

Health, Housing and Justice Policies

SA State Election 2018



SACOSS

*South Australian Council
of Social Service*



Health, housing and justice

Introduction

Health, housing and justice are key concerns in enabling all South Australians to share in economic prosperity and in building a fairer society. The non-government community services sector provides a range of supports and services to vulnerable and disadvantaged people in all these areas whether it be through primary health services, support groups for people with particular medical problems, community housing, or community legal services and offender rehabilitation.

In this election, SACOSS is supporting the advocacy of our sector organisations in health, housing and justice and is also putting forward proposals which arise directly from our own research and policy development.

Policy Summary

- All parties should address the issues and policies raised by SACOSS members in this election

Health

- Establish and resource a “Connected Health for All Strategy”
- Create a discrete full-time role of Chief Public Health Officer, separate from that of the Chief Medical Officer
- Establish (and construct a long term evaluation of) two non-government Comprehensive Primary Health Care Centres (CPHCCs) in South Australia
- Prioritise mental health by resourcing and fully implementing the SA Mental Health Strategic Plan, with a continuing role for the SA Mental Health Commission in leading the plan and reporting on progress

Housing

- Stop the current decline of public housing and develop a long term strategy to rebuild the public housing estate

Justice

- Replace the current flat-rate traffic and summary fines with ones based on a proportion of the offenders’ income
- Provide online tertiary education programs for prisoners to facilitate rehabilitation, digital inclusion and post-release life chances.

Sector Proposals

A number of SACOSS member organisations are putting forward policies in this election relating to their respective concerns, programs and areas of expertise. In particular, the peak bodies within our sector such as Community Centres SA, the Mental Health Coalition, the Youth Affairs Council, the Community Housing Council, Multicultural Communities Council, and SA Network of Drug and Alcohol Services (who are all members of the SACOSS Policy Council) have articulated policies, priorities and programs to be considered in this election.

These form part of SACOSS' concerns in this election and **we expect all political parties to address the issues raised by the relevant SACOSS members.** How these issues and concerns are addressed by the parties will form part of SACOSS' evaluation of each parties' platforms and policies in this election.

Health

SACOSS has a key interest in health equity and addressing the social determinants of health. In 2014, SACOSS became a Public Health Partner Authority and has a current MOU with the Department of Health and Aging to work collaboratively with government and other stakeholders to support community health and wellbeing, and to increase action on key public health issues that impact on low income and disadvantaged communities. However, there have been very limited resources to either advance this work and to leverage the capacity of the non-government sector's potential role in addressing disease prevention and health promotion for some of the State's most vulnerable citizens.

SACOSS has worked closely with the Public Health Association, Anti-Poverty Network and the Australian Health Promotion Association to develop key policy proposals that if delivered would assist in addressing the state government's current gap in public health capacity and commitment. This section will outline those jointly endorsed policies, however for full details please refer to the 2018 Public Health Consortium Election Campaign *Our Vision for a Healthy, Flourishing South Australian Community* (available on the SACOSS website at: <https://www.sacoss.org.au/state-election-2018#HHJ>.)

Connected Health for All Strategy

SACOSS and its consortium partners are proposing **the establishment of a "Connected Health for All Strategy" to support public health programs and partnerships between non-government organisations, local government and the Department of Health.**

Connected Health for All is a concept grounded in the Health in All Policies approach (HiAP) that recognises health is created outside of the health system and facilitates action on the social determinants of health across government. Connected Health for All would move beyond the HiAP approach by reaching into the wider community sector to build capacity amongst non-government community sector groups who look after some of the most vulnerable South Australians.

The Public Health Consortium envisages that the program would require 4 full time equivalent staff positions to be located within SA Health complemented by parallel resources (4 FTE) made available to the non-government sector, with a mandate of engaging NGOs and councils in public health partnerships to maximise community health outcomes.

Additionally, one full time equivalent Connected Health for All Liaison Officer should be located within the Department of Premier and Cabinet. Specifically, this position would be responsible for ensuring that health and wellbeing is considered across state-wide decision-making processes and portfolios, ranging from urban development, through to environmental initiatives.

