

SACOSS

NEWS

Justice, opportunity and shared wealth for all South Australians

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Spring 2016



SACOSS

South Australian Council
of Social Service

As the peak non-government representative body for the health and community services sector in South Australia, the South Australian Council of Social Service (SACOSS) believes in justice, opportunity and shared wealth for all South Australians.

For information on membership, we invite you to visit our website or phone us.

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ANTI-POVERTY WEEK

16-22 October 2016

Poverty and severe hardship affect more than a million Australians.

Around the world more than a billion people are desperately poor.

The main aims for Anti-Poverty Week are to :

Strengthen public understanding of the causes and consequences of poverty and hardship around the world and within Australia;

Encourage research, discussion and action

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For information and ideas, visit the website, or email

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**This is
a week
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can all do
something
about
poverty**





Editorial

Ross Womersley, Chief Executive Officer, SACOSS

When we were thinking about this edition of SACOSS News I was really interested to highlight what has happened to our health system – particularly at the primary health end where early intervention and prevention of illness and community development all feature. Most importantly, primary health practice embraces an understanding of the social, economic, cultural and political determinants that can drive the health of individuals and population groups.

So this is what this edition explores. There are some terrific contributions but I have to say, it's not a pretty picture. As costs and thus funding for our hospitals reach an explosive all-time high, investments at this end of our system are reducing and increasingly fractionated. As our state and commonwealth governments argue about responsibility for funding, we are not seeing the necessary long-term investments in the health of our citizens.

In August Justice Nyland released her report into the child protection system. It is a tome that was published in two volumes, and is a powerful record of the countless and different ways in which we've failed to build a child protection system that really does afford those kids in our systems of care *"The life they deserve"*.

Justice Nyland made 260 recommendations. This speaks to the depth and breadth of concern as well as the damage identified in the way our child protection system is arranged. You could group these recommendations under a myriad of different themes but one of the strongest and overarching themes to emerge was her recommendation that we give a voice to the children who are ultimately on the receiving end of anything we do. Another is the need for significantly enhanced roles for early intervention and prevention as direct ways to compete with the need for kids to enter care.

Justice Nyland also identified the importance of strengthening, supporting and developing the workers throughout the system, as well as better supporting foster carers who remain a core of the child protection effort. Her report concludes that many staff and foster carers have been overwhelmed and in numerous instances are ill equipped to take up the challenges of making the system work for the better.

Justice Nyland also made specific recommendations that attempt to address some of the particular concerns for children with diverse needs in our system. The over-representation of Aboriginal kids demands better, more strategic attention as do the needs of kids who have a disability, kids in regional SA and those who live with the consequences of trauma. She recommends the eradication of residential care units, and better partnerships with, as well as broader roles for NGOs in local communities. She notes that new arrangements must empower and better support foster carers and there is also a call to use data and evaluation to build a body of evidence to drive investments in early intervention and practice more broadly.

This report is essential reading for anyone wanting to deepen their understanding of human services. As I noted in an Op Ed published at the time:

Time to focus on root causes of widespread child abuse

CONGRATULATIONS to Justice Margaret Nyland and her team for their terrific examination of some of the uglier parts of our community. Her report should be required reading for anyone wanting to deepen their understanding of human services, and the protection of vulnerable children.

But today I am left contemplating why we always seem to wait for something horrific to occur before we finally attend to things we should have been doing years ago.

What annoys me is that it takes a Royal Commission and report to focus the minds of governments – no matter of what persuasion – on investing in the leadership and resources required to ensure proper protection of our children.

While Justice Nyland's analysis is erudite and helpful, many of the issues that plague our system of care and protection have been well known for years.

It is regrettable that we were only jolted into action by the widespread public attention to horrendous instances of abuse.

We are now seeing something similar in the Northern Territory with the announcement of a Royal Commission

← from previous page

following the 4 Corners program and the shocking images of kids being maltreated in detention.

Again, the issues of maltreatment and abuse, as well as the terrible over-representation of young Aboriginal and Torres Strait Islander kids in our detention centres nationwide is something we have known for many years.

There is, of course, a broader context to all of this. One thing that is missing and was beyond the scope of the Nyland analysis is a detailed discussion about the social conditions that result in kids needing protection and an alternative system of care at all.

We know for example that a lack of family income and extended experiences of impoverishment sometimes result in unavoidable neglect. We know that poor parenting skills, mental health issues, addictions, family violence, unemployment, lack of purpose and self-worth, and poor education are some of the key drivers behind the arrival of kids in child protection.

And please let's not fall into the trap of thinking this is just an issue for people who are poor. Rich families can equally harbour instances of child abuse and neglect, as they too live with the challenges of mental health issues, family violence and dysfunction, and alcohol and drug addictions which are out of control.

But unlike many people on very low incomes, they often have direct access to a whole range of resources that they can bring to support them which can often mask from public review, the deep turmoil within.

In the end these life preconditions are the ones we really need to address if we are serious about wanting to prevent kids from coming into our systems of care.

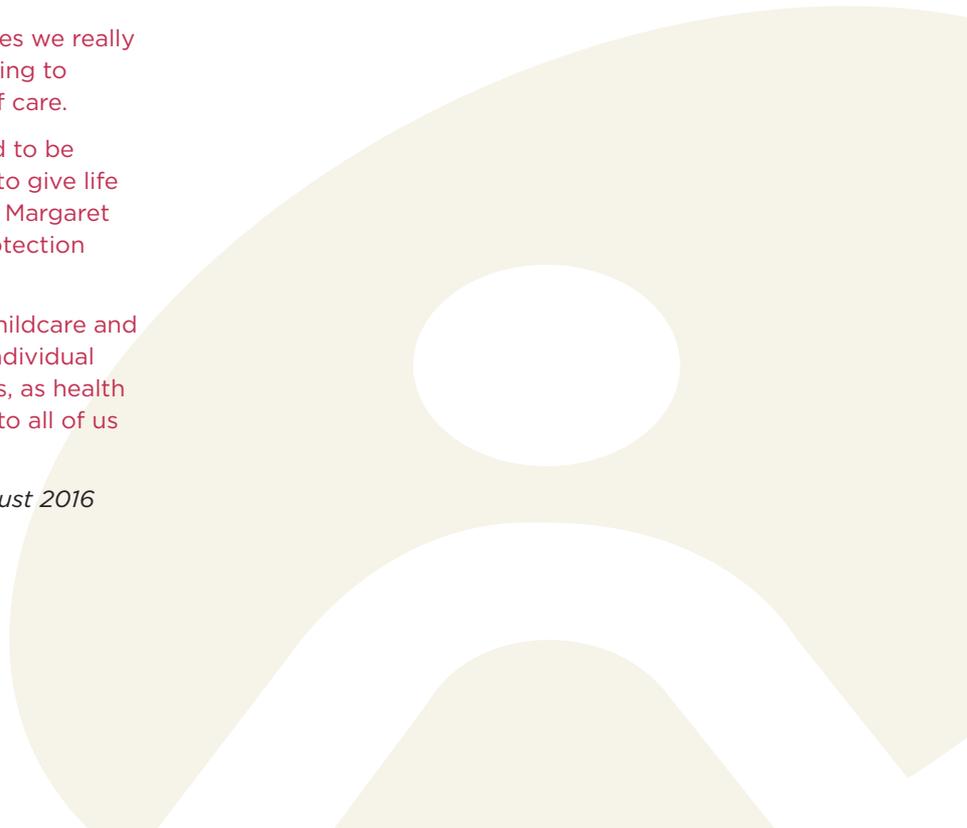
This is still the biggest piece of work we need to be undertaking while at the same time working to give life to the wide-ranging set of recommendations Margaret Nyland has made that aim to fix the child protection system itself.

We will need our justice, health, education, childcare and welfare systems to work in concert. And as individual members of the community, as police officers, as health workers, as educators, as neighbours, it's up to all of us to step up and share the responsibility.

Originally published in the Advertiser, 10 August 2016

So, this is the bigger piece of work we need to do to create great systems of primary health care – systems that ensure we get support to people who are challenged by mental health issues, addictions, family violence and dysfunction as well as poor knowledge about child development. And just as we want to stop kids ever needing to be removed from their families, we also want to stop people arriving at our hospitals because we have collectively failed to get in early and help them address health issues that have since become chronic. It makes sense for our wellbeing as a community and it also makes good economic sense.

The biggest problem we face is convincing our politicians, who are compelled to make short-term decisions because of short-term political cycles, to make the longer-term investments whose yield won't be seen possibly for years after they have left the political stage. I hope we can do that together.





A healthy SA requires attention to the social and economic determinants of health

Professor Fran Baum AO, Southgate Institute for Health Society and Equity, Flinders University, and NHMRC Centre for Research Excellence, Health Equity

The social and economic conditions in which Australians live and the opportunities they have to lead a healthy life are the main determinants of health.

Peoples' wellbeing and life expectancy are affected by four main things: basic material requisites for a decent life, control over their lives, voice and participation in the policy decisions that affect the conditions in which they are born, grow, live, work, and age, and the ways in which power and resources are distributed.

Overall these *social determinants* are estimated to account for around fifty percent of health gain (see Figure 1).

Employment, housing, social exclusion, education, income and wealth all combine to shape our health. Policies in each of these areas have a powerful impact on how long we live and how healthy we are. Differences in opportunities mean that Aboriginal and Torres Strait Islander people die on average around 11 years earlier than other Australians (AIHW, 2015) and low income people lose about 6 years of life compared to better off Australians (Leigh, 2013). People living in low socio-economic groups are more likely to die of avoidable causes (Figure 2).

So while adopting a social determinants perspective is important, it is equally as important to examine and act on the social determinants of health inequities. In planning action it is vital to consider that health inequities are not just a matter of the 'disadvantaged' and the rest of society but that, as the graph shows, health inequities operate in a gradient from the most advantaged through each socioeconomic group. The middle group has health significantly worse than the top group.

Health inequities reflect economic inequities. A recent ACOSS (2015) report notes widening income and wealth inequities in Australia and these data would suggest that health inequities will also widen after a lag period. Wilkinson and Pickett (2007) and others have shown that greater levels of inequity are associated with worse health and social outcomes.

