



1 June 2015

Tax White Paper Task Force
The Treasury
Langton Crescent
PARKES ACT 2600
ATTN: Mr Roger Blake, General Manager
Email: bettertx@treasury.gov.au

Dear Treasurer

Submission: Australian Government: Re-think Tax Discussion Paper

Women's Health West (WHW) is pleased to make this contribution in response to the Commonwealth Government's Tax Discussion paper, Re:Think, released in March 2015 and specifically in regard to not-for-profit sector.

WHW is incorporated under the Associations Incorporations Act 1981, is a Public Benevolent Institution with DGR status and is an equal opportunity employer with a VCAT Exemption A128/2012.

WHW has actively contributed to the health, safety and wellbeing of women and their children in the western metropolitan region of Melbourne since 1988. Our catchment encompasses the local government areas of Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley and Wyndham. Our core business includes the development and implementation of strategies to prevent, intervene and respond to the homelessness, ill-health, dislocation and trauma facing women and children who experience family violence. We are leaders in the development of regional strategies to further this work, seeing partnership within and outside the sectors in which we work as crucial for bringing about effective and sustainable outcomes for vulnerable families.

Our health promotion, research and development team offers a range of programs and projects targeted to prevention and early intervention strategies to improve outcomes for women and children's health, safety and wellbeing. A major organisational achievement has been the development of *Preventing Violence Together: Western region action plan to prevent violence against women* (2010). This coordinated, action-based collaboration between local government, community health and women's health services is designed to build sustainable environments through local initiatives for the primary prevention of violence against women and their children.

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Since 1994 WHW has delivered a wide range of effective high quality family violence services for women and children ranging from crisis outreach and court support, to housing establishment and crisis accommodation options, to counselling and group work programs. WHW has been an active and strong supporter of family violence reform at a regional and statewide level, integrating and coordinating family violence services in our region, and ensuring the integration of those services with a range of related sectors, including housing, employment, health, and child and family support. WHW is the women's health service for the western metropolitan region of Melbourne with our focus being on redressing the social, economic and political factors that limit the lives of women. Our mission is to work together for change – by supporting women and their children to lead safe and healthy lives and changing the conditions that cause and maintain inequity and injustice.

The western metropolitan region of Melbourne is a rapidly growing region in Victoria, with the population increasing by 39 per cent between 2001 and 2011. Comparatively, Victoria's population grew by 15 per cent over the same period; and the second fastest growing region was the southern metropolitan region of Melbourne at 19 per cent (HealthWest Partnership, 2015).

Key demographic characteristics of Melbourne's west include:

- significant disadvantage, with 5 of its 7 LGAs ranking in the top 15 most disadvantaged areas of metropolitan Melbourne;
- rapid growth in the outer LGAs of Wyndham and Melton;
- entrenched disadvantage in Brimbank, and gentrification in Moonee Valley and Maribyrnong;
- high levels of cultural diversity, with more than 50 per cent of residents in Brimbank speaking a language other than English at home;
- lower than metropolitan Melbourne average perceptions of community safety;
- higher reliance on welfare compared to metropolitan Melbourne; and
- significant diversity with 29 per cent of Melbourne's Aboriginal and Torres Strait Islander population, a large and diverse migrant and refugee population, and a higher than state-average population of women living with a disability (WHW, 2013).

The scope and reach of our services impacts not only on the clients of our services, but also our staff, the bulk of whom are employed from the region in which we are located; reflecting the demographics of that region. Offering competitive wages to women is a key method for improving pay equity, in turn crucial if we are to prevent violence against women before it occurs.

Our service statistics, shown in figures 1-3 below indicate an exponentially-rising demand for services from women and children who experience family violence.

Within this context, the social and community services sector employs one of the lowest paid workforces – and family violence services staff are particularly low paid even within this sector. The demand for services does not allow WHW to provide increased wages outside the funds available from government.

Court support 2009-2014)

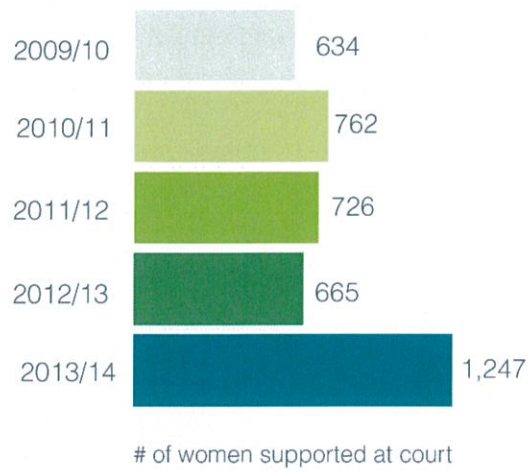


Figure 1: Court support data 2009–2014 (Source: WHW)

