

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

Organisation: Parramatta City Council

Date received: 7/09/2015



PARRAMATTA CITY COUNCIL SUBMISSION

September 2015

**To the Legislative Council – Standing Committee on Social Issues
Inquiry into service coordination in communities with high social needs**

Thank you for the opportunity to respond to your inquiry. This submission was prepared by various units within Parramatta City Council: Community Capacity Building Team, Social Outcomes and Home Support.

We have focused on these communities of high social needs within the Parramatta Local Government Area:

- Women and Children – particularly with issues around Family and Domestic Violence;
- Disadvantaged Families on a Low Income;
- Homelessness and Social Housing;
- People with a Disability or and/or Access Issues;
- Seniors;
- Young People;
- Aboriginal and Torres Strait Islander;
- Young People – disengaged; and
- Asylum Seekers and Refugees

The submission outlines the demographics and profile of each group and where known relevant barriers and issues around access to coordinated service provision.

The submission concludes with recommendations to the Legislative Council – Standing Committee on Social Issues.

Parramatta City Council would be happy to assist in the hearing stage of the Inquiry and can offer more information on this Inquiry Submission.

Sue Coleman

Acting Chief Executive Officer

Parramatta

Profile of Parramatta

The City of Parramatta is located in Sydney's western suburbs, about 24 kilometres from the Sydney GPO. The City of Parramatta is bounded by The Hills Shire and Hornsby Shire in the north, the City of Ryde in the east, Auburn City, Bankstown City and Fairfield City in the south and Holroyd City and Blacktown City in the west.

Highlights of Parramatta

- The City of Parramatta Estimated Resident Population for 2014 is 189,932, with a population density of 30.95 persons per hectare.
- The medium age is 33 years.
- Couples with children are the leading population type 35% of the total population.
- Home too many children 0-4 years (8%), 5-9 years (7%) and 10-14 years (6%).
- Stable over 55 population 21% in 2011 to increase to 22% in 2031.
- The population is diverse with 45% of people born overseas.
- Top three (3) ancestries are Australia (18.1), English (16.8%) and Chinese (13%)
- Top three (3) countries people where born overseas are China, India and Lebanon
- 50% speak another language other than English and collectively, Parramatta's residents speak over 140 languages.
- 93% of the population is employed.
- High concentration of social housing, top highest areas include: South Granville - Chester Hill (27.2%), Telopea (22.5%), Constitution Hill (17.4%), Ermington - Melrose Park (16.7%) and Dundas Valley (15.6%).

Parramatta City Council

Parramatta City Council is committed in supporting Parramatta LGAs communities with high social needs. The range of work includes:

- Strategic Planning in the areas of social, transport, economic, environmental, urban and land use.
- Childcare Services, Community Capacity Building, Recreational Services, Home Support and Community Services.
- Strategic partnerships with Family and Community Services (FACS), Western Sydney Area Health and Westmead Alliance (Westmead Hospital and range of Health Services).

Communities with High Social Needs

Women and children - Domestic and Family Violence

The NSW Police statistics on domestic violence show that the rate of reported domestic violence related assault is increasing in NSW. Between January 2004 and December 2013, the number of incidents in Parramatta rose at an average rate of 3.6% per year. In this 10 year period there were 9,244 incidents.¹

Offence	Jul 2004 to Jun 2005	Jul 2005 to Jun 2006	Jul 2006 to Jun 2007	Jul 2007 to Jun 2008	Jul 2008 to Jun 2009	Jul 2009 to Jun 2010	Jul 2010 to Jun 2011	Jul 2011 to Jun 2012	Jul 2012 to Jun 2013	Jul 2013 to Jun 2014	Trend	Avg. annual % change
Assault - domestic violence related	585	653	662	644	616	643	668	720	767	801	Up	3.6%

Table 1: BOCSAR recorded incidents of assault – domestic violence related in the Parramatta Local Government Area, July 2004 to June 2014.

