

Strategic Policy
Community Services Directorate
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Human Services Blueprint

Thank you for the opportunity to provide input to the development by the Community Services Directorate (CSD) of a Human Services Blueprint for the ACT. The Board of the Women's Centre for Health Matters (WCHM) wishes to offer some thoughts focused on governance and strategic issues, which are intended to supplement the more technical comments being provided by WCHM staff.

The context of our input is as follows. As you may know, WCHM is a community-based, not-for-profit organisation that aims to improve the health and wellbeing of women in the ACT and surrounding regions by using research, community development and health promotion. We work within a 'social determinants of health' model as advanced over many decades by the World Health Organisation and other respected agencies. This model understands health as the complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity, and requires consideration of causes and impacts of social, economic and other types of disadvantage, all of which have implications for health and wellbeing. Health is shaped by many factors including some that are recognised in the Blueprint Discussion Paper – demographic change, urbanisation, and availability of financial resources. We know that good health enhances quality of life, increases capacity for learning, strengthens families and communities, and improves workforce productivity. Likewise, actions to promote economic and social participation can significantly contribute to health as well as poverty reduction, social inclusion and security. WCHM is thus inherently interested in CSD's work to enhance Canberra's human services system. We have also delivered projects funded by CSD, and auspice other NGOs who are still developing.

Given the limited time provided for initial input, we wish to make five suggestions, which are explained below. In summary, we suggest that the Blueprint development process should:

- Be governed by an expanded set of Guiding Principles that include "evidence-based" and "cost-effective" as key design criteria;
- Give priority to identifying and capturing the array of data – including information on gender-specific service requirements and usage patterns – that is, and will continue to be, needed to target, monitor and evaluate the ACT's future human services;
- Be re-positioned from the outset as a "whole of government" strategy, rather than focusing initially only on programs delivered or funded by CSD. In particular, we think it is vital that the design of the ACT's human services should consider health, justice and transport policies and programs, and that Shared Services as well as Treasury representatives are involved to inform procurement and administration strategies;

- Develop procurement, partnering and ‘red tape reduction’ strategies in parallel with policy/program initiatives, so that implementation arrangements for the Blueprint are considered from the outset; and inform these strategies by seeking input from a diverse range of NGOs (including scope for their Board members to participate); and
- Explore some key questions that seem to us to arise from the background information provided in the Discussion Paper.

1. Guiding Principles

The WCHM Board suggests that the Blueprint’s Guiding Principles should be expanded to include “evidence-based” and “cost-effective” as key design criteria. These could be inferred from some components of the Discussion Paper, as well as being consistent with good practice in public policy. However, we believe it is important that these principles be explicit so that analyses drawing on those criteria are transparent. This is particularly important since it is likely that there will be diverse views among the community about what constitutes “cost-effective” service delivery, and when the design options are likely to include initiatives that – while instinctively appealing – may not yet have been properly evaluated.

2. Data on gender

There is strong evidence that gender intersects with disadvantage in many ways, so it is essential that gender (along with other variables relevant to disadvantage and well-being) is considered and measured as a key variable in the re-design of the Human Services system. For example, drawing just on several significant national reports released in recent weeks:

- The Productivity Commission’s latest report¹ “*An ageing Australia: preparing for the future*” recognises gender as a key variable in relation to outcomes that human services systems are intended to support, including participation rates and life expectancy.
- The COAG Reform Council report² ‘*Tracking equity: Comparing outcomes for women and girls across Australia*’ found that gender is a substantial factor in patterns of use and unmet demand for human services. It reported that women suffer financial disadvantage that “starts with lower salaries and continues to retirement”. Women from low socio-economic backgrounds, women with disability, and female carers are disproportionately affected by gaps in workforce participation and pay rates, which continue to impact women adversely beyond working age because they also lead to women having lower overall pay and smaller superannuation savings for women on retirement. Health inequalities exacerbate these issues, and are known to disproportionately affect Indigenous women, women from low socio-economic backgrounds, and those living in and regional and remote areas.
- In the health area, ABS research³ has found that females are more likely than males to delay seeing, or to not consult, general practitioners and dental professionals due to cost. Moreover, even when they do seek services, females are more likely than males to have to wait longer than acceptable for a GP appointment.

