



Achieving equity for women and girls in the ACT

February 2023

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About ACTCOSS

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and/or Torres Strait Islander peoples. We celebrate Aboriginal and/or Torres Strait Islander cultures and ongoing contributions to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) advocates for social justice in the ACT and represents not-for-profit community organisations.

ACTCOSS is a member of the nationwide COSS Network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS's vision is for Canberra to be a just, safe and sustainable community in which everyone has the opportunity for self-determination and a fair share of resources and services.

The membership of the Council includes the majority of community-based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS advises that this document may be publicly distributed, including by placing a copy on our website.

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February 2023

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An ACT Government funded initiative.





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Acronyms

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACTCOSS	ACT Council of Social Service Inc.
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
CPI	Consumer Price Index
DFV	Domestic and Family Violence
GDP	Gross Domestic Product
GP	General Practitioner
LGBQW	Lesbian, Gay, Bisexual, Queer Women
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, +
WHM	Women's Health Matters
WPI	Wage Price Index
WWDACT	Women with Disabilities ACT



Introduction

The ACT Council of Social Service (ACTCOSS) welcomes this opportunity to make a submission to Third Action Plan of the [ACT Women's Plan 2016-26](#). Working towards gender equity requires active collaboration with the community sector to ensure services and programs are meeting the needs of vulnerable women and gender diverse people in Canberra.

Women and gender diverse people from diverse backgrounds and intersectional experiences face differing types of marginalisation and inequity in the ACT and require varied considered approaches and policies. The ACT Government needs to meaningfully engage with; people with disabilities, on low incomes, from migrant or refugee backgrounds, victims of domestic, family and sexual violence, Aboriginal and/or Torres Strait Islander peoples, and members of the LGBTQIA+ community. Without proper and targeted consultation with people experiencing disadvantage, the most vulnerable will continue to fall through the cracks.

Gender equity cannot be achieved without addressing the other forms of oppression that disempower and cyclically disadvantage vulnerable Canberrans. To meet commitments made in the ACT Women's Plan 2016-26, the ACT Government must ensure that all women and gender diverse people in the ACT can access necessary services and are supported to live in safe and inclusive communities whilst affording the cost of basics.

ACTCOSS also notes the high number of women working in the community sector. Without adequate funding for the sector, women will continue to experience pay gaps, and suffer without the support of services that ensure they have adequate shelter and food as well as access to healthcare and paid employment.

Alongside this submission we would encourage meaningful engagement with recommendations made by community organisations representing diverse communities, as well as the detailed submission provided by Women with Disabilities ACT (WWDACT).

Recommendations

ACTCOSS calls upon the ACT Government to take actions to improve outcomes for women and gender diverse Canberrans by investing in:

Health and wellbeing

- Compile a list of GPs and pharmacists who have the training and willingness to prescribe medical abortions (including clear indications of practitioners that are culturally sensitive, multilingual and/or LGBTQIA+ friendly and inclusive).



- Disseminate accessible and culturally sensitive information, education and community health promotion targeting women's health and gender diverse peoples' health
- Ensure affordability of reproductive healthcare including contraception, birth control and abortions
- Improve the timeliness of access to reproductive healthcare access including shorter wait times for appointments and streamlined referral pathways
- Incentivise GPs and specialists to provide bulk billing services in the ACT in the long term
- Provide free and ongoing access to period products in the ACT
- Invest more funding in community-managed health and mental health organisations
- Increase funding for perinatal wellbeing services

Safety and inclusion

- Establish a dedicated social planning unit within the Environment Planning and Sustainable Development Directorate
- Undertake a cost-benefit analysis on making public transport free in the ACT
- Develop a new, fully funded ACT Prevention of Violence Against Women and Children Strategy
- Provide additional funding to community-based specialist women's services including domestic violence services, community legal services and, housing and homelessness services

Leadership and workforce participation

- Invest in trialling Reproductive Health Leave and encourage other organisations in the ACT to do implement similar leave entitlements
- Invest in sectors dominated by women and gender diverse people including care and community sectors
- Conduct a fully funded trial of the four-day working week in the ACT, particularly including community service providers

Housing and homelessness

- Commit to a new affordable rental investment incentive scheme
- Invest in social and affordable housing to address the current and projected shortfall
- Investigate energy concessions reforms that are targeted and sufficient to meet need including modelling percentage-based energy concessions, and reviewing and expanding eligibility criteria