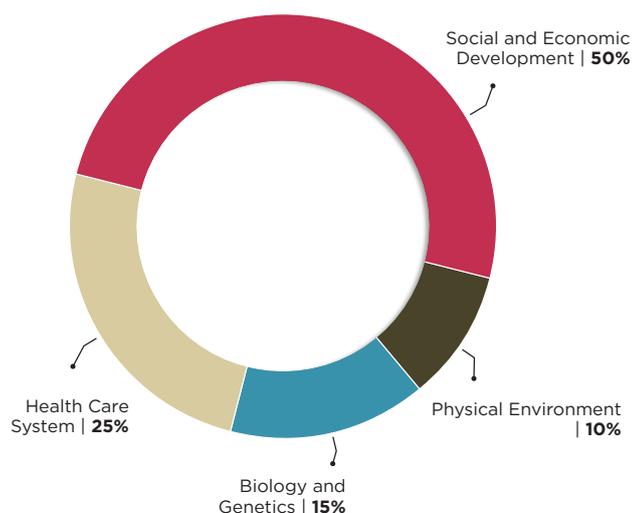
Other research has shown that countries with equity-focused public policies can achieve high health status despite not being the richest of countries (for example Sri Lanka, Kerala state in India and Costa Rica (Balabanova, McKee & Mills 2011; Baum, 2016). This body of evidence demonstrates that it isn't how wealthy a country is that determines the health of its population, but rather how the products of its economic growth and national wealth are invested and distributed.

Thus one of the best ways to act on the social determinants of health would be to reduce inequities. It is encouraging that in the last year Australians have rejected (with the help of the Senate) budget measures that were inequitable and which would have made the inequities reported in the ACOSS (2015) report more extreme in the future. This widespread concern with inequities is good news for public health. Even the International Monetary Fund is now concerned that levels of inequity have become too great in Australia and beyond. More needs to be done to ensure that inequity is reduced to at least the levels it was at in the 1970s if our health is to be protected.

Beyond reducing inequities the other crucial measure needed to advance action on the social determinants is adoption of a concerted cross-sector approach to promoting health and reducing health inequities. South Australia has made some progress in this area with its *Health in All Policies* approach but this initiative has been poorly funded and needs more systematic support across the public service. The potential for health gain is considerable if each sector (including housing, urban planning, education, industry) consider what their health impact is and how positive effects can be maximised.

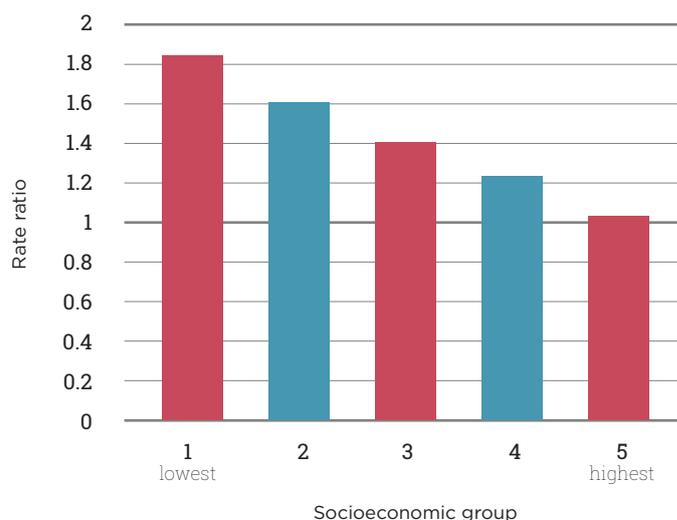
A great example of healthy public policy is the *Healthy Parks, Healthy People, South Australian strategy 2016-2021* which was jointly launched by the Minister of Health and the Minister for Sustainability, Environment and Conservation earlier this year. Among other things this stressed both the physical activity and mental health benefits of contact with nature.

Figure 1: Estimated Impact of Social Determinants of Health



Source: Adapted from The Health of Canadians, The Federal Role, Vol 1, The Story So Far, March 2001. Standing Senate Committee on Social Affairs, Science, and Technology

Figure 2: Ratio of potentially Avoidable deaths by SES group



Note: Rate ratio is the age-standardised rate for each SES group divided by the age-standardised rate for highest SES group.

Source: AIHW 2014. Mortality inequalities in Australia 2009–2011. AIHW bulletin no. 124. Cat. no. AUS 184. Canberra: AIHW.

More knowledge is needed on exactly how we construct public policy to reduce income and wealth inequities, which will in time convert to greater health equity. This is why at the Southgate Institute we have entered into partnership with the Australian National University and the University of Sydney and overseas universities to launch the NHMRC Centre for Research Excellence on Health Equity.

The CRE researches the ways in which public policies can support health equity. We started from the strong evidence that health inequities do not primarily reflect individual behaviour but rather the structures within which people live, work, and play.

Evidence suggests that promotion of health and health equity is more effectively and efficiently provided through universal services that are open to all citizens and which build-in special measures to ensure that those facing multiple disadvantages in their lives can benefit from public services as much as richer people who are able to navigate complex systems.

Universal service provision means that all citizens have a stake in the quality of public service and so the less well-off are likely to benefit most from effective and strong services. Policies in all sectors can be powerful in creating health and reducing health inequities, and new initiatives to promote health require funding through progressive taxation.

Our work at the Southgate Institute on understanding policy has highlighted that policies favourable to health equity rely on a strong social movement that demands equity from our political leaders and demands that they take account of the evidence that equity is good for our collective health.

SACOSS has been an important part of such advocacy – particularly through its campaign to present the benefits of taxation in terms of paying for community services that are of benefit to all. It would be good if at the next election all parties presented their intentions for developing means to ensure that all sectors take responsibility for the social determinants of health, wellbeing and equity. Doing so will bring many benefits: less demand for health services, healthier workers and parents, happier and healthier citizens and a more inclusive and convivial society for all of us.

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The loss of community health and health promotion in SA

Dr Toby Freeman, Research Fellow, Southgate Institute for Health, Society, and Equity, Flinders University

South Australia has a long history of being a world leader in community health and health promotion. Community health services emerged in South Australia in the early 1970s with the help of the 1973 Federal Community Health Program.

For example, Dr Deane Southgate (after whom the Southgate Institute is named) was able to use this national program to establish the Clovelly Park Community Health Centre. The centre had a community board of management, employed allied health staff, addressed domestic violence with groups for male perpetrators and women leaving violent relationships, provided maternal and child health programs, relaxation and assertiveness groups, and community development activities such as a community garden and food co-op.

This was typical of the community health centres that arose during this period and in the following decades, which strove to reach those in the community who were most in need, and to consider the social determinants (housing, employment, education, racism etc) of people's health in the community they served.

In 1978 the International *Alma Ata Declaration* set down this approach to primary health care with a focus on: prevention and health promotion as well as treatment; reducing inequalities in health; employing a multi-disciplinary team; having community input into service delivery and planning; and addressing social determinants of health.

It was an approach shared and pioneered by the Aboriginal community-controlled health services which developed alongside the community health movement in the early 1970s. However, this comprehensive vision of primary health care was challenged very quickly by a selective vision of primary health care which focused on the treatment and prevention of disease, without the more political elements of action on social determinants of health and community participation.

There has been an ongoing tension between these comprehensive and selective visions in the implementation of primary health care globally, ever since they were presented in the 1970s.



From 2009-2014, the Southgate Institute undertook a National Health and Medical Research Council funded research project examining how five South Australian primary health care services, as well as one Northern Territory Aboriginal community-controlled health service, implemented comprehensive primary health care. Three of the South Australian services were state-managed services that had their roots in community health centres, one was a state-managed Aboriginal health team, and one was a non-government health organisation.

The lead investigator was Professor Fran Baum, who had been working with South Australian community health centres for many decades through the South Australian Community Health Research Unit.

The project aimed to document different models of comprehensive primary health care, and develop appropriate methods to evaluate comprehensiveness. However, over the timeframe of the project, considerable reorganisation and change occurred in the South Australian primary health care sector.

The centres, which had previously lost their community boards in 2004, were moved into more clinical, less community-focused GP Plus Health Care Centre buildings,

and were completely reoriented towards a selective primary health care model that emphasised supporting self-management for people with chronic conditions such as diabetes. In the government's response to the Review of Non-Hospital Services in 2013, health promotion and community development work was defunded, and most group work ceased.

After July 2013, practitioners were required to largely stay within their buildings and maximise the number of clients they saw on an individual basis. The ability of staff to collaborate with other agencies and sectors, including with many SACOSS member organisations, or to address or take into account people's social determinants of health, was greatly curtailed.

Decades-long involvement in domestic violence, housing, and other collaborations ceased. This represented a vastly different model of primary health care to the one apparent in the original community health services, such as the Clovelly Park model described above. Even while recommending these cuts to primary health care service funding and functions, the Review of Non-Hospital Services acknowledged that these services were being used by "particularly disadvantaged groups" that were less likely to use mainstream primary health care services.

Although not affected to the same extent as the state-managed services, the non-government organisation in our study found its ability to pursue comprehensive primary health care hindered by a prescriptive service agreement with SA Health which dictated what the department would and would not fund the organisation to do.

At the same time as the reorientation of the primary health care services away from health promotion, there was a move away from public health and health promotion at the state government level. There was a loss of health promotion positions throughout the system, and the Chief Public Health Officer role was combined into that of the Chief Medical Officer. *The Primary Prevention Plan*, intended to be the key driver for health promotion in the state, was abandoned very soon after its launch. Taken together these changes in South Australia mean that the state's capacity to promote and protect the health and wellbeing of the state's population, and reduce inequities in health and wellbeing is dangerously reduced.

Academics, organisations, and peak bodies like SACOSS can help by arguing for a systematic, whole-of-government approach to rebuild strong public health infrastructure to protect and promote the health and well-being of South Australians. We need to argue for the reversal of the changed functions of the state government managed primary health care services, so that they can resume activity to support and build on community strengths, prevent disease, promote health, and address the social determinants of health, including by liaising with other state and local government sectors and the non-government health and social services sector that SACOSS represents.





The impact of elder abuse on family

Dr Maree Bernoth, Senior Lecturer, School of Nursing, Midwifery & Indigenous Health, Charles Sturt University

Protecting older people from abuse is currently the focus of an Australian Law Reform Commission Inquiry. Occurrences of abuse and neglect of older people in residential aged care facilities has been the focus of my research and, although some articles have been published, the more explicit examples of abuse are not attractive to journal editors making the exposure of these issues problematic to bring to the attention of the public.

This article focuses on the trauma experienced by families who spoke to us in a number of different research projects, when they experience or suspect abuse and neglect in residential aged care.

Elder abuse in residential aged care was recently brought into prominence in the report on ABC television where an older man with dementia was shown to be physically abused by a care worker. It was his daughter's action of placing a surveillance camera in her father's room that showed the cause of the man's uncharacteristically fearful behaviour. The incident caused her to become an advocate for change in residential aged care and her distress about her father's treatment was evident to anyone who watched her interview.

