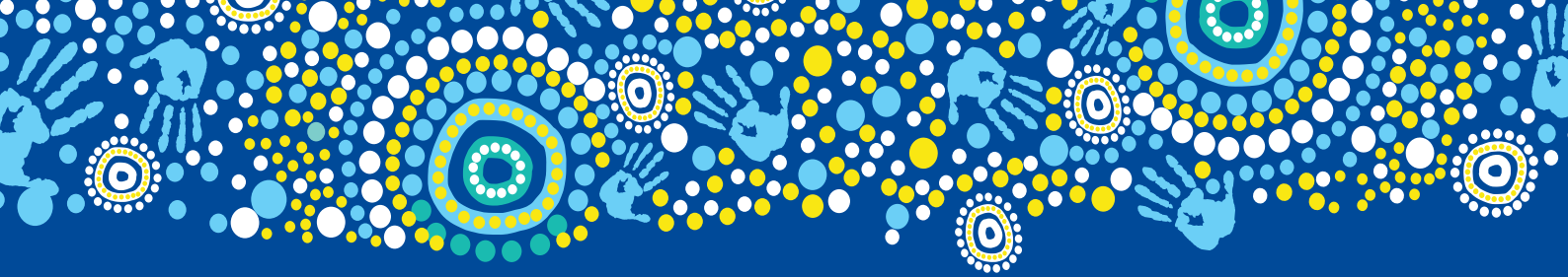


St Vincent de Paul Society  
NSW  
*good works*

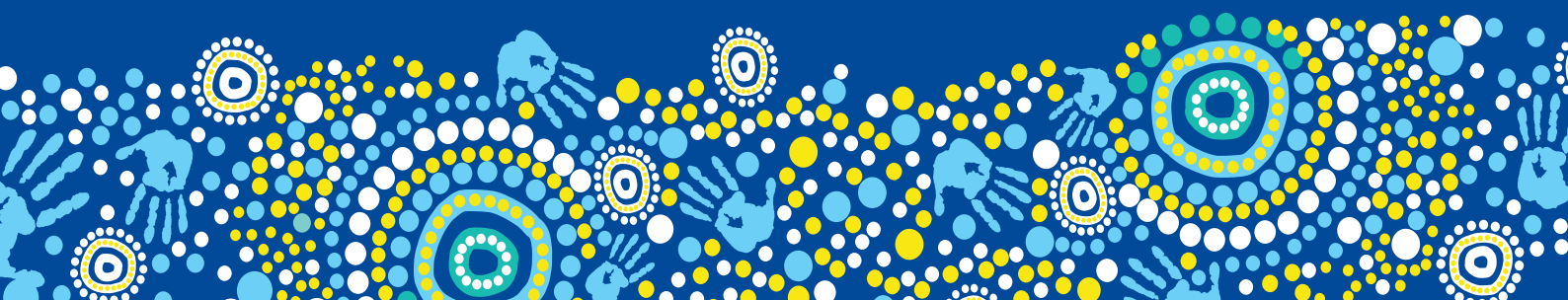
PRE-BUDGET SUBMISSION 2026-2027

# Serving our communities now and for the future



## Acknowledgement of Country

We acknowledge the Aboriginal and Torres Strait Islander peoples, the Traditional Custodians of this land, with deep respect. May the Elders, past and present, be blessed and honoured. May we join together and build a future based on compassion, justice, hope, faith and reconciliation.



# St Vincent de Paul Society NSW – Pre-Budget Submission 2026

## Introduction

Right across NSW, people are facing rising pressures—housing stress, unaffordable energy bills, barriers to healthcare, entrenched loneliness and isolation as well as growing demand for alcohol and other drug support. The St Vincent de Paul Society NSW (Society NSW) is seeing this firsthand: more people are coming to us, their needs are more complex, and the supports they rely on are under strain. Last year alone, we supported 23% more people experiencing homelessness, saw a 73% rise in community inclusion program use, and assisted 5,000 more people through our member network.