Appropriate and accessible services

- Implement all recommendations made in the ACTCOSS [Counting the Costs Report 2021](#)

Health and wellbeing



Affordable care

Women and gender diverse people in the ACT often have distinct specific needs in terms of healthcare. However, the general lack of affordable healthcare accessible in the ACT is of primary concern, creating an initial barrier to care. In 2021-22, we had the lowest rate of bulk-billed consumers in the country at 40.9%, compared with a national average of 65.8%.¹ The difficulty of booking an appointment with a GP in the ACT is made even more expensive with the highest out-of-pocket costs in the country at an average of \$48 per appointment, compared to a national average of \$42.²

Without accessible bulk billing, women and gender diverse Canberrans are forced to endure long wait times for medical appointments and/or consult unfamiliar and expensive healthcare providers. For people with disabilities this is a particularly significant obstacle due to increased likelihood of requiring frequent appointments and the need to discuss sometimes complex medical history. Additionally, for people on low incomes the shortage of bulk billing medical services necessitates seeking out unaffordable private providers or relying on emergency departments and walk-in centres. Canberran women and gender diverse people seeking inclusive and sensitive healthcare (particularly from a same-gender doctor) struggle even more so to access bulk-billing services given incredibly high demand and long wait times for reputable and suitable practitioners. To provide equitable and affordable healthcare, the ACT needs to incentivise the supply of bulk billing providers in the long term.

Inclusive care

People experiencing marginalisation or disadvantage (including Aboriginal and/or Torres Strait Islander peoples, CALD community members, victims of violence, people with disabilities, members of the LGBTQIA+ community and, young people) hold significant and founded concerns about encountering discrimination in interactions with healthcare providers. This means that they can feel unheard, ignored or treated poorly in services that are not trauma-informed or culturally sensitive.

Research conducted by the Women's Centre for Health Matters (WHM) and Meridian ACT in the ["This is what the real experience is like..." LGBTQW Report \(2019\)](#) highlights the difficulties of same gender attracted women in accessing appropriate healthcare. The report finds that sexual orientation can be a social determinant of health and wellbeing, and that LGBTQW (lesbian, gay, bisexual and queer women) often have distinct health needs from others as well as from each other. Where quality of health literacy, awareness of services, affordability and accessibility can be barriers to care for all women and gender diverse people, these issues are compounded by discrimination, stigma, and lack of sexuality/gender literacy for LGBTQW. The difficulty that LGBTQW reported in accessing inclusive

¹ Productivity Commission, *Report on Government Services: Primary and Community Health (10A.30)*, Australian Government Productivity Commission, 2023, accessed 22 February 2023.

² Productivity Commission, *Report on Government Services: Primary and Community Health (10A.31)*, Australian Government Productivity Commission, 2023, accessed 22 February 2023.



information and care is highly indicative of the experiences of intersectionally marginalised women and gender diverse people.

Finding services that are LGBTQIA+ safe and friendly, and/or culturally sensitive to the needs of multicultural and CALD communities is a sometimes prohibitively difficult and time intensive endeavour. Supporting the coordination of accessible directory lists of LGBTQIA+ friendly practices and multilingual practices is an important step for the ACT Government to take in ensuring all community members can receive inclusive and culturally sensitive treatment.

Reproductive healthcare

In [ACTCOSS' Submission to Inquiry into Abortion & Reproductive Choice in the ACT](#) we provide more detailed feedback regarding the barriers to accessible and affordable reproductive healthcare for people with the capacity for pregnancy. Showing a commitment to the health and wellbeing of women and gender diverse people requires that the ACT Government ensure contraceptives are affordable. Without access to free birth control, people with capacity for pregnancy face inequity and undue cost as well as hindrance on their rights to reproductive choice. In our submission we provide greater detail around the barriers to reproductive healthcare and abortions for CALD communities, Aboriginal and/or Torres Strait Islander peoples, victims of domestic, family and sexual violence, people with disabilities, members of the LGBTQIA+ community and young people.