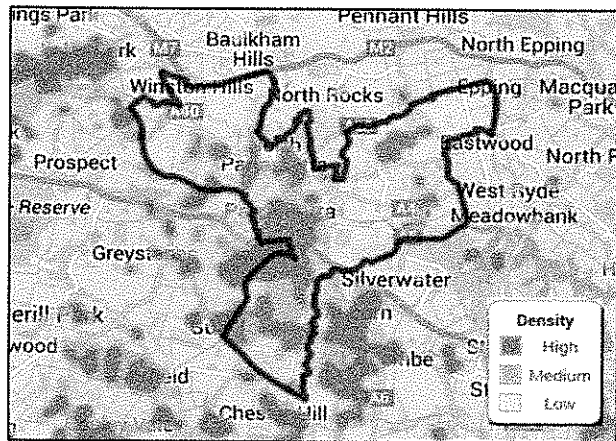
Over the past ten years (2004 – 2014), domestic violence related assault grew in Parramatta at more than twice the NSW average. It remains below the Western Sydney average (3.8% p.a.). (Refer to Table 2).

Up		Stable
Parramatta	3.6%	Hills
Auburn	10.7%	Holroyd
Bankstown	7.3%	Hornsby
Western Sydney	3.8%	Ryde
NSW average	1.4%	

Table 2: Assault - domestic violence related: 10 year trends, July 2004 to June 2014 for Parramatta and surrounding LGAs

The map below shows the high concentrations of incidents of Police major offence 'Assault -, domestic violence related'. Domestic violence occurs throughout the LGA, but there are hotspots along railway transport corridors, in the city centre and in the suburbs of Harris Park and Granville where there is a large concentration of high density dwellings. There are also hotspot flares in areas with high concentrations of social housing.

¹ BOCSAR (NSW Bureau of Crime Statistics and Research) 2014



Source: BOCSAR Hotspot Map - Incidents of Assault (Domestic assault) from October 2013 to September 2014

There are a number of costs to the community due to domestic and family violence that are personally, socially and economically far-reaching. Family and Community Services estimate that domestic and family violence costs the NSW economy more than \$4.5 billion annually.² This total can be broken down into:

- Costs of pain, suffering and premature mortality.
- Health costs, including private and public health costs associated with treating the effects on the victim, perpetrator and children.
- Lost productivity of victim, perpetrator, employer and co-worker/s, friends and family.
- Second generation costs: counselling, moving schools, childcare, child protection services, juvenile and adult crime.
- Administrative and other costs: legal and forensic services, accommodation, perpetrator programs, incarceration, interpreter services and funerals.
- Economic costs of victim compensations, income support, lost taxes, child support, accommodation subsidies.

The consequences of domestic and family violence on individuals and communities include:

- Social and health impacts: Mental health problems, physical stress symptoms, suicide attempts, alcohol and drug misuse, reduced coping and problem solving skills, unemployment and homelessness.
- Homelessness: Domestic and family violence is the single most common factor contributing to women's and children's homelessness.

The Impacts on children exposure to domestic and family violence:

- increases children's risk of mental health;
- behavioural and learning difficulties in the short term; and
- in the case of boys particularly, may lead to them perpetrating violence as adults

² NSW Family and Community Services – Women NSW (2014). *It Stops Here*.

Barriers to Service Provision for Family and Domestic Violence

There are some examples of long standing forums in the Parramatta Region established and supported to develop a co-ordinated response for clients between government and non-government services focusing on improving services/ access to services for clients access including the Parramatta Region Homelessness Interagency, Local Domestic and Family Violence Prevention Committee, Parents and Citizens Executive Working group and different formats of a youth services network- currently that is Parramatta Holroyd Youth Action team.

Through their work and other research we have identified these barriers:

- Services that have carriage of Family and Domestic Violence are over stretched and under resourced;
- There are a lack of collaborative forums and strategies that build connections between each other, develop a deeper knowledge and skill set for their work and that will lead to greater access to better quality services for clients;
- Knowing the most appropriate roles for local government regarding domestic and family violence;
- Finding a role for all levels of Government including local government, which often finds it needs to be responsive but it currently does not have a substantive role;
- Data collection at a local level needs to be developed;
- Changing people's beliefs/norms and instil in the community that domestic and family violence of any kind is unacceptable;
- Domestic and family violence services are often not accessible to women who have cultural and language barriers;
- Lack of services to break the cycle for victims and perpetrators; and
- Most importantly a lack of funding.

