

# **Catholic Social Services National Conference 2008**

## **Social Inclusion: An Agenda for all Australians**

McCosker Oration  
6.00pm *Monday 13 October 2008*

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Delivering the McCosker oration is very special for me. I accepted the invitation immediately because I wished to honour the memory of the life and ministry of Monsignor Frank McCosker.

Mons McCosker was an old man by the time he came into my life. But what a force he was! I am so grateful to him. He taught me much about the Church and our social responsibility; about politics and the role of government; about strategy and having vision; about passion and commitment and the love of God.

And of course he taught me about humour in the midst of heavy policy discussions.

The first time I heard those two large hearing aids whistle out of control at a Board meeting, I was very embarrassed for him as he hastily removed them from his ears and fiddled with them for some minutes as they continued to whistle out of tune and disrupt and distract the speaker of the moment.

It wasn't until I witnessed similar episodes that it dawned on me that he was the architect of this interruption and that he was giving his vote of disapproval to the stupidity of what was being said.

As time went on John Usher and I would often have knowing eye contact with each other as a guest speaker at a Board meeting droned on with inane comments and we would instinctively know what was coming. And sure enough the whistling would commence!

Monsignor McCosker has been dead for some years. But in my heart and my mind he is a man, not of the past, but of the future. May his spirit imbue the vision, the passion, the commitment, the policy development, and the engagement with the community of all involved in Catholic Social Services Australia as we seek to stand with the most disadvantaged and the most vulnerable in our community.

It has taken me some time to decide what I want to talk to you about today.

I have not been a part of the Catholic Social Services Australia since I left Canberra at the end of 1995. I don't know what your key issues and concerns are.

But I hope that you are on the cutting edge of good social policy development and program design.

I hope that you are engaging with government at the Commonwealth and State levels in sophisticated ways.

I hope you regularly reflect on the nature of the Church and its place in society.

I hope that you continue to be the torch bearers of the McCosker tradition; a tradition based in the love of God and the life and ministry of Jesus Christ.

I hope you continue to provide the most professional of services to those most in need in the community.

And I hope that you are the face of the Church that gives it credibility as you engage a troubled world.

So, what about social inclusion!

You have been reflecting upon the nature of social inclusion.

Let me give you some of my perspective.

What is social inclusion about?

How do you define it?

Well, there are many definitions in the literature. Choose any one of them; they all have some insight to give.

But I won't give you a definition.

I use some key words to talk about social inclusion.

Participation

Opportunities

Developing capabilities and functioning

Education, Health, Work. The three vehicles of participation.

Human dignity expressed in participation in the life of the community.

It is within this framework of words and concepts that I understand social inclusion.

In those words I mentioned 'community'.

I think that there is a paradoxical effect at work in the community that we should be aware of. The apparent disintegration of communities in some cities and nations is heightening our awareness of community, its value, and its importance for individual and family wellbeing.

This heightened awareness of community is in my view a key motivator for adopting the social inclusion approach to social issues.

You and I know that there is a growing cohort of Australians who do not experience happiness and fulfilment in community living. And we know that there are stark differences and extremes of wealth and disadvantage within the community. So many people without access to opportunities that are their right as citizens.

It then becomes the responsibility of the community, primarily through its governments and its institutions, including the community sector and the business sector to engage, re engage, connect with and work with, and provide the circuit breaker for citizens on the edge so they can participate in the economic and social life of the community and experience a fulfilling life.

And of course, as citizens, we have responsibilities to engage and to contribute to the building up of community. All of us have this responsibility, in various forms and shapes, depending upon our life circumstances.

People in vulnerable circumstances need to be given the opportunity to participate. Also, as a mark of their social citizenship, they are called upon to respond in the best way they can to contribute to the common good.

I want to say something about the vulnerability of many people in the community from the perspective of services providing support for them.

Our work in South Australia is providing us with some interesting insights and conclusions that we have drawn from our experiences.