The NSW Government cannot solve every driver of cost-of-living pressure, but it can make targeted, proven investments that deliver real impact. The 2026 NSW Budget is an opportunity to strengthen essential services, remove access barriers, and invest in community organisations that deliver support efficiently and compassionately. Organisations like the Society NSW provide these supports more efficiently and at lower cost than government services, therefore offering cost savings over time. Across the Society NSW's work there is strong evidence that comparatively modest, well-directed investments can prevent far more costly downstream interventions across health, homelessness, justice, and energy sectors.

Our recommendations do not call for new or experimental programs. They build on existing, effective NSW Government initiatives and aim to make them work better for the people who need them most. With strategic Budget investment, the NSW Government can help households stay safe and healthy, reduce crisis demand, and generate measurable savings across health, justice, energy and housing systems.

What follows are four practical, high-impact reforms:

1. Sustaining essential local health outreach on the North Coast of NSW,
2. Improving energy affordability,
3. Stabilising the homelessness and domestic and family violence sectors, and;
4. Strengthening alcohol and other drug services.

Each is achievable, cost-effective and designed to deliver immediate relief—and long-term resilience—for communities across NSW. The Society NSW calls on these recommendations because our vision is for a more just and compassionate society, which prioritises people who are vulnerable, marginalised and experiencing disadvantage.

# Increasing access to healthcare for people experiencing disadvantage on NSW's North Coast

## Ask

The Society NSW is seeking

- ❖ **\$4 million over five years to sustain and strengthen its commitment to health outreach across our three North Coast Health Hubs**—Fred's Place (Tweed Heads), Pete's Place (Coffs Harbour) and Mary's Place (Ballina). This investment will maintain essential frontline capacity and ensure that people experiencing the highest levels of housing insecurity can access trusted, culturally safe, dignified and coordinated healthcare.

## Issue

People experiencing housing insecurity face significant physical and mental health challenges.<sup>1</sup> This is of particular concern to regional communities across NSW's North Coast, who have experienced higher rates of housing insecurity and homelessness in the past five years,<sup>2</sup> which have worsened following a series of back-to-back natural disasters.<sup>3</sup>

For those experiencing housing insecurity and severe cost of living pressures, addressing health concerns through the primary care system usually takes a backseat to meeting basic needs such as finding food, water and shelter.<sup>4</sup> As such, their first contact with the healthcare system is often at the point of crisis, when presenting to an emergency department.<sup>5</sup>

Without early diagnosis and treatment, people experiencing housing insecurity have increased rates of chronic conditions, such as asthma, liver disease, hepatitis C, HIV, heart disease and diabetes.<sup>6</sup> As the Society NSW's own data shows, these poor health outcomes ultimately result in higher rates of mortality, with a mean age of death for people experiencing homelessness of 50.7 years.<sup>7</sup>

First Nations communities across NSW's North Coast also experience housing insecurity and homelessness at higher rates,<sup>8</sup> and with First Nations Peoples experiencing a higher burden of disease generally,<sup>9</sup> accessing culturally safe healthcare is critical.

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<sup>1</sup> Australian Institute of Health and Welfare (AIHW), [Health of people experiencing homelessness](#) (13 February 2025) *Topic Summaries* (accessed 20 November 2025).

<sup>2</sup> Homelessness NSW, [Housing and Homelessness Dashboard](#) (2025) *Data* (accessed 20 November 2025).

<sup>3</sup> T. Heffernan, [Climate disasters are pushing people into homelessness – but there's a lot we can do about it](#) (4 August 2025) *Institute for Climate, Energy and Disaster Solutions*, Australian National University (accessed 20 November 2025).

<sup>4</sup> AIHW, [Homelessness and homelessness services](#) (16 October 2025) (accessed 20 November 2025).

<sup>5</sup> Ibid.

<sup>6</sup> Hartley, C., Robinson, C., Barnes E. et.al., [Homelessness as a public health emergency: learnings from crisis](#), AHURI Final Report No. 443, pp. 13-14 (accessed 7 October 2025).

<sup>7</sup> Woodman, L., Staples, L., Karin, E. et.al., [Rates and causes of mortality among the homeless in Sydney](#) (August 2023) *Australasian Psychiatry* vol.31(3).

<sup>8</sup> North Coast Primary Health Network, [Homelessness on the North Coast](#) (November 2023), Healthy North Coast, Australian Government, p. 11 (accessed 20 November 2025).