The impact of elder abuse on family and friends is not given the prominence it deserves with no support for them to manage their resultant distress. Instead of support, when abuse and neglect is reported by a family, they can become the targets of abuse.

At a recent aged care conference, I listened to a presentation by a lawyer who encouraged facility managers to be confrontational and even refuse entry to the facility when a complaint is made.

An example of this was when a security guard was placed at a resident's door in a Perth facility to prevent a daughter visiting her mother because she complained about her mother's nutritional state. That daughter was allowed at her mother's bedside when she was dying but only with the security guard present.

In another case, Rita's mother was in residential aged care in a rural area and told her daughter of the verbal abuse she was experiencing. Her mother begged Rita to take her home but suffering from ill-health herself, Rita was not physically able to care for her mother.

Rita's mother said to her, *"You think it's all right ... but when you're not here you don't know what they become"*.

Rita reported that the care workers yelled at and hurt her mother, and she took photos of the injuries her mother had sustained. After making a formal complaint to the facility manager, Rita was ignored on subsequent visits to the facility and her mother told Rita, *"She came in and abused me after you left, you got no idea what she said to me... They get me in the shower and they hurt me ... they were that rough"*.

Rita made a formal complaint to the then Aged Care Complaints Investigation Scheme but the response was a very formal letter that Rita struggled to understand causing Rita further distress. She felt alone and frustrated in her attempts to protect her mother. This was not unusual as families reported that when they accessed the complaints scheme, there was further trauma in the form of very bureaucratic letters which, families feel, tells them nothing and resolves nothing.

Encouragingly though, at the World Elder Abuse Awareness Day Conference held in Adelaide in June, the Complaints Commissioner Rae Lamb spoke of her aim to ensure that this issue was addressed in any communication the family had with the ACS.

What we heard about in our research was families with trauma extending beyond the death of their loved one. There is the trauma of witnessing/suspecting the abuse and neglect, the frustration of not being able to do anything to protect their family member and then the guilt and regret when their loved one dies which, for some, is never resolved.

Elder abuse in residential aged care exists and the results of the abuse and neglect extend beyond the impact on the older person who is vulnerable and dependent on care, to those who love them.



Tackling systemic racism: it's up to all of us

Dr Tamara Mackean and Emma George

Systemic racism is an issue in Australia. Racism is evident in the criminal justice system, education, employment, health, government and social services (Kelaher, Ferdinand & Paradies 2014; Ziersch et al 2011).

Health inequity can also be observed, with people who experience racism also more likely to experience poor health outcomes. This is unfair and avoidable.

In the Centre for Research Excellence: Social Determinants and Health Equity (CRE Health Equity), we have been looking at systemic racism in Australia and our responsibility to do something about it. As we reflect on this challenge, we invite you to participate too.

Ask yourself how you might answer the following questions:

Why is it important to talk about systemic racism?

Openly sharing experiences of racism is a way of making the invisible visible. Aboriginal and Torres Strait Islander leaders held in high regard by the dominant society, and who choose to share their experiences of racism, show that this issue is not only experienced by people with lower socioeconomic status or living in remote areas.

In formal and informal social services settings, as many as 63% of Aboriginal people experience racism *often* or *very often* (Ziersch et al 2011).

Sharing personal experiences of racism demonstrates incredible generosity which is an important part of Aboriginal way of life and being.

It is based on the cultural value of reciprocity; the exchange of experiences and wisdom builds relationship and rapport, and it is from these relationships that solutions to difficult problems will be found.

Where does the responsibility lie for action on systemic racism?

The idea of reconciliation in Australia demonstrates that there is an important role for the 97% of non-Indigenous people in this country to tackle systemic racism. In order to do this we have to look deep within ourselves and properly acknowledge our history and our nation's past.

Those of us in the 97% must look within and talk about the things that make us uncomfortable or afraid. As a country, as a society, denial will take us nowhere. We have to understand our strengths, weaknesses, capacity and value. The idea of reconciliation is to do that in the fullest sense. This gives us hope that as a nation, we will be a strong, united people.

How do we work together to address systemic racism?

It's impossible for Aboriginal and Torres Strait Islander people to tackle systemic racism alone - forces are great and longstanding. It takes an effort from both sides to bridge the gap. For non-Aboriginal people, the 97%, the motivation to address systemic racism needs to come from a place of insight into one's own privilege and for personal betterment and societal improvement.

For Aboriginal people it's different because of the process of colonisation and the inequitable outcomes facing Aboriginal communities. The spiritual, cultural, social, physical and emotional intergenerational trauma is part of the context for Aboriginal people. Therefore the motivation to bridge the gap comes from a different place - hope.

The hope is that there can be something better for you and your children; that there can be respect for those who came before and the hardships they went through. The hope is that in the future there will be reconciliation and unity in Australia.

What would reconciliation and unity look like in practice?

Culturally safe practice in social services would reflect the type of country we hold out hope for. A vision of reconciliation would look at governance issues, management issues,

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Adam Goodes
Sydney Swans

appropriate strategic plans and performance measures.

Training in cultural safety could equip workers in the field for practice, so that the people we work with are engaged, and their experience is considered. Participation and the voice of Aboriginal people within services is required to truly build culturally safe practice. It's not beyond the remit of possible.

The quality improvement agenda is already pushing us to this aspect of culturally safe practice, at least in health services. We need to make sure we use these existing measures to create a snowball effect for change in all social services.

How does research play a part in addressing systemic racism?

We believe the work in the CRE Health Equity is critical. We are explicitly opening up knowledge systems to explore and apply Aboriginal ways of knowing, doing and being. We recognise that in all sectors knowledge that has been valued has come predominantly from the western scientific community and the learned academy.

The rigidity in this construct fails to see the value in other knowledge. Difference is seen as bad or inferior. But by learning from and embracing Indigenous knowledge we ask the system of the academy to see more, to be more sophisticated in thinking, and to value other knowledge systems. Embedding Aboriginal knowledge is beneficial for all of society. All of the research within the CRE

Health Equity will therefore be conducted at the interface of knowledge systems in terms of research design, methodology and outcomes.

In closing, systemic racism is an issue that we must identify, discuss and address. There is power in the sharing of experiences and stories of racism because the process leads to healing and reconciliation.

The responsibility for action lies with all of us.

We need to acknowledge and reflect on all sides of history, so that we can overcome the challenges and look to the future with hope. Services demonstrating a spirit of reconciliation and unity are culturally safe at all levels of the organisation and in service delivery. Our work in the CRE Health Equity seeks to facilitate intersections of knowledge, to explore and promote Indigenous knowledge, as we research and advocate for health equity.

Dr Tamara Mackean is a Waljén woman of the Goldfields region of Western Australia and a Senior Research Fellow in the Southgate Institute for Health, Society and Equity. She contributes to the centre's Indigenous health research agenda.

Emma George is a PhD student in the Southgate Institute for Health, Society and Equity. She is researching the implementation of the 'Closing the Gap' strategy in early childhood.

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Not-for-profits: embracing the future through change

Jennifer Duncan

According to JB Were's recent *The Cause Report*, ten new charities are established in Australia every business day. If this is only partly right, there can be no doubt that Australia's not-for-profit sector is in a period of rapid change. In spite of steady funding growth to the sector over the last 20 years, this expansion in charity numbers means we're also in a time of great competition for the resources needed to deliver on our missions.

The paradox of not-for-profit growth

As a principle, not-for-profit organisations delivering services in response to poverty and disadvantage should be working towards their own extinction. Our sector as a whole should hope to reduce rather than expand by successfully eradicating the circumstances that have given rise to us in the first place.

Of course in reality disadvantage in Australia shows no signs of diminishing. But current conditions within the sector mean that many of us are investing as much time and effort in pursuing short-term financial viability as we are in tackling the far more important challenge of creating lasting social change.

Recent research shows that the top priorities for not-for-profit boards are: maintaining or building income; diversifying income sources; and clarifying strategy. Organisations are increasingly cautious about future income streams and fewer are experiencing or expecting an increase in income.

49% of social service not-for-profits can't plan for more than 12 months ahead based on current funding.

Of course this is not the case for all organisations in the not-for-profit sector; perhaps as best demonstrated by the fact that today's list of Australia's 10 largest social service charities is dominated by well-known organisations with many decades of history behind them. However, for the rest of us to prosper and thrive in the current environment we need a willingness to disrupt our own business models and a commitment to taking the courageous decisions required to drive our future.

Competition and consolidation

As noted in *The Cause Report*, "The real issue with charity numbers is the potential duplication of energies, ideas, incomes and assets and the lack of shared knowledge and potential public confusion and then inaction. ... Although the pace of change in income, expenditure and organisation numbers has been big, the growth in innovation, radical ideas and collaborative partnerships hasn't yet reached this level. ... A greater increase in creative disruption in the sector would be valuable."

Duplication of effort amongst organisations is a problem, particularly where it relates to operational and back of house services. When these back of house services are replicated too often, over too many organisations, the sector as a whole loses efficiency. Too much income is directed towards maintaining organisational structures rather than being invested into service innovation and social outcomes.¹

Government and philanthropic funders are looking for charities to prove efficiency and effectiveness and, as a broad rule, we should share that objective. While they're not necessarily synonymous, there's a clear nexus between scale and efficiency. Larger programs and organisations are able to offer lower operating costs per capita, a broadened suite of programs for consumers to access, and a larger asset pool to fund new initiatives and service innovation.

For many organisations, mergers offer the most assured pathway to achieving the size required for long-term viability. 30% of organisations have discussed or taken action to merge in the past year and 7.5% expect it to happen in the next two years. However, despite the potential benefits and sector momentum in this direction, the majority of mergers that have actually occurred have been via acquisition or take-over and driven by crisis rather than long-term opportunity.

¹ The cautionary note to make on this topic relates to areas of 'efficiency' that are still not effectively measured through sector and government reporting. Specifically, it's not easy to find research that looks at rates of volunteering within smaller versus larger social service organisations.

Quick figures

600,000

estimated number of organisations in Australia's not-for-profit sector

4.8%

of Australian charities have incomes of over \$10 million

\$103+ billion

Australian charities have a combined income per annum

92%

of sector assets and income is controlled by the largest 8% of organisations

7%

of organisations nationally list "social services" as their main area of activity and 23% of these have an annual income over \$1 million

1.81

charities per 1,000 people in SA, compared to the national average of 1.6.

Embracing the future

There is a sweet spot for the sector that sits somewhere between the benefits of diversity and scale. Currently, we're not on track to reach it. Organisations which are serious about having agency in their future must make conscious and deliberate choices to define it themselves.

If growth is required, strategic boards should be not just discussing but implementing practical, achievable plans to achieve it. If they tackle this work while balance sheets remain largely positive, they maximise the opportunity for positive outcomes for their own organisations and the sector at large.

