We would like to thank Uniting (NSW.ACT) staff who participated in consultations and made other valuable contributions to this submission.

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A message from the Executive Director.

Uniting is responsible for the social justice, community services and chaplaincy work of the Uniting Church in NSW and the ACT.

We provide care and support for people through all ages and stages of life, with a focus on people experiencing disadvantage and vulnerability. Our purpose is to inspire people, enliven communities and confront injustice.

Every year, we work with over 85,000 people, many of whom are among the most disadvantaged and vulnerable in NSW. We provide early learning, family support, disability services, aged care and services for people at risk of homelessness. Alongside our direct service provision, we are committed to speaking up for changes needed to improve the lives of people experiencing poverty and disadvantage.

Beneath the diversity of our services and the issues we raise in our Submission lies a single foundation, first expressed in the founding statement of the Church:

We pledge ourselves to seek the correction of injustices wherever they occur. We will work for the eradication of poverty and racism within our society and beyond. We affirm the rights of all people to equal educational opportunities, adequate health care, freedom of speech, employment or dignity in unemployment if work is not available. We will oppose all forms of discrimination which infringe basic rights and freedoms.

In publishing this document, we are continuing to live out that founding commitment.

My colleagues on the Uniting Executive, together with our Board, join with me in endorsing the policy priorities set out in our Pre-Budget Submission and in affirming our desire to work with the Government to improve the lives of people and communities in NSW.

Tracey Burton
Executive Director/CEO
Uniting NSW.ACT
About Uniting.

Uniting is one of the largest not-for-profit community service providers in NSW and the ACT and provides services for vulnerable children, young people and families, early learning, aged care and programs for people with disability.

Our child and family services

Uniting provides a range of services to disadvantaged children, young people and families in NSW and the ACT. Our programs span prevention and early intervention, intensive family preservation and restoration, out-of-home care (OOHC) and aftercare, family counselling and mediation, and accommodation and support for young people experiencing homelessness.

Uniting also provides 56 early learning services across NSW and the ACT. These services include Long Day Care, Preschool, Occasional Care and Outside School Hours Care that support over 4,500 children.

We are proud of our history as innovators, as well as providers of quality care. We deliver the Newpin program in eight locations in NSW. Newpin is an intensive restoration program that works with families under stress to break the cycle of destructive family behaviour and enhance parent-child relationships. Newpin was selected to trial the use of Social Benefit Bonds (SBB) in NSW, and 328 children have been successfully restored to their birth families in the past six years. The program has also supported an additional 55 families in preventing their children entering care.

We are also currently working with the NSW Government, in partnership with St George Community Housing and Social Ventures Australia, to develop Foyer Central for young people leaving care. Other examples of our innovation work are outlined throughout this submission.

Our aged care services

Uniting provides a range of residential aged care options, including ‘ageing in place’ (which enables residents to remain in the same service as their care needs change), dementia specific care, respite and transitional care. We also provide independent living, in-home care, Healthy Living for Seniors programs and Seniors Gyms.

As a large provider of aged care services, Uniting has been focused this year on the Commonwealth Royal Commission into Aged Care Quality and Safety. As the latest in a series of inquiries into aged care, there is no lack of diagnosis regarding the challenges the sector faces, or of potential solutions to those challenges. The lack of progress to implement those solutions reflects an inherent and ingrained ageism in our society, where the rights and dignity of older people are simply not a priority.

The aged care model needs to be reset so older Australians receive the right mix of care and support, at the right time, in the setting they choose. We know we will have achieved this goal when consumer choice drives supply, there is greater home-based care, there is greater innovation that promotes improved health and wellbeing, we have a skilled and fairly paid workforce, and we have a viable sector through an appropriate mix of government funding and consumer contributions.
Our disability services

Uniting is a proud provider of disability services that focus on enabling people with disability, and their families, to participate in their communities. Our services provide accommodation support, assistance with employment and education, financial support, respite care and crisis support.

The Commonwealth Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability will also shine a spotlight on the disability sector in coming months. Despite developments in legislation to protect people living with vulnerabilities, neglect and abuse still occurs, and far too often. This again is rooted in society’s implicit acceptance that people who experience vulnerabilities are of lesser importance, as well as our discomfort in facing up to the vulnerability of the human experience. It is also linked to the fact that market and regulation drivers do not deliver equally for people living with vulnerabilities. Uniting hopes the Royal Commission will create a pathway to reform that delivers for people with disability and their families.

Our work with Aboriginal people and communities

As a mainstream organisation, we are strongly committed to working collaboratively with Aboriginal and Torres Strait Islander communities, and to walking respectfully alongside them as they seek fairness and justice. Our Aboriginal Services and Development Unit has an important leadership role in ensuring our programs are accessible to, and culturally appropriate for, Aboriginal and Torres Strait Islander peoples.
Introduction.

In preparing this Pre-Budget Submission we draw on our expertise and experience in delivering the social justice, community services and chaplaincy work of the NSW and ACT Synod of the Uniting Church. We identify key priorities for Government investment to support disadvantaged people and communities.

Through the course of our work and in consultation with our staff, we have identified areas where the current service system is not working well for disadvantaged people. Our Submission outlines achievable solutions to improve the wellbeing of vulnerable and disadvantaged people. These focus on:

- improving the health and wellbeing of people with drug-related issues
- creating affordable, secure housing and reducing homelessness
- improving the life chances of young people leaving OOHC, and
- strengthening support for vulnerable children, young people and families.

A serious commitment to addressing the entrenched disadvantage experienced by Aboriginal communities should be a key priority for any government. Targeted strategies are required across each of our Budget focus areas, shaped in partnership and with strong voice of Aboriginal communities.

We have also identified several overarching principles that should shape the development of policies to address the needs of disadvantaged families and communities:

- providing timely and early support to prevent issues from escalating (and reduce the need for more intensive and costly services at a later point)
- ensuring integrated service responses for individuals and families who need multiple services such as housing, drug treatment, mental health and family support, and
- strong focus on workforce development, particularly in the child and family and alcohol and other drug treatment sectors.

As well as providing essential support for disadvantaged people, Government investment in social services and infrastructure benefits the entire community. For example, when homeless people obtain stable accommodation they require less healthcare and are less likely to be involved in crime (as victims and perpetrators). They are also more likely to reconnect with education and employment. With the economy slowing, public investment in social housing is also a cost-effective way to boost growth in jobs.
Summary of recommendations.

**Fair treatment for people with drug-related issues**

1. **Hold a drug reform summit**, bringing together politicians, drug treatment experts, health services and people with lived experience of drug-related issues.

2. **Establish a state-wide, needs-based planning process** in line with the recommendation of the Parliamentary Inquiry into the Provision of Drug Rehabilitation Services in Rural, Regional and Remote NSW.