Chief Public Health Officer

The *Public Health Act (2011)* establishes the position of Chief Public Health Officer. However, currently the position is held by the Chief Medical Officer, with both positions

held by the same person in a merged position. In his most recent report, he highlighted the need to reorient services towards disease prevention:

“If we are to make an impact on addressing the pressures facing our health system, then now, more than ever, a much stronger focus and investment is required on prevention ... More than ever we need evidence-based approaches to address the environments and conditions that cause us to get sick in the first place in order to keep people healthier and out of hospital. This cannot be achieved by the health system alone ... A state of prevention is now critical” (SA Health, 2017).

We believe that strong leadership is central to achieving this vision and is compromised by the more tertiary-focused demands of the Chief Medical Officer role. Accordingly, we are calling for **all parties to commit to a leadership structure that separates the role of Chief Medical Officer and Chief Public Health Officer into two discrete full-time positions**. The separation would provide extra leadership resources and is necessary to enable the role of Chief Public Health Officer to effectively advocate for community health promotion and prevention.

A discrete full-time Chief Public Health Officer would be specifically responsible for overseeing:

- A state-wide community health promotion and disease prevention strategy
- Connected Health for all initiative (a new program detailed above)
- Administration of the Public Health Act 2011

Comprehensive Primary Health Care Centres

South Australia was recognised as a community health leader in the 1980s and 1990s and achieved exceptional results in terms of health status and quality of life for residents of the state (Lawless & Baum 2014). Sadly, this is no longer the case as the health system has become dominated by tertiary care and treatment. In the 2016-17, the state government spent an estimated \$4,750m on acute care institutions, by comparison with \$457m on community health services and \$149m on public health (Govt of SA, 2017b).

International evidence demonstrates that in terms of building population health, the most effective health care systems are based on a strong, comprehensive primary health care system (Lawless & Baum 2014). SACOSS and the Public Health Consortium believe that Comprehensive Primary Health Care Centres (CPHCCs) are crucial to building such a system. CPHC services are local and act as the first point of contact for people with health issues and as a focus to assess and act on community health. They engage in a wide range of activities in the promotion of health, prevention of chronic disease and early intervention, which are essential in reducing reliance on expensive hospital services.

SACOSS and the Public Health Consortium are asking for a long term **commitment to pilot the model of non-government run Comprehensive Primary Health Care Centres, one based in metropolitan Adelaide and one in a rural setting**. The pilot should include a research and evaluation program to determine the feasibility of a wider rollout. This pilot would represent the first comprehensive trial globally of best practice, health promoting CPHCC model centres.

This pilot would need investment to fund approximately 60 full time staff plus program costs and would cost be approximately \$10m per site. However, some costs could be offset by income through Medicare-funded services.

Mental Health

Nearly half of the South Australian population will experience a mental illness in their lifetime (SA Mental Health Commission, 2017), yet funding for mental health services has continued to be only a small fraction of the total SA Health budget. In this election SACOSS, in collaboration with the Mental Health Coalition of South Australia is hosting an election forum with the various parties' spokespeople on mental health to canvass a range of issues in relation to mental health, but SACOSS is focussing our policy proposals on mental health planning and the provision of community mental health services.

In the 2014 State Election, SACOSS called for the development and implementation of a new 5 year mental health plan for the state, with the previous plan having expired in 2012 (SACOSS, 2014). That Plan focused on a sound mental health policy of increasing community supports to help people with severe mental illness so they avoid costly and unnecessary emergency and acute care. SACOSS wishes to see these types of approaches continued.

Increased investments in community-based services delivered by non-government organisations have been independently evaluated and shown to be highly effective in supporting people with severe mental illness to lead better and more stable lives in the community. 63% of people with severe mental illness who used one such community-based mental health service also reported that it kept them out of hospital (Zmudzki et al, 2015).

In July 2016 the SA Mental Health Commissioner was appointed to develop a new mental health plan, and in 2017 SACOSS co-convened a sector workshop and made a submission on the development of that plan (SACOSS, 2017b). The SA Mental Health Strategic Plan 2017-2022 was released in December 2017 and is welcomed by SACOSS.