<sup>9</sup> AIHW, [Health and wellbeing of First Nations people](#) (2 July 2024) (accessed 20 November 2025).

## Barriers

However, for areas like NSW's North Coast, accessing primary healthcare for people experiencing housing or financial insecurity is challenging due to the thin markets in rural and regional areas. There is a lack of availability of GPs that bulk bill or who are willing to take on new patients, as well as the number of allied health professionals and primary care providers with specialties (for example GPs and pharmacies prescribing and delivering the opioid treatment program).<sup>10</sup>

Generally, people experiencing disadvantage face significant barriers accessing primary and preventative healthcare services, including: previous poor experiences engaging with healthcare providers; a lack of culturally safe service provision or clinical settings; co-occurring issues (such as homelessness, mental health and/or substance use); limited access to transportation to attend in-person appointments; fragmentation and complexity of healthcare systems; and stigma associated with seeking assistance for mental health and substance use issues.<sup>11</sup>

Another major barrier to engaging in preventative and primary health care across NSW's North Coast is the complexity of not only the health system, but the broader social services system. Digitisation, administrative burden, language barriers and a lack of supports for people from priority populations or those who have experienced trauma result in disengagement with the system.<sup>12</sup>

## Solution

To promote better health and wellbeing outcomes for people experiencing housing insecurity across NSW's North Coast for, the Society NSW recommends that the NSW Government provide **\$4 million over 5 years for our three North Coast Health Hubs (Fred's Place in Tweed Heads, Pete's Place in Coffs Harbour and Mary's Place in Ballina)** to sustain and strengthen our health outreach. This investment will enable the Society NSW to maintain its commitment to these communities, securing essential operational capacity to ensure the continued delivery of trusted, high-impact health and social services that are provided with compassion and dignity to the region's most disadvantaged population.

With a focus on *working in and with community*, the North Coast Health Hubs are the front door to the healthcare system. Our staff act as committed, empathetic service navigators accompanying people on their journey - building trust with vulnerable individuals with respect and integrity, and actively facilitating their engagement with the healthcare system, supporting continuity in aftercare. Our Health Hubs provide respectful, safe settings for NSW Health staff to deliver coordinated primary healthcare and work with partners (including LHDs, PHNs, Aboriginal Medical Service, alcohol and other drug and mental health outreach teams, clinical specialists, justice agencies, NDIS, Centrelink and Service NSW). This care addresses client needs associated with other social determinants of health and wellbeing, including housing, income, food security and social inclusion.<sup>13</sup>

For people needing psychosocial support, who fall through the gaps in the service system, our Hubs' model is reflected in integrated Community Recovery Programs, such as the program delivered by

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<sup>10</sup> Bennett-Daly, G., Maxwell, H. and H. Bridgman, '[The health needs of regionally based individuals who experience homelessness: perspectives of service providers](#)' (2022) *International Journal of Environmental Research and Public Health*, vol. 19(14) (accessed 20 November 2025).

<sup>11</sup> Hartley, C. et. al., pp. 14-15.

<sup>12</sup> Brotherhood of St Laurence, '[System navigation: Approaches to navigate and minimise complexity](#)' (July 2025), Discussion Paper, p. 5 (accessed 20 November 2025).

<sup>13</sup> Stafford, A. and Wood, L., 'Tackling health disparities for people who are homelessness? Start with social determinants' (2017) *International Journal of Environmental Research and Public Health*, vol. 14 no.12.

Momentum Collective. This model complements clinical care and provides integrated access across systems, particularly when coordinated with the Local Health District.<sup>14</sup>

The North Coast Health Hubs have also fostered relationships of trust with local First Nations communities and already facilitate access to Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Health Workers (AHWs). Evidence shows that First Nations clients experience better health and wellbeing outcomes when given the choice to engage with ACCHOs and AHWs in trusted, culturally safe, and compassionate settings.<sup>15</sup> This model directly aligns with the objectives of the *NSW Future Health Strategy, Closing the Gap Implementation Plan, NSW Homelessness Strategy* and *Homes for NSW Strategy*.

