 considers the additional travel and accommodation expenditure associated with a regional project as well as the lack of certainty around supplementary support from charitable or business organisations. Five years, as advocated by JRSA, is considered the minimum to realise and appraise the benefits of the program.

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Backing the community sector

Equal Remuneration Order gap

Commit to working to fund the Equal Remuneration Order gap

Estimated cost: Nil if reinstated by the Australian government; \$35-40 million should the state government need to make up the shortfall

The Equal Remuneration Order (ERO) granted to our sector's workforce in 2012 was a landmark decision in recognising and rewarding workers who for too long have been providing vital services for very low remuneration. However, the pay increases which have flowed as a result of the ERO have substantially increased the wage bill for our sector organisations. As has been recognised by the state government, funding the pay increases would require significant cuts in services in the absence of government support.

SACOSS, and our whole sector, has welcomed the state government's backing of the ERO and our sector through providing increased funding in ERO supplements and increases in base-line contracts. However, the Commonwealth government has not been as supportive. It is our understanding that in most federal departments the ERO payments have not been added to yearly base-funding for our sector and, once the current legislative requirement to fund the ERO increases expires, the Commonwealth will no longer offer supplemental funding (ACOSS, 2019). This will take effect from July 2021. It will have a huge impact on a range of our sector organisations that are reliant on Commonwealth government funding and will result in a massive cut to services to vulnerable and disadvantaged South Australians.

The South Australian government must vigorously lobby the Commonwealth to maintain ERO funding to ensure services are properly funded (with equal pay).

If that lobbying is unsuccessful and the Commonwealth proceeds to withdraw ERO funding, the state government will need to step in to fund the ERO pay gap in South Australia to avoid a cut to vital services. This will be a significant expenditure, estimated at around \$35 million to \$40 million, but will hopefully be unnecessary. However, provision for this should be made in the forward estimates.

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Community sector workforce strategy

Fund the development of a sector-led workforce strategy for the community sector in South Australia, led by SACOSS

Estimated cost: \$180,000

Not-for-profit (NFP) organisations contributed \$54.8 billion dollars to the Australian gross domestic product (GDP) in 2012-13. This represented 3.8% of GDP, up from 3.2% in 2006-07. NFPs employed around 1.1 million paid employees and 3.9 million volunteers, with an economic value in terms of work hours of around \$17.3 billion. Social services were consistently the highest or second highest contributors among NFP organisations to GDP, employment and volunteering (ABS 2015).

The community services sector is also a significant element of the South Australian economy. SACOSS calculates, based on Australian Charities and Not-for-Profit Commission data (ACNC 2016), that the state's registered community services organisations had a turnover in excess of \$3.1 billion, representing some 3.1% of Gross State Product – and that does not include the contribution of community service organisations registered in other states but operating in South Australia. The four largest organisations in our sector have annual turnover in excess of \$100 million per year, but most organisations are much smaller and more than half have turnovers under \$1 million per year (ACNC, 2016). The state government's own estimation is that the care industry has the potential to deliver \$2 billion of new social and economic benefit to the state (OCPSE 2019).

Importantly, SACOSS calculates that in 2015 community services organisations employed more than 30,000 South Australians. With the growth in health care and social assistance, and in particular care services (ABS 2019), further expansion of this workforce is expected. The profile of community sector organisations is expected to undergo major change in the next 10 years, driven by demand, consumers, competition, a changing workforce, and public policy and regulation (VCOSS 2018, p 3). The demand for skilled labour is growing, with expectations and standards rightly increasing.

A community services sector workforce strategy is urgently needed.

In our consultations to develop this submission, members and stakeholders across all sub-sectors have raised concerns around workforce training, skills, attraction and retention. Levels of training are uneven, with a number of client-facing organisations finding that graduates are simply not prepared for the realities of work. Funding restrictions, with tight parameters around expenditure on non-client-facing activities, means that many organisations are unable to devote the resources to support interns, trainees and entry-level workers to the extent that they would like.

The 'gig economy' is now entrenched in the community services sector. High rates of 'piece' work, often the result of funding mechanisms such as the National Disability Insurance Scheme (NDIS), have increased the insecurity and casualisation of work. For workers this means unstable levels of pay, reduced hours, and workers have raised concerns about the difficulty in transferring their conditions across organisations, whether working with them simultaneously or consecutively.

Workforce issues are particularly acute in regional South Australia. The community services sector is like other sectors in the difficulties it has in attracting and retaining staff outside the metropolitan area.

SACOSS welcomes the South Australian government's current development of the Disability Industry and Workforce Strategy (OCPSE 2019). This serves as an important first step or component of a broader community services sector workforce strategy. Similarly, SACOSS notes the overlap with the government's Growth State strategy, which identifies health and medical industries (including ageing) as one of the priority industry areas (SA Government).