Extensive profiling of the populations, on which the South Australian Social Inclusion Board's work has focussed, reinforces that the people who are the most vulnerable in one sphere tend to be vulnerable in others. The population of homeless people, people with serious mental illness problems and people with serious drug and alcohol problems significantly overlap. The populations of young people who leave school before completing Year 12, young people who grow up in households with adults who are jobless, and young people who have experienced significant trauma or neglect early in their life likewise

overlap. People who are in vulnerable housing are more likely to have lower educational attainment, lower income and poorer health than is generally seen in the community. If a young person is Aboriginal, has been in state care or has a disability, their chances of being homeless or not completing school are greatly increased.

Fragmented responses from education services, disability services, primary health services, child protection services, housing services, mental health services, drug and alcohol services and employment services are not only an inefficient use of limited community resources, they are a totally ineffective way to address complex issues and the complex needs of individuals experiencing them. From the beginning, the Social Inclusion Initiative in South Australia faced the perversity that those most in need are least well served by services strictly organised along traditional program lines. Joined-up problems demand joined-up solutions.

However, we found that such responses demand innovation, not in the sense of wholesale experimentation with the unknown, but rather by incorporating new elements or new ways of doing things into existing strategies, based on rigorous program logic. This approach is advocated in part because of the limited evidence base available in many areas of concern to the Social Inclusion Initiative. Many good and effective interventions have never been researched because the evidence that is available is the result of haphazard and unrelated decisions by funders and academics about what to research. Also, informed guesswork and expert hunches, enriched by the limited evidence that is sometimes available, can be the basis of new and creative ways of doing things.

I believe that this kind of understanding of our social issues and its underpinning of social inclusion approaches can be a strong guide to Catholic Social Services organisations as you look to the future and further develop your services and your relationship with government.

### **Emerging social policy issues**

This same thinking also helps us to identify the most important emerging social policy issues in Australia and what it means to provide professional services in response to them.

I will explore some of these, but before doing so, I want to suggest to you that participation, (or rather an absence of opportunities to do so), is at the heart of the major social issues facing our country.

If we think broadly about social and economic participation we are drawn to consideration of the personal, social and economic determinants of disadvantage and the realisation that in a modern economy, adequate income alone is not enough to ensure that people have the opportunity to participate fully in society.

Thinkers like Amartya Sen, who is a Professor of Economics at Harvard University and the 1998 Nobel Laureate in Economics, suggest that the capabilities needed to function effectively in a post-industrial world include:

- Financial capabilities; that is, the ability to develop and maintain material wealth such as assets and savings
- Human capital capabilities; being able to participate in education and skills formation and the ability to develop a 'bank' of appropriate employment experience
- In the realm of health capabilities, the ability to develop and maintain personal health and wellbeing. This may include the ability to make informed and healthy lifestyle choices (e.g. healthy eating, no smoking, etc.) or the ability to access good quality medical care in cases of disease or illness.
- And social capabilities; having the social skills, ability and capacity to develop and maintain supportive networks and links into the community.

Sen sees the capabilities in these four domains of life as an interactive set of skills and abilities that define the capacity to successfully participate in modern society. Low levels of capabilities in one or more of these life domains is likely to lead to decreased functioning and an increased vulnerability to disadvantage or exclusion.

However, as experts like Professor Peter Saunders (one of the Panellists from this morning) remind us, this conceptually strong approach to understanding exclusion is very difficult to measure.

But a reasonable indicative measure might be to look at what proportion of our population regularly participates in one or more of the following: employment, education, sport and recreation, volunteering and/or community activity. Australian Bureau of Statistics data from the General Social Survey in 2006 indicates that while 60% of the population aged 18 to 64 regularly participates in three or more of these spheres of life, about 3.5% of this population do not participate in any of these activities.

Clearly, within this population we are going to encounter some of the most deeply and persistently excluded people in our community. When we consider along side this fact that, with an unemployment rate slightly above 4%, we have an employment to population ratio that is below the OECD average.

The Productivity Commission has made it perfectly clear that labour force participation has contributed little to growth in output and average incomes over the past decade, and that a key economic challenge is to improve Australia's participation performance.

In the final analysis, good health, education and work are the keys to both greater participation and greater productivity.

We know from a wide variety of national and international research that educational completion is the single most significant factor in a person having good life outcomes. The links are astounding between education and health, education and employment, education and income, education and life expectancy, education and crime, education of parents and the educational outcomes of their children. The recently released WHO report on the social determinants of health reinforces this point.

