Inclusive, connected and just.

Our vision for NSW

October 2018

Uniting

We would like to thank Uniting (NSW.ACT) staff who participated in consultations and made other contributions as part of the preparation of this document.

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PO Box 7137, Silverwater NSW 2128
www.uniting.org

Prepared by:
Toni Beauchamp, Principal Policy Officer

Contact for further information:
Dr. Tom McClean
Head of Research, Innovation and Advocacy
02 9407 3215
tmcclean@uniting.org

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About Uniting

Uniting is the primary service and advocacy arm of the NSW and ACT Synod of the Uniting Church in Australia. We work to inspire people, enliven communities and confront injustice. We are one of the largest not-for-profit community service providers in NSW and the ACT and provide aged care, early learning, services for vulnerable children, young people and families and people with disability.

Our early learning services

Uniting provides 59 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 5,800 children. We pride ourselves on providing high quality childhood education services, giving children the best opportunity to not just be ready for school, but ready for life in their local community.

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 and aftercare, family counselling and mediation, and accommodation and support for young people experiencing homelessness.

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. 272 children have been successfully restored to their birth families in the past five years. We are now working with the NSW Government, St George Community Housing and Social Ventures Australia to set up a Youth Foyer to improve outcomes for young people at risk of homelessness.

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.

Our disability services

Our disability services 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.

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 people.

A message from the Executive Director.

This document sets out Uniting's vision to create a society in NSW that is inclusive, connected and just. We are publishing it to coincide with the NSW election, which will be held early in 2019.

We are part of the Uniting Church in Australia. This uniquely Australian institution was formed in 1977 and immediately declared its "eagerness to uphold basic Christian values and principles, such as the importance of every human being, the need for integrity in public life, the proclamation of truth and justice, the rights for each citizen to participate in decision-making in the community, religious liberty and personal dignity, and a concern for the welfare of the whole human race". In publishing this document, we are continuing to live out that founding commitment, we are honouring the democratic culture which binds us together as a nation, and we are taking the opportunity to reflect publicly on how to achieve the kind of society we want to build together.

We draw here on our expertise and experience as the social service arm of the NSW and ACT Synod of the Uniting Church. Every year, we work with over 45,000 people, many of whom are among the most disadvantaged and vulnerable people in NSW. Alongside our direct service provision, we are committed to speaking up for the changes to our society and to government policy which are needed to improve the lives of people experiencing poverty and disadvantage.

Beneath the diversity of our services and the issues we raise here lies a single foundation, also 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".

We believe this is best achieved by providing services to those in need, but we always work towards strengthening families and communities to care for their own, and to overcome exclusion, isolation and injustice in their own lives.

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 vision outlines concrete, achievable solutions to ensure that some of the most vulnerable people in our communities do not miss out on the benefits of a strong economy. These focus on:

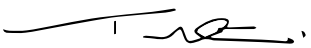
- creating affordable housing and reducing homelessness
- improving the health and wellbeing of people with drug-related issues, and reducing crime and imprisonment, through improved provision of drug treatment
- giving all children a good start in life through early childhood education and care
- improving the safety and wellbeing of vulnerable children and young people by providing earlier, proactive support
- improving life chances for young people leaving out-of-home care (OOHC)
- addressing gaps in support for people with complex disability and their families, and
- improving the health and wellbeing of older people and reducing avoidable hospitalisations.

It is now ten years since the Council of Australian Governments (COAG) Closing the Gap Strategy began. In that time, only three of the seven national targets are reported as being on track. 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 vision areas, shaped in partnership with Aboriginal and Torres Strait Islander communities.

In addition to the issues we raise here, the Uniting Church has other issues that it is concerned about and advocates on. These include the environment and climate change, and the impacts of the drought on the wellbeing and mental health of families living in rural areas.

My colleagues on the Uniting Executive, together with our Board, join with me in endorsing our vision and policy priorities, and affirming our desire to work with the incoming government to improve the lives of the people and communities in NSW.



Tracey Burton
Executive Director

Create affordable housing and reduce homelessness.

Snapshot

- 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. And there are lengthy waiting lists for social housing – more than 10 years in some areas.
- A serious commitment to addressing homelessness and creating more social and affordable housing should be a key government priority.
- Provide proactive, early support to prevent homelessness occurring.
- Shift from short-term crisis assistance to long-term secure housing through a Housing First approach (which combines rapid provision of long-term housing with support tailored to the needs of the individual).