## Energy rebates, hardship, and efficiency support (McKell Report)

### Ask

The Society NSW calls on the NSW Government to implement three essential reforms building on needs identified in the McKell Institute Report<sup>16</sup>:

- ❖ Redesign energy bill relief so it is better targeted and reflects actual household energy costs.
- ❖ Increase EAPA allowance household caps by 30% to reflect increasing need.
- ❖ Improve energy efficiency for low-income households, through inclusion of funding for energy efficient appliances for households experiencing energy hardship.
- ❖ \$1m - \$4m Need targeted program to support energy efficiency upgrades to household experiencing hardship linked to EAPA providers to augment the impact of the Inclusive Energy Outreach Program

To do this the Government should strengthen and fund community partners, like the Society NSW, to deliver local programs that rely on our professional expertise to assess clients for energy assistance. We do this with compassion and dignity, providing in addition much-needed complementary wrap-around supports.

These reforms, which align with the *NSW Consumer Energy Strategy*, are essential to prevent worsening energy hardship, reduce avoidable crisis demand, and ensure households experiencing vulnerability are not left behind in the energy transition.

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<sup>14</sup> Momentum Collective, '[Community Recovery](#)' (2025) (accessed 2 December 2025).

<sup>15</sup> Pearson, O., Schwartzkopff, K., Dawson, A. et.al., '[Aboriginal community-controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia](#)' (2020) *BMC Public Health*, vol. 20 no. 1859 (accessed 7 October 2025).

<sup>16</sup> See the 2025 McKell Institute Report, commissioned by the Society NSW, "[Equitable Transition: How the NSW Government can better support lower income households challenged by energy prices](#)".

## Issue

Energy hardship is a 'hidden hardship' the Society NSW sees daily when people seek our support, alongside the overall struggle to pay for food, bills and other essentials.

Rising energy costs<sup>17</sup> and structural inequalities are pushing more low-income and households experiencing vulnerability into energy hardship in NSW.<sup>18</sup> Combined with inflation and rising rents<sup>19</sup>, families and households are seeking support from the Society NSW at sustained high levels not seen since before the COVID pandemic.<sup>20</sup> This is despite increases in government supports. As NSW transitions to renewable energy, the government can take action to ensure that the energy system is reliable, affordable and fair.

Current indicators all point in the same direction: energy continues to be less affordable. More customers are on hardship relief programs<sup>21</sup>, and demand for EAPA crisis payments continue to climb.<sup>22</sup> Costs associated with delivering the NSW Electricity Infrastructure Roadmap are rising sharply and will be passed on to consumers.<sup>23,24</sup> There is a real question about whether it is appropriate to load the cost of essential service policy onto those already experiencing hardship.<sup>25</sup>

The Society NSW is seeing these pressures firsthand. EAPA payments have doubled in a year.<sup>26</sup> Other markers show that people are struggling to pay for daily living expenses. No Interest Loan requests are up 15%, with families seeking help to replace essential household items. More people are seeking assistance from the Society NSW, predominantly for food assistance. Last financial year, the Society NSW supported more than 100,000 people – predominantly with food assistance – totalling \$15 million, a 39% increase over the past 5 years.

## Barriers

While many higher income households can take advantage of bill saving technologies (such as solar and batteries) in the energy transition, policy frameworks must provide appropriate supports so that people struggling to pay their bills, and who cannot afford these technologies, are not left behind.

Data from the Australian Energy Regulator shows that customers on payment and hardship programs are almost never provided with assistance to understand energy usage or make that usage more efficient through appliance replacement programs and/or energy audits.<sup>27</sup>

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<sup>17</sup> [Treasurer hints at energy rebate extension as Australian inflation rises to 3.8%, hitting interest rate cut hopes | Australian economy | The Guardian](#) – in the latest [Australian Bureau of Statistics \(ABS\) report](#), energy costs have increased 37% since October 2024 (accessed 26 November 2025)

<sup>18</sup> [2025 McKell Institute Report](#).

