

ADCA Response to the Federal Healthcare Reform Agenda

2 December 2009

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Executive Overview

The Alcohol and other Drugs Council of Australia (ADCA) and the Australian alcohol and other drugs (AOD) sector views the following three reviews/ taskforces as comprising the Federal Government's Healthcare Reform Agenda:

1. National Health and Hospitals Reform Commission (NHHRC)
2. Building a 21st Century Primary Health Care system (PHC), and
3. National Preventative Healthcare Taskforce (PHT).

On 1 September 2009, the Federal Government released the draft recommendations from the PHC and PHT process and released the NHHRC Final Report. Since then, the Federal Government has conducted a series of consultative meetings with various stakeholder groups around Australia and launched the yourhealth.gov.au website, which provides the general public with an opportunity to highlight areas of concern/ issues they wish to raise.

To date, there has been no formal approach or advice from Department of Health and Ageing (DoHA) to ADCA or the AOD sector to discuss the role of the sector in the overall consultation process, ADCA has prepared this paper to highlight specific concerns that stakeholders have expressed in relation to the recommendations from the reports.

ADCA feels it is important to ensure that the collective opinion of the AOD sector can be presented to Government. This collective response has been compiled by ADCA in close collaboration with the AOD NGO sector, and also draws heavily on ADCA's response to the Productivity Commissions' study into the Contribution of the Not-For-Profit Sector (see Attachment A). The Study's Draft Research Report has quoted ADCA extensively and a number of the quotes have been reproduced within this paper.

Consultation process

ADCA, at the request of the ADCA Policy Forum, on 26 June 2009 prepared a consolidated consultation paper which was circulated to the Policy Forum members on 29 September 2009.

The ADCA Policy Forum comprises the ADCA Board, representatives of each State/ Territory Peak AOD NGO Body, and the Chairs of the ADCA Working Groups. A full list of members is provided at Attachment A. Established as part of ADCA's Governance reforms in 2008, the Policy Forum provides ADCA with a deliberative, inclusive, and advisory forum to advise on key policy issues for the AOD sector.

ADCA received comment from some of its Working Groups and State/ Territory AOD Peak bodies on the issues raised in the initial consultation paper which have been incorporated into this consolidated response. On behalf of the Australian AOD sector ADCA is presenting this response paper to the Minister for Health and Ageing, DoHA staff, and the wider Health/ Wellbeing NGO sector.

ADCA has also noted the Ministerial Council on Drug Strategy Communiqué of 27 November 2009 outlined three main issues of concern for the AOD sector:

1. National Drug Strategy Consultation
2. Misuse of pharmaceutical drugs, and
3. Hidden harm of alcohol and other drug use

On behalf of the Australian AOD sector, ADCA is in a strong position to contribute to the three identified areas of concern.

ADCA's Pharmaceuticals Working Group can offer significant expertise in all aspects of pharmaceutical drug distribution, consumption and diversion into illicit use. ADCA believes this experienced Working Group can assist the Australian Health Ministers Conference to develop the consolidated national response and strategy discussed in the Communiqué.

ADCA aims to consolidate a sectoral response/ input into the hidden harm of alcohol and other drug use project. The AOD sector is well placed to provide significant empirical and anecdotal evidence from the perspective of service-delivery organisations in a wide variety of situational and cultural contexts. ADCA as the national peak for the AOD NGO sector would be well placed to assist this project.

General Comments

ADCA acknowledges the commitment made by the Federal Government to constructively engage the public in debate over the structure and focus of the national health system.

The speech by Prime Minister Rudd on 27 July 2009 outlining the rationale for healthcare reform noted that, if no change is made, healthcare costs will rise from roughly nine per cent to 12.4 per cent of GDP over the next two decades.

Critically for the alcohol and other drugs (AOD) sector, the Prime Minister's speech highlighted the disproportionate spend on acute (hospital) care. Currently the national health system spends just two per cent on prevention, but over 70 per cent on hospital care. Most AOD treatment is classified as non-acute care, and the non-acute care provided by the AOD NGO sector acts to prevent the need for more acute-care resources to be devoted to servicing AOD-related patients. As discussed in the following detailed response, ADCA and the AOD sector look forward to further clarification of the level of investment proposed for AOD non-acute care.

As a general comment, ADCA and the AOD sector are aware of a number of other Strategies/ Reports currently under development by the Federal Government. This includes the:

1. Men's Health Strategy
2. Women's Health Strategy
3. National Drug Strategy, and
4. National Youth Strategy.

Both ADCA and the AOD sector share concern that these strategies appear to be "siloeed" within different sections of the Health/ Government bureaucracy. From the perspective of the AOD NGO sector, alcohol and other drug use play a significant role in the creation and exacerbation of both chronic and short-term health harms and, as such, a more integrated approach to considering how to prevent alcohol related harms may provide better outcomes. For example, the AOD sector is of the

opinion that any preventative health strategy would benefit from extensive discussion of gendered approaches to targeting excessive alcohol consumption. Evidence shows that male and female alcohol consumption is different, and therefore cannot be targeted by a one-size fits all strategy.

ADCA also notes that the term of the current National Alcohol Strategy has expired. The AOD sector has not been informed regarding any timeline for development or extension of this strategy. In light of the current reform agenda, ADCA and the AOD sector believes that developing a new national strategy building on the recommendations on the reports and other strategies would be sound. ADCA, on behalf of the AOD sector is willing to work with Government and DoHA to progress this issue.

The Interim Report from the NHHRC defines AOD treatment as being one of the specialised services for “Primary Care”. As such, ADCA and the wider AOD sector believe that it is appropriate to provide input to Government and DoHA to progress informed debate.

In the following, ADCA has dealt with each of the three reports separately with significant comment reserved for the NHHRC Report.

NOTE:

For ease of consideration the 20 NHHRC recommendations highlighted by ADCA have been reproduced on pages 8 to 19. ADCA’s comments on each of the 20 recommendations are detailed and indented after each recommendation. These comments reflect the considered opinion of ADCA and our constituents’ submitted remarks.

Separate comment from highlighted stakeholder groups have also been provided below the appropriate recommendations. The Pharmaceuticals Working Group is one of eight bodies managed by ADCA which provide expert advice on a number of alcohol and other drug-related issues, the full list of ADCA Working Groups is found at Attachment B.

Starting at page 19 there is a discussion of potential AOD sector impacts of other NHHRC recommendations which ADCA stakeholders felt were important to highlight to Government.

1. Preventative Health Taskforce

The recommendations contained within the Preventative Health Taskforce Report were publicly endorsed by ADCA in a media statement on 1 September 2009. As noted in ADCA’s AOD sector consultation paper, the majority of the Taskforce’s Action Items accord with ADCA’s broad alcohol policies:

- **restricting both the physical and economic availability of alcohol.**
Reducing the economic availability through taxation and the physical availability may change consumption patterns in a way that will promote safer drinking.
- **limiting the way alcohol is advertised and marketed.**
The current system of self-regulation is not working, and more should be done to ensure advertising and marketing is appropriately directed and

controlled. These regulations need to address both what is being shown on broadcast media, as well as the positioning of products and promotional materials at the point-of-sale and how alcohol is discussed on the internet and through emerging technology.

- **introducing nutritional and health warning labels on all alcohol products.**

Consumers need to be informed at the “point-of-drinking” that the product they are consuming can have a serious impact on their health and well-being; that Alcohol is a drug –TOO! Warning labels could be similar in style to those on tobacco products. Also, alcohol is currently regulated as a food product and falls under the authority of Food Standards Australia and New Zealand (FSANZ) which has recently announced a review into food labelling laws. On behalf of the AOD sector, ADCA aims to prepare a submission to this review recommending that nutritional/ calorific labels should be applied to all alcohol products.

- **pre-approving alcohol advertisements by an independent Australian Communications Media Authority Division**

It’s imperative that advertisements promoting alcohol consumption be rigorously tested by experts from within the AOD, social marketing, and public health sectors to ensure they have NO strong or evident appeal to children, and do not suggest that alcohol contributes to personal, business, social, sporting, sexual or other success in life. ADCA has publicly supported the Ministerial Council on Drug Strategy (MCDS) in its communiqué of 24 April 2009 discussing reforms to alcohol advertising.

- **introducing comprehensive education programs to raise awareness of the dangers of alcohol.**

There is a need to educate children and society generally about the health risks of excessive consumption of alcohol to assist them with developing a better understanding of its effects. This needs to take place both in communities and through the media

ADCA does not support Action Item 4.2, as follows:

Develop the public interest case for minimum (floor) price of alcohol to discourage harmful consumption and promotes safe consumption.

As expressed in a joint Submission to the Australia’s Future Tax System (Henry) Review, ADCA and a number of other public health bodies are of the opinion that reforming the current exemption-riddled alcohol taxation system would bring greater benefit than simply setting a minimum price per standard drink. The Submission is available at:

http://www.adca.org.au/images/publications/alcohol_education_rehabilitation_foundation.pdf

ADCA maintains:

- *Alcohol should be taxed as alcohol regardless of its type or category;*
- *A premium above the standard rate of excise per unit of alcohol is sometimes warranted;*
- *The tax regime should encourage less harmful consumption by taxing alcohol content progressively; and*

- *The current value of alcohol taxes should be maintained and not erode over time, to ensure that the real price effect of taxation remains constant. (Future Tax Submission, 2008).*

Further:

It is good policy for a very low alcohol content product to be alcohol-tax-free. It is good policy to have a common low excise rate for low alcohol products. Products other than beer should have access to the low strength tax rate. It is important to encourage consumers to switch consumption to low strength alcohol products below 3.5 per cent alcohol content by volume. (Future Tax Submission, 2008).