'Positive outcomes' means building the financial capacity required for organisations to remain genuinely independent of government partners, without concentrating that capacity to only a handful. It maximises return on investment with respect to social outcomes whilst delivering choice and flexibility via a breadth of robust organisations that remain connected to and advocates for the communities that they serve. It strengthens, rather than diminishes outcomes for those who matter most.

To achieve this we need a planned approach to building long-term sector strength, through consolidation where appropriate but proactively and with collaboration, not

acquisition of organisations in crisis. However, too many organisations and those who lead them are still waiting for a point of crisis to force their hand.

To wait for crisis to strike is to invite the worst possible outcomes. Instead we must act now and make the courageous decisions - and, undoubtedly, the sacrifices - required to ensure a future for our work. The people we are working for should be able to expect nothing less from us.



Losing the jackpot: South Australia's gambling taxes

Dr Greg Ogle, SACOSS Senior Policy Officer

Gambling taxes are the 5th largest source of state government taxes in South Australia, contributing \$386m to the state's coffers in 2015-16.

As such they are an important revenue source contributing to the funding of vital services, but they are also problematic in that they are based on the losses of problem gamblers, impact disproportionately on poorer households and make the government reliant on income from socially harmful activity.

SACOSS recently launched a major report, *Losing the Jackpot: South Australia's Gambling Taxes*, which considered a range of issues around this tax base. The report identified four different rationales for taxing gambling (over and above normal business taxes):

- Taxing extra-ordinary profits derived from regulation of the market
- Paying for the costs caused by gambling
- Sending a price signal to discourage gambling
- Raising revenue for government services.

Understanding the rationale of such taxation is necessary to navigating good gambling tax policy – particularly when the whole tax base is changing with a decline in some traditional forms of gambling and the rise of new forms such as online race and sportsbetting.

The most important finding of the report was the extent of the long term decline in gambling taxes. In real terms, gambling taxes in 2015-16 were some \$111m lower than a decade earlier.

While some of this decline was due to changed gambling behaviour (eg expenditure on poker machines declined in real terms over most of the decade), some of the tax loss has been the result of government policy. For instance, the welcome imposition of smoking bans in poker machine areas lead to a significant decline in playing expenditure (and therefore tax revenue), but the decline in taxes from horse racing was simply due to the abolition or decrease of some taxes.

The report also highlighted the growth and implications of the rise of online gambling, and sports betting in particular. Despite the widespread advertising and hype, sportsbetting is still relatively small by comparison with other forms of gambling, but it is growing very quickly (the only gambling sector to be demonstrating such growth). Because online gambling is less geographically bound, and is open to competition from overseas operators not regulated by Australian law, it provide challenges for regulation and harm minimisation, as well as for taxation. The increased competition erodes one of the key justifications for extra gambling taxes (the super-profits from a closed market), while the use of tax havens by major bookmaking companies makes revenue collection difficult – and deprives the community of the revenue to address the harm done by gambling in that community.

To address some of these issues, SACOSS recommended a move to national point-of-consumption taxation so wagering is taxed where bets are placed, not where some corporate bookmaking licence was held (eg. Norfolk Island). We were pleased to see that in the lead up to this year's state budget, the South Australian Government announced it would introduce such point-of-consumption taxes. This is a revenue win for the South Australian budget, and a move to restore fairness by clamping down on the use of tax havens. Hopefully the legislation to establish this tax will pass the SA Parliament shortly and that other states and territories will follow the South Australian lead.

Finally, the *Losing the Jackpot* report looked at the tax exemptions and concessions that currently apply, and the community funds mandated under gambling legislation. We made a series of recommendations to both boost the gambling harm reduction funding and to use tax concessions to promote harm minimisation technologies – again reflecting the original different rationales for gambling taxation.

Losing the Jackpot is available on the SACOSS website at: <https://www.sacoss.org.au/losing-jackpot-south-australias-gambling-taxes>

Fact Sheets are available at: <https://www.sacoss.org.au/publications/fact-sheets>

LOSING THE JACKPOT: SOUTH AUSTRALIA'S GAMBLING TAXES

SACOSS
South Australian Council of Social Service

DECLINING GAMBLING TAX REVENUE

The past decade has seen a big drop in gambling tax revenue. This has created a \$111m p.a. hole in the SA state budget.

Gambling Tax Revenue since 2006-07

Year	SA TAB	SA LOTTERIES	CASINO	GAMING MACHINES (POKIES)
2006-07	100	100	100	100
2008-09	90	90	90	90
2010-11	80	80	80	80
2012-13	70	70	70	70
2014-15	60	60	60	60

Why the decrease?

Tax from lotteries, the casino and the TAB all fell due to changes in government policy. Pokies taxes fell as a result of declining household incomes as well as the introduction of smoking bans in gaming areas.

Will this trend continue? Some gambling taxes will bounce back if the economy picks up, but overall gambling taxes are unlikely to be maintained at previous levels. Why?

- Non-smoking bans are a good public health measure and are likely to remain in place in gaming areas.
- The areas of gambling with the highest projected growth, casino gaming and sports betting, have low levels of taxes.
- New competition from online gambling limits the amount of tax that can be collected.

A fair system would tax gambling but not make the government reliant on gambling taxes

RECOMMENDATION With the traditional gambling tax base in decline, with sports betting rising, and online gambling changing the landscape, the time to set up the gambling tax regime for the future is now!

All figures from the SACOSS report, *Losing the Jackpot: South Australia's Gambling Taxes*. You can read the report at sacoss.org.au/reports

SPORTS BETTING AND ONLINE GAMBLING

It is illegal to provide online gaming (pokies and casino-type games) in Australia, but online lotteries and betting on races, sports and events are legal.

GAMBLING TAX WINNERS AND LOSERS

Last year gambling taxes in SA raised \$388m - which constituted 9% of state revenue and helped fund vital services like hospitals, schools, roads and police.

Sports betting is the fastest growing form of gambling

Online gambling is harder to regulate and presents new dangers for problem gambling. Sports betting is Australia's fastest growing form of gambling and about half of sports bets are placed online. Since 2000-01, while total real gambling expenditure has remained steady, expenditure on sports betting increased 10-fold.

Sports betting expend since 2000-01

Year	Index of real Expenditure
2000-01	100
2003-04	363
2006-07	195
2009-10	876
2013-14	1054

SA sports betting expend (doesn't include race wagering, ie horses and greyhounds)

Who pays the price?

Gambling tax is regressive. It falls most heavily on the lowest income earners - who pay more as a proportion of household income. For example, did you know that the average person in the lowest income quintile* pays twice as much, proportionally, as someone earning an average income?

For the lowest 40% income earners, gambling tax is a greater cost than car rego, insurance duties or the emergency services levy.

*A quintile is 20% of the population.

Who Pays Gambling Taxes

Income Quintile	% of household expenditure
Lowest	1.0
Quintile 2	0.8
Quintile 3	0.6
Quintile 4	0.4
Highest	0.2

The community pays the price

Sports betting is already lightly taxed by comparison with poker machines and lotteries, but 'jurisdiction shopping' by gambling companies means that they are paying next to nothing to SA while our community has to pay for the damages caused by problem gambling.

Pokies and taxes

"Playing the pokies" is the largest gambling activity in SA. South Australia has a heavier reliance on pokies tax than all other states.

Breakdown of gambling taxes in SA

- Gaming Machine: 14.5%
- SA Lotteries: 18.9%
- Casino: 4.9%
- SA TAB: 10%

1992 Gaming machines (or pokies) were legalised in SA in 1992.

\$289m Last year the SA government collected \$289m in pokies taxes.

71% Pokies account for 71% of gambling expenditure in SA and almost 3/4 of all gambling tax collected.

The pokies play you!

It is important to know that pokies addiction is not simply individual failure. It is driven by sophisticated psychological and marketing techniques by large corporations aimed precisely at encouraging addictive over-expenditure.

The Alliance for Gambling Reform have made a video about this called "Poison Apples", which can be viewed at www.pokiesplayyou.org.au

POKIES: THE TRUTH

APPROVED TO CREATE ADDICTION



Healthy Minds, Healthy Workers project

Victoria Morton, SACOSS Senior Project Officer

The Healthy Minds, Healthy Workers project followed on from SACOSS' work as part of the Commonwealth-funded Healthy Workers, Healthy Futures initiative.

This was a change management project to help organisations create policies and practices to support healthy lifestyles and prevent chronic diseases such as diabetes and heart disease.

The Healthy Workers, Healthy Futures project highlighted the need for increased attention to be paid to stress and mental health in this sector.

The Healthy Minds project methodology

As a result of this outcome from the Healthy Workers, Healthy Futures project, SACOSS worked with six community service organisations to develop a Healthy Minds, Healthy Workers training package.

The package included two days of training for managers and ten *workplace wellbeing champions*, and a *train-the-trainer program* designed to be delivered to the entire organisation over a period of time. Additional resources were developed and provided to the wellbeing champions to embed wellbeing practices and policies into their workplaces.

Throughout the project ongoing advice and support was given to setup committees, develop action plans and deliver the training. Organisations completed pre and post questionnaires, management surveys and evaluations. The data was analysed to produce the findings and recommendations outlined in the final report.

Findings

It was identified that effective leadership, governance and commitment were necessary to ensure that the pilot intervention was successful. Organisations that made these investments in time and resources saw a greater benefit from the intervention and had more successes embedding wellbeing practices.



The project made use of several available resources including resources from the Heads Up Campaign. www.headsup.org.au. It is important to note that a one-size-fits-all approach does not work. Each organisation needs an approach tailored to the individual needs of their employees.

A comparison on the pre and post questionnaires data demonstrated an increased awareness amongst participants of the prevalence of mental health issues and how and where to seek help for staff experiencing poor mental health. Other results indicated that participants felt valued by their employers and were able to better identify areas of work that either supported or could potentially contribute to mental health issues.

Recommendations included training for the new Educator positions at Safework SA, increased training for management and culturally specific resources for Aboriginal and multicultural organisations. These recommendations, the training material and the resources are outlined in detail in the full report available on the SACOSS website.

The mental health of the community sector

The Healthy Minds, Healthy Workers project targeted an industry at high risk of psychological injury, with the aim to improve mental health and resilience in all South Australian workplaces. This project also addressed South Australia's Strategic Plan Target 21: a 50% reduction in workplace injury from 2012 to 2022. The HMHW project addresses the following action areas outlined in this plan:

- "Healthy and safe by design" by establishing organisation-wide policies and processes to support wellbeing;
- "Leadership and culture" by encouraging a cultural shift towards providing an open conversation about mental health disorders in the workplace;
- "Improved work health and safety capabilities" of all staff who participate in the pilot project.