Whilst we were pleased to see the announcement of funding for [free access to safe abortion services](#) in the 2022-23 ACT Budget, we still see the small number of GPs accessible (generally but also specifically trained to prescribe abortifacients) as a major barrier. In the ACT we have the second lowest number of full-time equivalent GPs per capita with only 99.3 doctors per 100,000 people, well below the national average of 120.7.³ With no easy way for consumers to identify which of the GPs are able to prescribe medical abortions and no incentives for GPs to undergo training, the approximate 2,933 'women of childbearing age' per prescriber struggle to access timely care.⁴

Period poverty

In [ACTCOSS' Submission to Inquiry into the Period Products and Facilities \(Access\) Bill 2022](#) we note the serious impacts of period poverty for Canberrans on low incomes facing rapidly increasing costs of living as well as people experiencing family violence and those without stable housing. Those experiencing period poverty lack access to sanitary products, menstrual hygiene education, clean toilets, hand washing facilities and/or appropriate waste management often resulting in feelings of shame.

³ Productivity Commission, *Report on Government Services: Primary and Community Health (10A.8)*, Australian Government Productivity Commission, 2023, accessed 22 February 2023.

⁴ MS Health, *Dispenser and prescriber program – July 2022 Update*, Melbourne, Australia: MSI Reproductive Choices, 2022, accessed 22 February 2023.



[Period Pride's 2021 'Bloody Big Survey'](#) found that 15% of ACT respondents had been unable to afford period products at some point in their life, and almost half of the survey's respondents reported using products longer than recommended on the basis of cost. [Share the Dignity's 2021 Annual Report](#) noted a clear impact from period poverty on educational achievement and outcomes as well as emotional and mental health. With an average menstruator having upwards of 450 periods in their lifetime and spending an average of \$20 a month on period products, this adds up to approximately \$10,000. For those living on income support this is an extraordinary expense.

The low rate of JobSeeker and other income support payments is the biggest cause of poverty in Canberra. Without raising the rate of income support people will remain in poverty and unable to cover the cost of basics including period products. Period products are an essential item for those who menstruate to be healthy, safe and comfortable in the community. Providing free and ongoing access to period products is a basic step towards greater equity for menstruators.

Funding community-managed health organisations

Recent years have brought significant increases in demand for mental health services, particularly following the COVID-19 pandemic and natural disasters. Whilst community demand has drastically increased, funding for Canberra's community-managed mental health services has halved, placing increased pressure on expensive acute mental health services. In the ACT's [2020-21 Health Needs Assessment](#), respondents indicated mental health as their most prevalent health concern, and identified lacking appropriate mental health services as the greatest service gap.

Research by WHM has found that 52% of women in the ACT include mental health as one of their top 3 health issues, and that almost a third of young ACT women (15-19 years) report psychological distress.⁵ We know that community-managed mental health services are imperative to the ACT's mental health system and to enabling Canberrans living with mental health conditions to live well, recover in their communities and achieve independence. By investing in these services the ACT Government can invest in the wellbeing of women and gender diverse people with mental health conditions who are currently being forced to rely on emergency department presentations and expensive acute mental health services in hospitals and dedicated facilities.

At present, underfunding has meant that many of the ACT's specialist community sector organisations are unable to recruit psychology or counselling staff. We know that many Canberrans delay or avoid seeing psychologists for their mental health due to cost. Research also indicates that 1 in 5 mothers experience perinatal

⁵ Women's Centre for Health Matters, *Mental Health Needs of Women*, [Mental health needs of women - Women's Health Matters \(womenshealthmatters.org.au\)](#), 2023, accessed 24 February 2023



anxieties, costing \$7.3 billion over a child's lifetime.⁶ Despite this demand, funding for perinatal wellbeing remains extremely low and investment in in-patient parent and baby care is urgently needed.

Safety and inclusion

Social planning

To improve safety and perceived safety outcomes for the community, there needs to be a dedicated commitment to social planning in the ACT. The inclusion of thoughtful social planning considering the needs of women and gender diverse people should inform decision-making around public transport, lighting, accessibility, space design etc. Livability and inclusion in Canberra could be better overseen by the statutory establishment of a dedicated social planning unit within the Environment Planning and Sustainable Development Directorate. A dedicated Social Planning Unit could exist as an oversight body to consistently engage and consult women and gender diverse people (as well as other marginalised groups).