Key Actions

- Work with the community sector to establish a state-wide seniors housing information and support service.
- Invest in a Housing First response for people experiencing chronic homelessness.
- Expand provision of transitional housing and support for vulnerable young people.
- Deliver 5,000 social housing dwellings a year until 2026.
- Establish enforceable targets for affordable housing in all new developments through 'inclusionary zoning' – 15% for privately owned land and 30% for publicly owned land.
- Legislate to remove 'no grounds' evictions under NSW laws and replace with agreed reasonable grounds.

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. Until people have stable housing, it is very difficult to support them to address other issues impacting on their lives such as substance use or mental health issues.

A serious commitment to and investment in addressing homelessness and creating more social and affordable housing should be a key government priority. The Social and Affordable Housing Fund is a welcome initiative but will only deliver 1,200 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 for people on low and middle income to keep up with population growth and reduce the backlog.[i]

Evidence-based responses to address homelessness

The key to tackling homelessness is to shift from short-term crisis assistance to long-term secure housing. 'Housing First' is an evidence-based model of responding to chronic homelessness, which combines rapid provision of long-term housing and support tailored to the needs of the individual. It is based on the principle that having a permanent home can make solving other health and social problems much easier. Studies show the Housing First approach can help end homelessness while achieving savings, by reducing use of high cost services including hospitals, jails and crisis accommodation.[ii] Finland has adopted Housing First as the cornerstone of their response to homelessness and reduced the number of people sleeping rough or living in crisis accommodation from 3,200 in 2008 to 1,200 in 2016.[iii]

Specialist models are needed to reduce homelessness for older people. Census data shows that whilst homelessness increased in Australia by 12% overall from 2011 to 2016, the increase for older people, particularly older women, is much higher.[iv] Uniting is interested in working with the Government and the community sector to establish a state-wide seniors housing information and support service. The service would provide a central point of contact for older people at risk of homelessness and those who wish to plan for their housing future in retirement. It would support clients to gain secure housing where they can age in-place. 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.[v]

Greater investment is also needed to increase the provision of transitional housing and support for vulnerable young people. This should include a focus on ensuring that young people do not leave out-of-home care (OOHC) or juvenile justice only to become homeless. Uniting is currently working with the NSW Government, in partnership with St George Community Housing and Social Ventures Australia, to develop a Foyer for young people at risk of homelessness or who find themselves homeless post-care. The Foyer will provide affordable accommodation linked to training, employment and other support provided on-site. It is modelled on a globally successful program. However, this Foyer will only cater for 53 young people at any time. Other housing and support options for young people who require intensive support are required urgently.

Effective and enforceable targets for affordable housing in new developments

Both government and the private sector should contribute to the provision of social and affordable housing. 'Inclusionary zoning' is an approach by which developers are required to include affordable housing in all new apartments. This has been used successfully in many places overseas. For example, 12,866 affordable housing units (43% of total affordable housing developments) were delivered through inclusionary planning requirements in England between 2015–16.[vi] The South Australian Government's inclusionary planning requirement requires that 15 per cent of all housing in significant residential developments are affordable to low or moderate-income earners.

Make renting fair

Uniting supports the Making Renting Fair campaign's call to remove 'no grounds' evictions from NSW tenancy legislation. Instead, landlords would have a range of 'reasonable grounds' for ending a lease such as if the renter is in breach of their lease or the landlord wants to move in. 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. Notably, the Victorian Government has announced that it will end no ground evictions.

Fair treatment for people with drug-related issues.

Snapshot

- Uniting's experience in running the Medically Supervised Injecting Centre over 17 years gives us unique insight into the challenges faced by people with drug related issues.
- Drug related issues should be treated as primarily a health issue and treated like any other chronic health condition.
- 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 wider community.
- There is a chronic shortage of treatment in rural and regional areas of NSW with long waiting lists and large travel distances to the nearest service.

Key Actions

- Hold a drug treatment summit, bringing together politicians, drug treatment experts, health services and people with lived experience of drug-related issues.
- Significantly increase funding for drug and alcohol treatment services, especially in regional and rural areas, including detoxication, residential rehabilitation, pharmacotherapy and aftercare services. The development of new services should include facilities suitable for women with children.
- Develop culturally appropriate treatment models for Aboriginal and Torres Strait Islander people in consultation with Aboriginal communities.
- Focus on expanding treatment options, ensuring integrated and holistic care, good co-ordination between services, and proactive follow-up to minimise drop out from treatment.