3. **Increase investment by $200 million per year** for alcohol and other drug (AOD) treatment services, especially in rural and regional areas:
   a. **including services suitable for women with children, young people and Aboriginal people**
   b. **providing a range of treatment options including residential and non-residential services**
   c. **including investment in workforce capability**.

4. **Establish a rehabilitation service in Dubbo** in partnership with the Dubbo Regional Council and the local Aboriginal community. The estimated capital cost is $5 million and the annual operational cost is $2.7 million, for a facility with 15 residential beds and eight detoxification beds.

5. **Establish a centre-based AOD Recovery program** for young people in Lismore and the Central Coast. The estimated cost for each service is $2.1 million per year.

6. **Fund a front-of-house drug safety checking trial** that consists of:
   a. **one three-day festival based mobile testing service**, and
   b. **one 12-week fixed site community-based testing service**, at a total cost of $300,000.

**Create affordable, secure housing and reduce homelessness**

7. **Provide 5,000 additional social housing dwellings** as part of a long-term plan to increase social housing stock. This should include a focus on increasing the stock of Aboriginal community housing. One option for financing this investment is to hypothecate (pledge) a proportion of stamp duty revenue for this purpose.

8. **Work in partnership with Uniting** to co-fund a trial and evaluation of a state-wide seniors housing information and support service. The estimated cost of the service is $1.2m per year over five years.

9. **Improve access of older people to social and affordable housing by**:
   a. **lowering the qualifying age for priority social housing** to 55 years
   b. **increasing supply of social and affordable housing** tailored to the needs of older people in terms of design, location and size (including stock suitable for single people).

10. **Expand funding for programs which provide longer-term transitional housing and support for vulnerable young people with complex needs**. This should include a focus on ensuring that young people leaving OOHC or juvenile justice do not exit into homelessness.

11. **Legislate to replace ‘no grounds’ evictions with agreed reasonable grounds**.
Improving life chances for young people leaving out-of-home care

12. Invest $18,000 per young person each year to support a continuation of care to age 21 (state-wide $60 million over 4 years).

13. In addition to allowing young people to remain in care, provide coaching to support their development to adulthood from age 15 to 21. This is a critical element of Uniting’s Extended Care pilot which helps young people turn their interests and strengths into positive housing, education, employment and health outcomes. Cost: $10,000 per young person per year (state-wide $72 million over 4 years).

14. Establish a working party of NGOs and Government to progress a state-wide roll out of extended care, drawing on the findings and implementation experience from Uniting’s pilot.

Strengthen support for vulnerable children, young people and families

15. New initiatives under Their Futures Matters should be funded through increased overall expenditure rather than cutting funding for existing initiatives. Savings should be realised over time in a manner consistent with the evidence on the impact of and savings from new programs.

16. Increase transparency by providing additional information in the Budget Papers regarding expenditure on major categories of activity (e.g. early intervention, intensive family preservation and restoration, OOHC, systemic capability and cohort-specific investments), and change over time in these categories.

17. Maintain commitment to transparency by publishing the results of further research, and indicating well in advance the funding to be allocated to investment in improving outcomes for each cohort.

18. Develop and implement a workforce strategy for the child and family sector resourced through the establishment of a dedicated child and family sector industry development fund (as exists in other sectors undergoing change and innovation). The workforce strategy should include a strong focus on recruitment, retention and development of Aboriginal staff and those working in rural and remote areas.
Fair treatment for people with drug-related issues.

**Snapshot**

- Uniting’s experience in running the Medically Supervised Injecting Centre over the past 17 years gives us unique insight into the challenges faced by people with drug dependency issues.

- Drug-related issues should be treated as primarily a health issue and treated like any other chronic condition.

- Urgent action is needed to address historical underinvestment in treatment services. There is a chronic shortage of rehabilitation services in regional and rural areas.

- Uniting is particularly concerned about the lack of residential facilities for women with children, which means that children are at risk of being removed from their parents’ care and placed in OOHC.

- Drug treatment represents a good investment – it is cost effective and has many positive benefits for people with drug-related issues, their families and the community.
Uniting believes that drug policy should be evidence-based, compassionate and treat all people with dignity and respect. We support better access to drug treatment and harm reduction services and removal of criminal sanctions for personal use and possession of small quantities of drugs.

These issues are better dealt with using a health and safety approach, not a criminal one. We want to see a society where everyone who needs treatment and support gets it, people are not arrested or penalised for being unwell, and no one dies through drug use.

**Uniting's Medically Supervised Injecting Centre**

In January 1999, a Sunday newspaper photograph of a teenage boy injecting himself in Redfern shocked the state and precipitated a Drug Summit in the NSW Parliament, which led to the creation of the Uniting Medically Supervised Injecting Centre (MSIC). Uniting MSIC was the first of its kind in the English-speaking world, and until recently the only one in the Southern Hemisphere.

Uniting MSIC offers a practical and compassionate response to people who inject drugs, by minimising the associated harm until the person is ready and able to address their issues. At Uniting MSIC, qualified staff supervise drug injecting that would otherwise happen elsewhere; often in public, and under more dangerous conditions. There is immediate access to emergency medical care on-site in the event of an overdose or other health issue. Uniting MSIC also provides a gateway to treatment and counselling.

Our experience in running Uniting MSIC over the past 17 years gives us unique insight into the challenges faced by people with drug dependency issues. Our other services also expose us to people with drug-related issues and the urgent need for Government action to improve access to treatment.

**Treat harmful drug use as a health issue**

Drug-related issues should be recognised as primarily a health issue and treated like any other chronic health condition. This is one of the foundation concepts behind the Fair Treatment campaign that Uniting is leading. Drug-related problems are often linked to complex social circumstances including trauma, child abuse, poor mental health and social disadvantage. Effective responses to harmful drug use must address these underlying causes. Current approaches which focus on policing and imprisoning people who use illicit drugs increase stigma and create barriers to people seeking treatment.

Research shows that there are a range of positive outcomes from AOD treatment including:

- reduced use of alcohol and other drugs
- improved health and psychological wellbeing
- reduced instances of child abuse and neglect and removal of children into state care
- reduced crime rates and imprisonment, and
- improved employment outcomes.

Investment in drug treatment is highly cost effective – for every $1 spent on treatment, the government saves $7. By refocusing the system on helping people with drug-related issues we can save lives, save money and redirect law enforcement resources to areas of greater need.

**Recommendation 1**

Hold a drug reform summit, bringing together politicians, drug treatment experts, health services and people with lived experience of drug-related issues.
Expand treatment options

Every year more than 200,000 Australians are unable to access AOD treatment because there are not enough services available.5 Modelling conducted for the Network of Alcohol and Other Drug Agencies estimates that we need approximately double the existing number of residential rehabilitation and detoxification beds to meet the level of need in NSW.5 There are similar gaps in availability of non-residential options such as community-based day treatment.