¹ http://www.pc.gov.au/_data/assets/pdf_file/0005/129749/ageing-australia.pdf

² http://apo.org.au/files/Research/COAGReformCouncil_TrackingEquityComparingOutcomesForWomenAndGirlsAcrossAustralia_Nov_2013.pdf

³ ABS Report 4839.0 - Patient Experiences in Australia: Summary of Findings, 2012-13

- The University of Canberra report⁴ *Marginalised Australians - Characteristics and Predictors of Exit over Ten Years 2001-10* which was funded by CSD found a higher proportion of women than men are living in marginalised circumstances. ‘Marginalisation’ describes a state in which people live on the fringes of society because they have limited access to the resources and opportunities needed to participate and to live a decent life. Marginalised people experience a complex, mutually reinforcing mix of economic, social, health and early-life disadvantage, as well as stigma. Two-thirds of the people who were marginalised at the outset of this study were women. And women were also significantly more likely to have remained marginalised over the 10-year course of this study: far fewer women than men succeeded in escaping marginalisation.

Please note that we focus on gender as a key data item because of WCHM’s role: we do not imply any lesser focus on other essential variables such as Indigenous identification.

However, we strongly believe that it will not be possible design a human services system that caters for the most vulnerable – much less to target scarce resources within it, or to enable the ongoing evaluation of the economic, social and human impact of the ACT’s services – unless robust data that can be disaggregated by gender is consistently collected and used. As discussed below, the data required should encompass collection of nationally comparable data on domestic and sexual violence and its impacts on demand for human services.

3. Whole-of-government approach to ACT’s Human Services system

Whole-of-government approaches are increasingly expected for complex public policy initiatives. While the WCHM Board was pleased to see that the Blueprint’s Taskforce and Core Design Team both include representatives from Directorates other than CSD, we think that approach needs to be strengthened, for two reasons that we discuss below

- To properly recognise the strong links between Human Services and Health arenas, in policy matters and because of the overriding financial issues related to health; and
- To include Directorates and perspectives to fill obvious gaps in current memberships, particularly in relation to transport.

Health has a unique connection with human services. The World Health Organisation⁵ (WHO) advocates a whole-of-government *Health in All Policies* (HiAP) approach to public policy-making, to enhance coherence and impact of policies for well-being and health. HiAP approaches, which are used by other Governments including in South Australia⁶, systematically take account of the consequences of public policies on health systems, determinants of health and well-being. WHO urges governments “to ensure that health considerations are transparently taken into account in policy-making, and to open up opportunities for co-benefits across sectors and society at large”.

Health also requires particular focus because of its fiscal significance. The Productivity Commission also reported in *An ageing Australia: preparing for the future* that “Major impending economic and social changes can create the impetus for new reform approaches not currently on the policy horizon. ... Wide ranging health care reforms could improve productivity in the sector that is the largest contributor to fiscal pressures. ... “Even modest improvements in this area (health) would reduce fiscal pressures significantly”.

⁴ http://www.canberra.edu.au/centres/ceraph/attachments/pdf/JC-Marg-report_2001-10.pdf

⁵ http://www.who.int/healthpromotion/conferences/8gchp/statement_2013/en/index.html

⁶ <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/health+in+all+policies+governance>

Transport is a crucial pre-requisite for enabling citizens, particularly disadvantaged people, to access community services. There is strong anecdotal evidence that transport limitations are currently seriously constraining women's ability to access human (and health) services in the ACT. We therefore suggest the Blueprint's Taskforce and Design Team be expanded to include officials from the Environment and Sustainable Development Directorate and the Territory and Municipal Services Directorate so transport can be considered from the outset.