ADCA notes that setting a ‘minimum’ price per standard drink could reduce the Government’s ability to encourage consumers and producers to shift towards lower-strength alcohol products. This is because there could be less scope to lower the alcohol tax rate on “very-low” and “low” strength alcohol products.

Rather than implement a blunt minimum price instrument, ADCA believes that careful econometric modelling and implementation of a non-linear progressive scale of taxation based on alcohol content as a percentage of volume would create better public policy and health outcomes.

ADCA recommends that concerns of excessive discounting by licensees which promotes risky consumption could be more effectively dealt with by creating nationally consistent and enforceable “Promotion of alcohol Guidelines”, similar to the Guidelines enacted by the NSW Government in 2008. This would be covered in the PHT report Action Items 1.1 and 1.3 dealing with harmonising State and Territory Liquor Licensing legislation.

2. Building a 21st Century Primary Health Care System: A Draft of Australia’s First National Primary Health Care Strategy

This Report follows the consultation process started by the Federal Minister for Health and Ageing in October 2008.

As discussed previously, AOD services have been defined as part of the Primary Health Care sector in the NHHRC interim report. As such, the priorities laid out in the report will impact on the non-government AOD sector.

The Final Report supporting the strategy notes that the Primary Health Care sector delivers services that meet the needs of most people requiring treatment for isolated episodes of ill-health. However, current systems are less successful at dealing with the needs of people with more complex conditions or enabling access to “hard to reach” (for multiple reasons) population groups.

As discussed in ADCA’s original consultation paper, ADCA and the AOD sector believes that the objectives of the Primary Health Care Strategy are contained in the NHHRC Recommendations. As such a detailed response has not been prepared.

3. National Hospitals and Healthcare Reform Commission

The National Hospitals and Healthcare Reform Commission (NHHRC) was commissioned by the Federal Government to provide recommendations on creating a more integrated healthcare system that would better focus on prevention. This may prevent the need to significantly raise health expenditure as the Australian population ages. Other aims of the Commission were to investigate ways to remove inequity in the health system, particularly to at-risk populations and to bridge the rural/ urban divide.

This report contains over 120 recommendations for Government compiled under three over-arching reform goals:

1. tackling major access and equity issues that affect health outcomes for people
2. redesigning our health system so that it is better positioned to respond to emerging challenges, and
3. creating an agile and self-improving health system for long-term sustainability.

Alcohol and Other Drug treatment services were defined as part of the Primary Health Care sector in the NHHRC Interim Report. Accordingly, of the 120 recommendations, ADCA has highlighted and responded to 20 recommendations which are believed to be relevant to the AOD sector.

No. 7. We support the delivery of wellness and health promotion programs by employers and private health insurers. Any existing regulatory barriers to increasing the uptake of such programs should be reviewed.

ADCA has advocated for a nationally consistent framework for employers to implement AOD prevention/ wellness schemes, including a workplace-specific web-based training for HR managers. ADCA is concerned about the resourcing levels that would be put behind this and whether the programs developed will use and update their evidence-base

Comments:

ADCA's Workplace Working Group (WG) shared the concerns around funding and noted that a lack of evidence regarding the effectiveness of workplace health promotion currently exists.

Both the Network of Alcohol and Drug Agencies (NADA) and the Western Australian Network of alcohol and other Drug Agencies (WANADA) believe that effective linkages to local AOD services are needed. This could enable the AOD sector to provide appropriate evidence for any Employee Assistance Plans (EAP), by using the local AOD sector knowledge base this may alleviate the concerns expressed by the ADCA Workplace WG.

No. 9. We recommend the establishment of an independent National Health Promotion and Prevention Agency.

ADCA notes that the Legislation for the National Health Promotion and Prevention Agency, *the National Preventative Health Agency Bill 2009* is still being considered by the Senate as at 30 November 2009. ADCA and the AOD sector support the intent behind this Bill. However, ADCA and the AOD sector hold significant concern over the level of funding in the establishment Bill. Hypothecation, or the explicit direction of taxation revenue for a specific

purpose, was endorsed by the Preventative Health Taskforce in Action Item 4.3. ADCA strongly endorses this Action Item and recommends that a proportion of resources from any increase in alcohol taxation should be directed to the National Health Promotion and Prevention Agency, and other organisations that work to reduce the burden of alcohol and other drug harm on our communities.

No. 16. *We recommend that, to better integrate and strengthen primary health care, the Commonwealth should assume responsibility for all primary health care policy and funding.*

ADCA and the wider AOD sector can see the value in centralising funding into one body at one level of Government. However, there are significant caveats to this support.

As noted in ADCA's Submission to the Productivity Commission and their *Contribution of the Not-For-Profit Sector Draft Research Report*, the shift to competitive tendering models of funding has resulted in significant hardship for NFP's in the AOD sector as they are now required to devote increasing resources to applying, monitoring, and complying with multiple funding agreements. This has also resulted in NGO's being less able to attract, retain, and develop staff resources.

ADCA and the AOD sector believes that centralising funding without addressing the burden of competitive tendering and providing additional funding will merely lead to further service rationalisation, to the detriment of AOD treatment services across the nation. There is also concern that this would result in further increasing the gap between NGO and Government service providers, reducing collaboration, referral, and care coordination.

The Productivity Commission quoted ADCA extensively throughout its Draft Research Report into the contribution of the not-for-profit sector regarding funding arrangements for the AOD NGO sector. ADCA stated:

It has to be acknowledged that fulfilling the complex administrative requirements currently put to not-for-profit organisations take up valuable staff time which otherwise could be spent on delivering the services that the not-for-profit organisations have actually been funded for. ADCA questions how overburdening small to medium sized not-for-profit organisations with red tape leads to improved accountability and efficiency of service provision. (sub. 123, p. 21)

No. 17. *We recommend that, in its expanded role, the Commonwealth should encourage and actively foster the widespread establishment of Comprehensive Primary Health Care Centres and Services. We suggest this could be achieved through a range of mechanisms including initial fixed establishment grants on a competitive and targeted basis. By 2015, we should have a comprehensive primary health care system that is underpinned by a national policy and funding framework with services evolving in parallel.*

ADCA and the AOD sector believe that creating primary healthcare centres may improve services for complex needs patients, and for marginalised constituencies.

However, there are significant caveats on this recommendation, with the NGO sector concerned about any potential rationalisation of services. There are also concerns regarding how best to accommodate the diverse AOD clientele (especially those with complex needs) base, difference in treatment methodologies, and what compliance burden this is likely to place on organisations if required to move to. There is also debate as to whether existing service delivery arrangements for AOD clients would need to change to fit into a shared care centre.

ADCA recommends that the Government should define exactly which services are believed would be appropriate to house in a shared care centre.

ADCA has expressed its belief that the current “competitive tendering” model of funding is antithetical to creating shared care centres. The Productivity Commission’s Draft Research Report quoted ADCA and others as such:

Many participants were also concerned that the focus on encouraging competition between providers has been at the expense of socially beneficial collaboration (PeakCare Queensland Inc., sub. 81; Southern Youth and Family Services, sub. 110; Alcohol and other Drugs Council of Australia, sub. 149).

No. 18. *We recommend that young families, Aboriginal and Torres Strait Islander people, and people with chronic and complex conditions (including people with a disability or a long-term mental illness) have the option of enrolling with a single primary health care service to strengthen the continuity, coordination and range of multidisciplinary care available to meet their health needs and deliver optimal outcomes. This would be the enrolled family or patient’s principle ‘health care home’.*

The sector shares ADCA’s “in principle” support for this recommendation. Note that both ADCA and the wider NGO sector have caveats over funding (as expressed in the response to Recommendation No. 17), client privilege, and privacy within a multi-disciplinary centre. The ADCA Pharmaceutical WG sees there may be benefits that accrue to “complex needs” clientele that have physical and AOD comorbidities from being housed/ serviced in a single primary health care service.

No. 20. *We recommend improving the way in which general practitioners, primary health care professionals, and medical and other specialists manage the care of people with chronic and complex conditions through shared care arrangements in a community setting. These arrangements should promote good communications and the vital role of primary health care professionals in the ongoing management and support of people with chronic and complex conditions in partnership with specialist medical consultants and teams who provide assessment complex care planning and advice.*

The AOD sector has indicated broad support for this recommendation. However, there are some concerns around a General Practitioner (GP)-centric model as experience has shown that there are considerable difficulties in finding a GP who is willing to address AOD issues. Consultation to develop commonly agreed definitions of share care between GP's, specialists, and non-specialist community healthcare sectors must take place. Without this consultation, shared care agreements are likely to be inadequate. ADCA and the AOD sector believe that the DoHA National Comorbidity Initiative may be an appropriate starting position to establish such consultation processes. ADCA is willing to represent the views of the AOD sector to the Comorbidity Initiative.

Pharmaceuticals WG Comments:

The Pharmaceuticals WG believe that Addiction Medicine needs official recognition as a medical speciality, similar to obstetrics or surgeons. This would enhance referral pathways for primary care givers. They also consider that this speciality designation would promote the creation peer-to-peer networks for a shared clinical language, and shared care arrangements. This would, the WG believes, create more efficient treatment outcomes for patients, as the field would promote best-practice and establish consistent treatments. This would need significant Government and Tertiary support to create a clear path for interested people.

No. 27. *We recommend development and adoption of National Access Targets for timeliness of care. For example:*

- *Drug and alcohol treatment: within 1 month following referral.*
- These National Access Targets should be developed incorporating clinical, economic and community perspectives through vehicles like citizen juries and may evolve into National Access Guarantees subject to ensuring there is no distortion in allocation of health resources.*

There is no consensus within the AOD sector regarding the appropriateness of the suggested timeline. ADCA is concerned about arbitrary timelines being mandated without adequate consultation. This issue is also heavily linked to appropriate resourcing. The AOD sector also has strong concerns with tying funding to National Access Targets. It is advised that there are significant gaps in AOD services which could make such timelines impossible for service-delivery organisations to maintain.