As the 2018 Parliamentary Inquiry into the Provision of Drug Rehabilitation Services in Rural, Regional and Remote NSW found, there is a chronic shortage of detoxification and rehabilitation services in regional and rural areas.7 Too many people are facing long waiting times in accessing AOD treatment. The need for more services is clear when the waiting list for residential rehabilitation can extend to six months (see, for example, Lismore snapshot on page 18). These delays lead to greater harm and increased costs for the health and criminal justice systems. Also, the window of opportunity when people are motivated to seek help may be lost.

Long travel distances to access treatment may also be a barrier to treatment – for example, the nearest rehabilitation service in Broken Hill is well over 300 kilometres away.8 Regional and rural New South Wales also has a higher rate of unintentional drug-induced deaths than Greater Sydney – with 8.8 deaths per 100,000 population in regional and rural NSW in 2017 compared to 6.6 in Sydney.9

Uniting supports a staged approach to address historical underinvestment in AOD treatment:

- immediate funding of new AOD treatment services in high need rural and regional areas. As outlined in the snapshots of treatment need below, Uniting has identified several examples of high-need rural areas.
- development of a state-wide needs-based planning process, in line with the recommendation of the Parliamentary Inquiry into the Provision of Drug Rehabilitation Services in Rural, Regional and Remote NSW. The planning process should include both residential and non-residential services and address the needs of specific population groups such as women with children.

Recommendation 2

Establish a state-wide, needs-based planning process in line with the recommendation of the Parliamentary Inquiry into the Provision of Drug Rehabilitation Services in Rural, Regional and Remote NSW.

Recommendation 3

Increase investment by $200 million per year for alcohol and other drug (AOD) treatment services, especially in rural and regional areas:

a. including services suitable for women with children, young people and Aboriginal people
b. providing a range of treatment options including residential and non-residential services
c. including investment in workforce capability.
Services for women with children

Uniting is particularly concerned about the lack of residential treatment facilities for women with children, which means that children are at risk of being removed from their parents’ care and placed in OOHC.

Modelling commissioned by Their Futures Matters identifies that:

- young mothers (aged 21 or under) are 2.9 times more likely to have AOD related hospital admissions in the future than a comparison group, and
- children of young mothers are 1.5 times likely to have AOD related hospital admissions in the future than the comparison group.¹⁰

This highlights the critical importance of improving access to treatment for women with children to break the cycle of disadvantage. When women become mothers, they are often highly motivated to change. However, women are forced to leave their children and families to attend rehabilitation in metropolitan areas or do not access rehabilitation for this reason.

Shantell’s story

Shantell is a young mother of three from Dubbo. As a kid she had big dreams and wanted to be a dancer. But because of broken family relationships Shantell left home at 15 and began using alcohol and drugs to numb her pain.

“I wanted to die, but I didn’t want to leave my kids here. So, I turned to drugs. It changed my whole life, it changed the person I am.”

Shantell wants to get off drugs. But when you have three children and must travel over 400km to get the treatment you need, and you don’t have a car, seeking help and getting better can seem impossible. It’s also difficult to give up ice when most people around you are using.

Shantell has days where she loses hope and feels down but believes that treatment will help. Her kids are her inspiration to get well.

Shantell’s story featured in the Fair Treatment campaign’s documentary Half a Million Steps, which premiered in June 2019.

¹⁰ Pre-Budget Submission: NSW Government 2020-21 Budget
**Table 1 – Residential services in Dubbo**

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Beds</th>
<th>Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mac River, near Dubbo</td>
<td>Rehabilitation for young people in Juvenile Justice</td>
<td>8</td>
<td>3 months</td>
</tr>
<tr>
<td>Orana Haven (Brewarrina Aboriginal Corporation) Brewarrina</td>
<td>Rehabilitation for men Aboriginal focus</td>
<td>18</td>
<td>2 months</td>
</tr>
<tr>
<td>Weigelli, Cowra</td>
<td>Rehabilitation, mixed-sex Aboriginal focus</td>
<td>23</td>
<td>2 months</td>
</tr>
<tr>
<td>Lyndon Community, Orange</td>
<td>Mixed-sex withdrawal facility</td>
<td>12</td>
<td>3 months each</td>
</tr>
<tr>
<td></td>
<td>Mixed-sex rehabilitation facility</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women’s and children’s rehabilitation facility, (maximum of 2 children per woman)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Source: NSW Parliament, Legislative Council, 2018, Provision of drug rehabilitation services in regional, rural and remote New South Wales, p 23, from submission from Dubbo Regional Council (submission no. 2).

**Snapshot of treatment need – Dubbo**

The Parliamentary Inquiry into the Provision of Drug Rehabilitation Services in Rural, Regional and Remote NSW specifically recommended that the Government increase provision of rehabilitation services in the Dubbo area. The Dubbo area has entrenched crime issues which are exacerbated by problematic drug use. The Bureau of Crime Statistics and Research (BOCSAR) data shows that in the Dubbo LGA:

- Domestic violence related offences increased by 64% from 2016 to 2018, and in 2018 was three times the NSW rate.
- Arrests for possession/use of amphetamines soared by 66% in this period, compared to a 10% increase across the State.
- In 2018, the break and enter (dwelling) rate was more than three times the NSW rate.¹¹

This data is being used here as a proxy indicator for prevalence of problematic drug issues, and we recognise there are many causes of crime and that rates of arrests for possession and use of drugs may also reflect changes in police activity. We believe that police resources would be better used to target drug trafficking and supply and people in possession of small quantities of drugs redirected into treatment.

As shown in Table 1, there are some residential rehabilitation facilities in Western NSW, but most are at least a two-hour drive from Dubbo. Waiting times for these services are generally from two to three months. There are also no dedicated detoxification beds in Dubbo, with the closest facility located in Orange (150 kilometres away). The nearest residential rehabilitation service for women with children is also in Orange but can cater for only eight women and a maximum of two children per woman.

Following extensive consultation with the local community, Dubbo Regional Council has developed a proposal for an AOD facility with 15 residential rehabilitation beds and eight detoxification beds. Council has committed to provide land for the construction of the facility. The proposed service will be open to both men and women and include some family units. Importantly, the service will have a focus on embedding cultural safety for Aboriginal people. It will also provide non-residential rehabilitation. The service will cater for people with co-occurring mental health issues and will be open to people with a criminal history, including those exiting prison.

**Recommendation 4:**

Establish a rehabilitation service in Dubbo in partnership with the Dubbo Regional Council and the local Aboriginal community. The estimated capital cost is $5 million and the annual operational cost is $2.7 million, for a facility with 15 residential beds and eight detoxification beds.
In 2018, 83% of convictions in Lismore for theft from automobiles were aged 19 or under, as were 66% of convictions for break and enter (non-dwelling) offences.

Existing services in the area are inadequate to address the level of need. In Northern NSW, the following centres cater for adults: The Buttery provides residential drug and alcohol treatment for adults, but is near Bangalow rather than Lismore, and is difficult to access for many potential clients due to its remoteness. The waiting list can be up to six months. The Namatjira Haven residential treatment centre at Alstonville is an Aboriginal specific service for adults.