South Australians experiencing severe mental illness and their families now need a **commitment from all parties that they will prioritise mental health by resourcing and fully implementing the SA Mental Health Strategic Plan, including by ensuring a high priority on maintaining and improving community support services.**

The implementation of the plan will require a continuing role for the SA Mental Health Commission to provide leadership in implementing and reporting on the progress of the plan. In doing this, the Commission must maintain a commitment to working with and strengthening the voice and impact of those with lived experience of mental illness at all levels including in the mental health workforce.

Further, particular attention will need to be paid to ensure that no new gaps in mental health funding open up in the transition to the NDIS. It has already become clear that there are a range of community-based services which currently provide support to a number of people with mental health issues who won't necessarily get access to the NDIS. These community-based services keep those people from needing to access tertiary services, but

they won't be able to access the services through the NDIS and the services are not being separately funded outside of the NDIS.

Finally, in ensuring that the Mental Health Plan is fully implemented and community mental health services continue to offer high quality services, a future government will need (at a minimum) to maintain existing funding to mental health support delivered by non-government organisations in South Australia. The commitment sought here to maintain funding for services, forms part of the broader commitment SACOSS is seeking in our Tax and Expenditure policy for no cuts to non-government health and community services.

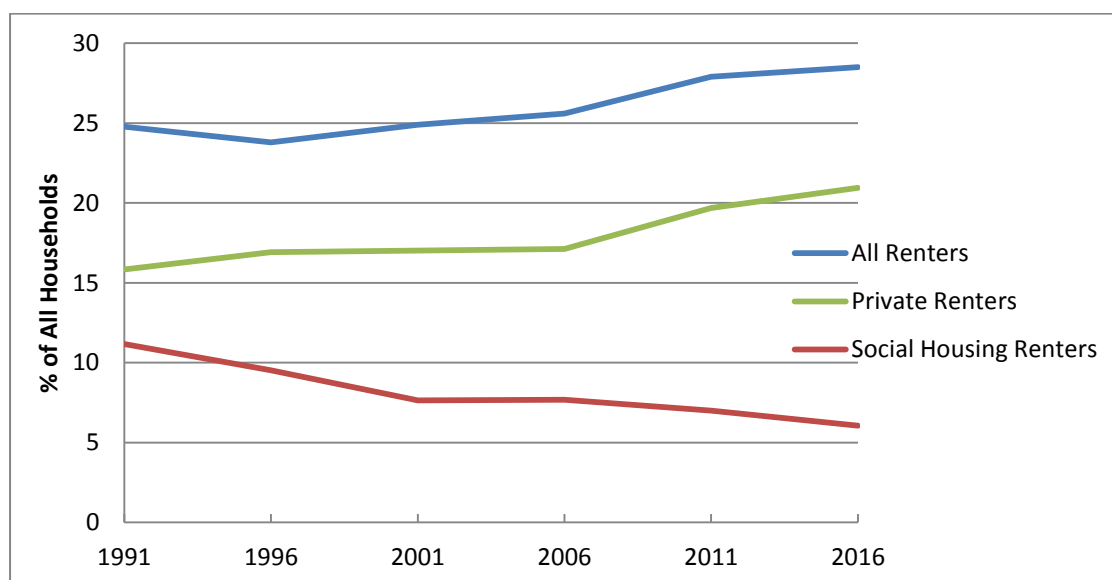
Housing

Public Housing

Housing is a basic necessity and secure and appropriate housing contributes to health and wellbeing, educational and vocational achievement, and life chances. Housing costs are the largest household expenditure for most South Australian households, and SACOSS has published a number of *Cost of Living Updates* focussing on housing affordability. The most recent, in August last year, detailed housing stress by state electorate (SACOSS, 2017d).