Without consultation and resourcing, ADCA is concerned that the AOD treatment organisations may move towards quantity of care, rather than quality of outcomes.

No. 28. *A share of the funding potentially available to health services should be linked to meeting (or improving performance towards) the access targets, payable as a bonus.*

No. 29. *We recommend there be financial incentives to reward good performance in outcomes and timeliness of care. One element of this should be for timely provision of suitable clinical information*

Discussion on these recommendations is contained in discussion at No. 27, no page 11. ADCA and the AOD sector have considerable concerns over the proposal to tie funding and incentives to National Access Targets. Consultation is needed to ensure AOD sector participation and compliance.

No 37. *The visibility of and access to, sub-acute care services must be increased for people to have the best opportunity to recover from injury or illness and to be restored to independent living.*

- *Funding must be more directly linked to the delivery and growth of sub-acute services;*
- *A priority focus should be the development of activity-based funding models for sub-acute services (including the cost of capital), supported by improvements in national data and definitions for sub-acute services; and*

The use of activity-based funding complemented by incentive payments related to improving outcomes for patients

The consensus is that this funding model could act as a “best-practice” motivator to reward innovative service delivery agencies. However, there are concerns that the AOD sector may have trouble showing innovation and increasing success in a field which is beset by a range of comorbidity issues such as mental health, personal circumstances, legal difficulties etc. ADCA and the wider AOD sector recommends further consultation regarding any funding model.

There is concern regarding the linking of AOD activity to the National AOD minimum data set (MDS). This MDS does not have agreed and consistent definitions for treatment episodes and does not take into account the breadth of the AOD NGO sector.

ADCA holds further concerns that this funding mechanism could create another method by which competitive tendering for funding is retained. The Productivity Commission quoted ADCA as stating:

ADCA strongly recommends that funding providers move away from competitive tendering processes as these often present an impediment for not-for-profit organisations to gain access to additional financial resources rather than a welcomed, easily accessible opportunity to secure additional funding. Competitive tendering processes should be substantially reduced so that service providers can solely focus on delivering their services efficiently and effectively, and grants should be given to service providers based on a qualitative assessment of their service provision. (sub. 123, p. 20)

No 40. *We recommend planning and action to ensure that we have the right workforce available and trained to deliver the growing demand for sub-acute*

services, including in the community. Accordingly, we support the need for better data on the size, skill mix and distribution of this workforce, including rehabilitation medicine specialists, geriatricians and allied health staff.

The consolidated view of the AOD sector is that there is a sound body of evidence on the nature and constitution of the AOD workforce. Recent surveys have been completed in New South Wales (NSW), South Australia (SA), Western Australia (WA), and the Australian Capital Territory (ACT). These surveys and other data will aid the AOD sector in future workforce planning issues.

However, ADCA recommends that the Federal Government develop a comprehensive workforce development strategy under the National Drug Strategy. Recent Workforce surveys from NSW and WA have highlighted that the AOD sector is currently poorly remunerated, staff are older than the main stream workforce, and more are part-time. These are critical issues for the AOD sector as it plans workforce strategies to meet anticipated future service-growth demand.

Any proposed strategy should include a national minimum qualification set under the Australian Qualification Framework.

ADCA raised further concerns regarding the AOD workforce in its submission to the Productivity Commission's Contribution of the Not-for-profit Sector Draft Research Report:

Portability of long service leave ... when moving from employment in the public sector to the non-government sector as well as appropriate training and skills development opportunities could attract people to join the NGO workforce. (sub. 123, p. 5)

This issue is critical to the AOD workforce. Numerous reports have highlighted the difficulties faced by AOD NGO organisations in attracting and retaining staff, compared to the Public Sector.

No. 58. We recommend that the Commonwealth Department of Health and Ageing take a lead in the inter-sectoral collaboration that will be required at the national level to redress the impacts of the social determinants of health to close the gap for Aboriginal and Torres Strait Islander (ATSI) peoples.

The AOD sector believes that additional collaboration may reduce ATSI AOD issues. ADCA and the sector strongly supports this recommendation as it is believed that this has the potential to reduce duplication in funding sources for organisations which provide both ATSI and non-ATSI services. It is hoped that implementing such a recommendation would also streamline the diverse State/Territory and Federal Government Department reporting accountabilities, refer Recommendation No. 16.

ADCA and the broader AOD sector believes that existing ATSI agencies such as the Aboriginal Drug and Alcohol Council (ADAC), and the Aboriginal Medical Service (AMS) could provide critical sources of information/ data which would enable DoHA to satisfactorily achieve this recommendation.

WANADA Comment:

All AOD services need to improve cultural awareness of ATSI issues, not to minimise the efforts of ATSI specific services, but to complement their efforts. There is a need to ensure the autonomy of NGO services, support peer networks, and advocate increasing empowerment.

No 63. *We recommend additional investment includes the funding of strategies to build an Aboriginal and Torres Strait Islander health workforce across all disciplines and the development of a workforce for Aboriginal and Torres Strait Islander health.*

ADCA and the AOD sector support this recommendation. It is noted that this is a long-term strategy and so needs a high level of support over a number of years. This recommendation complements No. 58, and as such, comments provided by the AOD sector should also be taken into account here.

No. 66. *Care for people in remote and rural locations necessarily involves bringing care to the person or the person to the care. To achieve this, we recommend:*

- *Networks of primary healthcare services, including Aboriginal and Torres Strait Islander Community Controlled Services, within naturally defined regions;*
- *Expansion of specialist outreach services – for example, medical specialists, midwives, allied health, pharmacy and dental/ oral health services;*
- *Telehealth services including practitioner-to-practitioner consultations, practitioner-to-specialist consultations, teleradiology and other specialities and services;*
- *Referral and advice networks for remote and rural practitioners that support and improve the quality of care, such as maternity care, chronic and complex disease care planning and review, chronic wound management, and palliative care; and*
- *'on-call' 24-hr telephone and internet consultations and advice, and retrieval services for urgent consultations staffed by remote medical practitioners.*

Further, we recommend that funding mechanisms be developed to support all these elements.

This recommendation has received high levels of support from the AOD community. ADCA notes that there is typically low/ poor representation of AOD services in rural/ remote areas, and the AOD sector is concerned to ensure that appropriate levels of resourcing are provided for these clients/ service organisations.

ADCA is concerned that this recommendation also takes account that there is no “one size fits all” solution for rural/ remote AOD issues. The AOD sector would be hesitant to recommend only one model of teleservicing/ web-based treatment modality for rural/ regional areas.

In ADCA's submission to the Productivity Commission, ADCA discussed the burden that competitive tendering places on smaller rural/ regional organisations. The Draft Research Report quoted ADCA as stating:

Competitive tendering processes are inherently disadvantageous to smaller and local NGOs and favour larger nationalised bodies who may have a poor understanding of local factors and relationships critical to achieving real outcomes. (sub. 149, p. 1)

No. 88. *The Healthy Australia Accord would incorporate the following substantial structural reforms to the governance of the health system:*

1. *The Commonwealth Government would assume full responsibility for the policy and public funding of primary health care services. This includes all existing community health, public dental services, family and child health services, and alcohol and drug treatment services that are currently funded by state, territory and local governments.*
2. *The Commonwealth and state and territory governments would move to new transparent and more equitable funding arrangements for public hospitals and public health care services as follows...:*
 - *The Commonwealth Government would pay 40 per cent of the efficient cost of care for every episode of acute care and sub-acute care for public patients admitted to a hospital or public health care facility for care, and for every attendance at a public hospital emergency department; and*
 - *As the Commonwealth Government builds capacity and experience in purchasing these public hospital and public health care services, this approach provides the opportunity for its share to be incrementally increased over time to 100 per cent of the efficient cost for these services. In combination with the recommended full funding responsibility by the Commonwealth Government for primary health care and aged care, these changes would mean the Commonwealth Government would have close to total responsibility for government funding of all public health care services across the care continuum – both inside and outside hospitals. This would give the Commonwealth Government a comprehensive understanding of health care delivery across all services and a powerful incentive – as well as the capacity – to reshape funding and influence service delivery so that the balance of care for patients is effective and efficient.*
4. *The Commonwealth Government would assume full responsibility for the purchasing of all health services for Aboriginal and Torres Strait Islander people through the establishment of a National Aboriginal and Torres Strait Islander Health Authority.*

The Commonwealth, State and Territory governments would agree to establish national approaches to health workforce planning and education, professional registration, patient safety and quality (including service accreditation), e-health, performance reporting (including the provision of publicly available data on the performance of all aspects of the health system), prevention and health promotion, private hospital regulation, and health intervention and technology assessment.

The AOD sector supports these reforms, however support is not without qualifications. ADCA and the AOD sector are concerned about possible forced service rationalisation/ movement to fit administrative demands. There is also concern over how differing, but valid AOD treatment methodologies, will be qualified by the Commission. The AOD sector believes that no one form of treatment is likely to be preferred by the Commission.

AOD organisations wish further consultation as to how these reforms will harmonise/ minimise the administrative and compliance burden on AOD service delivery organisations. ADCA is also concerned that there is no mention of health promotion in this recommendation. How will organisations that engage in both health promotion and provide treatment be adequately compensated?

Further, ADCA is concerned that any new policy process undertaken by the Government accurately reflects the contribution of the AOD NGO sector. The Productivity Commission quoted ADCA in its Draft Research Report into the Not-For-Profit Sector as stating:

'... questioned how well the Non-Profit Institutions Satellite Account by the ABS reflects the economic contribution of the whole not-for-profit sector'.