Disadvantaged families on a low income

There is a complex relationship between income and the standard of living. The main indicators of community disadvantage include social distress, health, community safety, economy and education. These factors have a demonstrated link to significant social disparities in relation to health outcomes of people who live in areas with poorer socio economic conditions.

The experiences of disadvantaged families on a low income can be linked to rental and home purchase stress, travel, education and other living expenses. There can be health concerns which are connected to:

- low birth-weight;
- childhood injuries;
- immunisation; and
- disability/sickness support, mortality and mental health.

Community safety implications have been reported to include child safety, criminal conviction, prison admissions, perceptions of safety and domestic and family violence.

Family composition factors have an impact on the extent of disadvantage a family is likely to experience. Single parent and younger parent families are frequently identified as being at higher risk of disadvantage primarily because there are fewer potentially employed adults in the household along with the increased likelihood that these parents may work fewer hours due to their increased care responsibilities or at lower paid jobs.

Single parent families are among the most economically disadvantaged groups in Australia. In Parramatta in 2011, 6,339 households had a single parent family as the primary family in residence.

A strong indicator of disadvantage is the number of children living in households without an employed parent. This has impacts on the economic situation of the household, and the lack of a parental role model of employment.

In Parramatta in 2011, of those dependent children (aged 0-14) counted at home in family units, 5,040, or 17.0% were in households without an employed parent. This was significantly higher than the Sydney Statistical Division average of 13.0%, but it declined between 2006 and 2011 (over 20% in 2006).

Just under half this group were in single parent families where the single parent wasn't employed, while the remainder were in couple families where neither parent was employed.

Economic factors include issues in regards to unskilled work, unemployment, long-term unemployment, dependency ratio, low mean taxable income and access to computer use/access to the internet.

Education factors have been related to non-attendance at school, incomplete education (17-24 years), early school leaving of local population and access to post schooling qualifications.

Disadvantaged families on a low income experience lower rates in participation which leads to social exclusion in the form of disengagement, service exclusion and economic exclusion. The potential to link these families with their wider communities to foster stronger networks and connections becomes a significant challenge to resolve.

Barriers to service provision for disadvantaged families on a low income

Following a series of consultations that were conducted throughout the southern and most diverse communities in the Parramatta Local Government Area (2015), participants reported that the following are barriers most common to local disadvantaged communities. These can be divided into:

- cultural barriers, including language barriers: English proficiency, professional jargon and misinterpretation of body language; cultural norms that prohibit seeking extra-familial support, especially for women and children, and access to benefits; traditional gender roles that prevent men from engaging with services or discussing family difficulties; and

fear of authorities, such as child protection, police, courts, taxation, immigration and housing departments (although not strictly speaking a cultural barrier, it is a barrier that Culturally and Linguistically Diverse families may face);

- structural barriers: practical barriers accessing services, transportation and cost;
- lack of knowledge or understanding of services that are available;
- service-related barriers: model of service is culturally inappropriate;
- service not perceived as relevant due to lack of cultural diversity in the workforce and marketing of services; service choice perceived as limited due to lack of diversity in the workforce; and
- Reluctance to engage with services because of concern they will not be understood, or that they will be stereotyped or judged; the nature of time limited service provision, quality and scope of service provision and experience.

Homelessness and Social Housing

Parramatta City Council conducted its 6th annual Homeless Street Count on the night of Monday, 23 February 2015. The Count found:

- an increase in rough sleepers for the first time since the Street Count started in 2010;
- 43 people were counted as rough sleepers a significant increase from 24 people in 2014.
- Secondary homeless numbers increased to 260 from 249 in 2014; and
- This brought the total to 303 people being counted homeless in the Parramatta LGA.

It is well known that these figures are an underestimation of homeless people, for example it does not include people sleeping at friends and family, which is consistent with national data and research.

Further information and resources are available through the Parramatta Regional Homeless Interagency: <http://parrarhi.org/>

The social housing sector is important in mitigating and preventing homelessness and servicing homeless people and people on a low income. However, changes in the design of social estates and changes in broader policy have led to:

- an increasing number of more vulnerable tenants;
- an increase in tension and stress in social housing estates as a result of insecure tenancy; and
- an increase in the concentrations of social housing dwellings, which has resulted in a number of complex community problems requiring place based strategies.