Uniting believes that drug policies should be evidence-based, compassionate and treat all people with dignity and respect. Specifically, 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.

In January 1999, a Sunday newspaper photograph of a teenage boy injecting himself in Redfern shocked the state and precipitated a Drugs Summit in the NSW Parliament, which led to the creation of the Uniting Medically Supervised Injecting Centre (MSIC). The MSIC was the first of its kind in the English-speaking world and until recently the only one in the Southern Hemisphere. At the 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. Our experience in running the MSIC over the past 17 years gives us unique insight into the challenges faced by people with drug dependency issues.

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. They are often linked to complex social circumstances including trauma, 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.

As a recent NSW Legislative Council Inquiry found, there is a chronic shortage of detoxification and rehabilitation services in regional and rural areas.[vii] The need for more services is clear when the waiting list for residential rehabilitation can extend to four months. There are also long travel distances to access treatment – for example, the nearest rehabilitation service in Broken Hill is well over 300 kilometres and residential services for adults are at least a two-hour drive from Dubbo.[viii]

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 state care.

Research shows that there are a range of positive outcomes from drug 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; reduced crime rates and imprisonment; and improved employment outcomes. Investment in drug treatment is also highly cost effective – for every $1 spent on treatment, the government saves $7.[ix]
By refocusing the system on helping people with drug use disorders we can save lives, save money and save law enforcement resources.

Uniting recommends that the Government hold a summit on drug treatment to build consensus on effective policy solutions.

Create a more coordinated, whole-of-government approach

We need to create a more integrated service system with better coordination across different parts of the health, criminal justice and welfare sectors. Uniting is interested in working with the NSW Government to develop a new model of care. Research shows that programs that provide 'assertive linkages' (not just passive referrals to other needed services) and emphasise continuing care have better outcomes.

A whole-of-government approach is also needed to ensure that people with drug disorders receive the broader supports they need such as gaining and maintaining stable housing. For example, the NSW Legislative Council Inquiry noted that a barrier for public housing tenants accessing detoxification or residential rehabilitation is that they may lose their housing if it is left vacant for certain periods of time.[x]

Give all children a good start in life.

Snapshot

- Access to high quality early learning sets children up to succeed in school and later life. The best effects are seen when children access two years of early learning (starting at age three).
- Disadvantaged children benefit most from early learning but are least likely to attend. In part, this is due to the high cost of fees.
- An effective policy approach must support all three and four-year old children to attend an early learning program. Currently, NSW government subsidies for three-year old children only cover those attending community preschools and do not include children in long day care.
- More work is also needed to improve participation of Aboriginal and Torres Strait Islander children in early learning programs from the age of three.

Key Actions

- Provide universal access to early learning for all children aged three and four (by extending fee subsidies for three-year old children to cover long day care centres).

Uniting believes that all children deserve the best possible start in life through access to quality early learning. Early learning is vital in breaking the cycle of poverty and improving the life chances of disadvantaged children.

Early learning sets children up to succeed in school and life

Access to high quality early learning in the two years before school sets children up to succeed in school and later life. The benefits include improved literacy and numeracy, social skills and behaviour. These gains continue beyond the school years – participation in early learning is associated with increased university attendance, success in employment and better health outcomes.[xi]

Research shows conclusively that two years of early learning is needed to see solid improvements in children's learning at school and in later life.[xii] In many OECD countries, such as Norway, France, Spain and Korea, it is now common for most children to attend early childhood education from the age of three.[xiii]

While early learning benefits all children, it's particularly important for disadvantaged children. However, in Australia, the children who stand to benefit the most from high quality early childhood education are the least likely to attend. In part, this is due to the high cost of fees. If early childhood education is not affordable children either do not attend at all or do not attend regularly.

Provide universal access for all three and four-year old children

The last state budget reinstated fee subsidies for three-year old children attending community preschools for 15 hours a week. This is a good start. But an effective policy approach must support all three and four-year old children to attend an early learning program, regardless of the setting. In NSW, the growth in enrolments is almost entirely in long day care centres, which cater for the longer hours that many parents need to cover their work and study commitments. More than 80% of three-year old children in NSW attend preschool programs in long day care centres.

More work also needs to be done to improve participation of Aboriginal and Torres Strait Islander children in early learning programs from the age of three. Aboriginal and Torres Strait Islander children are twice as likely as their peers to arrive at school unprepared[xiv] and are less likely to participate in early childhood education than their non-Indigenous peers.