There are no rehabilitation facilities for young people in Lismore or the surrounding area. In a survey conducted by the Far North Coast Primary Health Care Network, 50% of people living in Lismore who had tried to access rehabilitation for help with their AOD challenges, found it hard to access. Further, young people commonly reported the following AOD services as ‘hard to access’: Rehabilitation (47.4%); Counselling (39.9%); Youth-specific services (39.4%); Detox (30.0%); and Psychiatrist (27.5%).

**Snapshot of treatment need – Lismore**

Uniting has identified the need for a youth-specific AOD service in the Lismore-Tweed area.

The Far North Coast area has a very high rate of problematic drug use. In 2016-17, the rate of methamphetamine-related hospitalisations in the Northern NSW LHD was 26% above the State average. Data from BOCSAR shows that:

- Lismore consistently ranked among the top three Local Government Areas (LGAs) in NSW for conviction for possession/use of cannabis from 2015 to 2018.
- In 2018, Lismore LGA rates per 1000 inhabitants of possession/use of narcotics, cannabis, methamphetamine and “other drugs” were substantially higher than the state average.
- Arrests for possession/use of amphetamines increased by 26% from 2017 to 2019 in the Richmond-Tweed Statistical Area, compared to an 8% increase in NSW.

Although BOCSAR does not publish data on the age of offenders for these offences, it is likely that usage is relatively high among young people and young adults. This is consistent with data on the ages of offenders for property crime, which is often used to fund consumption of illicit drugs.

In 2018, 83% of convictions in Lismore for theft from automobiles were aged 19 or under, as were 66% of convictions for break and enter (non-dwelling) offences.

Existing services in the area are inadequate to address the level of need. In Northern NSW, the following centres cater for adults: The Buttery provides residential drug and alcohol treatment for adults, but is near Bangalow rather than Lismore, and is difficult to access for many potential clients due to its remoteness. The waiting list can be up to six months. The Namatjira Haven residential treatment centre at Alstonville is an Aboriginal specific service for adults.

There are no rehabilitation facilities for young people in Lismore or the surrounding area.

In a survey conducted by the Far North Coast Primary Health Care Network, 50% of people living in Lismore who had tried to access rehabilitation for help with their AOD challenges, found it hard to access. Further, young people commonly reported the following AOD services as ‘hard to access’: Rehabilitation (47.4%); Counselling (39.9%); Youth-specific services (39.4%); Detox (30.0%); and Psychiatrist (27.5%).
Uniting’s Recovery Project

Uniting has previously put a proposal to the NSW Office of Social Impact Investment to address these issues in the Lismore area (the “Recovery Project”). While this proposal was not successful, we believe the model is sound and strongly support it being taken up by NSW Health or a suitable provider. The Recovery Project is a non-residential, centre-based rehabilitation program for young people aged 16-25 who are recovering from addiction issues. It is based on a model currently operated by Uniting Vic/Tas., which has been comprehensively evaluated and shown to be effective.

The program works with young people who have recently completed withdrawal or detoxification or who demonstrate a commitment to abstain. It provides a holistic centre-based therapeutic program, which seeks to help young people to sustain abstinence, reintegrate back into society and avoid relapse.

Research evidence suggests that a narrow focus on detoxification without further support does not deliver sustained results. Young people in this situation require intensive work to address their underlying trauma and help to engage in education and employment.

The Recovery Project provides a centre-based program, which will support young people to change their behaviour while they remain at home and in their community. It provides a safe place for intensive treatment and post-treatment support and links young people with other supports.

The benefits of a centre-based model, remaining on country and close to family are also particularly important in providing effective AOD treatment to Aboriginal people.

Based on our preliminary work, the estimated cost to establish this service would be $2.1 million per year. However, the Recovery Project would provide long-term benefits to the participants, and in turn would deliver significant savings to the NSW Government through reduced use of high cost public services, such as hospital emergency departments, mental health services and incarceration.
Drug safety checking

Uniting supports a drug safety checking (pill testing) trial. This is closely aligned with our Fair Treatment campaign for a compassionate, health-based response to drug use. Uniting believes drug safety checking/pill testing represents a last-stop, health intervention that can reduce the rate of drug taking and identify how potent a substance is, and if it contains dangerous contaminants. There is certainly enough evidence to, at least, start a process towards creating a trial of drug safety checking and to run it prudently and evaluate its effectiveness.

Uniting has made our position clear to the NSW Premier and has offered our expertise, experience and resources to assist in finding the right path. We would also be willing to consider a request to be involved in any future drug safety checking trial by providing premises for such a trial to take place in the community, subject to several issues being addressed.

Uniting strongly advocates that a front-of-house drug safety checking trial occur. This is because we believe this approach will keep the most people safe. Front-of-House drug safety checking is chemical analysis of substances of concern from patrons at public events to support tailored health consultations and brief interventions. Results also feed into a public alert system. A pilot three-day mobile testing service has been costed by The Loop Australia at $123,920. A pilot 12-week fixed single site service has been costed at $166,670.

**Recommendation 5:**
Establish a centre-based AOD Recovery program for young people in Lismore and the Central Coast. The estimated cost for each service is $2.1 million per year.

**Recommendation 6:**
Fund a front-of-house drug safety checking trial that consists of:

a. one three-day festival based mobile testing service, and

b. one 12-week fixed site community-based testing service, at a total cost of $300,000.
Create affordable, secure housing and reduce homelessness.

Snapshot

- Adequate housing is not just physical shelter but also a gateway to wellbeing. It provides the foundation for improved physical and mental health, educational outcomes and employment.

- In NSW there is a severe shortage of affordable rental housing for those on lower incomes. Homelessness is increasing, particularly for Aboriginal people, young people and older renters. On Census night in 2016, over 37,000 people were homeless in NSW – nearly 37 percent more than in 2011.\(^{21}\)

- The key to tackling homelessness is to shift from short-term crisis assistance to long-term secure housing.

- Social and affordable housing is a sensible infrastructure investment which generates important social and economic benefits. For example, when homeless people obtain stable accommodation, they require less healthcare and have less emergency hospital admissions. With the economy slowing, public investment in social housing is a cost-effective way to boost growth in jobs.\(^{22}\)
Uniting believes that safe, stable and affordable housing is a basic human right for all Australians. Without stable housing, it’s hard to care for your family, gain employment or pursue education or training. And until people have stable housing, it is hard for them to focus on other issues that are impacting on their lives such as substance use or mental health issues.

“We are seeing record numbers of people walk through our doors because they are homeless or on the verge of homelessness. There has never been a more pressing time for the community to come together to find solutions for affordable housing.”

Uniting Youth and Homelessness Service Lead, Central Coast

In NSW there is a severe shortage of affordable rental housing for those on lower incomes. Homelessness is increasing, particularly for Aboriginal people, young people and older renters. Many others are living in severe housing stress, paying 50% or more of their income in rent, and under the constant threat of becoming homeless.