<sup>19</sup> [ABS Report](#), October 2025 (accessed 26 November 2025)

<sup>20</sup> Society NSW, PowerBI Dashboard, (accessed 3 December 2025)

<sup>21</sup> Energy retailer administered hardship programs has grown from 29,666 in March 2021 to 70,000 in March 2024- NSW Independent Pricing and Regulatory Tribunal, [2024, Data Appendix - NSW Retail Electricity Market Monitoring Report](#) - 2023-24 (accessed 3 August 2025)

<sup>22</sup> Data shows a 36% increase in support provided, with total government financial support just short of \$30 million NSW Government, 2025, [Energy Social Programs Dashboard and Reports](#) (accessed 3 August 2025)

<sup>23</sup> FY25Y26 \$493m; FY24-25 \$341m – Australian Energy Regulator, '[Contribution determinations: Assessing the costs of the NSW Roadmap](#)' (accessed 26 November 2025)

<sup>24</sup> *Ibid.*

<sup>25</sup> As noted by Energy Networks Australia, 2022 "[Will customers pay the price for the NSW energy transition?](#)" (accessed 26 November 2025)

<sup>26</sup> EAPA Dashboard, Power Bi, (accessed 3 August 2025)

<sup>27</sup> [AER Review of payment difficulty protections in the NECF - Findings report - May 2025](#).

The McKell Institute Report identifies these key structural issues to a fairer energy system:<sup>28</sup>

- flat rate rebates do not reflect real energy costs for low-income households and those experiencing disadvantage
- digital first systems exclude those most at risk
- regional and remote communities face significant inequities
- outreach is insufficient and current supports are poorly targeted<sup>29</sup>
- people in low-quality and inefficient housing, particularly renters, face higher bills, as many homes and appliances do not reach performance standards.<sup>30</sup>

These system level barriers entrench disadvantage as energy prices continue to rise.

## Solutions

There are a number of policy reforms that the government can make to better support lower income households challenged by energy prices. The McKell Institute Report<sup>31</sup> proposes three essential reforms for an equitable energy transition:

- redesign energy bill relief to better target households most in need
- improve the energy efficiency of low-income homes, particularly rental properties
- make hardship and crisis supports simpler, more automatic, and easier to access

In the 2026 NSW State Budget concrete support should target households most vulnerable to increasing energy prices to both address immediate financial hardship but also invest in mitigating high costs through well targeted support to provide efficient energy upgrades to these households. The Society NSW urge the NSW Government to consider the following measures:

- ❖ Support provided under EAPA and the concessions and rebates scheme is critical for people experiencing energy hardship or in crisis and these must reflect the rising need. The recent 20% reduction in the EAPA cap per household has come at a time when energy Default Market Offer prices have risen by up to 9% and the Federal Government's energy bill rebate is withdrawn. **The Society NSW therefore calls for a minimum 30% increase in EAPA allowances per household** to keep pace with rising need.
- ❖ The Society NSW welcome the NSW Government's establishment of the Inclusive Energy Outreach Program which will commence in 2026. However, this program does not include funding for direct support of small-scale energy efficiency upgrades (inc. energy efficient appliances). Taking on board the lessons from previous schemes such as the Home Energy Action Appliance Program, The Society NSW believes that the NSW Government should work with community sector partners to provide comprehensive support for households experiencing energy hardship, that invests in energy efficiency upgrades that help prevent a cycle of bill hardship.

**A \$1m - \$4m dollar program commencing in FY26-27 that targets high need households commencing in high need areas (e.g. Western Sydney and NW NSW)** would augment the impact of the Inclusive Energy Outreach Program through funding EAPA delivery partners to support households to purchase energy efficient appliances/hardware subject to energy audit outcomes.

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<sup>28</sup> [2025 McKell Institute Report](#).

<sup>29</sup> [2025 McKell Institute Report](#)., p9.

<sup>30</sup> Energy Consumers Australia, 2025, [Understanding and measuring energy hardship in Australia](#), p 14 (accessed 24 September 2025)

<sup>31</sup> See the [2025 McKell Institute Report](#) for detailed recommendations, pp 4-5.

- ❖ A review of existing programs so that they are targeted and streamlined to improve customer experience and ensure support reaches people who need it most, is essential. **A move towards a percentage-based concession model like the Annual Electricity Concession operated in Victoria** would represent need sensitive policy shift.<sup>32</sup> As well as providing more targeted outcomes for households, this model can serve to track energy cost hardship policy effectiveness concession through providing customer level data that demonstrates the impact of upstream energy efficiency/just transition measures of those accessing this concession.