The community sector has an ageing workforce with a predominance of women workers. It faces ongoing challenges including uncertain funding, low remuneration and high turnover. Due to the high-stress nature of the work, with clients usually reporting to services in crisis, sector leaders report high stress and mental health claims. Often the work can be isolated and workers have little supervision and have to cope on their own.

Data from the Work-Related Mental Disorders Profile 2015 supports these observations and lists Welfare and Community Workers as one of the most at-risk occupations.

There is also a strong business case for maintaining a healthy workforce. Work-related mental stress claims cost more due to increased periods of absence when compared to other claims. According to the national Heads Up campaign, support by Beyond Blue and Mentally Healthy Workplace Alliance, at any given time one in five employees are likely to be suffering from a mental health condition. Furthermore, 50% of these people will not seek help.

The high prevalence of people living with mental illness and the lack of help-seeking highlights the important role organisations can play in the prevention of mental health issues and in someone's recovery.



Would you like some further information or support in developing a healthy workplace?

Contact Victoria Morton at SACOSS for more information.

For some great resources go to:

Heads Up campaign
www.headsup.org.au/

Healthy Workers, Healthy Futures
www.healthyworkers.gov.au



SA Aboriginal Coalition for Social Justice Cultural Principles and Protocols Guide

Dr Catherine Earl, SACOSS Senior Policy Officer
**Tauto Sansbury, Spokesperson, SA Aboriginal
Coalition for Social Justice**

In late 2013, SACOSS began supporting the South Australian Aboriginal Coalition for Social Justice (SA ACSJ) to develop its Cultural Protocols and Principles Guide. Significant consultation occurred with Aboriginal stakeholders and community sector leaders to develop the Cultural Principles and Protocols Guide, which was finally published in early 2015.

Prior to the development of the guide there was some concern from Aboriginal stakeholders that Aboriginal controlled services were failing to thrive in the highly competitive funding environment within which mainstream NGOs also participate.

A number of community sector leaders from mainstream agencies acknowledged that their conduct was important in reinforcing the vital role of Aboriginal controlled organisations and eagerly cooperated with the SA ACSJ in the development of the guide.

The purpose of the guide is to suggest how mainstream NGOs should engage with Aboriginal organisations and interest groups, and to build the community sector's cultural competency.

SACOSS continues to urge mainstream NGOs to endorse and use the guide. In doing so, mainstream organisations acknowledge the important role of Aboriginal controlled organisations and pledge to support their work, through partnering and building capacity where appropriate.

The underpinning principles

Every community is different, and there is no set formula for capacity building, but it is possible to distil a common set of principles to guide development facilitators. Such principles include:

- Start from local conditions and existing plans, and build on community strengths and assets
- Design processes to maximise local participation, implementation, control and sustainability (use capacity building and action learning processes)
- Value cultural strengths and work with cultural practices and preferences

- Be responsive to community needs, priorities, capacities and timeframes
- Integrate new initiatives with existing programs and services
- Forge real partnerships that feature shared responsibilities, power and mutual benefits
- Ensure skills transfer strategies to local people are built-in where external experts are employed
- Provide flexible funding arrangements (with minimal red tape and duplication) that allow adjustments to expenditure and activities in response to learnings and changes in local circumstances
- Assess weaknesses and risks and provide support commensurate with those risks.

While these principles are applicable in any setting, the circumstances of Indigenous Australians require additional considerations.

The range and degree of socio-economic disadvantages are broader and deeper than for non-Indigenous communities, which means that Indigenous people can experience greater difficulties in acting collectively, organising effectively and managing local initiatives.¹

Protocols for NGOs

The following protocols and procedures are based on the fundamental principles and are designed to guide agencies working with Aboriginal people or organisations.

All relevant protocols should be followed by endorsing organisations, although some may need to be tailored to the specific agency/community setting.

- Have systems in place for feeding information back to community
- Have systems in place to show outcomes to community
- Prior and informed consent as established in the United Nations Declaration on the Rights of Indigenous Peoples



SA Aboriginal Coalition for Social Justice

To date, the following organisations have endorsed the Cultural Principles and Protocols Guide:

Murray Mallee Aged Care	Uniting Communities
Uniting Care Wesley Country SA	Life Without Barriers
SA Financial Counsellors Association	Legacy Adelaide
St Johns Youth Services	Community Centres SA
Diompillor Kissia SA Inc.	Carers SA
Julia Farr Association- Purple Orange	Red Cross SA

Article 19

States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them²

- Ensure that program planning is undertaken together with community.
- Be willing to stand back when it is appropriate and chose to not compete for tenders when it is the best way to support Aboriginal communities and Aboriginal non-government organisations.
- Respect Aboriginal organisations' decisions regarding preferred providers.
- Have clear conflict resolution guidelines in place that have been agreed on before programs are initiated.
- Listen to feedback and take advice from Aboriginal community members and do not just rely on Aboriginal (and non-Aboriginal) staff for feedback and program advice.
- Incorporate representative structures into operational practice such as advisory groups and ensure that, where they are used, individuals sitting on advisory groups are remunerated in a manner which respects their expertise and is commensurate with corporate governance practices, i.e. paying an honorarium to Board Members.
- Recognise the forms of expertise that the Aboriginal

community brings to service partnerships and properly remunerate Aboriginal people for their contribution, for example, paying Elders for their expertise and involvement in programs and projects.

- Make a commitment to capacity building in program design and implementation.
- Ensure that internal procedures are respectful of diversity and different operational structures: organisations operating in metropolitan areas may need to take a different approach to organisations working in regional or remote areas depending on the existing relationships and networks of the community in question.
- Lending capacity.
- Be willing to wait for invitation from Aboriginal communities before moving in to new areas.
- Be willing to walk away from a tender situation when the community says that it is necessary and appropriate to do so.
- Agree a timetable for capacity building including a transitional phase which transfers responsibility and funding to the control of Aboriginal organisational partners.

To read more detail the guide can be downloaded from the SACOSS website.

¹ Working with Indigenous communities Suzi Lodder Stronger Families Learning Exchange Bulletin No.4 Spring/Summer 2003 p.17-23

² (UN DRIP: <http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf > p.8



SACOSS energy update

Jo De Silva, SACOSS Senior Policy Officer - Energy, Water, Climate Change

SACOSS' legal challenge helps secure \$50pa average saving for SA energy consumers

You'll know from the last issue of this magazine that SACOSS has been involved in a landmark legal challenge to help reduce household electricity bills for SA energy consumers over the next five years.

The legal challenge is ongoing, and to date we've been pleased with the process and particularly with the outcome of a \$50pa saving for the average household. On the other hand, overall results have been more mixed, and we've been disappointed in one of the main outcomes.

You might remember I wrote in the last issue that the Public Interest Advocacy Centre (PIAC) acted for SACOSS in challenging the Australian Energy Regulator's (AER) revenue decision for SA Power Networks.

This decision related to how much SA Power Networks can spend on infrastructure - the so-called "poles and wires".

SACOSS and PIAC agreed that the revenue granted by the AER to SA Power Networks was excessive, and would force consumers to pay more than is efficient for network services.

As some more background, SACOSS' initial proposal was to use the merits review process under the National Electricity Law (NEL) to voice the interests of consumers in the Australian Competition Tribunal as it considered the AER determination.

During the proceedings, SACOSS had proposed to appeal on a very technical aspect of energy regulation related to the return on equity. In respect of the return on equity, an earlier decision by the Tribunal related to NSW/ACT accepted the AER's decision and did not accept arguments from either the distributors or PIAC for a different value for something called *equity beta*.

In light of those decisions, SACOSS decided it should no longer pursue its return on equity arguments, but that it should maintain the possibility of intervening if SAPN did pursue arguments in relation to equity.

After SACOSS made its position clear, SAPN also withdrew its return on equity grounds, resulting in a reduction in the value of its grounds of review by



approximately \$250 million. This was a very significant win for all South Australian energy consumers, worth approximately \$50 per annum for the average residential customer.

Tribunal decision on leave

On 2 May 2016 the Tribunal heard SACOSS' application for leave to seek a review of the AER's decision.

The AER and SAPN objected to SACOSS' application for leave on the opex ground, on the basis that SACOSS was precluded by s710 of the NEL from raising this matter, as it had not specifically raised "corporate and other operating costs" in its submissions to the AER, although it had raised the more general issue of the significant rise in opex over the previous period. The Tribunal considered this was a legal question regarding the effect of s710.

The Tribunal decided not to grant SACOSS leave, finding that although it had raised the more general issue, it had not properly raised the specific issues identified in its grounds in its submissions to the AER, and this meant s710 was not satisfied.

SACOSS sees the Tribunal's decision as raising the bar for consumer organisations seeking merits review, as it sets a precedent for requiring a high degree of specificity in submissions to the AER which may not always be within the capacity of consumer advocates.

Some more background to the legal challenge

In October last year, SACOSS sought advice from PIAC and counsel Robert Dick SC and Vicky Priskich on its prospects of applying for a review of the AER's decision and/or to intervene in any application made by SAPN.

SACOSS identified two potential issues which it could pursue – one relating to the return on equity in respect of the value of *equity beta* (which is the extent to which returns to equity for network businesses vary with market conditions in general), and the other relating to the assessment of operating expenditure, specifically the consideration of base year *opex* (operating expenditure or opex includes costs like information technology, improved customer support and labour costs).

With assistance from PIAC and counsel, SACOSS was able to prepare and submit an application for review by the statutory deadline of 19 November 2015. SAPN also submitted an application for review of the AER's decision on that date.

Following the initial application, proceedings were delayed pending the release of the Tribunal's decisions in the NSW/ACT appeals, which were finally given on 26 February 2016. Due to the overlap of issues with the NSW/ACT appeals, it was necessary to re-evaluate SACOSS' approach in light of the decisions.

Following the NSW/ACT decisions SACOSS decided to no longer pursue the equity beta arguments, but to maintain the possibility of intervening if SAPN did pursue arguments in relation to equity. As stated above, after SACOSS made its position clear on this issue, SAPN also withdrew its return on equity grounds, resulting in a reduction in the value of its grounds of review by approximately \$250 million.

SACOSS' remaining ground concerned the AER's assessment of SAPN's proposed base year operating expenditure. SACOSS focused its grounds of review on the failure to consider the efficiency of the base year, having regard to the rise in opex over the previous regulatory period, specifically in relation to the category of "corporate and other operating costs".

