

## **INQUIRY INTO SERVICE COORDINATION IN COMMUNITIES WITH HIGH SOCIAL NEEDS**

**Organisation:** Shellharbour City Council

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14 August 2015

The Director  
Standing Committee on Social Issues  
Parliament House  
Macquarie St  
Sydney NSW 2000

**Re: Inquiry into service coordination in communities with high social needs**

Dear Director

Shellharbour City Council welcomes the opportunity to comment on the *Inquiry into service coordination in communities with high social needs*.

In 2014, the Estimated Resident Population for Shellharbour was 68,762<sup>1</sup>. This population is expected to increase to 85,262 in 2036<sup>1</sup>. In the Shellharbour Local Government Area (LGA), there are a number of communities with high social needs, including Lake Illawarra, Warilla and Barrack Heights. While the Shellharbour LGA has a Socio-Economic Index for Areas (SEIFA) score of 968.6, Lake Illawarra, Warilla and Barrack Heights have lower SEIFA scores of 850.6, 854.3 and 914.9, respectively<sup>1</sup>.

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<sup>1</sup> Australian Bureau of Statistics 2011. *Census of Population and Housing*. Informed Decisions (.id)

These areas also have a higher unemployment rate as well as percentage of people with no qualifications<sup>1</sup>. A larger percentage of people in Warilla (18.3%), Lake Illawarra (17.8%) and Barrack Heights (12%) live in social housing compared to the Shellharbour LGA (7.7%) and New South Wales (4.9%)<sup>1</sup>. The percentage of disengaged youth is also significantly higher in these areas, with Lake Illawarra having 26.9% of disengaged youths, compared to 12.3% for Shellharbour LGA and 9.3% for New South Wales<sup>1</sup>.

The Shellharbour LGA also has poorer outcomes in relation to a number of social determinants of health when compared to New South Wales. In 2011, Shellharbour LGA had higher alcohol attributable deaths (19.2 per 100,000) compared with New South Wales (15.6 per 100,000) and higher smoking attributable deaths (81.7 per 100,000) compared with New South Wales (64.2 per 100,000)<sup>2</sup>.

Approximately 3% of the Shellharbour population identifies as an Aboriginal or Torres Strait Islander, compared to 2.5% for New South Wales<sup>1</sup>. In some of Shellharbour's suburbs, such as Mount Warrigal and Barrack Heights, this percentage is much higher with 5.1% and 4.3% identifying as an Aboriginal or Torres Strait Islander, respectively<sup>1</sup>. Evidence has shown that Indigenous Australians have poorer health and wellbeing outcomes than non-Indigenous Australians, including those related to life expectancy, employment and housing<sup>3</sup>.

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<sup>2</sup> New South Wales Health Statistics 2011. *Health indicators*. Accessed online [www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au)

<sup>3</sup> Australian Institute of Health and Welfare 2011. *The health and welfare of Australia's Aboriginal and Torres Strait Islander people An overview 2011*. Cat. No. AIHW 42. Canberra: AIHW

Shellharbour City Council has observed a number of barriers to the effective coordination of services in communities with high social needs. These include:

- inflexible organisational structures or service delivery models, including 'silo'-based frameworks;
- 'one-size-fits-all' approaches rather than recognising local diversity and adopting coordination strategies that address local needs;
- lack of sufficient funding, short-term funding and competition between services for funding;
- lack of trained program leaders and practitioners to work with communities with high social needs. For example, in the Barrack Heights area some services have resisted entering the area due to lacking skills or confidence in working with the range of issues they could potentially face in the community, including drug and alcohol abuse and abusive and violent behaviour; and
- lack of effective communication among collaborative agencies, including reporting mechanisms that do not provide feedback about agency performance.

We recommend that the Standing Committee considers the following when planning initiatives for the coordination of services:

- invest time and resources into community and stakeholder consultations;
- recognise local diversity and adopt coordination strategies that address local needs;
- provide further training to these services to upskill them in overcoming any potential challenging situations they may encounter in these areas;

- apply a strengths-based approach, which involves working from a community's collective strengths to assist them to address a range of issues. In bringing together different people with specific skills to collectively address a range of issues, communities can provide local solutions to local issues; and
- coordination between Indigenous-specific and other 'mainstream' services can enable multifaceted, ongoing interventions capable of delivering the necessary care and support that is crucial to enhance the wellbeing of Indigenous Australians.

Thank you once again for the opportunity to comment on the *Inquiry into service coordination in communities with high social needs*. If you require any further information, please contact Lauren Peters, Community Planning Officer on (02) 4221 6170.

Yours sincerely

Kathryn Baget-Juleff

**Group Manager, Community Connections**