The ABS 2015-16 *Household Expenditure Survey* showed that average households in South Australia spent \$219 per week on current housing costs, constituting 18.4% of household expenditure on goods and services (ABS, 2017a).¹ However, these averages include those who have paid off their mortgages and have few current housing costs, so the figures for those still paying-off mortgages or paying rent are much higher. The 2016 census showed that the median rent was \$260 per week, while the average mortgage was \$344 per week (although this latter figure includes repayment of capital, which is in effect enforced saving rather than current expenditure (SACOSS, 2017d). Further, on average renters have lower incomes than other households, so housing costs impact even more on them. The census data showed that 35.8% South Australian renters are spending more than 30% of their income on housing, by comparison with 18.7% of mortgagees (ABS, 2017b).

The focus on renters, and in particular on low income renters, is important because over a quarter of the South Australian households are renters (including many vulnerable households on low incomes) (ABS, 2017b). As the following graphs shows, rental occupancy has grown steadily over the last 25 years, but crucially the social housing (public and community housing) share of the housing market has dropped markedly.



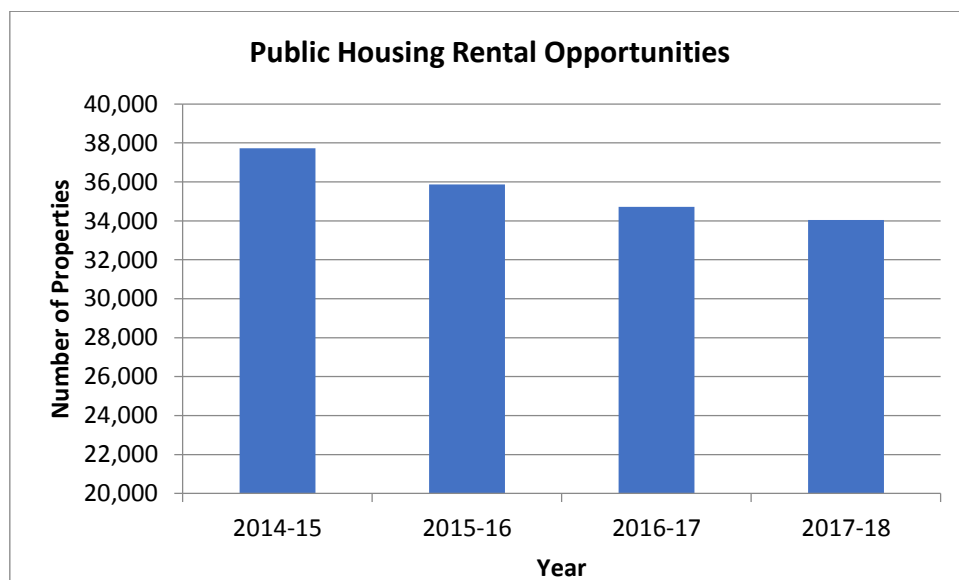
Source: SACOSS (2017d)

¹ These figures include water and sewerage and council rates (as the standard ABS categorisation), but are therefore higher than the figures used in the SACOSS Utilities Cost of Living Policy (2017c) which extract water rates.

The massive decline in social housing evident in the graph is important, both because that housing is a vital service to the most vulnerable South Australians, but also because it provides a floor for the housing market. The SA Housing Trust was once the envy of the country (and beyond) and provided housing not just for those excluded from the housing market, but for those on low incomes thus ensuring that there was a viable alternative to unaffordable private rental. The decline in public and social housing stock means that its impact on housing supply and demand has diminished, and fewer social housing options means that it easier to stigmatise occupants and reinforce disadvantage.

In addition to the decline in the numbers of social housing properties, there is also a huge problem of maintenance in what is often aging housing stock in poor repair. Data provided to the South Australian parliament last year showed that the backlog of maintenance on Housing SA properties worth some \$700m (Langenberg, 2017). This impacts most obviously on public housing tenants forced to live in substandard accommodation (or kept on waiting lists until properties can be repaired – with some 1500 currently classed as un-tenantable (Smith, 2018), but it also impacts on the community housing sector as the government is in the process of transferring management of 4,000 properties to the sector. However, this also transfers the maintenance responsibility – estimated at an average of \$20,000 per property – a potential cost shift of around \$80m which will limit community housing providers’ ability to build more desperately needed low cost housing.