Research by the Dusseldorp Skills Forum shows that in May 2007, 526,000 young Australians aged 15 to 24 years were neither in full-time work nor full-time study.

Another way to look at this is that only 75-80% of Australian teenagers complete Year 12 each year, or the equivalent in vocational education options.

In the USA and Canada, the comparable completion rate is 88%. In Germany it is 85% and in Korea, 93%.

Staying at school can be a major protective factor for young people experiencing risk factors in their lives and early school leaving impacts negatively on individual lives, local communities and Australia's social and economic well being.

The evidence is clear that those young people who disengage from their schooling and leave the education and training system early, and who are not prepared for the work force or further study are at significant risk of long-term unemployment.

These young people often take up part-time work or full-time work in low paid, low skilled jobs that do not offer long-term career paths. Many leave such employment through dissatisfaction or are retrenched. Indeed the volume of low skilled jobs continues to shrink in the Australian economy. Early disengagement of schooling and vocational equivalents can leave these young people lacking in the necessary skills to compete with others who have completed their education.

These young people can become disillusioned and depressed and a cycle of ongoing job rejection can ensue, leading to feelings of isolation and poor self-esteem. Once this cycle commences, such young people are at greater risk of long-term poverty. This is an unhealthy outcome not only for the individuals concerned, but also for local communities and the nation as a whole.

If we are committed to sustainable economic growth, active citizenship, social progress and inclusion, we must provide the support and encouragement to keep these young people engaged and connected to successful schooling and/or training.

Clearly, to grow the economy will require policies that support and encourage greater participation; greater participation in education, skills training, work experience and health enhancing activities.

To ensure that people who are experiencing deep and persistent exclusion benefit from such policies will require our social services to think and behave differently. We will need to find new ways to address such issues as increased drug and alcohol misuse among particular segments of our community. The rising incidence of mental illnesses such as depression and anxiety – an issue that would have been of great interest to Frank McCosker, whose first years as a priest were as chaplain to Callan Park mental institution – will need to be addressed very differently.

### **Provide Professional Services Today**

Given these three key areas that I believe should be prioritised for action – addressing drug and alcohol misuse, improved treatment coverage for high prevalence non-acute mental illnesses, and improved education and training completion rates – how should we proceed as a community and as a service delivery sector?

I believe our experiences in applying a social inclusion approach in South Australia over the past six and half years gives some pointers.

Firstly, highly experienced generalists working in community sector organisations and government agencies are the lifeblood of success. These experienced and expert front-line workers have been responsible for delivering the outstanding results we have had in addressing some areas of exclusion.

Related to this point is that we must keep everything focused on a “people first” approach. Being explicitly people-centred is pivotal to ensuring that the social inclusion approach does not, on the one hand, become too concerned with its own nature, structure and definition. Such concerns are the bases for silo mentalities – turf defence, budget protection or playing inter- and intra-agency politics. On the other hand, being people-centred helps guard against seeing mechanistic responses as an instant panacea to complex social issues.

A further point from our experience about how to respond to these key issues is the importance of a “no retreat” approach to engagement.

The absolute necessity of continuity in the implementation of flexible, client centred case management – from initial engagement to achievement of the final goal – is also reinforced by our experience of the past six and half years.

In South Australia’s work to address homelessness, this has been critical to successes to date.

We have learned that benefit will only flow to the most marginalised people in our community if there are assertive, multi-disciplinary responses that place the citizen at the centre of the equation. The trickle-down effect of economic growth has been proven to be a very hollow promise. This assertive multi-disciplinary response demands significant flexibility in the delivery of services, a preparedness to innovate and, most of all, a commitment to provide integrated services, not just coordinated services. For integration to be achieved, joint working and strategic alliances are essential at both the policy and program levels.

Continuity is best assured by experienced generalists who take both a casework and a case management role. But, we have had to put in some multi-disciplinary “boundary riders” to move service networks beyond dialogue, collective activity and joint planning. The kind of integration I am talking about involves joint working built on:

- Agreed standards
- Common operating practices and procedures
- A formal case management process that includes operating from a single client information system
- And, on occasions, formal agreement about what activity needs to be undertaken jointly and separately.

A final lesson that I would like to highlight to you is the absolute value of continued evidence gathering, critical dissection of issues and evaluation.