Community consultation

Following the refusal of leave, SACOSS considered its strategy for how it could most effectively participate in SAPN's review. As a potential intervener in SAPN's application, SACOSS would be limited to submissions it made to the AER, and SACOSS did not identify a compelling basis on which it might make submissions as an intervener that would add significant value to the review.

However, SACOSS believed there was significant potential value in focusing its efforts on submissions to the Tribunal through the community consultation process.

Through its participation in the early stages of the review process, SACOSS was able to positively influence the Tribunal's approach to the community consultation process in the interests of user and consumer organisations, for example, by encouraging the Tribunal to adopt an informal approach to the forum, and suggesting to the Tribunal that they provide further clarification and information to consultation participants regarding the issues under review, which they did.

Building on SACOSS' understanding of the issues under review through its involvement to date in the proceedings, SACOSS made targeted submissions to the Tribunal in the community consultation process, in particular to:

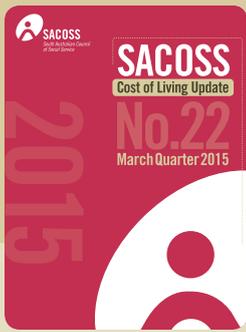
- (a) make observations to the Tribunal regarding the construction of the National Electricity Objective (NEO), the consideration of 'materially preferable NEO decision', and the appropriate balance between price and other aspects of the long term interests of consumers; and
- (b) warn the Tribunal against drawing any conclusions from SAPN's consumer engagement program regarding the long-term interest of consumers, in response to that suggestion by SAPN in its application.

SACOSS also actively encouraged other user and consumer organisations to participate in the consultation, holding an information session on 6 May 2016. All of the attendees at that information session went on to attend the public consultation and many made compelling submissions to the Tribunal.

Analysis

SACOSS was disappointed with the Tribunal's decision to refuse SACOSS leave, but believes its involvement in the proceedings has nevertheless achieved significant gains for consumer interests, particularly in terms of:

1. Ensuring gains from the NSW Tribunal decision in respect of the return on equity were followed through into the SA determination. SACOSS was pleased to see SAPN drop its largest ground, return on equity, worth \$250 million in additional revenue, insulating consumers from potentially large price rises;
2. Building SACOSS' understanding of the merits review process and its capacity for making submissions in future determination processes, and building the knowledge and experience base of consumer advocates generally in relation to these processes; and
3. Ensuring the community consultation process operated effectively in terms of providing an opportunity for consumers to put their perspectives to the Tribunal and encouraging consumers to take up that opportunity.



Cost of Living Update

Dr Greg Ogle, SACOSS Senior Policy Officer

While there has been a respite in price rises of some key household goods and services, SACOSS continues to be concerned about cost of living pressures on low income households in South Australia.

Over the last year (to June 2016), inflation in Adelaide was just 0.7%, with gas and health topping the price rises. Importantly though, these figures pre-date what looks like being another round of substantial electricity price rises with high network costs incurred in July.

As always though, the cost of goods and services is only half of the household budget, with income changes also being important in determining the impact of cost of living changes. SACOSS' quarterly *Cost of Living Updates* track changes in both prices and incomes. In the first *Update* of this year we extended the analysis over ten years to track changes over time.

Using disaggregated CPI data, we identified "the good, the bad and the ugly" – that is, those commodities whose prices have fallen or only increased modestly over the last decade, those that have risen significantly above the generic inflation rate, and those whose prices have increased at more than double the general inflation rate. Unsurprisingly, tobacco and utilities topped the uglies – but education and medical costs were also ugly. Audio-visual and computing equipment was the best category, followed by garments and household textiles – all driven by a good combination of technological change and a high Australian dollar.

The ABS Living Cost Indexes provide a robust summary of such price changes, and importantly show how they impact on different household types. As the graph here shows, because of the different mix of goods and services they buy, the cost of living for age pensioners and welfare recipients went up much faster than the general inflation rate (CPI) over the last decade. This obviously represents an additional cost pressure on households already on very low incomes, while the table included here extends the analysis to include changes in income for those household categories.

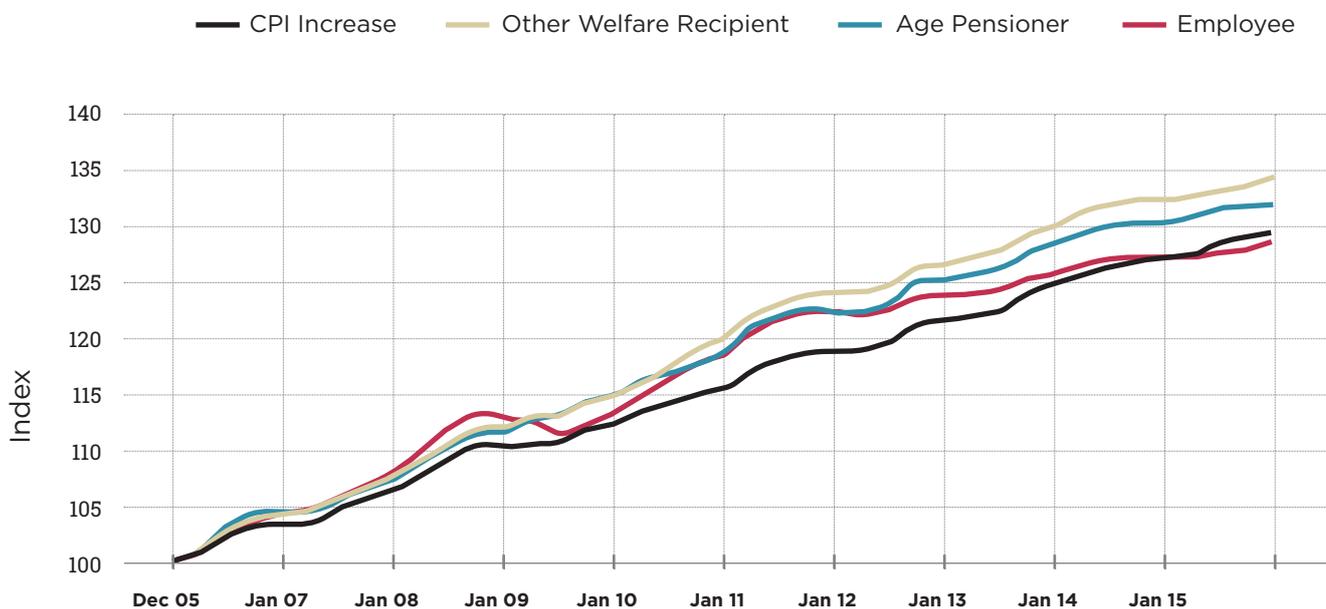
The obvious alarming thing from this table is that non-Age Pensioner social security recipients have seen a drop in the real value of their income over the last decade. For someone on Newstart supporting two children, the result is that they are approximately \$10 to \$16 a week worse off, depending on whether they are receiving Commonwealth Rent Assistance.

It is clearly better news for pensioners due to welcome increases in pension levels over the last decade, although the base weekly income levels are still not large.

With no baseline income, the same calculations can't be done for employee households and self-funded retirees. However, as the graph shows, while the cost of living for employees also rose faster than the official inflation rate for much of the decade, in recent years the pressure has slowed and now sits just under the inflation rate. Hence, employees whose wages have kept up with CPI over the last decade are now slightly better off than they were ten years ago.

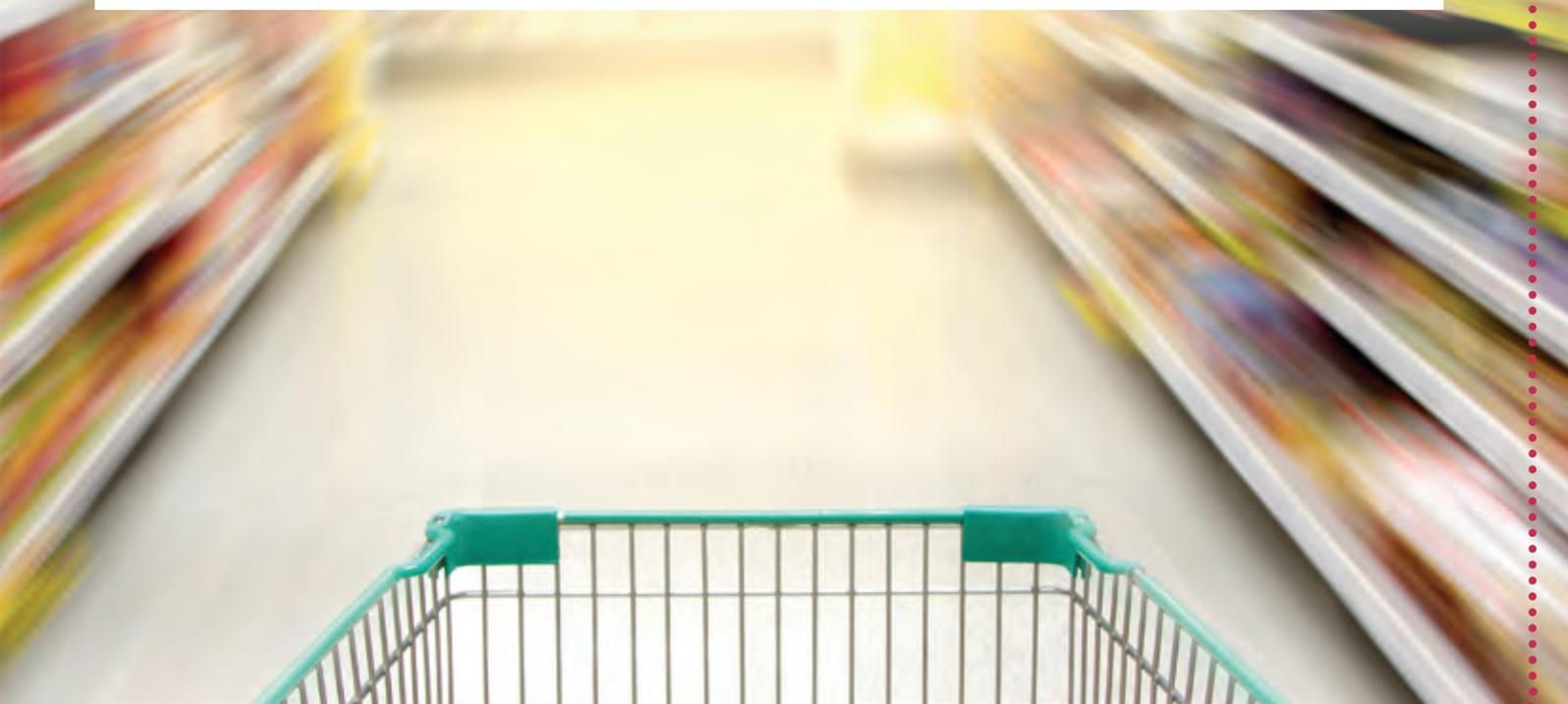
SACOSS, along with the national body ACOSS and the Councils of Social Service in other states and territories, has long highlighted the inadequacy of the Newstart payment in supporting those who are out of work and allowing them to be ready when employment opportunities arise. The data from our *Cost of Living Update* shows that that situation is getting worse. This is socially and economically unacceptable and when we launched the *Update* earlier this year we renewed our call for an increase in the Newstart allowance in the order of \$50 a week.