Public transport

The cost of accessing public transport in the ACT is an active barrier to women and gender diverse peoples' access to transport. ACTCOSS has repeatedly made calls for the ACT Government to undertake a cost-benefit analysis on making public transport free in the ACT. For people on low incomes, cost of living pressures including high fuel prices means a greater need for free public transport. For women and gender diverse people with transport disadvantage including people with disabilities, and victims of domestic, family and sexual violence; greater isolation and a lack of flexibility exacerbates disadvantage.

Access to transport is a social determinant of health as well as an imperative enabler of freedom of movement. Providing free transport could be of major benefit to vulnerable Canberrans and enable countless women and gender diverse people to move freely, and access necessary health, wellbeing and support services.

DFV services

Prioritising the safety of women and gender diverse people, requires thoughtful intervention to prevent and address domestic, family and sexual violence. Development of a new, fully funded ACT Prevention of Violence Against Women and Children Strategy would not only meet national commitments but also create a necessary roadmap for future actions. This must include ensuring that frontline and community services are appropriately funded to meet client demand and provide

⁶ PwC Consulting Australia, [The cost of perinatal depression and anxiety in Australia \[PDF\]](#), Report prepared by PwC Consulting Australia for Gidget Foundation Australia, Perinatal Wellbeing Centre, PANDA and Peach Tree, November 2019, p 4, accessed 22 June 2021.



wraparound services. Providing additional funding to community-based specialist women's services including domestic violence services, community legal services and housing and homelessness services is a fundamental step towards improved outcomes.

Leadership and workforce participation

Community sector workforce

Noting that the ACT community sector workforce is 80% women, the underfunding of the community sector plays a role in maintaining a significant gender pay gap in Canberra.⁷ Investing in sectors dominated by women and gender diverse people is an incredibly important step in redressing wider patterns of disadvantage and poverty. As at May 2022, the gender pay gap in the ACT was 11.3%

In 2021, the gender pay gap in the ACT was 7.9%, and the Health, Care and Social Assistance industry made up the second highest gender pay gap nationally at 22.2%.⁸ ACTCOSS' [Counting the Costs Report 2021](#) found that the underfunding of the sector has a serious impact on community sector workers, but also more broadly on the whole economy. The Grattan Institute estimated that every 1% of GDP invested in care work increases direct, indirect, and induced employment by 1.7%.⁹

Gendered assumptions about skill contribute to consistent undervaluation of care, support and community sector work¹⁰. The Counting the Costs Report (2021) demonstrated the ongoing underfunding of care and support work as compared to activities performed in other occupations requiring similar skills. Forthcoming ACOSS research on staffing and demand for community sector services shows that organisations are consistently underfunded, and therefore have trouble attracting and retaining staff. Future funding arrangements should reflect the value, complexity, and contribution to the economy of the community sector.¹¹

⁷ ACT Government Community Services Directorate and the ACT Community Services Industry, [ACT Community Services Industry Strategy 2016-2026 \[PDF\]](#), ACT Government Community Services Directorate, July 2016, accessed 22 June 2021.

⁸ Workplace Gender Equality Agency, [Gender pay gap factsheet, August 2022](#), Australian Government, 2022, accessed February 2023.

⁹ D Wood, K Griffiths & T Crowley, [Women's work: The impact of the COVID crisis on Australian women](#), Grattan Institute, March 2021, p 38, accessed 22 June 2021.

¹⁰ Meagher, G., & Cortis, N. (2010). *The social and community services sector in NSW: structure, workforce and pay equity issues*. University of Sydney. https://www.researchgate.net/publication/299451983_The_Social_and_Community_Services_Sector_in_NSW_Structure_Workforce_and_Pay_Equity_Issues

¹¹ Cortis, N. & Blaxland, M (2020) *Challenges for Australia's Community Sector: ERO supplementation, fair funding for fair pay*. Sydney: ACOSS. https://www.acoss.org.au/wp-content/uploads/2020/02/ERO_snapshot_2020.pdf



Reproductive Health Leave

Workplace gender equity requires progressive steps towards inclusive workplace culture including embedding policies supporting reproductive health leave. Reproductive health leave recognises one of many gendered health impacts that can act as barrier to leadership and workforce participation. [Women's Health Matters' Reproductive Health Policy](#) offers a useful example of a trial aiming to empower people to take reproductive health leave (whether for menstruation, menopause, fertility treatments, pregnancy, miscarriage, or termination). By implementing reproductive health leave, including flexibility of work arrangements, medical appointments and leave entitlements workplaces can mitigate undue disadvantage faced by women and gender diverse people. The ACT Government should trial Reproductive Health Leave and encourage organisations in the ACT to do so as well.