## Stabilising the homelessness and domestic and family violence sectors

### Ask

The Society NSW calls on the NSW Government to lift core funding for Specialist Homelessness Services (SHS) and specialist domestic and family violence (DFV) services to bring NSW into line with comparable states such as Queensland and Victoria.

Based on current funding levels, this would require an uplift of around 50% to baseline funding, consistent with the recommendations of Homelessness NSW and Domestic Violence NSW.

This uplift is essential to meet rapidly growing demand, ensure victim-survivors and people experiencing homelessness are not turned away and can access compassionate support, and stabilise a committed workforce that is critical to the State's crisis response system.

### Issue

For over a decade, the SHS and DFV sectors have not had sufficient core funding to meet increasing demand and client complexity, effectively operating at crisis levels.<sup>33</sup> In 2023-2024, the NSW Government spent less on homelessness services per person than any other state (NSW spent \$37.50, compared with Queensland's \$56.81 and Victoria's \$75.20).<sup>34</sup> This funding gap leaves NSW services under-resourced relative to need and out of step with national benchmarks.

The largest client group seeking assistance from SHS providers are people experiencing domestic and family violence (DFV).<sup>35</sup> Rates of reported DFV are either increasing or remaining persistently high.<sup>36</sup> With the housing and cost of living pressures already outlined, with increased community awareness of DFV and supports, more and more people escaping violence are seeking support for the first time.<sup>37</sup>

While the volume of people seeking support from SHS and DFV providers is increasing, more clients presenting to services have additional complex needs. This requires more intensive case

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<sup>32</sup> [Annual electricity concession - DFFH Services](#).

<sup>33</sup> Homelessness NSW, '[NSW Budget Discussion Paper 2025-2026](#)' (2025) (accessed 2 December 2025); Domestic Violence NSW, '[Fund a Safer Today: 2026-2027 Pre-Budget Submission](#)' (2025) p. 6 (accessed 2 December 2025).

<sup>34</sup> Productivity Commission, '[Report on Government Services 2025](#)' (2025) Chapter 19: Homelessness services, Table 19.1 (accessed 2 December 2025).

<sup>35</sup> Australian Institute for Health and Welfare, '[Homelessness Services: Clients experiencing family and domestic violence](#)' (2025) (accessed 2 December 2025).

<sup>36</sup> NSW Bureau of Crime Statistics and Research, '[NSW Trends in Domestic & Family Violence – Quarterly Report](#)' (2025) (accessed 27 November 2025).

<sup>37</sup> Impact Economics and Policy, '[Call unanswered: Unmet demand for Specialist Homelessness Services](#)' (November 2024) (accessed 2 December 2025).

management and coordination with other support services. These additional needs include a higher incidence of people experiencing mental health issues, trauma and substance dependency.<sup>38</sup>

## Barriers

While demand is increasing, underfunding and under-resourcing is leading to higher caseloads, lower staff morale and difficulty retaining skilled staff.<sup>39</sup> It has also led to higher numbers of unassisted inquiries or turn aways from accommodation.<sup>40</sup> For people experiencing DFV, being turned away from services when they seek support forces them to remain in unsafe environments and potentially face escalating violence alone.

Coordination with other support systems, particularly health, to address co-occurring issues such as mental and physical health concerns is complicated when those systems are already underfunded and under resourced. In addition, people face long delays accessing support, particularly in primary care and mental health.<sup>41</sup> The barriers to accessing support in other systems place further pressure on committed and compassionate frontline staff who are limited in their assistance due to these external dynamics.<sup>42</sup>

## Solution

To support SHS providers meet increasing demand and fully and compassionately support clients presenting with complex needs, the Society NSW endorses the recommendation from Homelessness NSW to increase baseline SHS funding by 50%. The Society NSW also endorses Domestic Violence NSW's recommendation to prioritise a 50% core funding increase for all DFV service providers to continue to deliver much-needed support.

These service funding uplifts will ensure that frontline support services are able to meet increasing demand, support the sustainability and commitment of the homelessness and DFV workforces and prevent further crisis. It will also allow more people to access other supports, increasing the likelihood of them maintaining a home that meets their needs. These vital supports can ensure that more victim-survivors will be able to escape violence, access safety and begin their healing journey.