Similarly, ADCA was quoted in the Commission's Report discussing the current accounting and reporting requirements as:

The not-for-profit sector has not only witnessed a movement towards more competitive funding arrangements but also a development of governments increasingly demanding greater accountability for the use of funds and for service delivery. Over time, not only the demand for health and social services and thus the workload of many not-for-profit organisations increased, but also the red tape associated with receiving government funds. In many cases, administrative requirements becoming more frequent and complex has not been accompanied by funding increases which would enable employing additional staff to tackle the increased administrative burden without having to move frontline workers off-shore. (sub. 123, p. 21)

The AOD sector is concerned that discussions around new funding/ governance/ reporting arrangements should take full account of the Productivity Commission's Report into the contribution of the not-for-profit sector.

No. 100. *We recommend a new education framework for the education and training of health professionals:*

- *Moving towards a flexible, multi-disciplinary approach to the education and training of all health professionals;*
- *Incorporating an agreed competency-based framework as part of a broad teaching and learning curricula for all health professionals;*
- *Incorporating an agreed competency-based framework as part of broad teaching and learning circular for all health professionals;*
- *Establishing a dedicated funding stream for clinical placements for undergraduate and postgraduate students; and*

Ensuring clinical training infrastructure across all settings (public and private, hospitals primary health care and other community settings)

ADCA's workforce policy of 2008 is broadly in line with this recommendation. However, there is concern that no discussion of funding apart from clinical placements has been mentioned in the recommendation. The sector believes that appropriate recognition should be given to the entire spectrum of tertiary education service providers, from University level through to Vocational Education and Training (VET) services.

As mentioned in response to Recommendation 20, on page 11, ADCA's Pharmaceuticals WG recommends instituting an Addiction Medicine speciality. It is believed that providing appropriate specialisation and training pathways may improve knowledge of AOD addiction issues and ultimately lead to better patient treatment outcomes.

Pharmaceuticals WG Comments:

A new education model provides the opportunity to advocate the need for better preparation for real-life clinical practice. Encourage health practitioners to seek underlying problems when people seek treatment for presenting compliant and to address and manage these problems.

Currently there are Mental Health Item numbers where higher training/ specialisation in Mental Health allows access to additional Medicare/ Government numbers/ payments regarding Cognitive Behavioural Therapy training. This could be expanded into AOD training and services within the various Mental Health Item numbers, as there are significant comorbidities between ADO and Mental Illness. This could also act to incentivise AOD workers and organisations to invest in staff training which may improve patient outcomes and increase organisational remuneration.

Consideration should be made to incorporate feed back loops to doctors about their prescription habits of drugs of addiction, for both private and NHS scripts.

Additional training at all levels needs to be provided on Use of Pharmaceutical Drugs Subject to Abuse, including allied health professionals, doctors, nurses, and others.

No 109. *To enhance the spread of innovation across public and private health services we recommend that:*

- *The National Institute of Clinical Studies broaden its remit to include a 'clearinghouse' function to collate and disseminate innovation in the delivery of safe and high quality health care;*
- *Health services and health professionals share best practice lessons by participating in forums such as breakthrough collaboratives, clinical forums, health roundtables, and the like; and*

A national health care quality innovation awards program is established.

ADCA currently operates the National Drugs Sector Information Service (NDSIS), a national information service for AOD professionals. ADCA believes that a coordination role rather than a full clearinghouse functionality would enable the National Institute of Clinical Studies to leverage off existing knowledge contained in ADCA and other like bodies.

ADCA's NDSIS could assist the Institute to coordinate and disseminate AOD information to the broader Health/ Wellbeing sectors.

The question remains as to how is this clearinghouse function going to link into the already existing libraries and other clearinghouses to more fully exploit existing knowledge-bases without "reinventing the wheel"?

ADCA considers that there are existing national AOD resources that could be better combined and consolidated, which could save on establishment and administration costs and enable resources to be more effectively allocated.

No. 112. *To drive improvement and innovation across all areas of health care, we recommend that a nationally consistent approach is essential to the collection and comparative reporting of indicators which monitor the safety and quality of care delivery across all sectors. This process should incorporate:*

- *Local systems of supportive feedback, including to clinicians, teams and organisations in primary health services and private and public hospitals; and Incentive payments that reward safe and timely access, continuity of care (effective planning and communication between providers) and the quantum of improvement (compared to an evidence base, best practice target or measured outcome) to complement activity-based funding of all health services*

The AOD sector broadly supports this recommendation. It is believed that a national approach would be able to identify gaps and provide a mechanism for Government to direct future funding/ resourcing.

However, the AOD sector is also aware of a significant number of reports showing that the Healthcare system at present is under-resourced and, due to the lack of resources, quality and accuracy of data sets in the AOD and wider healthcare reporting systems are less than ideal. ADCA is of the opinion that proper resourcing to establish quality base lines is needed before data sets are used.

No. 113. We also recommend that a national approach is taken to the synthesis and subsequent dissemination of clinical evidence/ research, which can be accessed via an electronic portal and adapted locally to expedite the use of evidence, knowledge and guidelines in clinical practice.

ADCA's NDSIS encourages the spread of evidence-based clinical research which is already accessible by ADCA members. Further issues for the AOD sector are how to adequately resource the NDSIS to move towards e-learning. This relates to appropriate infrastructure and staff training to enable information to be pro-actively disseminated throughout the AOD sector. ADCA currently considers that the resource base for the NDSIS is inadequate to further proactively up-skill the national AOD sector with the latest evidence.

Similar to the response to Recommendation 112 and 109, ADCA and the AOD sector believes that there is significant scope to engage with existing data/ resource providers to establish the current evidence base before commissioning new research or projects with regard to AOD information/ resource dissemination.

No. 120. *We recommend that the Commonwealth Government mandate that the payment of public and private benefits for all health and aged care services depend upon the ability to accept and provide data to patients, their authorised carers, and their authorised health providers, in a format that can be integrated into a personal electronic health records, such that:...*

- *Other health service providers – including general practitioners, medical and non-medical specialists, pharmacists and other health and aged care providers – must be able to transmit key data by 1` January 2013; and*

All health care providers must be able to accept and send data from other health care providers by 2013

ADCA holds concerns about privacy and AOD records, as well as resourcing levels. There is the potential for this to be seen as another level of administration that is imposed on service providers without adequate recompense for the additional burden. This could lead to a sub-optimal system as service providers are compelled to add another layer of reporting, diverting staff resources from treatment, for the same level of financial compensation.

ADCA and the AOD sector are also concerned to ensure that the AOD workforce is appropriately up-skilled to fully implement this recommendation without eHealth creating an onerous administration/ compliance burden.

ADDITIONAL RECOMMENDATIONS FROM THE AOD SECTOR

As noted previously, the following discussion contains comments made by ADCA stakeholders on other recommendations that have bearing on the Australian AOD Ngo sector. ADCA has included these comments to provide further input into the Government's response process.

Western Australian Network of Alcohol and other Drug Agencies Comment

The WANADA believes the following recommendations also merit further consideration:

No. 114 *As part of accreditation requirements, we believe that all hospitals, residential aged care services, and Comprehensive Primary Health Care Centres and Services should be required to publicly report on progress with quality improvement and research.*

WANADA is concerned about resourcing for this public reporting and issues with effectiveness of generic accreditation processes.

Nos 71 – 82 *These Recommendations specifically discuss mental health.*

WANADA believes that AOD dependence is classed as “supporting people living with mental illness” due to high levels of comorbidities.

ADCA supports the mental illness recommendations contained in the NHHRC Report. However, ADCA is of the opinion that it is not a priority for direct response due to the many other AOD-specific issues around other NHHRC recommendations discussed in this response.

No. 67 We recommend that a patient travel and accommodation assistance scheme (PATS) be funded at a level that takes better account of the out-of-pocket costs of patients and their families and facilitated timely treatment and care.

WANADA makes the point that PATS is not flexible enough for AOD consumers and needs reviewing. ADCA agrees with this point, and also agrees that funding levels need to be addressed to more accurately reflect the substantial costs incurred by remote/ rural people accessing healthcare.

No. 62 We recommend that accreditation processes for health services and education providers incorporate, as core, specific indigenous modules to ensure quality clinical and culturally appropriate services

WANADA believes that off-the-shelf quality processes do not fit with ATSI services. A specific Indigenous training module is supported by WANADA.

ADCA is of the opinion that this point is discussing placing Indigenous modules in all training/ accreditation process, not just ATSI specific. This could enable better cultural understandings.

No. 60 Strengthening Community Controlled Health Services to provide comprehensive primary health care services.

The Community Controlled Health Services (CCHS) in WA have a strong AOD focus. WANADA strongly supports this recommendation as a way of gaining extra funding to address ATSI AOD funding gaps.

Nos. 22 & 23 – healthy start to life, discussing addressing health promotion and primary care for pre and post-natal care of families.

WANADA believes this recommendation could benefit with discussion of Foetal Alcohol Spectrum Disorder (FASD) and social determinants of alcohol.

ADCA agrees with WANADA's point, but believes there are more critical AOD-specific issues in the NHHRC Report.

No. 19 Performance payments for prevention in primary care.

WANADA believes that this element is important, and ADCA supports further work on this recommendation.

No. 15 Social determinants of health.

WANADA believes that this is consistent with the PHT report and ADCA's position. ADCA believes it has addressed this issue in terms of Alcohol in the PHT Report.

Nos. 10 – 12 & 14. Discussing health literacy and personal responsibility for health care plus carers.

WANADA and ADCA are of the opinion that these issues are dealt with by the PHT Report and will be specifically discussed by the proposed National Preventative Health Agency.