**Uniting’s housing and support services**

Uniting has a strong history of providing housing and support for the most vulnerable people in the community.

We provide services and supports for older people who are homeless or at risk of homelessness. We currently operate approximately 2,700 owned and managed dwellings for older people in NSW and ACT in 70 Retirement Villages and 10 rental communities. Uniting was successful in winning contracts under the NSW Government’s Social and Affordable Housing Fund (SAHF). Currently, we have delivered 155 dwellings for vulnerable older people with an additional 445 dwellings to be delivered by 2022. As well as giving access to homes to older people, we provide residents with coordinated support tailored to their individual needs.

We also provide a range of services for children, young people and families who are homeless or at risk of homelessness. Our Doorways program, for example, is a Specialist Homelessness Service, which provides a central point of contact and case coordination for young people or families who are homeless or at risk of homelessness. As outlined below, Uniting is currently developing the innovative Foyer51 initiative for young people leaving (OOHC) which will provide affordable accommodation linked to training, employment and other support.
Increasing supply of social and affordable housing

We welcome the Premier’s commitment to address rough sleeping as a priority issue. However, urgent action is also required to create affordable, secure housing (and reduce the number of people living in temporary, inadequate or severely overcrowded accommodation).

Social housing investment is the most effective way to reduce homelessness, due to affordable rents and security of tenure that are not available to people in the private rental market. Financially vulnerable people in social housing are less than half as likely to become homeless as a similar group renting privately.23

A long-term plan is needed with targets to increase supply of social and affordable housing. As of June 2018, there were 52,900 people in NSW on the social housing waiting list, with waiting periods between two and 10 years.24 The SAHF is a welcome initiative but will only deliver 3,400 dwellings over several years.

Modelling conducted for the NSW Community Housing Industry Association found that NSW needs 12,500 new social and affordable homes per year until 2026 to keep up with population growth and reduce the backlog.25 This includes 5,000 new social housing homes a year until 2026 for low-income households. This would return the proportion of social housing to 6% of all NSW housing, the same level as 20 years ago. One option for financing this investment is to pledge a proportion of stamp duty revenue for this purpose (rather than going back into general revenue).

Increasing supply of social and affordable housing generates important social and economic benefits. When homeless people obtain stable accommodation, they require less healthcare and have fewer emergency hospital admissions and are less likely to be involved in crime (as victims and perpetrators). They are also more likely to reconnect with education and employment.26

With the economy slowing, public investment in social housing is also a cost-effective way to spur growth in jobs and incomes.27 For every dollar invested, it is estimated to boost GDP by $1.30.28 Housing construction can also be undertaken more quickly than major rail or road projects.

Recommendation 7:
Provide 5,000 additional social housing dwellings as part of a long-term plan to increase social housing stock. This should include a focus on increasing the stock of Aboriginal community housing. One option for financing this investment is to hypothecate (pledge) a proportion of stamp duty revenue for this purpose.
Address homelessness of older people

Specialist models are needed to address homelessness of older people. From 2011 to 2016, the number of homeless people aged 55 and over living in NSW increased by 42% (from 4,529 to 6,411). The increase among homeless women aged 65 to 75 was even more rapid at 78%.29

Establish a seniors housing support service

A Productivity Commission report found that current levels of awareness and knowledge regarding aged care and housing options are low among older people and that more effective provision of information is needed to support better housing decisions.30 Other research has found that most older people experiencing, or at risk of, homelessness do not know where to go for assistance.31 Service providers are also often unsure about how to assist older women experiencing, or at risk of, homelessness.

Uniting is interested in partnering with the Government to establish a state-wide senior’s housing support service.

The service would provide a central point of contact for older people at immediate risk of homelessness and those who wish to plan for their housing future in retirement. The service would support the client until they secure and move into appropriate long-term housing and ensure that they are linked in with other support services.

An evaluation of a similar service in Victoria found the approach is cost-effective, helping clients to gain secure housing and diverting demand from specialist homelessness services.32 The KPMG evaluation of the Victorian service found there was a cost saving of $220.81 per client compared to Specialist Homelessness Services. In 2013-14, the cost per client of delivering this service was $1,049.19, compared to $1,270 for Specialist Homelessness Services.33

We are willing to operate the service for a trial period and to support the evaluation, and are currently seeking partial funding through philanthropic and other sources.

Recommendation 8:

Work in partnership with Uniting to co-fund a trial and evaluation of a state-wide seniors housing information and support service. The estimated cost of the service is $1.2m per year over five years.

Improve access of older people to social and affordable housing

Policy measures are required to increase access by older people to appropriate social and affordable housing. Anglicare Australia’s most recent Rental Affordability Snapshot found that less than one percent of properties were affordable for a single person on the Age Pension.34

Older people are recognised as one of six priority groups in the National Housing and Homelessness Agreement. In the context of homelessness, the population of older people is commonly defined as those aged 55 and over.35 Yet, in NSW, older people on the waiting list for social housing need to be aged 80 or over (or confirmed to be an Aboriginal or Torres Strait Islander person) to be placed on the priority list. In contrast, the Victorian Government has changed their policies to ensure that people aged over 55 are eligible for priority social housing. This policy approach recognises the severe impact that homelessness has on older people. For example, homelessness can contribute to premature ageing through earlier onset of health problems more commonly associated with later life.36

Urgent steps are also needed to increase the supply of social and affordable housing which is tailored to the needs of older people in terms of design, location and size (including stock suitable for single people). This should include incorporation of universal design principles in new developments. Policy approaches should focus on providing secure and accessible housing in locations close to supports and services to promote independence and community participation.

Recommendation 9:

Improve access of older people to social and affordable housing by:

a. lowering the qualifying age for priority social housing to 55 years
b. increasing supply of social and affordable housing tailored to the needs of older people in terms of design, location and size (including stock suitable for single people).
Increase investment in transitional housing and support for young people

Over 9,000 young people (aged 12 to 24) living in NSW were experiencing homelessness on the 2016 Census night.37 Greater investment is needed to increase the provision of transitional accommodation and support for vulnerable young people. This should include a focus on ensuring that young people do not leave OOHC or juvenile justice only to become homeless. Many young people struggle to find and maintain appropriate housing when they leave care or detention resulting in chronic housing instability and homelessness.

Foyer Central

Uniting is currently working with the NSW Government, in partnership with St George Community Housing and Social Ventures Australia, to develop Foyer51 for young people leaving OOHC in Chippendale.

The Foyer will provide affordable accommodation linked to training, employment and other support provided on-site. The goal is to develop the skills of Foyer Central students so they can break the cycle of homelessness and lead independent and fulfilling lives. It is modelled on a globally successful program. Foyer Central can cater for 53 young people at any time.