We also note that, at the time of publication of the Discussion Paper, the **Justice and Community Safety** Directorate had not nominated its representative to the Design Team. We see the involvement of JaCS as crucial, because – as noted by numerous reports including the recent COAG Reform Council *Tracking Equity* report – the impacts of domestic and sexual violence are a key factor affecting wellbeing and health, and are the most common reason for using homelessness services. Not surprisingly, more women access specialist homelessness services than men do. However, *Tracking Equity* reported that adequate analysis and reporting is not yet possible because of the current lack of robust nationally comparable data on domestic and sexual violence. Disturbingly, it is clear that, despite ACT women being relatively less disadvantaged than other Australian women on various participation and health measures, proportionately more ACT women are homeless than the national average. The contribution of JaCS' expertise to the Blueprint process becomes very important in this context, particularly given the growing risk of unmet demand following recent de-funding of specialist homelessness services for women.

4. Procurement and red tape:

While the Discussion Paper recognises the importance of “reducing administrative burdens”, it is not as explicit as we would hope about the fact that burdens are increasingly being borne by NGO service providers as well as by consumers and funders. Regrettably, there are also some unfortunate statements about the NGO sector lacking business acumen. The WCHM Board is well aware of the continuing need for individual NGOs to develop business and other capabilities; but we are concerned by the Discussion Paper's apparent assumption that the sector *as a whole* lacks business acumen when in fact, there is a lot of acumen in the sector. We know our Board is only one of many in Canberra whose members include experienced company directors and professional service providers, and skilled people with professional qualifications in the law, accountancy, health, etc., and/or who are active members of professional bodies such as the AICD. Therefore, consultations regarding the Blueprint might usefully seek to engage Board Directors as well as paid staff of NGOs.

We suggest there is scope for productive discussion between Directorates as well as across sectors about how to build more cost-effective partnerships and to reduce 'red tape' including in procurement processes. For example, CSD could consider ideas proposed in the 2011 *Review of the ACT Community Sector of Mental Health Services*⁷. Having considered risks of duplication in current service arrangements, it recommended that ACT Health “examine improvements to tendering processes to reduce competitive characteristics between providers where collaboration is required and resources deployed for tendering, contract management and reporting”. It commented that, “A new environment of service integration and collaboration may render the existing approach of competitive tendering for new services obsolete or inappropriate. A move to a partnership model between (the Directorate) and community-managed ... services would promote a problem solving and shared responsibility for service outcomes over time. ACT Health will ... be interested in purchasing collaborative models of community ... support and organisations need to consider what this will mean for the way they currently do business. Activity based costing for services with clearly defined service obligations and outcomes may be a more appropriate in a partnership environment.”

⁷ <http://www.health.act.gov.au/health-services/mental-health-justice-health-alcohol-drug-services/mental-health-policy/review-of-the-act-community-sector>

5. Some key questions

Given all the above, and drawing on the background information in the Discussion Paper, the WCHM Board would like to suggest that the Blueprint development process should consider some key questions:

- Are CSD's program resources currently distributed in ways and through locations that align optimally to the ACT community's needs? What service gaps, or 'over-servicing' concerns, might need to be redressed as part of the Blueprint process?
- How might the ACT's unusual pattern of "masked" disadvantage influence the Blueprint's design of future delivery arrangements?
- Regarding the "three tiers" model of human services: are there benchmarks for the proportion of funding or effort that should be directed to each tier? How can CSD aim to get the right balance between prevention and early intervention (secondary services) and intensive supports (tertiary services)?
- How well are "mainstream" service organisations placed to meet the needs of particularly disadvantaged or vulnerable people (such as women with trauma legacies from domestic violence)? What evaluated evidence exists to demonstrate 'good practice' in contracting service providers to meet specialist needs?
- What strategies will be needed to develop the business performance, partnership and administrative capabilities of *all* players in the future human services system? Are there ways for officials and service deliverers and 'peaks' to learn together?
- Through what processes will changes to the service delivery footprint be trialled and evaluated?

The WCHM Board looks forward to seeing the Blueprint progress, and would welcome future opportunities to contribute.

Lauren Burke
Chairperson
WCHM Board