STOP

Provide earlier support for vulnerable children and families.

Snapshot

- As a society, we can and should be doing more to improve the safety and wellbeing of vulnerable children, young people and their families.
- 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. It will also reduce future government spending on OOHC.
- This should include a focus on reducing the over-representation of Aboriginal and Torres Strait Islander children in the OOHC system.
- We also need to create a whole-of-government approach to addressing issues which lead to child protection concerns earlier. Currently, there are long wait times for families to access other needed supports such as social housing, drug rehabilitation and mental health services. This is exacerbated by the fragmented approach to service delivery across government agencies.

Key Actions

- Develop a policy approach which gives families with child protection concerns priority access to services such as social housing, early childhood education and health services.
- Significantly increase investment in existing prevention and early intervention programs to provide proactive support for vulnerable families.
- Establish a child protection innovation and evidence fund to test and evaluate new approaches to early intervention.
- Continue to expand family preservation and restoration services for vulnerable families to increase capacity and address geographical gaps.
- Develop culturally appropriate models of early intervention, family preservation and restoration in consultation with Aboriginal communities.

Focus on prevention and early intervention

Currently, the NSW child protection system is crisis-oriented and responses to families who are struggling occur too late. This was acknowledged by a major independent review of the out-of-home care system, recently commissioned by the NSW Government (the 'Tune Review'). The government has been implementing the recommendations of this review in stages. We strongly encourage the government to continue, and indeed to broaden, its communication and engagement with the NGO sector as it does so.

One major priority identified by the Tune Report which the government has not yet progressed is the need for more focus and investment in early intervention. Wherever possible, we should prevent issues escalating to the point where children must be removed from their birth families for their own safety.

Prevention and early intervention services play a critical role in helping parents to build parenting skills and address issues such as domestic violence and substance use. Research shows that it is cost-effective to invest in early intervention and address issues as they emerge rather than responding to crisis (which is both more challenging and more expensive).[xv] However, funding for prevention and early intervention has eroded over time. A significant injection of funding is needed to enable these services to help more families. The development of prevention and early intervention programs should include a focus on place-based approaches in communities with entrenched disadvantage. We also need to build an evidence base on what is working, and where the gaps are, to inform resource allocation and drive innovation in early intervention.

There are long wait times for families with child protection concerns to access other needed supports such as social housing, drug and alcohol treatment and mental health services. This issue is exacerbated by the siloed nature of service provision across government agencies and service sectors. Child protection concerns should trigger greater prioritisation for access to services such as housing, health and early childhood learning. For example, if a parent is homeless, this should strengthen a priority application for social housing so that they can meet their children's basic needs for a safe and stable home.

Continue expansion of family preservation and restoration services

Uniting welcomes current reform processes as part of Their Futures Matters, which aim to keep families together through family preservation and restoration. We acknowledge that the Government has recently invested in this area but believe this should be increased. As the Tune Report identified, investing in evidence-based family preservation and restoration services will reduce the number of children entering care and reduce spending on OOHC over time. Existing family preservation and restoration services are operating at capacity and are unable to meet the level of need. There are clearly many more children, young people and families who could benefit from these services.

Aboriginal and Torres Strait Islander children continue to be greatly over-represented in the OOHC system – in June 2017, 38% of children and young people in OOHC were Indigenous.[xvi] Expansion of early intervention, family preservation and restoration services should include a focus on providing targeted support to Aboriginal families and communities. This should include development of models that are culturally appropriate for Aboriginal families in consultation with Aboriginal communities.

Promote strong futures for young people leaving out-of-home care.

Snapshot

- Young people in OOHC are amongst the most vulnerable groups in our society– they are more likely to leave school early, be homeless, have poor health, and involvement with the criminal justice system.
- It is now common for young people to live at home with their parents, or remain financially dependent on them, up to the mid-twenties. In contrast, young people who grow up in OOHC (who are more vulnerable and have less support) must leave care when they turn 18. Many young people find this abrupt end to care challenging and are not ready to be fully independent at this early age.
- Research from the US and UK shows that young people who stay in care beyond the age of 18 generally have better educational and employment outcomes. They are less likely to be homeless, involved in the criminal justice system or have children at an early age.
- After care support services provide vital support for young people after they have left OOHC. However, there are pressing gaps in current availability of services which should be urgently addressed.