No. 8 Healthy Australia Goals.

WANADA believes that ADCA and the AOD sector should support inception of national targets for health, similar to the Preventative Health Taskforce *Healthy Australia 2020* goals.

ADCA is pleased to support this noting strong support has already been given to the PHT Report recommendations on alcohol.

No. 6 Developing healthy community data sets.

WANADA believes the AOD sector should support this. ADCA has provided support for increasing the AOD data sets in other recommendations throughout this response.

Pharmaceuticals Working Group

The Pharmaceuticals WG believes that ADCA and the AOD sector should give strong support to the eHealth recommendations 115-123. ADCA has already highlighted support for recommendation 120. Following are supporting comments from the WG:

In addition, the Pharmaceuticals Working Group wish to draw to your attention the importance of the range of recommendations regarding eHealth (recommendations 115-123) in reducing pharmaceutical misuse. We strongly support a system that would enable real time monitoring of pharmaceutical drug supply.

This would enable coordinated medication management, whereby each individual health care professional (prescribers and pharmacists) and every individual, would have a unique health care identifier, and their medication supply history would be available to each prescriber and pharmacist at the time of prescribing/dispensing or supply. This would provide a platform for enabling informed decisions about safe prescribing/dispensing to be made, and avert supply to drug-seeking patients attending multiple prescribers.

If this data set was also available to regulatory authorities, they would also be able to identify problem prescribers and pharmacists, or patients at risk because of high dose or other problems, or are receiving large quantities of drugs that require further investigation.

Comments on the Productivity Commission's Draft Research
Report on its Study of the Contribution of the Not-for-Profit Sector
25 November 2009

Executive Overview

The Alcohol and other Drugs Council of Australia (ADCA) is the national non-government, not-for-profit peak body for the alcohol and other drugs (AOD) sector, providing an independent voice for people working to reduce the harm caused by alcohol and other drugs. As the national peak body, ADCA occupies a key role in advocating for adequate infrastructure support and funding for the delivery of evidence-based alcohol and other drug (AOD) initiatives. In this regard, ADCA represents the interests of a broad group of AOD service providers and individuals concerned with prevention, early intervention, treatment, supply reduction, and research.

ADCA wishes to congratulate the Productivity Commission on its Draft Research Report and welcomes the majority of draft recommendations made in this report. ADCA was pleased to see that its comprehensive initial submission (sub. 123) has been quoted extensively in the Draft Research Report, and that key recommendations made in ADCA's submission have been adopted.

ADCA considers the recommendations made by the Commission in its Draft Research Report to be substantial, far-reaching and adequately addressing the complex issues the NFP sector is faced with, and subsequently urges the Federal Government to adopt the majority of them. Adopting the Commission's key recommendations would formalise the Government's commitment to enhance relationships with the Third Sector, deregulate not-for-profit organisations' operations, and streamline their reporting requirements.

ADCA believes that the adoption of the majority of recommendations is imperative if the not-for-profit sector is to maximise its outcomes, and thus its contribution to social inclusion. At present, not-for-profit organisations face too many operational impediments to work most effectively and efficiently. Streamlining administrative and reporting requirements in order for NFPs to be able to focus on delivering the services they have been contracted for, would appropriately acknowledge their contribution to enhance social inclusion.

ADCA considers recommendations made in chapter 11 on improving the effectiveness of direct government funding as well as the comprehensive set of recommendations made in chapter 12 on improving impediments to better value government funded services to be of particular importance. ADCA especially welcomes recommendations 12.5 and 12.7. The former one calls for reliable longer-term funding agreements to appropriately reflect the longer periods of time which in many cases are required to achieve the desired outcomes. This recommendation addresses important issues around recognition of not-for-profit organisations' contributions and outcomes, as well as their internal viability and sustainability. Further suggestions to reduce NFPs' compliance costs are being made in recommendation 12.7, and ADCA highly recommends they be adopted by Government.

While the majority of recommendations address obvious issues as raised in the submissions the Commission received, ADCA in relation to a number of recommendations, questions however, to what degree they actually reflect the feedback that was received in the consultation process. For instance, the Commission proposes the creation of a number of new bodies, and it has to be asked to what degree these would enhance efficiency and effectiveness of, and for the sector. Also, who is the driving force for creating these bodies, how would they be funded, and how does the National Compact link into these proposals. It has to be

determined in further consultations to what degree the recommendations in question are supported by the wider NGO sector.

In the following, ADCA addresses the majority of recommendations in greater detail.

Building a better knowledge base

The Commission has a number of recommendations for improving understanding of the contribution of the NFP sector. ADCA acknowledges the data sets already being compiled by ABS, AIHW, and researchers, but agrees on the need to establish more comprehensive data sets and to build an evidence base of the significant role the NFP sector plays.

Draft recommendation 5.1

ADCA welcomes the recommendation to establish an Information Development Plan (IDP), and considers it appropriate to allocate responsibility for formulating it to the Australian Bureau of Statistics (ABS). ADCA agrees that more frequent publications of the NFP sector's satellite account and the scope for expanding measurement in the satellite account beyond economically significant entities to better reflect the economic contribution of the whole not-for-profit sector are important matters to be addressed as part of this IDP.

ADCA considers it vitally important that policy making at all levels is informed by comprehensive evidence and has in the past urged governments at all levels to resource the collection and evaluation of data to inform best practice as well as policy and program development. Comprehensive data sets to inform and support analysis of net impacts of sector activities, as well as to obtain accurate estimates of size and composition of the not-for-profit sector are considered of crucial importance to enhance understanding about the sector's contribution.

A coherent strategy for future statistical data development and research established and enacted at the national level through the ABS, would help to identify gaps in data collection and recommend appropriate actions to improve the scope and coverage of current data sources. ADCA welcomes this, but questions how financial aspects in relation to the IDP would be managed. Would Government allocate additional funding to the ABS not only for the establishment of an IDP, but also for its implementation? Once gaps in the data sets have been identified, would it then fall to the ABS to address these deficiencies, or who would be responsible for amending and maintaining administrative and other longitudinal data sets?

Draft recommendation 5.2

ADCA welcomes the recommendation of a common framework for measuring the contribution of the not-for-profit sector as this would assist in enhancing understanding of the whole not-for-profit sector.

Draft recommendation 5.3

ADCA endorses the Productivity Commission's recommendation that governments should commit to a number of best practice principles in data reporting and evaluation, as well as to the principle of "reporting once, using many times". ADCA will continue to

advocate for reporting and evaluation requirements to be elements of service delivery contracts on a common measurement framework.

A common measurement framework which would allow not-for-profit organisations to conduct single annual reporting, but inform a number of funding sources, following the principle of “reporting once, using many times”, would decrease the regulatory burden imposed on not-for-profit organisations. This would eliminate the duplication caused by not-for-profit organisations having to report back to multiple funding bodies under different reporting requirements. Standardisation of reporting requirements and establishment of efficiency benchmarks would furthermore allow comparing different not-for-profit organisations’ performance and expenditure patterns. ADCA considers the ability to assess and compare not-for-profit organisations’ performance against the available funds to be of crucial importance for evaluating the efficiency and effective of their operations.

While the Productivity Commission seems to recommend a common measurement framework only in relation to community service providers delivering Government-funded services, ADCA considers it of importance that such a framework not only be established for NGOs delivering government-funded services in a direct sense, but also for organisations involved with service delivery in the wider sense such as representing and advocating on behalf of those most marginalised. ADCA considers the ability to assess and compare not-for-profit organisations’ performance against each other, as well as against the available funds, to be of crucial importance for evaluating the efficiency and effective of their operations. This is whether they contribute to economic, social, or civic outcomes by delivering services, advocating, connecting the community, or enhancing the community endowment.

ADCA endorses the recommendation to enhance feedback mechanisms as a crucial part of reporting and evaluation procedures. This part of the reporting cycle currently seems to be insufficiently addressed in a large number of funding arrangements as organisations do not receive comprehensive feedback after submitting their reports to the funding source. Proper funding evaluations to be returned to the service provider would enable the service provider to address deficiencies where required. Benchmarking organisations’ performance would overall enhance the productivity of not-for-profit organisations.

As indicated, ADCA further endorses the principle “report once, use often”. ADCA in its submission recommended single annual reporting to a separate agency that monitors the acquittal and management of reporting on behalf of all government departments. Reporting on an annual basis back to one central agency, using a template that accounts for all grants received by one not-for-profit organisation, possesses high potential to substantially decrease the amount of red tape that not-for-profit organisations currently facing and hence increase NGO capacity.

Smarter regulation of the not-for-profit sector

Draft recommendation 6.2

Due to not directly being affected by fundraising legislation, ADCA did not comment on fundraising legislation in its submission, but in principle supports the recommendations made by the Commission.

Draft recommendation 6.3

In its submission, ADCA did not comment on definition and processes for determining charitable and other tax concessional status, but in principle supports the Commission's recommendation that the Australian Government adopts a statutory definition of charitable purposes in accordance with the recommendations of the 2001 Inquiry into the Definition of Charities and other Organisations.

Draft recommendation 6.4

ADCA endorses the multi-stranded approach that the Productivity Commission is adopting to address the present regulatory regime for NFPs. ADCA welcomes the Commission's recommendation to establish a one-stop shop for Commonwealth regulation by consolidating various regulatory functions into a new national Registrar for Community and Charitable Purpose Organisations.

ADCA recommends that this proposed national Registrar be an additional function of the Australian Securities and Investments Commission, and not a separate agency as it believes creating an additional division of an already existing organisation to be more cost-effective than establishing a completely new agency.