Concepts such as “homelessness”, “school retention”, “mental illness” and “disadvantage” are short-hand phrases coined to encompass a much more complex series of ideas and theories. Fully identifying the real implications of the core issues for action in such areas is always an iterative process.

Developing “in house” expert knowledge to critically assess different understandings and ideas is invaluable to proper engagement in addressing such issues. It is particularly important for each program and organisation to carefully and critically analyse its own administrative data in new ways, so as to probe themselves about alternative understandings of the problem and alternative responses.

In the final section of what I wish to say today I want to go a little deeper into the method of social inclusion used in South Australia.

From what I have said today about the interlinking of the causes of social issues, the multi-faceted needs of people and the need for services to be integrated and multi-disciplinary, the need for joined-up policy development becomes essential.

In South Australia we tend to use the phrase “joined-up problems demand joined-up solutions” as a mantra.

So we have created a structure and a strategy to bring this about.

Let me explain it.

The Social Inclusion Unit of 22 staff and the Social Inclusion Board of 8 members provide what we have termed independent advice while embedded in government. Now that sounds contradictory! It is designed to create a tension and, more often than not, a creative tension.

The key is the direct authority of the head of government is given to the Social Inclusion initiative to cut across departments to join up solutions and to monitor and evaluate implementation. It is a major interventionist strategy designed around achieving specific targets in a particular time frame, e.g. halving rough sleeper homelessness by 2010. On that score South Australia is the only state that had a reduction in rough sleeper homelessness in the last census while the average national increase was 19%.

In the plan to attack rough sleeper homelessness, over 10 government departments and particular agencies were brought together in the one plan and the one budget, all designed by the Social Inclusion Initiative and steered through Cabinet. An assertive engagement plan focussing on particular sub-populations and intervening at key transition points was at the heart of bringing government and the community sector together.

A large range of community sector agencies work in a plan, coordinated and monitored by the Social Inclusion Unit.

Obstacles, barriers, intransigence is responded to by the Social Inclusion Initiative with the authority of the Premier.

All this makes for an interesting journey in social policy in South Australia for me and many others.

Let me make two quick points in closing.

Firstly, in light of the international global crisis I am sure that we will see huge changes in budget priorities, both at a Commonwealth and State levels.

Make no mistake! We will all be affected by the financial crisis. Budgets will be more restrictive and government priorities will change and social policy will be under greater pressure.

The fight for the contestable money in annual State and Federal Budget's will become fiercer.

The governments that will handle this crisis over the next few years in a constructive way will be the ones who force their departments to re-focus on their recurrent budgets and to ask the questions: What is working? What isn't working? And if it isn't working, then how do we shift the money to new and more relevant policies and programs that will meet current needs?

I believe that Catholic Social Services Australia should anticipate this development and work to assist governments in this process.

Secondly, as I have said previously, education, health and work are key to wellbeing and to build up the social inclusion of our community.

The inter-connections of education, health and work are becoming more obvious in our response to the needs of vulnerable people.

As well, please keep in mind what I have said about the perversity of the interconnections of the situations and needs of vulnerable people, and the inability of services organised upon traditional lines to meet the needs of the most vulnerable.

To be on the cutting edge of social policy we need to place ourselves at the intersections of health, education and work policy and programs. And to use transition points in people's lives as one of the best places to achieve a successful intervention.

In the Catholic system we have distinct silos and bureaucratic structures in the Church's work in these major areas. As both effective policy and effective programs in response to social needs, will in the near future, be far more interlinked and integrated and joined-up, I suggest that you may wish to look at your relationships with other sectors like health and education, and build the connections that will be necessary for the future.

No one can be sure of what the future will look like. But we can do some well-informed future thinking.

But there is one thing I am very sure of.

If your agencies do not prepare for the future, you face the dangerous possibility of becoming less relevant to the mission of the Church and to the vital impact in the community that has been the tradition of Catholic Social Services.

So, in the memory of Monsignor McCosker and in honour of him and his vision and his legacy, I hope and pray that what I have said is pleasing to him and something that you can take and reflect upon and use as you respond to the social needs of the vulnerable and the oppressed in our community, as we live the Gospel.

Thank you for the honour of allowing me to deliver the 2008 McCosker oration.

Thank you.