The key services provided to Foyer Central students include accommodation, development of life skills, supported participation in vocational education and training, mentoring, employment assistance and tailored support to address health issues.

Upon entering the Foyer young people commit to engagement in education, employment and training tailored to their individual aspirations and learning needs. To live in the Foyer young people must agree to this condition and meet regularly with a Foyer worker who will support the young person toward their goals.

Students will spend an average of 18 months living in the Foyer and will be supported to transition to stable long-term accommodation.

An evaluation of a similar foyer in Victoria found that the service substantially improves participants’ education, employment, housing, health and wellbeing outcomes, and these improvements are largely sustained a year after young people exit the program.38

Foyers are an evidence-based model but are not suitable for all young people. Other accommodation and support options are also urgently needed for young people who require more intensive support, including those with alcohol and drug problems, mental health issues and contact with the justice system.

Recommendation 10:

Expand funding for programs which provide longer-term transitional housing and support for vulnerable young people with complex needs. This should include a focus on ensuring that young people leaving OOHC or juvenile justice do not exit into homelessness.
Make renting fair

Uniting supports the Making Renting Fair campaign’s call for legislative reform to replace ‘no grounds’ evictions with agreed reasonable grounds. Under current laws in NSW, a landlord can evict a tenant without reason with just 30 days’ notice at the end of their fixed-term lease, or with just 90 days’ notice during an on-going lease. Many people who are renting live in constant fear of receiving an eviction notice if they ask for repairs, try to negotiate a rent increase, or simply because an agent or landlord doesn’t like them.

The law already includes grounds for evicting a tenant who does the wrong thing, for example, if they don’t pay their rent, if they seriously damage the property, if they use the property for illegal purposes, or if they breach their lease in any way. These grounds would all remain. Under this proposal, landlords would also be able to end a lease when there is a genuine reason, or ‘reasonable grounds’ to do so, such as: when the landlord wants to move in; when substantial repairs or renovations need to happen; or when the property has become unsafe.

This approach is fair to landlords and would provide protection for renters against unfair evictions. We know this works in other places – Australia is one of just five countries in which most renters can be evicted without being given a reason. Tasmania does not allow no-grounds evictions and the Victorian Government has moved to end no ground evictions as part of broader reforms to rental laws.

Notably, the Productivity Commission has recently released a report on vulnerable renters in the private rental market, concluding that removing no grounds evictions from our renting laws (and replacing with reasonable grounds) is needed to better protect low income and other vulnerable renters.39

Recommendation 11:
Legislate to replace 'no grounds' evictions with agreed reasonable grounds.
Inclusive, connected and just: Our vision for NSW
Improve life chances for young people leaving out-of-home care.

Snapshot

- Uniting provides foster care (also known as out-of-home-care or OOHC) and specialist aftercare supports to children and young people. Formal OOHC is the care of children (up to age 18) who are unable to live with their parents, usually due to a child protection intervention relating to abuse, neglect or family violence. Specialist aftercare is a state-funded assistance and referral support service for young people who were previously in OOHC. It does not provide housing or accommodation.

- Young Australians are staying at home with their parents longer. Around 40% of young people aged 20-24 were still living with their parents in 2016. By contrast, young people in care must begin preparing for ‘independence’ when they turn 15 and are generally required to leave their foster care placement when supported care ends at 18.

- Evidence from the US and UK shows extending care to 21 improves outcomes and is cost effective – it has positive benefits for young people, their families and the community.

- Extending care is an early intervention strategy. By providing young people with the confidence that they will be supported for longer, extending care improves their life chances and reduces the need for more intensive support after they leave care and throughout their lives.

- Uniting and the national Home Stretch campaign call for foster care to be extended to 21 in every state and territory. The ACT, Victoria, South Australia and Tasmania are all running extended care programs. Western Australia is running a trial. NSW has not yet committed.
Uniting believes that young people leaving state care need access to continuing care and support as they transition to independence. Transition to adulthood doesn’t take place on a young person’s 18th birthday.

It emerges over time and often occurs at a different pace for each young person. It requires stable, safe and caring support so that young people have the same chance at connected and independent adult lives as other young people in NSW.

Currently, young people who have been in OOHC are among the most vulnerable groups in Australia. They are more likely to become homeless, have poor physical and mental health, issues relating to substance use, and be involved with the criminal justice system. A survey of NSW care leavers found that within one year of leaving care, around 35% had experienced homelessness.43

The reasons for this are well established and relate to the early and abrupt end to care when a young person in OOHC turns 18. Many young people find the process of transitioning difficult, and they may not be ready to be fully independent at age 18, due to, for example, past trauma, poor health, limited educational attainment and lack of support.

In certain limited circumstances, a young person can be financially supported to remain with a carer until they complete Year 12 (or equivalent) studies. However, the support only extends to the end of their studies, and for a range of reasons, including placement breakdown, many young people are unable to obtain it. This means too many young people end up leaving care during, or prior to, their HSC studies.

Provide extended care up to the age of 21 for all young people in OOHC

Allowing all young people to remain in care to the age of 21 in NSW would address many of these issues and result in improved outcomes. In the UK and the USA, programs giving young people the option to stay in care until the age of 21 found participants were twice as likely to be in full-time education at age 19,44 and improved housing and employment outcomes.45 They were also less likely to be involved in the criminal justice system or have children at an early age.46

A cost-benefit analysis undertaken by Deloitte Access Economics found that if Australia’s States and Territories extended their support to the age of 21, this would contribute to positive economic returns nationally. In NSW the return would be $2.57 for every $1 invested.47

There is growing evidence that when young people approach 18 without certainty about their future housing and security, they often disengage from services and experience relationship breakdown, placing them on a pathway where they later need intensive support.

Independent evaluations of two separate programs (Westcare’s ‘Continuing Care’ program and Berry Street’s ‘Stand by Me’ Pilot) as well as findings from the AIFS Beyond 18: The longitudinal study on leaving care, back Uniting’s own findings about leaving care anxiety and its impact on young people’s trajectories. Monash University’s evaluation of Westcare reports on one person’s pathway:
“We have a young person at the moment that’s sort of on the verge of transitioning and her stress level has just gone beyond the roof basically...

There’s just so much anxiety, uncertainty involved that even where she is, she’s trying to sabotage the placement basically, to be moved out of there. But she doesn’t know where to go.”

Similarly, staff in the Berry Street ‘Stand By Me’ Pilot reported:

…it’s a time of high anxiety because there’s all that uncertainty. They don’t know what’s ahead and I think it’s a big ask to expect an 18-year-old person to even contemplate living independently when they’ve never usually done that before. So, their behaviours often escalate, they often vote with their feet and don’t make themselves available for those discussions or they’re in denial.