## Supporting people experiencing alcohol and drug dependency

### Ask

The Society NSW calls on the NSW Government:

- ❖ To increase funding to existing NSW non-government organisation (NGO) alcohol and other drug (AOD) services by an additional **\$13 million each year for the next five years** to increase the total quantum of recurrent funds to the sector to \$65 million by the fifth year. This funding will increase service capacity, provide sustainability to a skilled, committed workforce and ensure more people receive dignified treatment when they need it.

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<sup>38</sup> Australian Homelessness Monitor 2024, pp. 94-98.

<sup>39</sup> Ibid.

<sup>40</sup> Impact Economics and Policy, p. 5.

<sup>41</sup> Beasley, R., [Special Commission of Inquiry into Healthcare Funding](#) (April 2025) p. 6 (accessed 2 December 2025).

<sup>42</sup> Australian Homelessness Monitor 2024, pp. 66.

- ❖ To commit to funding the **Continuing Coordinated Care Program \$30 million over five years** commencing in June 2027 to provide empathetic and respectful intensive case management to clients with complex needs and ensure they do not fall into the gaps in service systems.

## Issue

Communities across NSW are in dire need of greater access to a range of AOD treatment supports. As research and the sector has highlighted, the unmet need for AOD treatment is huge. Of all people who are suitable and willing to engage in AOD treatment, less than half access it. This leaves an estimated 101, 773 individuals without desperately needed support.<sup>43</sup>

Wait times are extensive with most people waiting upwards of 12 to 26 weeks for some treatment types and anecdotally these have remained steady for the past 12 months.<sup>44</sup> If a person requires multiple treatment types, any delays accessing a new type, for example, moving between residential detox to residential rehabilitation, may undermine their progress and increase the likelihood of relapse.

Additionally, client complexity is increasing as many present with additional needs associated with mental health, trauma, housing insecurity, contact with the criminal justice system, child protection issues and other physical health conditions.<sup>45</sup> With minimal direct access to other supports during AOD treatment,<sup>46</sup> (including direct access to psychologists, social workers, nurse practitioners, advocacy services, homelessness services, and others) people's goals around their AOD use may be complicated post-treatment when compounding drivers are not addressed.

A lack of access to treatment impacts not only the individual, but their family, friends, colleagues, teachers and the wider community.<sup>47</sup>

## Barriers

The underfunding of the NGO AOD sector,<sup>48</sup> short contract lengths and additional administrative burden due to multiple reporting requirements, leads to high staff burnout and a lack of continuity of care.<sup>49</sup>

Additionally, there are several systemic issues prevent people seeking help for their AOD use, including a lack of services integrated with other supports (including mental health, housing and others) or services that cater to specific priority populations, including First Nations Peoples, the LGBTQ+ and culturally and linguistically marginalised communities.<sup>50</sup> Other major structural barriers

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<sup>43</sup> O'Reilly, K. and Ritter, A., '[Estimates of unmet demand for alcohol and other drug treatment in NSW](#)' (2024) *Social Policy Research Centre UNSW*, (accessed 25 November 2025).

<sup>44</sup> Ibid.

<sup>45</sup> Tebbutt, C. and J. Brogden, *Report on the 2024 New South Wales Drug Summit* (April 2025) p. 16 (accessed 25 November 2025).

<sup>46</sup> Ritter, A., '[Evidence Brief: The NSW non-government alcohol and other drug sector](#)' (2024) *Social Policy Research Centre UNSW*, p.3 (accessed 25 November 2025).

<sup>47</sup> Shanahan, M., Seddon, J., Ritter, A. and R. De Abreu Lourenco, 'Valuing families: preferences for drug treatment: a discrete choice experiment' (2020) *Addiction*, vol.115(4), pp. 690-699.

<sup>48</sup> O'Reilly, K. and A. Ritter, '[Unmet treatment need: The size of the gap for alcohol and other drugs in Australia](#)' (February 2025) *Drug and Alcohol Review*, vol. 44(3), pp. 772-782 (accessed 25 November 2025).

<sup>49</sup> Tebbutt, C. and J. Brogden, chp. 8.