Working arrangements

Gender equity outcomes in the workforce are undoubtedly linked to the need for flexible working conditions and prioritisation of broader community wellbeing. In the ACT Government's Inquiry into the Future of the Working Week, ACTCOSS recommended a funded trial of the four-day working week.

Reduced or flexible working hours have vast benefits including to staff wellbeing and retention levels, issues of major significance in the community and care sector given exceedingly high levels of staff burnout. Overseas trials of reduced worktime have produced improved outcomes for staff mental wellbeing, life balance, higher engagement, workplace conviviality, productivity, and stress. A [Swedish Care Sector 6-hour Working Day Trial](#) was conducted for healthcare and childcare workers, resulting in improved quality of life indicators including improved social connection, improved sleep and improved heart and respiratory health.

For people with caring responsibilities including parents, reducing worktime can have major implications for retaining employment and balancing responsibilities. We know that women (and other gestational parents) are more likely than men to take extended leave from employment to fulfil caring and childcare responsibilities. Increased opportunities for worktime reduction as well as flexible working arrangements are paramount to the increased leadership and workforce participation of women. The four-day working week could be a promising opportunity to improve the quality of life, gender equity outcomes and community engagement of the ACT community.

Trialling the four-day work week in the ACT community service-delivery sector would be a valuable investment in progressing towards gender equitable workplace arrangements, as well as producing better understanding of the best ways to approach work flexibility in service-delivery organisations. This pilot would of course be impossible without appropriate funding including a corresponding increase in community sector funding to match the need for consistent service provision.



Housing and homelessness

Increasing affordable housing supply

As the greatest cost of living pressure for low-income households in the ACT, housing is a critical area for investment and intervention. Building more social and affordable housing is essential to providing shelter, safety and stability to women and gender diverse people. Households in the two lowest income quintiles are considered to be in housing stress when spending more than 30% of gross household income on housing. The ACT has Australia's highest rate of rental stress among lower income private rental households at 61.3%.¹²

The high cost of private rentals in combination with the shortage of social and affordable housing in the ACT has created a chronic shortage of housing. The urgency of ACT Government investment in social housing is demonstrated by the current shortfall of 3,100 social housing properties, with an additional 8,500 social housing dwellings needed by 2036 to meet projected need.¹³ Further, the current shortfall of 2,400 affordable housing dwellings is accompanied by an additional 3,400 affordable housing dwellings required by 2036.¹⁴ ACTCOSS notes that this is a conservative estimate of the projected need, given the recent undercounting of the ACT population and current expectations for growth in the region.

Data from the AIHW found that 60% of the clients of Specialist Homelessness Services in 2020-21 were women, echoing 2016 ABS census data which found that 59% of people accessing ACT homeless services were women.¹⁵ In order to respond to chronic homelessness as well as the housing affordability crisis, the ACT Government needs to prioritise direct public investment in social housing. For vulnerable women, including those who have experienced domestic and family violence, stability of housing is an extremely important factor in preventing the accumulation of steep ongoing social and financial costs.¹⁶ We also know that

¹² Productivity Commission, 'Table GA.3 Proportion of lower income private rental households paying more than 30 per cent of income on housing costs, by State and Territory' [data tables], [Report on Government Services 2023: G Housing and homelessness](#), Productivity Commission, 2023, accessed 2 February 2023.

¹³ J Lawson, H Pawson, L Troy, R van den Nouwelant and C Hamilton, [Social housing as infrastructure: an investment pathway](#), AHURI Final Report 306, Australian Housing and Urban Research Institute Limited, 2018, p 63, accessed 22 June 2021.

¹⁴ L Troy, R van den Nouwelant & B Randolph, [Estimating need and costs of social and affordable housing delivery \[PDF\]](#), UNSW City Futures Research Centre, Sydney, 2019, p. 3, accessed 29 March 2022.

¹⁵ Australian Institute of Health and Welfare, 'Homelessness and Homelessness Services', [Homelessness and homelessness services - Australian Institute of Health and Welfare \(aihw.gov.au\)](#), AIHW, 7 December 2021., accessed 20 February 2023.