It is critical to change this conversation so that young people can participate positively in creating their future. By extending care to age 21 and making young people aware of this from an early age, we give them the best opportunity to focus on maintaining their relationships, completing their school education, and developing skills for independence. Extending care is an early intervention strategy. By providing young people with the confidence that they will be supported for longer, extending care improves life chances and has wider social and economic benefits.
UNITING'S EXTENDED CARE PILOT

At Uniting, we are also piloting our own program of extended care for young people in our foster care (OOHC) service. Under the program, young people will be able to remain with their carer, or be supported with accommodation, until the age of 21. Importantly, they will also receive ongoing coaching support to the age of 21. Uniting is providing ongoing financial assistance to carers as part of this arrangement.

The program marks a departure from the usual way of addressing a young person’s transition from OOHC, where leaving care planning begins at 15 to prepare them to leave care by the time they turn 18. Uniting’s program changes the conversation with young people by making them aware (from the age of 15) that they have the option to remain in care until they turn 21. This approach reduces their anxiety around leaving care and housing and enables them to focus on other aspects of personal development.

Uniting’s pilot Extended Care Program is available to all those who turned 15 years by 30 June 2019 in foster care with Uniting (which is more than 60 young people in Sydney, Western NSW and North Coast NSW). The pilot is funded for at least 5 years.

Within the pilot, dedicated coaches work closely with case workers, schools, employers and others in the community to facilitate sustainable outcomes. They help these young people to explore their talents, pursue their interests, and work toward achieving their goals in health, education, employment, housing social connection and wellbeing.

We want to remove the stress of housing anxiety, so they can really focus on their education, employment, health and wellbeing, and are able to develop some life skills. All young people deserve to be able to dream big, discover their talents, and strive to fulfil their aspirations, irrespective of their living arrangements.

UNITING HEAD PERMANENCY SUPPORT PROGRAM

Uniting has also invested in a formal independent evaluation conducted over 5 years. The evaluation will report on the overall cost-benefit of the program and look at young people’s outcomes and pathways both within the program and after they exit.

Recommendation 12:
Invest $18,000 per young person each year to support a continuation of care to age 21 (state-wide $60 million over 4 years).

Recommendation 13:
In addition to allowing young people to remain in care, provide coaching to support their development to adulthood from age 15 to 21. This is a critical element of Uniting’s Extended Care pilot which helps young people to turn their interests and strengths into positive housing, education, employment and health outcomes. Cost: $10,000 per young person per year (state-wide $72 million over 4 years).

Recommendation 14:
Establish a working party of NGOs and Government to progress a state-wide roll out of extended care, drawing on the findings and implementation experience from Uniting’s pilot.
Expand aftercare support programs

Currently specialist Aftercare programs assist care leavers with independent living once they have exited from foster care (usually by the age of 18). Aftercare supports are an essential part of the service system for care-leavers who may have no other forms of support. The program does not include the direct provision of housing but provides advice and referrals and assistance to access services, including housing, employment, financial, health and legal support services.

In practice, however, a significant part of the resources in these programs is currently directed towards young people in crisis – those who are already involved with the criminal justice system, have had or are in the process of having children removed, have mental health or substance dependence issues, or are homeless. Not all young people who have left care are eligible for the same level of support, and in practice many have already left care before being connected with this service or are unable or unwilling to seek it out.

While there is limited formal evaluation of specialist Aftercare services, anecdotal and case-study evidence suggests that Aftercare services do make a significant positive difference. A study by UNSW found that those who do access the service often move from crisis to relative stability (although many continue to need access to the service to address challenges as they arise).

Existing Aftercare services are unable to meet demand. This was recognised by the 2015 Independent Review of OOHC in NSW (the Tune Review), which recommended significantly expanding these services, in part to reduce the numbers of care leavers having their own children removed into care, and to stem high entries into the criminal justice system.

In response, the NSW Government is commencing a pilot that will provide tiered support to care leavers aged 17-24. The three levels of support include ‘Connections’ (linkages to universal services), ‘Coaching’ (mentoring and advocacy) and ‘Intensive case-work’ (for those with high needs such as substance abuse issues). Entry into the program in the lead-up to leaving care, along with reforms to OOHC services that are designed to strengthen leaving care planning processes, aim to ensure young people’s transition from care is more supported.

Aftercare programs are required to ensure care-leavers can access support up to the age of 24. Were the Government to extend care to age 21, ongoing support would still be required for those who had already left care, those who opt not to remain in care, or those who still need support after exiting (until they turn 25). These programs need to be adequately resourced and expanded in line with the recommendations of the Tune review.

In additional to Aftercare, the Government is also piloting a program targeted at reducing youth homelessness – the Premier’s Youth Initiative (PYI). PYI shares more in common with Extended Care in that it provides short or long-term accommodation and coaching to support transitions to independence. Young people (in pilot regions who are accepted into the program) are allocated to a PYI provider who supports their transition from their care provider when they exit between the age of 15 and 18. Uniting is piloting this program on the mid-North coast (offering the service to care-leavers from a range of OOHC providers), and would like to see the program continue past the pilot completion date of mid-2020 until a state-wide roll out of extended care is implemented.
Strengthen support for vulnerable children, young people and families.

Snapshot

• The NSW Government is currently undertaking an ambitious reform of the child protection system, under Their Futures Matters (TFM).

• We support many aspects of this reform, including the goal of reducing the number of children entering and remaining in OOHC, and funding the shift towards early intervention and intensive family preservation and restoration through an investment approach.

• The Tune report was premised on reinvesting funding from OOHC to early intervention over time (as the number of children in OOHC reduce). Given the ambitious scale of reforms required under TFM it is unclear how they will be funded in the short to medium term.

• Ensuring integrated responses for families who need multiple services such as housing, AOD treatment and mental health services is vital. We acknowledge that this is a central aim of TFM. But there is a risk relating to the narrow cohort approach that some families with complex needs will still not get the support they need in a timely way.

• The development of early intervention initiatives should include a focus on place-based approaches in communities with entrenched disadvantage. This should include strategies which recognise and address the impacts of systemic issues such as unemployment, poverty and housing stress on the wellbeing of vulnerable families.
At Uniting, we believe that children and young people deserve to grow up in families that nurture and care for them and support them to flourish. Our work with the most vulnerable children, young people and families has shown us that, as a society, we can and should be doing more to improve their safety and wellbeing.

We also believe that social policy should protect and promote human rights and empower the most disadvantaged by reinforcing their connection with family and community. We support policy that emphasises prevention and early intervention, and wise investment of resources in ways which maximise long-term social impact. A major shift is needed to give early, proactive support to struggling families and prevent issues escalating. Investing in this approach will keep families together and reduce the number of children entering care. For these reasons, we support the NSW Government’s current reform agenda, Their Futures Matters. We agree with the goals identified in the Tune Report, including that children and young people should grow up in permanent and stable family arrangements; that OOHC should be short-term and temporary wherever possible; and that families should receive the right supports at the right time to avoid the need for children to be removed in the first place. We also support the overall approach being taken under TFM to implement this vision, which emphasises the systematic use of data and other evidence and directing funding and effort to interventions which reduce future vulnerability.