<sup>50</sup> Farhoudian, A., Razaghi, E., Hooshyari, Z., Noroozi, A., Pilevari, A., Mokri, A., Mohammadi, M. and M. Malekinejad, '[Barriers and Facilitators to Substance Use Disorder Treatment: An Overview of](#)

include the lack of appropriate services in regional and remote communities and unavailability of AOD-trained primary healthcare practitioners.<sup>51</sup>

Achieving goals related to AOD use is closely tied to addressing other goals related to the social determinants of health, including housing, employment, trauma, child protection, disability and contact with the justice system. Navigating a complex health system that involves significant administrative burden and eligibility barriers,<sup>52</sup> is worsened when a person is simultaneously engaging with other complex social services systems.<sup>53</sup>

## Solutions

The Society NSW endorses the Network for Alcohol and Other Drugs Agencies' recommendation to increase funding to existing NGO AOD service providers to meet increasing demand and client complexity. NGO AOD service providers deliver almost half of all treatment episodes in NSW and are the largest provider of residential rehabilitation services. The NGO sector continues to deliver services with commitment, empathy and respect and achieve significant positive outcomes, despite the barriers already outlined, as clients report reduced AOD use, maintenance of no use, improved psychological health, quality of life and severity of dependence.<sup>54</sup>

The NSW Government should also commit to funding the Continuing Coordinated Care Program (CCCP) as its intensive case management and outreach support ensures that people meet both their AOD use goals as well as addressing the other social determinants of their health. CCCP provides medium-term flexible holistic care, providing support pre- and post-treatment and its state-wide coverage ensures that skilled and respectful care coordinators can truly meet people where they are at.

In its interim program evaluation, the NSW Government found preliminary evidence that CCCP clients experienced improvement in quality of life/wellbeing, reduced severity of dependence, reduced rates of homelessness/risk of homelessness and reduced rates of domestic violence.<sup>55</sup> The evaluation also found that staff from relevant Local Health Districts found CCCP highly valuable. CCCP operates to fill the gaps within and across sectors, providing committed, compassionate and respectful care coordinators that accompany people across the varying and complex needs of their care journey.

## Endorsed Peaks

The Society NSW also endorses the Pre-Budget Submissions of the following peak bodies of which we are members:

NSW Council of Social Services, Homelessness NSW, Domestic Violence NSW,

Network of Alcohol and other Drug Agencies.

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[Systematic Reviews'](#) (2022) *Substance Abuse: Research and Treatment*, vol.16 (accessed 26 November 2025).

<sup>51</sup> Hartley, T., Mockler, R., '[NSW is struggling to service drug users who want to get into rehab centres, with regional areas the worst hit](#)' (31 October 2024) *ABC News*; Groothuizen, M., '[Engaging with OAT in NSW: A mixed-methods exploration of treatment access and retention](#)' (29 August 2025) National Drug and Alcohol Research Centre UNSW (accessed 26 November 2025).

<sup>52</sup> Tebbutt, C. and J. Brogden, p. 16.

<sup>53</sup> *Ibid*, p. 24.

<sup>54</sup> Network of Alcohol and Other Drugs Agencies, [NADA base](#) (2025) (accessed 26 November 2025).

<sup>55</sup> NSW Government, [AOD Continuing Coordinated Care: Interim Program Evaluation Executive Summary](#) (July 2020) pg. 2 (accessed 26 November 2025).



## Our Mission

The St Vincent de Paul Society NSW is a lay Catholic organisation that aspires to live the gospel message by serving Christ in the poor with love, respect, justice, hope and joy, and by working to shape a more just and compassionate society.

## Our Vision

The St Vincent de Paul Society NSW aspires to be recognised as a caring Catholic charity offering a hand up to people in need. We do this by respecting their dignity, sharing our hope, and encouraging them to take control of their own destiny.

## Our Aspiration

An Australia transformed by compassion and built on justice.

## Our Services

The St Vincent de Paul Society NSW provides a range of services designed to respond to urgent and complex need. Our work spans cost-of-living and emergency relief, programs for people experiencing or at risk of homelessness (including crisis accommodation), Family and Domestic Violence services, Alcohol and Other Drugs support, and assistance for social housing tenants. Across all areas, we focus on dignity, safety and practical support to help individuals and families stabilise their circumstances and rebuild their lives.



**St Vincent de Paul Society**  
NSW  
*good works*

For more information on the Society NSW's initiatives contact

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