ABS Living Cost Indexes



Ten Year Difference	Single Age Pension	Other Social Security Recipient		Employee	Self-funded Retiree
		Newstart 2 Children	Newstart 2 Children + Rent Assistance		
CPI Increase	29.5	29.5	29.5	29.5	29.5
Cost of Living Increase (a)	32	34.4	34.4	28.6	28.7
Income Increase (b)	66.9	31.8	31.5	39.3	
Change in Position (c)	34.9	-2.6	-2.9	10.7	
Cash difference per week (c)	\$90.70	- \$10.69	- \$15.67		

Source: SACOSS, Cost of Living Update No.25, December Qtr, 2015.



SMALL

CHANGE



Tuesdays 6pm on

Small Change is SACOSS' weekly radio program that shares stories of achievement, innovation and social justice. Broadcast Tuesdays at 6pm on Radio Adelaide, you can also listen to and download the podcasts at radio.adelaide.edu.au/program/small-change/

Here are some podcast highlights from the past few months:

Chinese Welfare Services of SA to mark their 25th birthday

Since 1991, Chinese Welfare Services of SA Inc has acted as an advocate for and supported the settlement of members of the Chinese community in South Australia, and provided important cultural, linguistic and welfare services.

Its staff, volunteers and wider Chinese community are marking its 25th birthday this year, and Executive Officer Kam Chiu and President Vivien Shae joined Small Change for a chat about how their services have changed over the years, how they plan to celebrate this important milestone, and how the state and federal governments could better support Culturally and Linguistically Diverse (CALD) communities, like our Chinese community here in SA.

<https://radio.adelaide.edu.au/chinese-welfare-services-of-sa-to-mark-their-25th-birthday/>

From uni to Coober Pedy: Social work in a remote community

Leaving the city to work in a remote community can be daunting, especially if you're new to your practice and you need to learn the do's and don'ts of a workplace that's sensitive to its cultural context.

Suhara Perera is the *Bringing Them Home and Social and Emotional Wellbeing Programs Coordinator* at Umoona Tjutagku Health Service Aboriginal Corporation in Coober Pedy.

This is her third year at Umoona Health and she was recently awarded Rural and Remote Social Worker of the Year at the Australian Association of Social Workers SA Branch's Social Worker of the Year Awards.

She caught up with Small Change for a chat about the challenges of working in a remote community, adopting Aboriginal approaches in her western practices, and what she loves about her job.

<https://radio.adelaide.edu.au/from-geelong-to-coober-pedy-social-work-in-a-remote-community/>

Dame Diane Robertson: Mapping poverty and families' experiences in NZ

"We collect a lot of data about them but we actually don't necessarily understand their stories. And at times we can put out one story but it's not enough... so we decided we would talk with families for a year and interview them 26 times, and find out more about what stops people moving out of poverty."

Dame Diane Robertson joined us on the program to discuss the Family 100 Research Project – a ground-breaking collaborative study undertaken by the Auckland City Mission, in conjunction with researchers from University of Waikato, Massey University and The University of Auckland.

<https://radio.adelaide.edu.au/dame-diane-robertson-mapping-poverty-and-families-experiences-in-nz/>

NFP Law launches national legal information hub

It can be difficult for charities and not-for-profits to navigate the legal landscape. From starting up a charity, to taxation, to managing volunteers, there are many legal issues that need to be considered and more often than not, there are many questions that arise as a result.

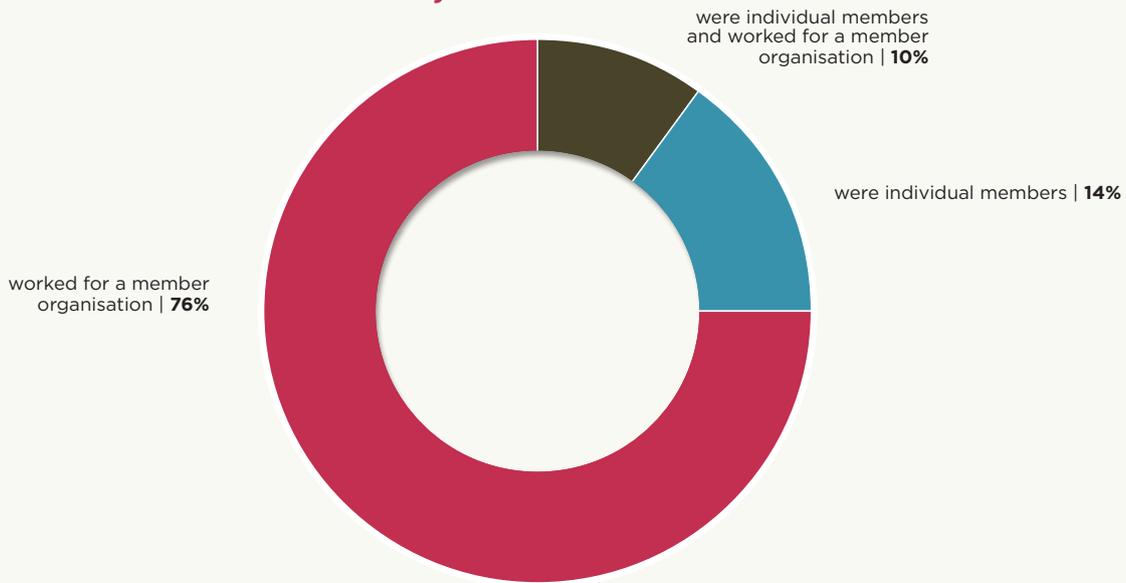
Justice Connect's Not-for-profit Law program is a specialist legal service for community organisations across Australia and recently launched its free, national Information Hub for charities and not-for-profits.

Sue Woodward is the Director of National Projects at Not-For-Profit Law and she joined Small Change for a chat about the role of Justice Connect and its Not-for-profit Law service, and the new Information Hub.

<https://radio.adelaide.edu.au/nfp-law-launches-national-legal-information-hub/>

SACOSS annual member survey: some highlights

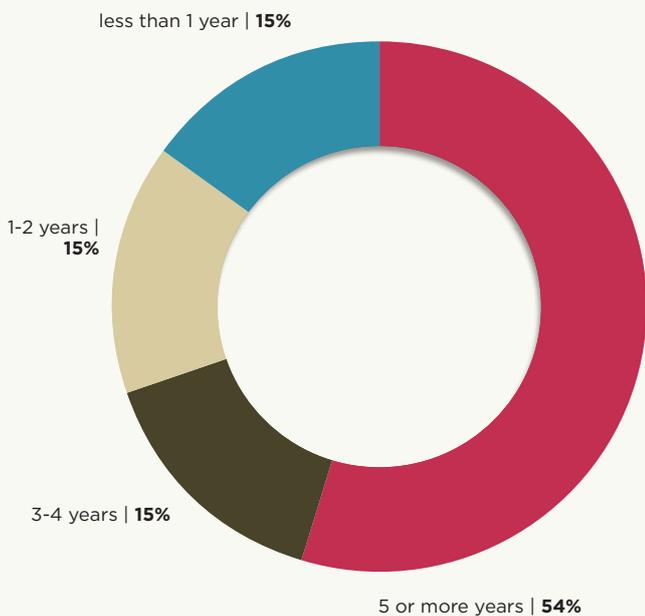
90 members did the survey



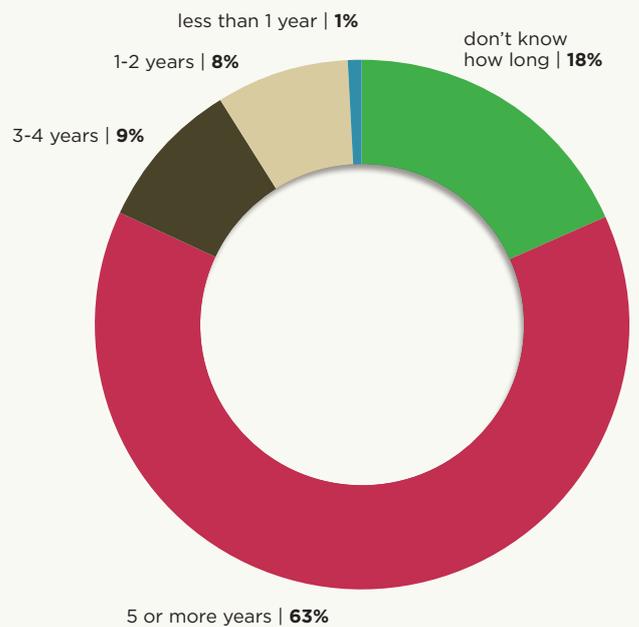
Membership

How long have you been a member?