There is also a reduction of social housing available, State wide and in Parramatta. For example 11% of social housing tenant currently pay market rent creating a bottle neck for availability and affecting people who need social housing.

Barriers to service for homeless people and accessing social housing

- Social stigma of both homeless people and people who live in social housing;
- Complexity and broad nature of factors that lead to homelessness;
- Lack of knowledge around major changes in the sector;
- Internal Government agency knowledge given changes in the sector;
- Mixed tenure changes are not communicated to the community creating insecurity and tension within housing estates.

Access and Disability – National Disability Insurance Scheme

In the 2011 Census, there were 8,141 people with a disability residing in the City of Parramatta, representing 4.9% of the total population. The number of people with a disability increased by 1,387 people or 20.5% since 2006.

This growth rate was significantly above the total population growth, and indicates that need for assistance is a growing category in Parramatta. There are higher rates of need particularly among people in their 50s and 60s, who we've seen are more likely to occupy public housing in Parramatta.

Barriers to service provision for People with a Disability

- There are number of service provision challenges faced by people with disability:
- Knowledge of the National Disability Insurance Scheme;
- Confusion about transitional arrangements of service providers
- Knowledge of new service providers;
- For people with disabilities that may not be eligible for a package through NDIS but require some support to live independently in the community will miss out on support as services will not be block funded to provide that type of support, these people will fall through the cracks and their capacity to live in the community will be compromised; and
- Lagged planning processes and competing space for property development often means access issues are an afterthought and meaningful consultation processes can also be lacking.

Seniors – Aged care

In the 2011 Census, there were 35,369 people aged 55+ residing in the City of Parramatta, representing 21.2% of the total population. Public housing is a very important tenure type among the lower socio-economic groups within the population aged 55+. 2,939 over 55s live in Social Housing (38% of Social Housing total population) There is a large increase in those aged 55+ who still have a mortgage and corresponding decrease in full home ownership.

A total 4,513 (12.7% 55+ pop) Over 55s are providing unpaid care for a person with a disability and also 4,070 (11.5%) are providing unpaid childcare in LGA.

Barriers to Service Provision for People with a Disability and Aged Care

Older Australians have significant barriers to effective service provision:

- With the introduction of My Aged Care there are services that had older people on their wait list prior to 1 July 2015;
- Current grandfathering arrangements mean these people are on waitlists until a vacancy becomes available;
- Services are not referring these people back to My Aged Care in case they lose that "business";
- With the introduction of a market based competitive model with both disability and aged services there is and will continue to be for profit services vying for a person's dollars under the consumer directed care model; and
- This may also create a higher level of opportunity of financial abuse of vulnerable people.

Seniors Case study 1:

Case study for a person that is 72 years of age, married, working and cares for his wife. He had lived in an institution up until the age of 50. We have been providing social support to this couple for 8 years; only over the past 18 months did he trust us enough to tell us that he likes to dress in women's clothes. His wife is not happy about it and is particularly not happy when he goes out in public in women's clothing. For most of his life he had not been able to do what made him happy and his wife's family would tell him that it was against the law to do such things. It was quite a revelation for him to have people not judge him and actually be accepting of what made him happy. We were concerned that he could be targeted by bullies so we worked with the Gender Centre to give him some guidance and support around appropriateness and keeping himself safe. His anxieties reduced to a large extent and he is comfortable when people come to his house to wear his dresses.

Seniors Case study 2:

Currently all known services in the immediate areas surrounding Parramatta are on Wait Lists for Garden Maintenance (Lawn Mowing). On Wednesday 5 August, 2015 several local services from the Parramatta, Hills and Windsor areas have agreed to come together to discuss how best to tackle the severe lack of availability. The main topic will be how to advocate for more funding and/or push back through My Aged Care to demonstrate the severe shortage of services for people in this area.