Police referrals (2006-2014)

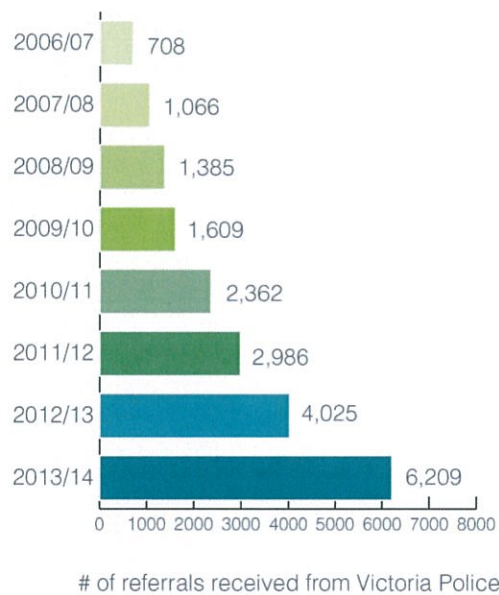


Figure 2: Police referrals data 2006–2014 (Source: WHW)

Comparing Women's Health West's family violence data over five years

PROGRAMS	2013-14	2012-13	2011-12	2010-11	2009-10
Access point and intake (# of contacts)					
Intake one-off telephone support	5,101	3,825	3,507	1,882	2,193
Intake appointments and drop in	374	366	328	361	191
Intake secondary consultations	673	755	1,068	748	825
24-hour crisis response (# of contacts)					
After hours	200	144	140	216	110
Business hours	427	344	127	75	N/A
Police referrals (# of clients)					
Weekday received	4,563	3,288	2,288	1,938	1,609
Weekend received	1,646	737	698	424	N/A
Total police referrals received	6,209	4,025	2,986	2,362	1,609
Outreach (# of clients)					
Court support	1,247	665	726	762	634
Case management	437	396	275	314	379
Crisis accommodation (# of clients)					
Refuge	55	59	43	51	79
Accompanying children	79	88	69*	199	237
CALD housing program	53	57	49	52	48
A place to call home	8	6	8	7	N/A
Counselling (# of clients)					
Children	205	149	103	110	86
Victim's assistance counselling program	50	29	48	44	39
Other programs (# of clients)					
Intensive case management	35	19	17	13	26
Private rental brokerage	32	32	35	46	39
Housing options	19	8	6	5	6
Safe at home	85	57	34	32	N/A

*Difference in number of accompanying children is due to a change in data collection (previously children were counted according to each program they accessed, current methods count them at a single point)

Figure 3: Family violence data 2009–2014 (Source: WHW)

Our ability to offer competitive wages is key to our ability to employ and retain skilled and experienced staff members. Access to a tax benefit afforded through salary packaging is one of the only methods available to WHW to meet our goal to support women and their children to lead safe and health lives, and change the conditions that cause and maintain inequity and injustice.

The key points in the paper relating to WHW are the role of tax concession to support the NFP sector, with an emphasis on the value of revenue forgone from the concessions, and the competitive advantage provided to some NFP agencies over their commercial competitors.

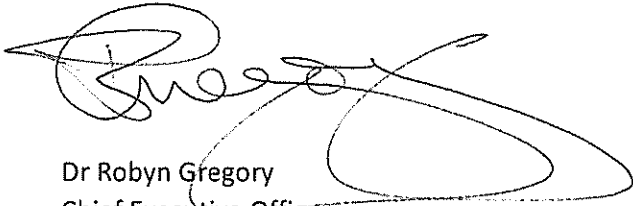
WHW are clear that the current taxation arrangements for workers in the NFP sector offer a more competitive wage than would otherwise be possible through funding alone. If removed, and for NPFs to continue offering the equivalent in wages, would require an increase in funding, a reduction in the quality of applicants with the requisite competence and skills in delivering crucial services to the community and/or a reduction in our ability to meet service demands.

As stated in the paper, the sustainability of the NFP sector is predominately dependent on the government so any change in the tax benefit will directly affect the services we are able to provide to the community.

The NFP sector provides crucial services in marginal areas. For-profit organisations do not provide services in this area as there is no profit to be had, with the cost of wages the greatest percentage of our costs. While we understand the limited financial resources of government, we are clear that the value of revenue forgone from the concessions should not be at the expense of supporting the community sector.

If this taxation benefit is removed, the only solution is to increase government grants to cover the loss of the benefit, or to replace the benefit by an alternative support that is fair and equitable. Until then, WHW are clear that retaining the current benefit as it stands is vital to our ongoing ability to provide much-needed services to women and children on behalf of government.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Robyn Gregory', written over a horizontal line.

Dr Robyn Gregory
Chief Executive Officer
Women's Health West