ADCA welcomes streamlining regulatory requirements and respective legislation, and in particular the creation of a single reporting portal for public record corporate and financial information. It is considered this would be a valuable contribution in reducing the red tape burden that NFPs are faced with. ADCA proposes that all Commonwealth incorporated associations, companies limited by guarantee, and Indigenous Corporations be required to register and check/ update their registration on an annual basis in alliance with the beginning of each new financial year, or as circumstances change. ADCA believes that registration for those organisations should be compulsory and penalties could be considered for organisations not providing information as requested.

ADCA believes that increased efforts should be placed on raising awareness of the benefits associated with such a one-stop shop registrar and its potential to reduce the regulatory burden for NFPs as currently exist. ADCA however, is not certain that accumulating a number of regulatory functions into one national registrar is supported by the majority of NFPs.

Realising funding opportunities for the sector

Draft recommendation 7.1

ADCA welcomes suggestions made by the Commission to streamline the process of accessing tax concessions and thereby reducing the costs to all parties involved. ADCA endorses the suggestion to introduce a single application process to determine eligibility for all relevant tax concessions, and to streamline both the endorsement process and the categories for tax concessions.

The fact that there are currently 40 statutes which provide tax concessions to charitable organisations, and 19 separate agencies that have to regularly make determinations of charitable status, as well as the administrative and compliance burden associated with applying for concessional status or fundraising endorsement for organisations, is unacceptable and requires addressing. ADCA welcomes research into the question whether the costs associated with implementing a streamlined system would be outweighed by the long-term benefits.

ADCA believes that in order to utilise the full potential of streamlining access to tax concessions, the number of NFPs requiring formal endorsement for Commonwealth tax concessions should not only be expanded, but the option of self-assessment be abandoned and formal endorsement be made compulsory. This would further enhance data sets for the sector and thus the knowledge base about the sector's composition and contribution.

Draft recommendation 7.2

ADCA welcomes the Commission's suggestion to widen the scope of DGR eligible organisations as it would reduce the amount of resources used by organisations in accessing DGR status and government in administering DGR register, and thus enhance efficiency in registration. Whether widening the scope of DGR eligible organisations overall increases giving remains to be seen.

Draft recommendation 7.3

In principle, ADCA welcomes the suggestions made by the Commission in relation to planned giving, but considers that these need to be subject to affordability.

Draft recommendation 7.4

ADCA regrets that the Commission did not make more concrete recommendations in relation to enhancing the sector's access to capital. While the Commission discussed the difficulties to access equity capital, it did not address the impediments NFPs are facing when it comes to generating their own funds. ADCA further questions whether the matter of exploring obstacles to not-for-profits raising capital and accessing capital should be addressed by a specific Working Group, or be one of the first agenda items addressed by the proposed National Compact.

Many not-for-profit organisations dependent on funding from Government face a number of impediments when it comes to generating their own funds. First and foremost, not-for-profit organisations obviously do not wish to compromise their core funding which often means that they cannot seek funding for their day-to-day operations, and have to focus on additional funding related to a specific project. Project funding, however, cannot be used to cover increased operational and staff costs which in most cases are the areas where additional funds are needed.

Secondly, proactively seeking additional funding requires at least one staff member to spend a substantial amount of time writing tenders, funding proposals, and applications. While time and effort spent on this does not guarantee success, it certainly means that this staff member is not contributing to the direct service delivery the organisation is funded for, and clients may have to be neglected because of a staff member not engaging in the actual service delivery.

Thirdly, most not-for-profit organisations which receive their core funding from Government are in no position to generate a surplus as their income barely covers operational costs: "Non-profits that mainly rely on Government grants or contracts to fund their activities will generally find it difficult to generate a sufficient surplus to build a capital fund" (Lyons 2007, p.5). There is also no incentive for not-for-profit organisations to build a surplus as funding guidelines require them to return this surplus to the funding body instead of enabling them to create a capital fund. Not being able to keep a possible surplus is another constraint for longer-term financial planning.

ADCA is concerned about the fact that many small not-for-profit organisations are not only faced with a lack of capital funds, and that this funding does not cover all operational expenses. Consequently, this leaves them with little or no money at all to invest in their organisational capacity on an ongoing basis such as internet and telecommunications, office maintenance, travel, support for Boards, and Occupational Health & Safety, to name just a few (Mr David Crosbie's opinion piece in the Weekend Australian on 7 June 2008). These expenses often force organisations to operate at a deficit.

Different forms of investment funds for not-for-profit organisations such as charitable tax free bonds have been explored in both the United States and the United Kingdom. However, it should be noted that these methods of charitable fundraising only work for large charitable not-for-profit organisations and do not present an alternative way for small or medium sized not-for-profit organisations to generate additional funds. While in the longer-term, ADCA certainly welcomes and recommends the exploration of new funding streams, it believes that something needs to be done soon to take the financial burden off small and medium sized not-for-profit organisations. ADCA proposes that as a first step and as part of its social inclusion agenda, Government be encouraged to raise funding arrangements of central not-for-profit organisations, especially those in the field of social service provision and AOD services. While an increased need for their services has been identified, this need has not yet been addressed.

Facilitating social innovation and sector development

Draft recommendation 9.1

ADCA in principle welcomes the Commission's recommendation that Governments should explore options to expand existing programs that encourage and support social innovation. ADCA however, believes that this recommendation should be accompanied by a supporting recommendation in order to enable the expansion of existing programs which encourage and support innovation, as well as the establishment of new such programs.

ADCA believes that a recommendation should be put to Government to address the external constraints to innovation by NFPs such as prescriptive government contracting, lack of funding for experiments or for diagnostic evaluation, and the requirement to return any surplus generated by productivity improvements to be returned to the funding agency. As the Commission stated in its Draft Research Report: "a public strategy to promote social innovation must address all the constraints as there is no point removing one when the others are binding" (p. 9.13).

Addressing these external impediments to social innovation will have to be accompanied by also addressing internal constraints on NFPs innovation such as risk aversion and lack of skills and funding for evaluation that might assist in stimulating innovation. ADCA believes that before looking at specific programs and collaborations with potential to enhance social innovation, it is important that Government agencies and NFPs share the same mindset about the benefits and potential costs of social innovation. An administrative framework needs to be in place where not only impediments to enhancing social innovation have been removed, but where actual incentives for pursuing social innovation exist.

ADCA believes that investing in research into innovative solutions to social problems is important as it establishes the evidence-base for future policy and decision-making

and informs best practice. However, it is stressed that importance of research findings then being translated into program and policy development. Presently, ADCA is concerned about the relationship between research and actual programs and policies, e.g. a public strategy to promote social innovation that addresses all the constraints as the Commission's recommendations prove to be highly research focussed.

ADCA asks the Commission to spell out more precisely that it recommends Australian Governments invest in research into innovative solutions to social problems, as well as investigate costs associated with removing external constraints on innovation by NFPs such as NFPs' ability to keep any generated surplus. It is time that all Governments not only promote commercial innovation but also social innovation.

Draft recommendation 9.2

ADCA agrees with the Commission that more needs to be done at the level of effectiveness or impact assessments for NFPs delivering government funded services, and endorses the Commission's recommendation that programs should include specific guidance and training on undertaking evaluations. ADCA considers evaluations to be of vital importance as they assess efficiency and effectiveness of an organisation's performance by assessing outcomes against expenditure. Including evaluation into NFPs reporting requirements would enable assessing not-for-profit organisations' efficiency and capability to function as major providers of social services against each other as part of a meta-analysis of the evaluations and thus inform funding allocations.

From a funder perspective, the guiding objective of allocating funds is understandably to receive the best possible outcomes, thus maximising the return on its investment. Funders do not only want to know how their money has been spent, but how effectively. ADCA agrees with the point made by the Commission that Governments therefore need to be willing to invest in evaluation over time if they want to promote innovation in service delivery. ADCA urges the Commission to spell out more clearly the recommendation that funding bodies are to invest in evaluation if they want to promote innovation in service delivery and adopt informed best practice approaches.

While streamlining reporting requirements as recommended by the Commission should reduce compliance burden, introducing evaluation as part of reporting requirements will in many cases introduce a new element to reporting. This may imply that staff need to be trained to be able to address these new reporting requirements and allocate the respective time as evaluation can often be harder than simply reporting activities and expenditures.

Streamlining reporting requirements will hopefully save time but adding evaluation is yet again another time-consuming aspect of reporting and has to be met by respective funding if organisations are to be in a position to not only report, but also to evaluate. There will be increased pressure on NFPs as their activities will be monitored and assessed more closely to assess the effectiveness of their programs and services, and modifications will have to be implemented should deficiencies be detected.

Sustaining the not-for-profit workforce

Draft recommendation 10.1

ADCA endorses the Commission's recommendation that all State and Territory Governments should explore a system of "Working with Vulnerable People Checks" similar to that proposed in the Australian Capital Territory. ADCA recommends that these checks should be portable between organisations for a designated period of three to five years.

If similar systems are to be established in different States, ADCA recommends these checks should not only be portable between organisations within one State/ Territory, but also Inter-State. By covering the costs for background checking, State/ Territory Governments would provide a valuable contribution to NFPs ability to engage volunteers, as costs associated with volunteer work can be a reason why NFPs do not involve volunteers. If some of the costs are met by Governments and assistance is provided in managing the administrative side of volunteering, then more NFPs may be inclined to engage volunteers.

Draft recommendation 10.2

ADCA welcomes and fully endorses the Commission's recommendation 10.2 as it aligns with one of ADCA's key recommendations to the Productivity Commission's study.

Draft recommendation 10.3

ADCA in principle welcomes the Commission's recommendation that the Australian Government undertakes workforce planning for the community services sector.