In recent years the state government has made some moves to address public housing shortfalls with the commitment through the *Renewing Our Streets and Suburbs* initiative to renew 4,500 Housing Trust properties within 10km of the Adelaide CBD, and the 1,000 Homes in 1,000 Days program to build new public housing (Mulligan, 2016). However, as the following graph shows, despite the new investment the number of Housing Trust rentals, the number of properties available has declined over the period of the program.



Source: The data is from the State Budget Papers (Govt of SA, 2016, p 107; 2017b, p 117), but to make the year comparisons consistent, the figures have been adjusted to be nett of the transfer of 4,000 properties to the community sector.

There is some qualification on these figures in that some reduction is due to the Affordable Homes Program which enables tenants to buy their public housing, but logically (unless this is just simple privatisation) the money for this should be put back into public housing so there should be no nett loss to the estate. Similarly, the development of the community housing sector means that public housing is no longer the sole provider of social housing, but it remains the backbone of the system and fulfils a unique and historically important role.

Therefore, the decline of the public housing estate, both in the number of properties and their maintenance, represents a serious degrading of one of the state governments most important services to vulnerable and disadvantaged people. It is all the more outrageous given that there are currently some 21,000 people on the waiting list for public housing (Smith, 2018).

SACOSS therefore calls for a recommitment to the idea of public housing, and an election commitment that by the end of the next term of government:

- **there will be more public housing available (and in good repair) than at present; and that**
- **there will be a credible plan in place to significantly expand the public housing estate for the decade after that, with the aims of reducing the waiting list to negligible levels and re-establishing public housing as a market determinant contributing to housing affordability.**

Justice

Income-based fines

A variety of civil and criminal offences attract fines and penalties. In general these fines and penalties are set at flat rates based on the offence and without reference to the offenders' ability to pay. In practice this means that they impact more on those on low incomes because the fine represents a greater proportion of their income. SACOSS has calculated that the fines for some basic traffic offences can have a 5.8 times greater impact on someone on Newstart than on those in the highest income quintiles. For example, for those on a basic Newstart allowance, a fine for failing to give way at a roundabout constitutes 156% of weekly income – by comparison with 27% of an average full time wage (SACOSS, 2017b).

While a fine may be warranted for law breaking, the issue is that for those on low incomes, the fine can potentially be catastrophic leading to forgoing food or essential services, or turning to highly expensive pay-day lenders, or failure to pay the fine – potentially resulting in imprisonment. The result is that the punishment may end up being totally out of proportion to the offence.

By contrast, for those on high incomes, fines levied for quite serious offences, such as drink driving for example, may represent a fairly trivial dent on the household budget and may be paid easily – an embarrassment rather than a hardship. In this case there is little effective financial disincentive for breaking the law.

In short, flat rate fines mean that different income groups face different effective punishments for the same crime and potentially very different consequences for the same behaviour. As fines and charges are increased as a result of “tough on law and order” policies, this regressive impact is increased.

In contrast to this unfair system, Finland has a system of traffic fines based on income – the fines are expressed in terms of paying the equivalent of day's pay rather than a dollar value (Lindqvist, 2016). **SACOSS is calling on all parties to support the replacement of current flat-rate traffic and summary fines with fines based on a proportion of the offenders' income.**

The Australia Institute has modelled a revenue-neutral move to this sort of system for South Australia, and found that (based on the mean disposable incomes for each income quintile) the dollar value of fines would reduce by 70% for the lowest income groups, while approximately doubling for the highest income quintile (Lindqvist 2016).

An alternative to this, for those who might fear such a significant reduction in fines for low income earners, would be to keep the fines the same for low income earners and increase relative to the highest income earners. This would still be a fairer system and would also be an extra revenue stream for government.