Individuals



Organisations



"Please note that numbers have been rounded so may not add up to 100%"

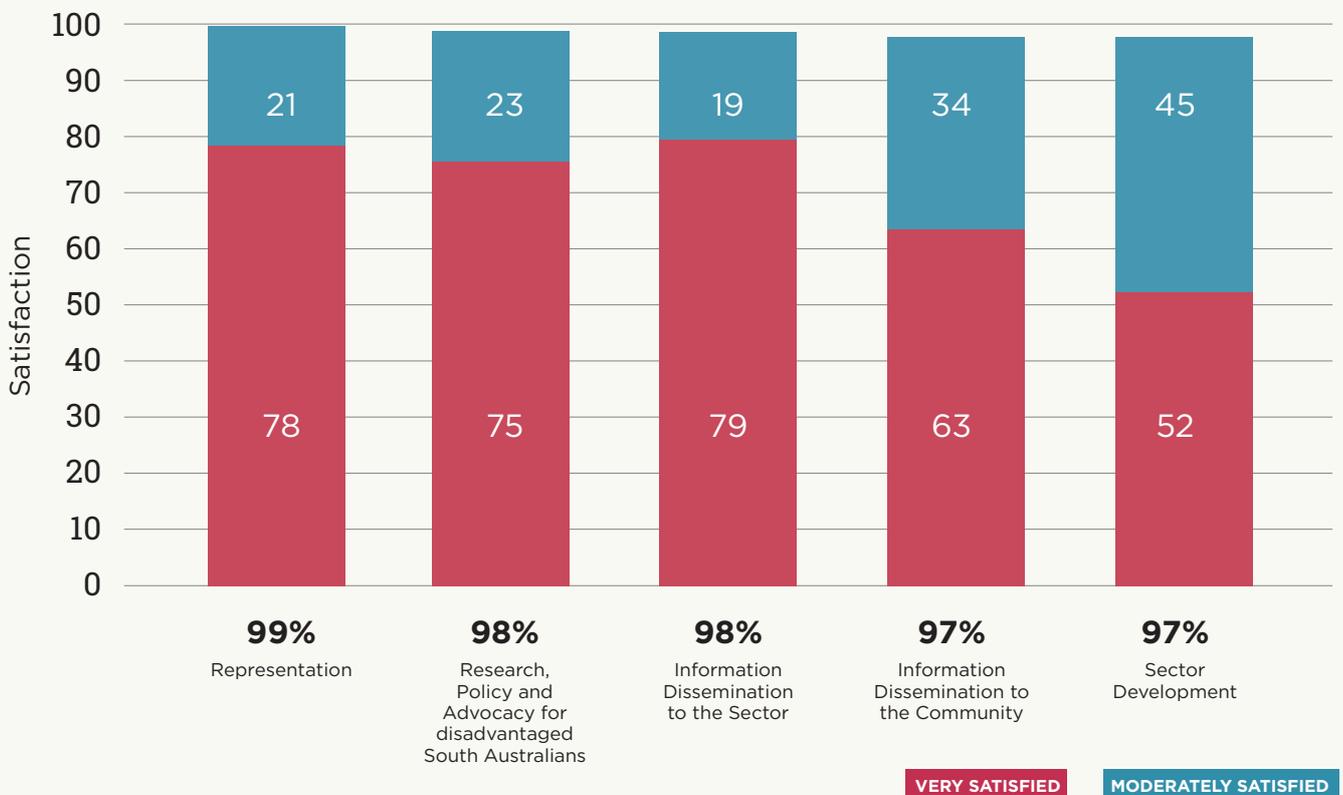
Peak Roles

The survey highlighted the five key peak roles of SACOSS and asked how important they were.

Percentage of members who rated each of SACOSS key roles as **very important**

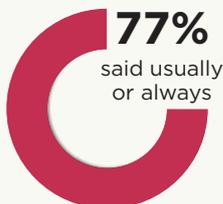
Information Dissemination to the Sector	86%
Research, Policy and Advocacy for disadvantaged South Australians	84%
Representation	83%
Sector Development	73%
Information Dissemination to the Community	60%

The survey also asked how satisfied the members are with SACOSS' performance of our peak roles. Overall members expressed **general satisfaction** for each of the roles.

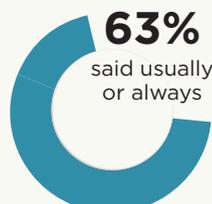


Communications

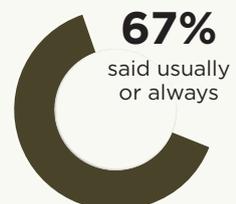
Has your organisation benefited from information and other communications provided from SACOSS?



Has participating in SACOSS activities increased your skill or knowledge?



Have you or your organisation been able to do better work as a result of SACOSS' efforts?





According to the latest Member Survey, 89% of respondents have been to a SACOSS event, conference or seminar

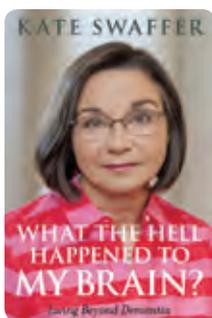
Member Engagement

attended a SACOSS event, conference or seminar	89%
involved with the SACOSS Policy Council or Board	48%
raised a policy issue for SACOSS to take up	44%
contributed to SACOSS publications or submissions	35%
accompanied SACOSS to meetings with ministers or government	25%
co-hosted events or meetings with SACOSS	23%
provided funding to support a specific campaign	14%
provided staff time to undertake policy work with SACOSS	10%



What the hell happened to my brain? Living beyond dementia

Reviewed by Phil Saunders, SACOSS Senior Policy Officer



What The Hell Happened To My Brain? is the story about the impact on the life of a very busy woman of an “uninvited visitor”, an “unwelcome 50th birthday present” – dementia.

The author, leading international advocate Kate Swaffer, offers her story and reflections to powerfully demonstrate and argue for a life

beyond dementia, beyond the diagnosis of dementia, to show people “who I really am”.

Swaffer speaks of stolen dreams, of dementia as a pseudo death, of drowning under the weight of guilt and loss and of hallucinations where strangers and wild cats occasionally stalk her. Her high functioning brain has slipped away, sometimes showing itself like a ghost. Her soul is being sucked out little by little. She watches herself die. There are lots of tears for who she once was. She misses her memory, which has become a desperately bare landscape.

This very personal story is combined with a comprehensive reflection on the issues concerning the impact of dementia on people’s lives and on the lives of those around them: from “why me, why this, why now?” through illness, sadness and positivity, the burden of disbelief, younger onset dementia, grief, loss and guilt, myths, loneliness and stigma to family care partners, interventions, advocacy and more.

The author rails against prescribed disengagement, where people are told to go home, get their end of life affairs in order and give up work and study to ‘live’ for the time they have left. This, she argues, leads to fear and removes any sense of hope for the future. On the contrary, most people with dementia live in the community with support and participate in the activities they did before diagnosis. Reclaiming a pre-diagnosis life and ignoring prescribed disengagement is to “reinvest in life”.

This includes regarding dementia as a disability, with better advice and services that provide positive meaningful engagement that breaks with traditions steeped in bias, stigma and the discrimination “that isolates us”. Dementia as a disability would mean that “many more of

us would simply get on with our lives, accommodating our particular disabilities for as long as possible”.

Explanatory lists include the impact of younger onset dementia, the impact of delayed diagnosis, the myths and responses to them, positive response to prescribed disengagement, response strategies through assistive technology for disabilities caused by cognitive impairment and steps to becoming dementia-friendly communities.

The author speaks warmly of her family, of the impact of her dementia on her teenage boys and her husband, who she calls her “back-up brain”, and their corresponding support. A back-up brain empowers the carer to be with or alongside the person with dementia rather than to care for them; a subtle but significant difference.

Professionals talking about managing behavioural and psychological symptoms of dementia drive the author to “ranting distraction”.

“Are we to manage behaviour or improve staff education about dementia and client communication needs,” she asks?

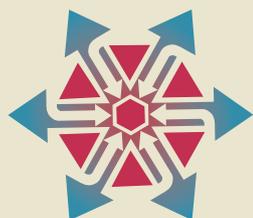
In discussing interventions, the author outlines her own experiences as a blogger. For her, life stories and poetry based around the narrative of one’s life, are not only valuable “for us now” but have the potential to provide a detailed life history. It allows explanations of support that promote not only humanity and self-evaluation but intimate sharing.

Central to the author’s advocacy is the engagement of people with dementia who, she argues, are being left out of many of the conversations and events about them. Indeed, advocacy itself is an intervention about “owning your own life and helping someone else reclaim theirs”. For the author, it is a reason to get up in the morning, a source of fulfilment.

This book is a record that needs to be read by anyone working with or associated with people with dementia and those around them.

What the hell happened to my brain?
by Kate Swaffer

Published by Jessica Kingsley, 2016



SACOSS VULNERABILITY & AFFORDABILITY CONFERENCE 2016

ENERGY, WATER AND TELECOMMUNICATIONS



This Conference will explore vulnerability in the context of essential services, and showcase better practice in addressing the associated issues.

Building on the success of SACOSS' Hardship and Affordability Conferences over the past three years, the 2016 Conference will bring together leaders from the energy, water and telecommunications sectors, along with those from the community and charitable sector

It once again promises to be a significant gathering of policy makers, business leaders, regulators, non-profit organisations and community service providers.

It will provide an opportunity to support businesses in dealing with their customers and communities, and to consolidate collaborative approaches to prevent financial vulnerability, and facilitate social and financial health and well-being.

This Conference will cover recent regulatory developments for vulnerable customers and highlight opportunities for supporting these customers, given evolving consumer protection frameworks.

The Conference creates an opportunity for delegates to engage in critical reflection, knowledge enhancement, lively discussions on better practice ideas and initiatives from experienced national and local speakers, as well as the opportunity to network and collaborate with colleagues.

Date

Wednesday 2 November

Venue

Adelaide Oval

For information on the Conference and Keynote Speakers visit

sacoss.org.au/events/sacoss-events

News from Marjorie Black House

Recent SACOSS activities and reports:

- SACOSS Report Losing the Jackpot: SA's Gambling Taxes
- The annual post-budget breakfast with the Treasurer
- SACOSS Member survey
- Three forums for older workers (with COTA)
- Briefing for Members on the Nyland Royal Commission final report
- Forum on homelessness

2016 activity:

- Anti-Poverty Week (October 16-22)
- Cost of Living update (September)
- A major report into telecommunications affordability
- SACOSS Vulnerability & Affordability Conference 2016: Energy, Water & Telecommunications (November 2)
- SACOSS 69th AGM (November)
- A project looking at public health and community services

Get involved with SACOSS

Help us enhance the voice of the community on behalf of vulnerable and disadvantaged South Australians. If you aren't already, become a SACOSS member today sacoss.org.au/membership

SACOSS sends out a fortnightly eBulletin to our members listing brief descriptions of upcoming events, job vacancies, and other items relevant to the community services sector. You can subscribe to the eBulletin and submit entries via our website. Visit sacoss.org.au/ebulletin for all the details.

SACOSS on Twitter and Facebook



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SACOSS sad to say goodbye to volunteer and Life Member Grethe Brown

Many in the SACOSS family were sad to hear the news that SACOSS Life Member and long-time volunteer Grethe Brown had died.

Grethe and her husband Harvey Brown came to SACOSS as volunteers through Volunteering SA in March 1998.

Past SACOSS Executive Director Pam Simmons remembers her fondly: "From helping with mailouts to recording Board decisions in a register – when it was done in a book! – Grethe's presence brightened the week for everyone in the office because she brought a wicked sense of humour and a generosity of spirit that built cohesiveness."

"On their days in the office, morning tea was often shared among all at their work table – and Grethe often provided it, including her famous cinnamon cakes."

"The loving banter between Harvey and Grethe spilt-over to staff and visitors alike, and made the workplace a happier place to be and more productive."

Grethe and Harvey Brown were made Life Members in 2004.

"The life membership was granted in recognition of her valuable contribution to SACOSS and to other organisations, in her understated and unassuming way," said Pam Simmons



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