ADCA does, however, believe that conducting workforce planning and addressing impediments to workforce development are not tasks that fall solely under the responsibility of the Government, but rather require a collaborative, consolidated approach by both Government and the Community Services Sector, or at least nominated representatives of it. Rather than Government looking at the sector from an external perspective and determining what has to be done to address workforce challenges, it should be ensured that information is sought on these issues directly from those community service providers which are affected by impediments to retaining and attracting staff. Those will have the best insight into what is required and what incentives would support workforce development.

Further, it has to be said that workforce planning is of course an important first step in addressing impediments to workforce development, but it is probably even more important that the workforce strategy, which might result from the planning activities, is implemented and that actual incentives to join the NFP community services workforce are put in place and impediments to attract and retain staff are removed. ADCA considers pay parity, skills development and training opportunities, as well as portability of long service leave to be of high importance in this regard. As has been stated by the Commission, these options are often costly and are not feasible under present funding arrangements.

Draft recommendation 10.4

ADCA welcomes the Commission's recommendation that Governments should provide support to develop and promote training for not-for-profit management and boards in governance and related areas.

ADCA over the past two years has developed new governance arrangements which were formally endorsed at its Annual General Meeting in November 2008, and which have now been put in place. The new governance arrangements saw the establishment of two new bodies. The ADCA Federal Council contains the nine ADCA Board Directors and a representative from each of the State/ Territory AOD peak organisations and is a key mechanism for cooperation and coordination with the State/ Territory AOD peaks. The other body is the ADCA Policy Forum which contains the members of the ADCA Federal Council together with the Chairs of ADCA's seven Working Groups. The main objective is to establish a deliberative, inclusive and advisory forum on key policy issues for the AOD sector. ADCA is subsequently well-positioned to advocate on behalf of the AOD sector and to represent it at the national level.

ADCA is of the opinion that expenditures in relation to Board and management structures of not-for-profit organisations are often not adequately considered in funding arrangements. As referred to by the Commission, there are not only face-to-face meetings which an organisation needs to facilitate and pay for, but ideally the organisation also needs to be in a position to build the capacity of Managers and Directors through training, much as there should be training opportunities for staff. Board Directors of not-for-profit organisations are mostly volunteers, and both they themselves and the organisation they are Board Directors of, would benefit from training in governance and related areas. However, such courses are costly and often cannot be afforded. This is a matter that requires more attention in future funding arrangements between community service providers and funding agencies.

Improving the effectiveness of direct government funding

Draft recommendation 11.1

ADCA fully endorses the Commission's draft recommendation 11.1 and urges Australian Governments to adopt this recommendation as a guideline for future funding arrangements as expectations would be articulated in a transparent way. This would enhance the relationship between funder and funded not-for-profit organisation as well as improve the overall efficiency and effectiveness of the sector in its funded activities.

ADCA endorses the recommendation that Australian Governments should fully fund those services and activities that they would otherwise provide directly. As they are "shopping" for these services, covering the full costs of them only seems appropriate.

Draft recommendation 11.2

ADCA welcomes the Commission's recommendation that Governments should undertake an independent costing exercise to determine the costs of new or significantly changed services or activities, where all relevant costs are taken into account in assessing the minimum cost for effective provision of the service or activity.

ADCA feels, however, that this recommendation is substantially weakened by the last sentence included in the recommendation which suggests that despite this

independent costing exercise, Government can ultimately still set the fixed fee for service or user contribution. The question arises whether the costs of conducting an independent costing exercise are justified if their main purpose is to only give an indication of the minimum costs to deliver a service effectively, but governments in the end still decide autonomously on the extent to which they fund the service or activity.

ADCA believes that in this relation, recommendation 11.1 is indeed of vital importance, urging Governments to fully fund those services and activities which they would otherwise provide themselves. ADCA further believes that an independent costing exercise should only be conducted if it actually contributes to some outcomes, e.g. Governments commit to conducting an independent costing exercise to determine the actual costs of new or significantly changed services under the premise of then contributing at least a minimum percentage of the total calculated costs, thereby investing into NFPs' capabilities, and thus the capability and productivity of the whole NFP sector.

Draft recommendation 11.3

ADCA welcomes the Commission's recommendation that Australian Governments should ensure that funding agreements include compensation arrangements for providers for the costs imposed by changes in government policy that affect the delivery of the contracted services. This would ensure greater security for not-for-profit organisations providing their services on a shoe-string budget and not being able to self-generate funds to meet changes imposed by government policy changes.

This recommendation relates to the concerns expressed in a number of submissions to the Productivity Commission's study about short-term funding arrangements which prevent NFPs from planning longer-term as they cannot be sure about future funding allocations and the services they prevent. ADCA in its submission addressed the benefits of longer-term funding arrangements. ADCA considers compensation for providers of the costs imposed by changes in government policy a commendable first step in creating a securer working environment for NFPs. However, ADCA believes that more needs to be done to ensure highest levels of NFPs' responsiveness to arising problems, flexibility, as well as efficiency and effectiveness in service delivery.

ADCA acknowledges that the community services and the not-for-profit sectors as a whole are highly dynamic sectors, constantly undergoing changes and providing an increased variety of services to an increasing number of clients. Obviously, the socio-economic changes that occurred over the past decades changed the scope and size of the not-for-profit sector which has been expanding and adopting to meet the needs, and to deliver an increased number of services on behalf of the Government. The fact that Governments contract NFPs to deliver services on their behalf implies that the sector is not only required to be flexible, but that stability in service provision also has to be an important objective when looking at its functions. In the case of Government-funded services, it is therefore also the responsibility of the funder to ensure a certain level of security and stability. The possibility that the scope of the service provided by an NFP can change at rather short notice, if funding runs out, has to be eliminated by incorporating compensation mechanisms into funding arrangements and in general, moving towards longer-term funding arrangements to enhance stability and thus productivity of NFPs.

Draft recommendation 11.4

ADCA endorses the Commission's draft recommendation 11.4 and urges governments at all levels to adopt it as a guiding principle of future funding arrangements and grants making.

Removing impediments to better value government funded services

Draft recommendation 12.1

ADCA welcomes the Commission's recommendation that Australian Governments should determine the most suitable model of engagement with not-for-profit organisations on an individual basis. ADCA shares the Commission's belief that Australian Governments' objectives of engagement should be "best value for money", "maximisation of outcomes", and "enabling the best possible service provision to those in need of them". ADCA urges that any model of engagement is informed by these objectives, and that the actual services to be delivered determine the model of engagement between funding agencies and not-for-profit organisations, instead of the purchaser-provider model being applied in a "one size fits all" approach.

Draft recommendation 12.2

Draft recommendation 12.2 aligns closely with draft recommendation 12.1 as it is guided by the same objectives as draft recommendation 12.1. As such, ADCA welcomes and sees both recommendations as aiming to maximise outcomes and achieve the best value for money by establishing higher levels of flexibility and responsiveness to actual needs. This is from both a not-for-profit organisation's and a client's perspective, and relates to the levels of engagement between funding bodies and service providers.

The necessity to include evaluation processes and mechanisms for the regular review and revision of service delivery approaches in light of findings from evaluations as part of funding arrangements under any model of engagement, have been emphasised earlier in this document as an important means to establish greater levels of responsiveness and flexibility in funding arrangements, and thus to ensure the most efficient use of funds by maximising outcomes and enhancing levels of service provision.

Draft recommendation 12.3

In ADCA's comments on recommendations 12.1 and 12.2, ADCA emphasised the importance of the principle of obtaining the best value for money for the community, and that the best model of engagement is determined on a case-by-case basis. ADCA subsequently fully endorses the Commission's draft recommendation 12.3 and would strongly suggest that this recommendation be moved to the beginning of section 12 as the principle should guide any form of engagement between Australian Governments and not-for-profit organisations, and therefore should be seen as a pre-supposition to recommendations 12.1 and 12.2.

Draft recommendation 12.4

ADCA has previously expressed concerns about the trend that Government agencies seem to increasingly prefer to deal with bigger and fewer parties to minimise their transaction costs with the not-for-profit sector. A number of stakeholders identified

this development as a mean to increase the agencies' efficiency in dealing with the sector. ADCA strongly believes that this development needs to be reversed, and that instead of reducing the number of contacts between Government agencies and the not-for-profit sector, interaction between the two needs to be streamlined and made more efficient and effective. Attempts to minimise transaction costs with the not-for-profit sector by limiting contact with the sector to its big players, directly opposes the Government's claim that not-for-profit organisations contribute greatly to promoting social inclusion. The solution to minimising transaction costs for Government agencies should not be reduced contact with the majority of not-for-profit organisations, but by streamlining the required level of interaction, thus making it more efficient for both the not-for-profit organisations and government agencies.

ADCA subsequently does not support recommendation 12.4 as it stands, as it believes the lead agency model reduces interaction between Australian Governments and not-for-profit organisations and seems to streamline Governments' interactions with the sector. While it may reduce Governments' transaction costs with the sector, it does not contribute to encourage frequent and open interaction between Australian Governments and the Third Sector. It should be noted that this is one of the underlying principles of the National Compact between the Australian Government and the Third Sector. ADCA believes that the recommendation to increase appliance of the lead agency model contradicts the principles underlying the National Compact.

As referred to by the Commission in other recommendations, ADCA believes there are more preferable approaches to addressing duplication of reporting and accountability requirements, such as recommendations 5.3, 5.4 and 6.4.

Draft recommendation 12.5

ADCA endorses the recommendation that the length of service agreements and contracts should reflect the length of the period required to achieve agreed outcomes as this is in alignment with one of the key recommendations that ADCA made in its submission. ADCA had argued that short-term funding arrangements present serious impediments to not-for-profit organisations as they generate uncertainty, inhibit innovation, make it difficult to retain staff, render longer-term financial planning and proper investment extremely difficult, and stop organisations from pursuing more holistic strategic and organisational goals.