Development of a workforce strategy should be undertaken in partnership with government, the education and training sector, and the non-profit sector, led by SACOSS as the peak health and community service body in the state. The strategy will be founded on extensive stakeholder engagement using co-design principles, and will take account of the particular challenges faced by regional South Australia.

Among other things the strategy may identify and make recommendations on:

- workforce skills and future demand
- cross-sectoral skills, employment and training pathways
- professional development and learning pathways
- workforce resilience
- career pathways and recognition for employees
- workplace staff management practices and standards.

SACOSS seeks funding of \$180,000 to develop the strategy during the 2020-21 financial year. This will support the employment of 1.4 FTEs and costs associated with stakeholder engagement, including consultation forums and travel and accommodation across the state.

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Volunteering advocate

Establish a statutory advocate for volunteers to promote and protect volunteer rights

Estimated cost: \$450,000 per year

More than 900,000 South Australians are volunteers. Their work is equivalent to 107,400 full-time jobs. The value of volunteering to the state has more than doubled since 1992, now contributing around \$5 billion annually to the state economy or 11.5% to the state GSP (Volunteering Strategy 2014, p 8; Ironmonger 2011, p 3).

Despite their enormous contribution to the economy – particularly in regional areas (Harrison Research 2018, p 10) – volunteers do not enjoy the full workplace and, in particular, the health and safety rights of paid employees.

According to Volunteering SA&NT, breaches of trust between volunteers and their host organisations have become more prevalent over recent years. Volunteering SA&NT is receiving a growing number of complaints by volunteers experiencing bullying and harassment, issues around whistle blowing, discrimination, exploitation, and work allocation that is arbitrary or forcefully imposed. Volunteers have also raised complaints about exclusion from organisations for which they have had no recourse (VSANT 2018a, p 2; Mex 2019, p 112).

There is evidence of poor leadership and the misuse of power in some committees, arising from a number of factors including the lack of resources to coordinate volunteers, poor training and standards, the complexity of regulation, and the more fluid nature of volunteering (Mex 2019, p vii; Mex 2018, pp 74-76).

Volunteers say they feel disempowered and often isolated. A significant number are unaware of the avenues that are open to them, such as through the Equal Opportunity Commission. Those who do have this knowledge often do not pursue these avenues seeing them as emotionally wrought, time-consuming or – in the case of legal action – costly. Their status as unpaid workers means they do not necessarily have the financial means to pursue issues.

Organisations from all sectors have mixed track records in advising volunteers of their rights and in putting in place human resources policies and complaints and appeal mechanisms. Where these policies and mechanisms exist, their application to volunteers is not always clear.

A significant gap is for volunteers within volunteer associations. While volunteers work across the government, not-for-profit (NFP) and private sectors, the highest percentage is located within the NFP sector (VSANT 2018a, p 3). There are around 600,000 South Australians who formally volunteer for incorporated associations (Harrison Research 2018), which means around 440,000 of these volunteers contribute time with small, all-volunteer associations with no paid staff. These associations are not recognised bodies within the *Work Health and Safety Act 2012 (SA)* or the *Work Health and Safety Act 2011 (Cth)*. Workers within these associations are therefore not covered by work health and safety legislation, including its anti-bullying provisions. For all volunteers, anti-discrimination legislation does not specifically apply to volunteers (VSANT 2018a, p 3).

A volunteering advocate established as a statutory body would provide advocacy for volunteers and promote and protect their rights in the state. The statutory nature of the body would ensure its independence and its ability to pursue issues and complaints without interference, modelled on existing ombudsman and complaints bodies. It will have a role in mediation and the power to make binding resolutions in disputes, as appropriate.

In association with NFP organisations such as Volunteering SA&NT and the Office for Volunteers, the advocate may also have a role in policy development arising from casework and public education on volunteering, host organisation responsibilities and volunteer rights as well as in training and education on governance and volunteer rights, including uptake of national volunteer standards.

Establishment of an advocate would support the delivery of key priority 3.1 of the Volunteering Strategy for South Australia 2014-20 (p 12): 'Identify issues and gaps in the rights of volunteers in terms of work health safety, governance and recognition'. An advocate for volunteers was supported by the state government during the 2018 election (VSANT 2018b).

Costs for the body are estimated at \$450,000 per year to provide for a full-time advocate and 1.5 FTEs engaged in dispute resolution, communication and promotion, engagement and training, policy and advocacy, and administration. The estimate also includes program delivery costs, including for regional engagement and promotion. Costs may rise over time as the advocate becomes better known.

Sources

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