People with a Disability: Case Story

Lillian is in her mid-fifties. She was an active working mother who had a loving family six years ago. Unfortunately, both she and her husband had an acquired brain injury in 2009 and their lives have completely changed since. Lillian has vision impairment, mobility issues, cognitive impairment that also includes a language barrier - originally from a culturally and linguistically diverse background where English is her second language, and other brain injury related difficulties. Lillian's ultimate goal is to be able to work again, and while it's possible, she needs to overcome many obstacles in order to regain all the skills required that may lead to paid work. Steps to support her in achieving her goal toward preparing for employment have included working in partnership with the local library, Ability Links, TAFE and the Red Cross. Because Lillian was not previously computer literate, we introduced her to the Computer Help Program at her local library where she has learned some basic skills such as using a smart phone, trip planning and Facebook, to connect her with friends and relatives overseas. Now, with increased self-confidence, she is motivated to learn more about computers which has resulted in furthering her education and developing her skills at TAFE. Skills attained include how to use emails, searching for information and resources, online banking and so on. Her family relationships have improved.

Aboriginal and Torres Strait Islander – health and general issues

Across Australia, the Aboriginal/TSI population is one of the most disadvantaged groups. In Parramatta, in 2011, a total of 1,404 residents self-identified as Aboriginal or Torres Strait Islander, representing 0.8% of the population counted in the Census. This was below the Sydney SD average, of 1.1%, but represented an increase of about 200 people, or 16.6% since 2006, which is close to the total population growth rate for that time period.

Barriers to Service Provision for ATSI Peoples

There have been significant changes in service provision for Indigenous Australians but for ATSI people in Parramatta the most concerning is the lack of specific health services. This has been compounded with the recent closure of the Western Sydney Aboriginal Medical Service. Many local ATSI people utilise the Mount Druitt service and will now either have to utilise the Redfern Aboriginal Medical Service, some 20kms away or local mainstream services who may not have ATSI expertise, doctors and staff that are trained in cultural competency and awareness, have the breadth of services and holistic medical care as a registered AMS or be registered for Closing the Gap programs including the prescription medicine subsidy.

In addition there are other long term systemic issues for the ATSI community in Parramatta, similar to the national profile:

- High unemployment rate across the board;
- Poor education outcomes and indicators;
- Low income;
- High infant mortality;
- Low life expectancy;
- Access to specific services; and
- Representation such as civil and political representation.

The level to which services can respond to and address these issues is hampered by lack of resources and the location of the services themselves which are either in the Sydney CBD or in suburbs further west of Parramatta such as Mount Druitt, Blacktown and Liverpool.

Young people – disengaged

Disengaged Youth are defined as those people aged 15-24 who are neither in employment or any form of education. In Parramatta, in 2011, there were 2,123 people falling into this category, representing 9.6% of the population aged 15-24.

Across Greater Sydney, the proportion was 8.1%. Between 2001 and 2006, the number of disengaged youth increased. The south suburbs of Parramatta have the highest rates include Guildford (14.3%), South Granville-Chester Hill (14.2%), Granville-Clyde (13.6%).

The characterisation of disengaged youth, traditionally relates back to the number of young people not engaged with education, training and/ or employment. To understand the complexity of the issue it's essential to identify and address the underlying issues that contribute to disengagement.

Some of these underlying issues include:

- Intergenerational poverty and unemployment
- Family breakdown
- Homelessness and the risk of homelessness
- Drug and Alcohol addiction
- Mental health
- Social isolation

Barriers to service provision for Young People who are disengaged

Disengaged Youth have multiple and complex issues that isolate and disengage them from mainstream society. Some of the contributing factors include:

- learning needs not addressed at an early age, leading to poor educational outcomes
- Support systems not sufficiently in place to transition young people from School into Further Education, Training and/or Employment
- Specialist services unable to provide seamless pathways into pre-vocational programs; and
- Vocational Educational and Training Programs don't have the resources or specialist skills to address the complex needs of disengaged Young People.

Asylum Seekers and Refugees

Approximately 3,000 Bridging Visa holders live in the Parramatta Local Government Area (Department of Immigration and Border Protection, March 2015). A further 1,000 Temporary Protection Visa holders are also estimated to reside in the area representing at least 2% of the area's population (Jesuit Refugee Service Australia).

Barriers to Service Provision for Asylum Seekers and Refugees

Asylum seeker service provision needs are well documented and regularly identified through:

- peak body and interagency discussions and reports
- the Refugee Council of Australia: <http://www.refugeecouncil.org.au/publications/reports-and-papers/>
- Local service providers providing opportunities for clients to shape how services are developed implemented and evaluated, ensuring that asylum seekers have an opportunity to voice their own needs, barriers, capacities and strengths.