We believe that the extent to which TFM delivers on the goals the government has set will depend on whether it is implemented in a way that addresses several significant risks, which we discuss below. We will continue to work alongside our sector peers and with the NSW Government to address these, as it continues the reform process it has begun.

Quantum and timing of investment

The NSW Government has explicitly adopted the investment approach as one of the foundations of TFM. This has the potential to significantly improve outcomes for vulnerable families, partly because it encourages redirection of funding and effort to interventions that have been shown to work. Properly implemented, it will also help break NSW out of its long-standing fiscal habits of focusing on the current cost of service delivery and under-investing in prevention and early intervention services. The underlying rationale for the investment approach is that Government funds new initiatives, even if they are more intensive and more costly than existing programs, because they are more effective and thereby reduce the need for future expenditure.

However, if the investment approach is to be effective, it is essential that new initiatives are funded initially through increased spending, and not by transferring funding from current programs. This is because it is unlikely new programs will have an immediate impact on demand for other programs already working with vulnerable families. The Government should apply its own evidence-based approach consistently, by also applying it to the process of realising savings. This means winding back those services for which demand is expected to drop, over timeframes that are consistent with the evidence about actual changes to service usage. We do not believe this represents a significant fiscal risk, because official figures show a significant decrease in the number of children entering care in recent years.
We recommend that the NSW Government provide additional information in future Budget Papers, to increase the transparency relating to expenditure on major categories of activity (e.g. early intervention, intensive family preservation and restoration, OOHC, systemic capability and cohort-specific investments), and change over time in these categories.

**Recommendation 15:**
New initiatives under Their Futures Matters should be funded through increased overall expenditure rather than cutting funding for existing initiatives. Savings should be realised over time in a manner consistent with the evidence on the impact of and savings from new programs.

**Recommendation 16:**
Increase transparency by providing additional information in the Budget Papers, regarding expenditure on major categories of activity (e.g. early intervention, intensive family preservation and restoration, OOHC, systemic capability, and cohort-specific investments), and change over time in these categories.

It is not necessarily the case that savings will only occur within child protection services. Our experience in developing social benefit bonds indicates that the impacts of effective services extend to health, housing, justice and education as well. Moreover, funding new investments by transferring funding immediately from current programs in the same sector will leave gaps for families who need support while the new services are being establishing and will cause significant unnecessary disruption to service providers. The sector is already facing significant uncertainty due to the very large number of contracts due for renewal by the end of June 2020. This uncertainty is a risk for individual providers and their staff. It is also a systemic risk, because delays to the contracting process can have significant impacts on providers’ ability to establish or update programs (e.g. through recruiting and training staff).
**Cohort approach**

The recent NSW Government Stronger Communities Investment Unit report “Forecasting Future Outcomes” is a groundbreaking study, identifying seven vulnerable groups in NSW with particularly high service costs. The Government is rightly privileging these groups for attention under its investment approach, because they represent the greatest opportunity for savings.

We recognise the merits of this ‘cohort’ approach; indeed it underpins our work with the NSW Government on our Newpin and Foyer social benefit bonds.

However, the cohort approach and the insights derived from this kind of analysis of administrative data should be used with caution when applied to reform of the service system as a whole. “Forecasting Future Outcomes” states that the seven cohorts have been identified through statistical analysis of averages and common patterns of service usage across individuals within a specific dataset. The cohorts have a sound evidence base, and are one basis on which to prioritise investments, but in making investment decisions it is essential to avoid making assumptions that the data does not support. We should avoid assuming that:

- the problems which have led to high levels of expenditure, and their causes, are the same for all members of each cohort, or

- the characteristics which were used to identify these cohorts (e.g. service use, demographics) are either the causes of vulnerability and disadvantage, or the factors which should be addressed to reduce downstream expenditure.

Additionally, the cohorts the Government has identified should not be the sole focus for the whole child and family services system. There are, and will continue to be, many others who require assistance, particularly families with complex needs who require support from multiple services such as housing, AOD, and mental health.

We acknowledge that the Government is aware of these issues and has announced a research program to address them. We recommend that the Government continue to be transparent about this, by publishing the results of further research and indicating well in advance the funding to be allocated to investment in improving outcomes for each cohort.

The development of early intervention initiatives should also include a focus on place-based approaches in communities with entrenched disadvantage. This should include strategies which recognise and address the impacts of systemic issues such as unemployment, poverty and housing stress on the wellbeing of vulnerable families.

**Recommendation 17:**

Maintain commitment to transparency by publishing the results of further research, and indicating well in advance the funding to be allocated to investment in improving outcomes for each cohort.
Workforce development

Workforce development and capability has been a recognised need for at least ten years in the child and family sector. It was identified, for example, by the last major child protection reform before Their Futures Matter, in the aftermath of the Wood Special Commission. This need is becoming more acute under the Government’s current reform agenda because initiatives such as the introduction of therapeutic approaches in the Permanency Support Program are making more significant demands on staff.

We are pleased that NSW Government officials have acknowledged the strategic importance of this in the TFM reform process. Our long experience with intensive, therapeutic outcomes-funded programs such as Newpin is that highly-qualified and well-supported staff are critical to realising the benefits of programs funded on an investment basis.

The development and implementation of the workforce strategy should include strong focus on recruitment, retention and development of Aboriginal staff and those working in rural and remote areas. This should be resourced through the establishment of a dedicated child and family sector industry development fund (as exists in other sectors undergoing change and innovation). Capacity building is also needed to support teachers, GPs and other members of the community to respond to concerns about the wellbeing of children and refer families to earlier support.

Recommendation 18:

Develop and implement a workforce strategy for the child and family sector resourced through the establishment of a dedicated child and family sector industry development fund (as exists in other sectors undergoing change and innovation). The workforce strategy should include a strong focus on recruitment, retention and development of Aboriginal staff and those working in rural and remote areas.

Aboriginal-specific issues

TFM explicitly calls out the need to improve outcomes for Aboriginal children, young people and families as a matter of priority. To achieve this, the NSW Government has placed a strong emphasis on engaging Aboriginal-controlled organisations wherever possible.

We support this goal. More generally, we support the Secretariat of Aboriginal and Torres Strait Islander Child Care (SNAICC) principles for working in partnerships with Aboriginal organisations.

Funding decisions in relation to Aboriginal-specific programs should recognise the distinctive features of this work, including:

- the welfare of children and families cannot be separated from the health of the community in which they live.
- there is limited evidence for the efficacy of most programs for Indigenous families and relatively few examples of programs with publicly available outcomes or impact evaluations. This implies the need to invest in adaptation, research and evaluation in this space as a matter of priority.
- Aboriginal organisations and consultative processes need to embody the values and priorities of the local community and be led by Aboriginal people to achieve legitimacy. Capacity and capability constraints (discussed under the section on “Workforce development”) are particularly acute in this sector.
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