Key Actions

- Give all young people the option to stay in OOHC up to the age of 21 (rather than requiring them to leave care when they turn 18).
- Increase investment in aftercare services to ensure adequate and timely support is provided to all care leavers up to the age of 24. This should include a focus on increasing caseworkers in rural and regional areas and support for Aboriginal young people.

Give young people the option to stay in out-of-home care until they turn 21

Young people who have been in OOHC are among the most vulnerable groups in Australia. They are more likely to become homelessness, 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.[xvii]

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 for example, to past trauma, poor health, limited educational attainment, and lack of support.

The age at which young people leave care should be based on the maturity and needs of the young person rather than simply age. In the UK and the USA, programs giving young people the option to stay in care until the age of 21 found participants were found participants were twice as likely to be in full-time education at age 19 [xviii], and improved housing and employment outcomes.[xvix]

They were also less likely to be involved in the criminal justice system or have children at an early age.[xx]

Extending care to the age of 21 in NSW would give young people in OOHC the opportunity to grow into maturity and independence in a way that reflects the opportunities other young people have available. It would improve life chances for this vulnerable group of young people and have wider social and economic benefits.

Expand provision of aftercare support

Aftercare services provide critical supports to young people after they leave the care. Uniting is currently working with the Department of Family and Community Services to develop a model of comprehensive, best-practice support for vulnerable young care leavers. This model should form the basis of a significant expansion of aftercare services. Existing services are unable to meet the level of need and too often, young people (who may be homelessness and in crisis) must wait for support. There is also a lack of caseworkers in rural and regional areas and workers can only provide limited support through telephone contact, rather than meeting with young people face-to-face.

Address gaps in support for people with disabilities and complex needs.

Snapshot

- Some children with disabilities have extremely high support needs; sometimes their parents are unable to manage, due to the ongoing pressure on them and on other children in the family.
- Parents in desperate circumstances sometimes feel that they have no option but to surrender the day-to-day care of their child to the state.
- Uniting has seen relinquishments increase since the roll out of the NDIS in NSW, following the closure of preventative services previously funded by the State Government.
- The National Disability Insurance Scheme (NDIS) does not fund family-centred supports. The NSW State Government has an important role in supporting families to prevent relinquishment of children with disabilities.

Key Actions

- Commission a review of children and young people with disabilities who are relinquished into voluntary OOHC. This review should recommend a system of ongoing, preventative services for children and families with complex disabilities and behavioural needs that put them at risk of a relinquishment.
- Implement a 'shared care' model for children and young people with disabilities, where the child lives at home several days a week and with a carer or in a residential placement for the remainder.

The NDIS is an important reform, providing greater choice and control for people living with a disability. However, service gaps have emerged in the intersection of the NDIS with state government services, particularly for people with complex needs.

Uniting is particularly concerned about gaps in support for children with disabilities and their families. We have witnessed a sharp increase in children with disability being 'relinquished' (surrendered) into voluntary OOHC in the past two years.

Raising children can be a challenge for any family; raising a child with a disability is far more complex. Sometimes the strain of caring for a child with very high support needs leads good parents to make the desperate decision to relinquish the day-to-day care of their child to the state.

A significant contributor is the closure of preventative services (previously funded by the NSW government) targeted to families of children with high support needs, challenging behaviours, and at high risk of relinquishing their children into state care. These programs have lost funding and closed in the transition to the NDIS. However, the NDIS does not provide equivalent supports to families. The individualised funding model of the NDIS does not allow for a holistic and coordinated response to families experiencing complex issues.

Preventative support will keep families together

These programs were highly effective at preventing relinquishments and keeping families together. Uniting's data shows that, from 2013-2016, approximately 80% of families entering our specialised intensive family preservation service were at the point of relinquishing care of their child or children. None of these families had relinquished care of their child when they left the program. The service was also substantially cheaper than the costs of supporting children in OOHC.

Relinquishment occurs mainly because of the relentless pressure families are under and the significant impact on other children in the family. These parents act in desperation and do not want to give up their children. The best way to prevent voluntary relinquishment and keep families together is to address unmet need for support. These supports must be inclusive of the whole family, including parents and other children. They must be timely, responsive and flexible. These family-centred supports are beyond the scope of the NDIS.

Mainstream family preservation and restoration programs are not an adequate substitute in their current form. These programs have strict entry criteria requiring referrals from FACS based on verified child protection concerns relating to abuse or neglect. However, child protection concerns are not usually present for these families and the issues that these programs attempt to address are very different.