A number of services operating as service hubs provide clients with a central contact point for information and referrals to other services but often lose the one-to-one casework relationships which provide a more holistic context to the needs of a particular client.

- Complex client needs
- Changing policy environment

- Lack of consistent funding (for non-Status Resolution Support Services (SRSS) agencies)
- Complicated service eligibility criteria
- Confusion and lack of awareness of the specific needs, contexts and rights of asylum seekers within the broader community service sector. I.e. Organisations and networks that deal with homelessness, poverty, domestic violence and employment are often unaware of what services asylum seekers are eligible for and may mistakenly believe that because they are not permanent residents, are not eligible for any state or federally funded programs. However, eligibility for some services is not dependent on visa status, particularly with regards to issues of safety, health or child protection.
- Asylum seekers' eligibility for services and support is in an ongoing state of flux and is subject to change based on their visa status; their stage in the application process; changes in legislation; and the discretion of the Minister for Immigration and Border Protection.
- Identifying appropriate support services then accessing those services is often completely overwhelming for asylum seekers due to: a lack of English; high costs of transport; complex referral pathways; health and mental health issues; and social isolation.
- Asylum seeker disengagement from services after years of waiting in the community without an outcome to, or being able to lodge, an asylum application;
- Years of uncertainty and the fear of having to return to the place where they faced persecution, can have a devastating effect on health and mental health and the ability to engage with services, no matter how well coordinated that service may be; and
- Policies which undermine the successful settlement of refugee and humanitarian entrants and in some cases actively foster exclusion, in turn pose significant obstacles to community cohesion (Refugee Council of Australia (RCOA), July 2015)

Conclusions

Parramatta City Council recommends the following to the Legislative Council – Standing Committee on Social Issues:

General

- Effective community renewal efforts in severely disadvantaged neighbourhoods/localities require genuine medium-long term efforts that aim to build community capabilities and living standards, not just shorter term issues management;
- Many key issues in communities with high social needs can be long term, interrelated, “wicked” and with histories of failed attempts to tackle them. Collective capabilities, fashioned to tackle the primary causes of complex social issues need to be encouraged;
- Changing long term social issues is most often a journey. Small gains require celebrating and building momentum on what can be a long road; and
- Better services coordination, of itself, is unlikely to achieve major changes in quality of life, standards of living and social exclusion in communities with significant social needs. However, when applied with other efforts to improve local economies and jobs, to enhance physical and social infrastructure and to expand secure and affordable housing options, better services coordination can deliver strong results.

Service Planning

Significant opportunities exist to further align efforts between NSW Government agencies, local Councils and non-government organisations in sharing client demand data and service mapping information to improve planning priorities for service provision;

- Significant opportunities exist to adopt collective impact approaches in tackling multi-faceted problems in communities with high social needs;
- A focus on government and non-government agencies co- designing service models and sharing the results of program and service evaluations needs to be encouraged; and
- Identifying the strengths in the people, networks, community attitudes, public domain, facilities and innovation in communities with significant social needs, so as to position these at the core of value adding services is also an important, but often missed area of human services initiatives.

Service Coordination

Effective collaboration between organisations should be a priority in both the preventative end of the services spectrum as well as the acute /residual end of the services spectrum;

- Various models of service coordination exist and the choice of which approach must be most relevant to the service functions being offered, the status and views of the concerned consumers or local communities, the capabilities of the organisations and the practitioners concerned, the scale and type of resources available and the timeframe of the commitment being made;
- The importance of developing and agreeing a meaningful set of client and/or community outcomes between the coordinated organisations at the outset cannot be underestimated. The ability to measure results of service collaboration and the willingness to share success and failure between organisations that partner/collaborate is also critical to effective service coordination

Service Funding/Resourcing

A willingness and ability to pool available funds/other resources by participants in service coordination with an agreed set of outcomes and collaborative actions will assist achieving more effective results;

- Multiple sources of funding in coordinated service delivery may assist in leveraging further funds and other resources for both short and long term commitments;
- Social investment approaches that sit alongside committed and adequate government sourced funding can provide options for the diverse and coordinated services offer to be applied in communities with high social needs; and
- Enhancing the practice of leadership skills in communities with high social needs and the sustainability of community networks is an important element of effective work.