While income-based fines would ensure that the financial penalty is based on the economic impact and represent fair punishment for offences, when SACOSS proposed this in our 2017-18 State Budget submission we recognised that there would be some difficulty in

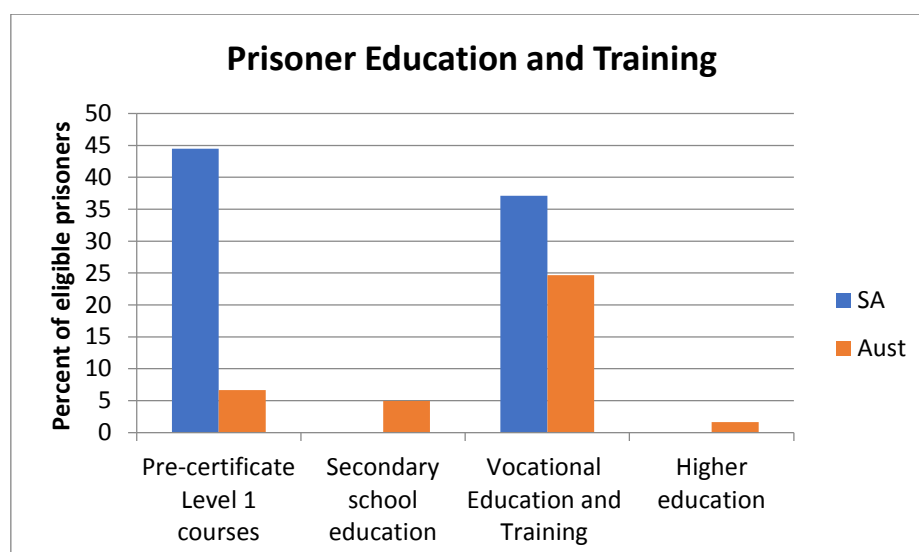
determining the income on which to base the fine (SACOSS, 2017a). In the Australian federal system the Commonwealth government (through the Australian Tax Office) has income data, while the fines would be issued by the state government. However, these issues are not insurmountable either by outsourcing fine collection to the ATO, or by accessing ATO data to determine the fine. The later may cause some concern, but in the period since the SACOSS Budget Submission, state governments have agreed to a massive data transfer of drivers' licence photos to the Commonwealth, so a reciprocal data return where someone has clearly broken the law is not outside the scope of possibility.

Regardless of the difficulties of these issues, the Finnish experience is that an income based fines system can be administratively simple at a low cost (Lindqvist 2016) and it is undoubtedly a better system with more just and equitable outcomes.

Online Tertiary Education for Prisoners

SACOSS' concern about digital inclusion, which is a key part of our election policy platform extends to prisoners who are, by definition, digitally excluded. Part of the point of imprisoning people is to remove them from society, and this obviously also excludes them from digital communication. However, in a world where so much learning is online this means that prisoners are often denied educational opportunities, and without access to digital learning they are likely to be less digitally competent (included) and less employable when they are released.

The latest Productivity Commission data (2017) on government services shows that in 2015-16 some 67.4% of the eligible prisoner population in South Australia was engaged in some sort of education or training course – the second highest participation level in the country, and as the graph below shows, well above the national average. However, the education participation is not evenly spread across all education. Two-thirds of prisoner participants were in pre-certificate Level 1 courses – often basic numeracy, literacy or school equivalent bridging courses, while there was little or no access to tertiary education in South Australian prisons. This tertiary education result was below the national average, and well below Queensland and the ACT where 6.2% and 4.3% respectively of inmates are engaged in tertiary education.



The University of Southern Queensland (USQ) has recognised this as a problem and has developed a program to provide computer-based education to prison in-mates in an enclosed system. This is not open access to the internet, but rather the learning software is installed on prison computers and updated by prison staff enabling prisoners to take pre-tertiary and undergraduate courses at USQ. This provides both access to tertiary education and familiarity with the use of notebook computers and digital style learning.

The program operates in most other states with strong retention rates (in some cases above the general USQ retention rates), but has been slow to be picked up in South Australia. A small pilot is currently being developed, but the status of the program is uncertain and will require extra effort to keep going because the initial grant funding which established the USQ program will cease in mid-2018. **SACOSS is seeking commitment that:**

- **The pilot project is fast-tracked and properly resourced; and**
- **If the pilot is successful, resources will be made available for the adoption and expansion of the program on an ongoing basis as a core part of prisoner rehabilitation and post-prison transition planning.**

This policy proposal is also included in the SACOSS Digital Inclusion Policy.

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