On the other hand, focusing on the desired outcomes and the time required to achieve them, emphasises the importance of a consistent and secure funding stream over a longer period of time. This would ensure the effectiveness and sustainability of not-for-profit organisations' services and operations, a pre-supposition for achieving the identified, desired outcomes.

Draft recommendation 12.6

As stated by the Commission, this recommendation is uncontroversial and is supported by ADCA as it believes that good risk management practices and explicit risk management frameworks should be compulsory elements of each funding contract.

Draft recommendation 12.7

ADCA endorses the Commission's recommendation that Australian Governments should urgently review and streamline their tendering, contracting, reporting, and acquittal arrangements as these requirements in many cases have become overly prescriptive and process driven, and impose significant, but avoidable costs on providers.

ADCA believes that the use of master agreements and pre-qualifying panels would be a valuable tool to reduce the extent to which providers have to verify their corporate and financial health on multiple occasions. That said, it is imperative that these master agreements be updated on a regular basis to contain up-to-date financial data.

ADCA recommends that the potential of a pre-qualifying panel style of tendering for some service models, as applied by the NSW Department of Ageing, Disability and Home Care, be further examined and its application in jurisdictions be considered. Providing critical information once, and having that information held by the relevant Government department for a determined period of time, would certainly reduce compliance costs for not-for-profit organisations, especially if submitting this information occurs on a voluntary basis. However, it could be necessary for those not-for-profit organisations wishing to be considered in relation to a specific tender by a pre-qualifying panel which "qualifies" a number of not-for-profit organisations which subsequently are invited to submit additional, tender-specific information. This pre-selection ensures that not-for-profit organisations which are not considered suitable in relation to a particular tender do not "waste" their time completing an extensive tender application.

It could be argued that the establishment of pre-qualifying panels undermines the autonomy of not-for-profit organisations as it limits their ability to autonomously decide which tenders to apply for. It could, however, equally be argued that master agreements and pre-qualifying panels present a time/ cost-effective way to manage interaction between funding agencies and not-for-profit organisations. By establishing eligibility criteria on an individual tender basis and inviting organisations to apply, it could ensure that NFPs which are not considered suitable do not "waste" their time on an application which may be unsuccessful. Master agreements and pre-qualifying panels can therefore be considered as additional measures to ensure that value for money is maximised.

On the other hand, Governments at all levels would be required to fund and establish sections to manage the master agreements and the pre-qualification process. While this implies up-front costs, ADCA would argue that there are longer-term benefits implied in this as application numbers for tenders will decrease, and only the most suitable not-for-profit organisations will be considered. Having been pre-selected might be an incentive for NFPs to improve the quality of their application, given the enhanced chance of actually being successful.

Building stronger, more effective relationships for the future

Draft recommendation 13.1

ADCA welcomes this recommendation as it reflects a point made by ADCA in its submission into the drafting of a National Compact. While it is important that compacts between Australian Governments and the sector outline vision, purpose

and principles to inform interaction between both parties, it is equally important that these compacts are accompanied by concrete action plans that outline ways to achieve the identified vision and purpose. Otherwise, a Compact would only be a theoretical document.

ADCA agrees that there needs to be practical measures that help assessing the proposed relationship, but in the case of the National Compact questions who would be monitoring the progress and functionality of this agreement. While in the case of contracts between the not-for-profit sector and States/ Territories it could be a Commonwealth agency monitoring the progress and interaction at the State level. The National Compact at the Federal level would require the establishment of a separate, independent agency if the interaction is to be monitored and evaluated independently.

There are not only questions in relation to monitoring the relationship between Government and the Third Sector, but also representational issues, as it is presently unclear how and by whom the sector would be represented in its interactions with Government. In the National Compact's consultation paper, it is stated that governance mechanisms for the sector and the Government will need to be implemented, including a body labelled National Compact Council comprising Third Sector champions, without actually identifying who these champions could/ should be.

For a comprehensive discussion on the proposed National Compact, ADCA refers the Commission to its submission into the drafting of a National Compact which is accessible on ADCA's website:

<http://www.adca.org.au/index.php?option=content&task=view&id=222>.

Draft recommendation 13.2

ADCA acknowledges the need for leadership in implementing the comprehensive reform process that has been proposed by the Commission to improve efficiency and effectiveness of not-for-profit organisations' operations. ADCA also supports the enhancing of relationships between Australian Governments and the NFP sector. These objectives are also informing the development of a National Compact between the Australian Government and the Third Sector.

However, ADCA is concerned about the administrative and regulatory duplication which appears to be inherent in the Commission's recommendations, and it is suggested that recommendations made in relation to establishing new bodies regulating interaction between Governments and not-for-profit organisations be revisited to ensure there is no overlap in their functions and responsibilities. Presently, functions and responsibilities of the proposed Office for Not-for-Profit Sector Engagement within the Prime Minister's portfolio, the proposed Centre for Service Effectiveness, and the already existing Department of Prime Minister and Cabinet's (PMC) Social Inclusion Unit seem to intertwine and overlap. It has to be questioned how all these proposed bodies will be funded and whether there will indeed be competition for funding allocations between them.

ADCA shares the Commission's view that implementation of the NFP reform agenda needs a policy home at the national level, and supports the Australian Institute of Company Directors' proposal to nominate a dedicated Minister for the Third Sector at the Commonwealth level. If that proposal is realised, the question would arise whether the Office for Not-for-Profit Sector Engagement should actually be

established within that Minister's portfolio. Further, it should be examined to what degree the functions and responsibilities of the other two bodies, namely the proposed Centre for Service Effectiveness and the PMC's Social Inclusion Unit could be addressed by this Office in order to streamline administrative and regulatory matters. Implementation of the reform process could then be coordinated by this one body which would establish some leadership and policy coordination mechanisms.

Dealing with the Third Sector at the national political level would further suggest establishment of a single peak body of the Third Sector whose composition would have to be determined. While it is considered important that Federal Government focuses on its engagement with the Third Sector and nominates a dedicated Minister, it is equally important that the Third Sector itself is represented at this level to ensure that interaction and dialogue between both parties occurs at the highest political level, and that there is some leadership executed on both sides to drive change and support implementation of the reform agenda.

ADCA suggests that recommendations made by the Commission are cross-checked with the proposed National Compact as there seems to be a certain degree of overlap. For example, the Commission proposes that the Office of Not-for-Profit Sector Engagement be responsible for implementing the Government's proposed contract with the NFP sector. This is not reflected in the National Compact Document which only mentions a National Compact Council with different functions. If this Office of Not-for-Profit Sector Engagement is to oversee implementation of the proposed Centre of Community Sector Effectiveness, it has to be questioned whether its functions should not be allocated with the Office in the first place. No matter where this Office would be located, ADCA considers it of vital importance that reporting on the reform process and progress is conducted on an annual basis.

Conclusion

As the national peak NGO for the AOD sector, ADCA welcomes the Productivity Commission's study on the contribution of the not-for-profit sector, and was encouraged by the release of its Draft Research Report.

ADCA considers the recommendations made by the Commission in its Draft Research Report to be substantial, far-reaching and adequately addressing the complex issues the NFP sector is faced with, and subsequently urges the Federal Government to adopt the majority of them. Adopting the Commission's key recommendations would formalise the Government's commitment to enhance relationships with the Third Sector, deregulate not-for-profit organisations' operations, and streamline their reporting requirements.

ADCA believes that the adoption of the majority of recommendations is imperative if the not-for-profit sector is to maximise its outcomes, and thus its contribution to social inclusion. At present, not-for-profit organisations face too many operational impediments to work most effectively and efficiently. Streamlining administrative and reporting requirements in order for NFPs to be able to focus on delivering the services they have been contracted for, would appropriately acknowledge their contribution to enhance social inclusion. In this regard, ADCA considers Government's adoption of recommendations made in chapters 11 and 12 to be of particular importance.

ADCA would be pleased to assist the Productivity Commission further in developing its final set of recommendations for the Government's consideration, and to expand on any of the issues addressed in this response to the Draft Research Report.

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ATTACHMENT B: List of ADCA Federal Council Members

Name	Organisation
Ms Tanya Merinda	Network of Alcohol and Drug Agencies (NADA)
Mr Sam Biondo	Victorian Alcohol and Drug Association (VAADA)
Ms Helen Jentz	QLD Network of Alcohol and Drug Agencies (QNADA)
Mr Andris Banders	South Australian Network of Drug and Alcohol Services (SANDAS)
Ms Jill Rundle	Western Australian Network of Alcohol and other Drug Agencies (WANADA)
Ms Tracey Currie	Alcohol, Tobacco and other Drug Council of Tasmania (ATDC)
Ms Wendy Norton	NT Council of Social Service Inc (NTCOSS)
Ms Jacky Cook	Toora Women Inc
Professor Jenny Fleming	Alcohol Working Group
Dr Suzanne Nielsen	Pharmaceuticals Working Group
Dr Craig Fry	Ethical Issues Working Group
Mr Moses Abbatangelo	Australian Indigenous Peoples Working Group
Mr Larry Pierce	Comorbidity Working Group
Ms Donna Bull	Workplace Working Group
Dr Dennis Young	Workforce Working Group
Ms Lynda Berends	Health Service/ Systems Working Group
Professor Robin Room (President)	ADCA Board
Mr John Mendoza (Vice-President)	ADCA Board
Mr Larry Pierce	ADCA Board
Ms Violet Bacon	ADCA Board
Mr James Pitts	ADCA Board
Mr Tony Trimmingham	ADCA Board
Mr Mick Palmer AO PSM	ADCA Board