¹⁶ Equity Economics, [Nowhere to go: the benefits of providing long-term social housing to women that have experienced domestic and family violence](#), Equity Economics, 15 July 2021., accessed 5 May 2022.



ensuring affordable rents and security of tenure for people in social housing reduces their risk of homelessness by more than half.¹⁷

Energy efficiency

As ACTCOSS has noted in our joint submission to the [Australian Energy Market Commission's consultation on protecting customers affected by family violence](#) the relationship between financial and family violence and the provision of essential utilities is well documented. We advocate for a targeted assistance strategy and related concessions in the ACT that are gender informed and prevent further harm through disconnection or perpetuation of debt and poverty.

Across a number of submissions, ACTCOSS discusses the importance of prioritising equity on the ACT's pathway to electrification, particularly in preventing the reinforcement of disadvantage for people on low-incomes. Without targeted and appropriate measures and concessions, the ACT's gas transition will exacerbate systemic barriers and poverty. Without effective and accessible supports available for transition, the phasing out of fossil-fuel gas in the ACT is likely to leave low-income households (who cannot afford to transition) paying significantly increased gas prices due to the high costs of declining customers and rising wholesale prices.¹⁸ As a result, people with the least may be left paying the most.

We need to see targeted and sufficient energy concessions so that people are not forced to forgo other essential goods and services or limit energy consumption by living in harmful indoor temperatures.¹⁹ We know that women with children are placed in these situations, they will often choose to forgo food in order to ensure the bills are paid and their families are fed. The recent report from the COSS network and others on [reforming electricity concessions to better meet need](#) contains important recommendations on reviewing and reforming concessions so that they are adequately and sustainably targeted to need.

Appropriate and accessible services

Demand for Community Services

Achieving gender equitable outcomes in the ACT requires that women and gender diverse people can access the services and supports they require. The 2021 Australian Community Sector Survey found that 67% of ACT community sector staff, including CEOs and managers, reported increasing levels of poverty and

¹⁷ D Prentice and R Scutella, [What are the impacts of living in social housing? \[PDF\]](#), Technical Paper No. 1/18, Infrastructure Victoria, Melbourne, 2018, accessed 5 September 2020.

¹⁸ ACTCOSS, [2023 report - A Just and Inclusive Gas Transition in the ACT](#), ACTCOSS, Canberra, February 2023, accessed 2 February 2023.

¹⁹ SACOSS, [Reforming electricity concessions to better meet need: Summary Report](#), SACOSS, December 2022, accessed 15 January 2023.



disadvantage among the groups they support.²⁰ Almost four in five ACT respondents (78%) reported that levels of demand for their main service increased. In particular the ACT community sector reported the main challenges affecting the communities they support as: housing affordability and homelessness, cost of living pressures, a lack of COVID-19 financial support and inadequate Centrelink payments.

Funding Services

Despite incredibly high (and further increasing) levels of demand for community services funding levels have not increased, preventing appropriate levels of staffing and resourcing and thus, hindering the capacity of services to meet demand. ACTCOSS' [Counting the Costs Report](#) evidenced the ACT community sector's immense challenges in the face of increasing demand and rising costs. Without appropriate funding organisations have had to in some instances turn away clients.

As mentioned earlier in the submission (under 'funding community-managed health organisations'), the ACT Government needs to urgently respond to community demand by boosting funding to overworked community services and targeting funding to areas of unmet need. Community sector organisations are often times best placed to respond to the needs of women and gender diverse people across a broad range of services including DFV and sexual violence response, culturally sensitive mental health care, LGBTQIA+ support, health promotion, homelessness services etc. In order to maintain adequate staffing and service provision levels, community organisations and services urgently require investments in support, response, intervention and prevention services.

The ACT Government must likewise ensure that the approach taken to indexation is one of care and awareness for the long-term underfunding of the sector by ensuring all ACT community sector funding is indexed every six months in line with the CPI or WPI for the ACT. Maintaining high quality, accessible, appropriate and effective services for women and gender diverse people in the ACT is fundamental to safety and wellbeing.

²⁰ ACTCOSS, [2021 ACT community sector demand snapshot](#), ACTCOSS, 2021, accessed 2 May 2022.

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