The impact of the closure of preventative services has been compounded by the loss of respite care services in NSW. Although families can nominally gain access to respite under the NDIS, low funding ratios for these services has seen many close their doors.

Currently there is no comprehensive data collected on the number of relinquishments of children into voluntary OOHC or their circumstances. Uniting recommends that the NSW Government commission a review of children and young people with disabilities who are relinquished into voluntary OOHC.

This review should:

- record and monitor relinquishments of children and young people into OOHC
- recommend a system of ongoing, preventative services for children and families with complex disabilities and behavioural needs that put them at risk of a relinquishment.

'Shared care' will enable families to stay connected with their child

Uniting also recommends that the Government investigate and implement a 'shared care' model for children and young people with disability. Under a shared care model, the child lives at home several days a week and with a carer or in a residential placement for the remainder. This model is more widely used in the UK and US. Several non-government organisations in Victoria have developed shared care models for children with disabilities. For example, Melbourne City Mission provides a shared care service for children with disabilities which offers two-to-three day regular overnight stays in a home like setting. Staff provide positive behaviour support strategies to support the child to learn skills and reduce challenging behaviour around situations that they find difficult.

Improve the health and wellbeing of older people.

Snapshot

- Better resourcing is needed to support after-hours general practice and outreach services for older people, including those living in the community and in Residential Aged Care (RAC) facilities, to reduce preventable hospital admissions.
- Existing initiatives across Local Health Districts are patchy because there is no specific funding to support this work.
- Strengthening access to after-hours GP and outreach services will improve health outcomes for older people, reduce preventable hospital admissions and save government spending on high-cost hospital services.

Key Actions

- Increase investment in outreach and telehealth services for older people, including in Residential Aged Care facilities.
- Develop a consistent framework for provision of health services in Residential Aged Care facilities to reduce preventable hospital admissions.

At Uniting, we recognise that the ageing of the population is a significant policy challenge, but we also see it as an opportunity. We believe older people have the right to "live well, with dignity and independence".[xxi]

The best way to achieve this is to ensure they are safe and healthy, able do the things that matter to them, and spend time with the people who mean most to them. Supporting people to live well at home for as long as possible will reduce demand on acute services, and also has wider benefits for the communities in which they live. As people leave the workforce, they often have more time to do the things which bring meaning to their lives, and which contribute to the lives of their families and communities.

While age brings new opportunities, it also brings new vulnerabilities. These include the challenges of declining health, difficulties with physical safety, financial security, and social isolation. These risks are greater when age-related issues coincide with the challenges faced by recognised special-needs groups (including Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds).

While funding for aged care is a Commonwealth responsibility, the State has an important role to play in supporting the independence and wellbeing of older people.

Reduce preventable hospital admissions

All older people, and their families and carers, should have access to appropriate, high quality health care, that is provided in a timely and co-ordinated way.

Better resourcing is needed to support after-hour general practice and outreach services for older people and avoid preventable hospital admissions. This includes supporting RAC facilities to deal with issues on-site.

Currently, there are some areas where this is being done well but there is no standard approach. Existing initiatives within Primary Health Care Networks are variable and patchy across Local Health Districts because there is no specific funding to support these efforts.

A report commissioned by Uniting found that in a sample taken from eight Uniting facilities, 40% of hospital admissions were classified as preventable.[xxii] Clearly, there is opportunity to improve health outcomes of people in RAC, reduce preventable hospital admissions and save government spending on high cost services. The report identified strategies which could reduce avoidable hospitalisations, including:

- **Strengthening access to after-hours GP and outreach services**

  For example, the Aged Rapid Response Team in North Sydney and Ryde provides rapid assessment for older patients in their own homes, including RAC, who are experiencing new medical conditions or functional decline. Evaluation indicates this model has prevented unnecessary hospital admissions.[xxiii]

- **Mobile diagnostics**

  Access to mobile diagnostic services such as mobile pathology and radiology has been found to reduce preventable hospital admissions. For example, one service operated by Uniting War Memorial Hospital, the Geriatric Flying Squad, provides enhanced access to point-of-care diagnostics. This service has avoided costs of $1 million per year, through prevention of 370 presentations and 1,350 bed days. [xxiv]

Endnotes

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Get in touch.
1800 864 846
ask@uniting.org
uniting.org

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18-ADVOC-010.SEP18